

**VOLUME I**

# **ANNUAL REPORT**

## **2014**



**ICRC**

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

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

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

All figures in this report are in Swiss francs (CHF). In 2014, the average exchange rate was CHF 0.9112 to USD 1, and CHF 1.2147 to EUR 1.



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VOLUME I

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## 2014



ICRC

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# ABBREVIATIONS AND DEFINITIONS

<b>A</b>	<b>Additional Protocol I</b>	Protocol Additional to the Geneva Conventions of 12 August 1949, and Relating to the Protection of Victims of International Armed Conflicts (Protocol I), 8 June 1977
	<b>Additional Protocol II</b>	Protocol Additional to the Geneva Conventions of 12 August 1949, and Relating to the Protection of Victims of Non-International Armed Conflicts (Protocol II), 8 June 1977
	<b>Additional Protocol III</b>	Protocol Additional to the Geneva Conventions of 12 August 1949, and Relating to the Adoption of an Additional Distinctive Emblem (Protocol III), 8 December 2005
	<b>1977 Additional Protocols</b>	Additional Protocols I and II
	<b>African Union Convention on IDPs</b>	Convention for the Prevention of Internal Displacement and the Protection of and Assistance to Internally Displaced Persons in Africa, 23 October 2009
	<b>AIDS</b>	acquired immune deficiency syndrome
	<b>Anti-Personnel Mine Ban Convention</b>	Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-personnel Mines and on their Destruction, 18 September 1997
	<b>Armed conflict(s)</b>	international and/or non-international armed conflict(s), as governed <i>inter alia</i> by the Geneva Conventions of 12 August 1949 and their two Additional Protocols of 1977 and by customary international law
	<b>Arms Trade Treaty</b>	Arms Trade Treaty, 2 April 2013
<b>B</b>	<b>Biological Weapons Convention</b>	Convention on the Prohibition of the Development, Production and Stockpiling of Bacteriological (Biological) and Toxin Weapons and on Their Destruction, 10 April 1972
<b>C</b>	<b>CHF</b>	Swiss francs
	<b>Chemical Weapons Convention</b>	Convention on the Prohibition of the Development, Production, Stockpiling and Use of Chemical Weapons and on Their Destruction, 13 January 1993
	<b>Convention on Certain Conventional Weapons</b>	Convention on Prohibitions or Restrictions on the Use of Certain Conventional Weapons Which May be Deemed to be Excessively Injurious or to Have Indiscriminate Effects, 10 October 1980
	<b>Convention on Enforced Disappearance</b>	International Convention for the Protection of All Persons from Enforced Disappearance, 20 December 2006
<b>F</b>	<b>Fundamental Principles</b>	Fundamental Principles of the International Red Cross and Red Crescent Movement: humanity, impartiality, neutrality, independence, voluntary service, unity, universality
<b>G</b>	<b>1949 Geneva Conventions</b>	Convention (I) for the Amelioration of the Condition of the Wounded and Sick in Armed Forces in the Field, 12 August 1949
		Convention (II) for the Amelioration of the Condition of Wounded, Sick and Shipwrecked Members of Armed Forces at Sea, 12 August 1949
		Convention (III) relative to the Treatment of Prisoners of War, 12 August 1949
		Convention (IV) relative to the Protection of Civilian Persons in Time of War, 12 August 1949
<b>H</b>	<b>Hague Convention on Cultural Property</b>	Convention for the Protection of Cultural Property in the Event of Armed Conflict, 14 May 1954
	<b>Health Care in Danger project</b>	“Health Care in Danger (Respecting and Protecting Health Care in Armed Conflict and Other Emergencies)” is an ICRC project that aims to ensure that the wounded and sick in armed conflict and other emergencies are protected and have better access to health care through the concerted efforts of the ICRC, National Societies, governments, weapon bearers and health care personnel across the world. The project is supported by a global communication campaign, “Life and Death”.
	<b>HIV</b>	human immunodeficiency virus
<b>I</b>	<b>ICRC</b>	International Committee of the Red Cross, founded in 1863
	<b>IDPs</b>	internally displaced people
	<b>International Conference</b>	International Conference of the Red Cross and Red Crescent, which normally takes place once every four years
	<b>International Federation</b>	The International Federation of Red Cross and Red Crescent Societies, founded in 1919, works on the basis of the Fundamental Principles, carrying out relief operations in aid of the victims of natural disasters, health emergencies, and poverty brought about by socio-economic crises, and refugees; it combines this with development work to strengthen the capacities of its member National Societies.
	<b>IHL</b>	international humanitarian law
	<b>IOM</b>	International Organization for Migration
	<b>K</b>	<b>KCHF</b>
<b>M</b>	<b>Montreux document on private military and security companies</b>	The Montreux document on pertinent international legal obligations and good practices for States related to operations of private military and security companies during armed conflict

	<b>Movement</b>	The International Red Cross and Red Crescent Movement comprises the ICRC, the International Federation and the National Red Cross and Red Crescent Societies. These are all independent bodies. Each has its own status and exercises no authority over the others.
<b>N</b>	<b>National Society</b>	The National Red Cross or Red Crescent Societies embody the Movement's work and Fundamental Principles in over 180 countries. They act as auxiliaries to the public authorities of their own countries in the humanitarian field and provide a range of services, including disaster relief and health and social programmes. In times of conflict, National Societies assist the affected civilian population and, where appropriate, support the army medical services.
	<b>NATO</b>	North Atlantic Treaty Organization
	<b>NGO</b>	non-governmental organization
	<i>Non-refoulement</i>	<i>Non-refoulement</i> is the principle of international law that prohibits a State from transferring a person within its control to another State if there are substantial grounds to believe that this person faces a risk of certain fundamental rights violations, notably torture and other forms of ill-treatment, persecution or arbitrary deprivation of life. This principle is found, with variations in scope, in IHL, international human rights law and international refugee law, as well as in regional instruments and in a number of extradition treaties. The exact scope of who is covered by the principle of <i>non-refoulement</i> and which violations must be taken into account depends on the applicable legal framework that will determine which specific norms apply in a given context.
<b>O</b>	<b>OCHA</b>	United Nations Office for the Coordination of Humanitarian Affairs
	<b>OHCHR</b>	United Nations Office of the High Commissioner for Human Rights
	<b>Optional Protocol to the Convention on the Rights of the Child</b>	Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict, 25 May 2000
	<b>Other situations of violence</b>	Situations of collective violence below the threshold of an armed conflict but generating significant humanitarian consequences, in particular internal disturbances (internal strife) and tensions. The collective nature of the violence excludes self-directed or interpersonal violence. In such situations of collective violence, the ICRC may take any humanitarian initiative falling within its mandate as a specifically neutral, impartial and independent organization, in conformity with the Statutes of the Movement, article 5(2)(d) and 5(3).
<b>P</b>	<b>POWs</b>	prisoners of war
<b>R</b>	<b>RCMs</b>	Red Cross messages
	<b>Remotely piloted aircraft</b>	Any aerial vehicle, including those from which weapons can be launched or deployed, operated by one or more human operators who are not physically located on board
	<b>Restoring Family Links Strategy for the Movement</b>	In November 2007, the Movement's Council of Delegates adopted the Restoring Family Links Strategy for the Movement. The strategy, which covers a ten-year period, aims to strengthen the Movement's family-links network by enhancing the capacity of its components to respond to the needs of those without news of family members owing to armed conflict, other situations of violence, natural disasters or other circumstances, such as migration.
	<b>Rome Statute</b>	Rome Statute of the International Criminal Court, 17 July 1998
<b>S</b>	<b>Safer Access Framework</b>	A set of measures and tools, grounded in the Fundamental Principles, that National Societies can use to prepare for and respond to context-specific challenges and priorities; such measures put a premium on mitigating the risks they face in sensitive and insecure contexts and on increasing their acceptance and access to people and communities with humanitarian needs
	<b>San Remo</b>	The International Institute of Humanitarian Law, in San Remo, Italy, is a non-governmental organization set up in 1970 to spread knowledge and promote the development of IHL. It specializes in organizing courses on IHL for military personnel from around the world.
	<b>Seville Agreement and its Supplementary Measures</b>	The 1997 Seville Agreement and its 2005 Supplementary Measures provide a framework for effective cooperation and partnership between the members of the International Red Cross and Red Crescent Movement.
	<b>"Strengthening IHL" process</b>	This process implements Resolution 1 of the 31st International Conference, at which the ICRC was tasked, in cooperation with States, with pursuing further research/consultation and proposing recommendations with a view to (i) ensuring that IHL remains practical and relevant in providing legal protection to all people deprived of their freedom in relation to armed conflict and (ii) enhancing and ensuring the effectiveness of IHL compliance mechanisms. It will present the results to the next International Conference in 2015.
	<b>Study on customary international humanitarian law</b>	A 5,000-page text that is the outcome of eight years of research by ICRC legal staff and other experts who reviewed State practice in 47 countries and consulted international sources such as the United Nations and international tribunals.

<b>T</b>	<b>TB</b>	tuberculosis
<b>U</b>	<b>UN</b>	United Nations
	<b>UNDP</b>	United Nations Development Programme
	<b>UNESCO</b>	United Nations Educational, Scientific and Cultural Organization
	<b>UNHCR</b>	Office of the United Nations High Commissioner for Refugees
	<b>UNICEF</b>	United Nations Children's Fund
<b>W</b>	<b>WFP</b>	World Food Programme
	<b>WHO</b>	World Health Organization
<b>Other</b>	<b>"150 years of humanitarian action"</b>	Initiative to mark the 150 years of the ICRC and the concept of National Societies in 2013 and the 150 years of the first Geneva Convention and the 100 years of the International Prisoners-of-War Agency (linked to the centenary of the start of the First World War, and now called the Central Tracing Agency) in 2014.



# MESSAGE FROM THE PRESIDENT



Thierry Gassmann/ICRC

The sheer scale of humanitarian needs in a great number of concurrent crises around the world made the year an intensely challenging one, in terms of both the enormous, multiple consequences for the people affected and the pressures on humanitarian agencies to respond effectively. These challenges were compounded by the incapacity of basic infrastructure in conflict zones and throughout entire regions, as populations suffered massive displacement and armed conflicts became increasingly entrenched and protracted.

For the ICRC, demonstrating the relevance and effectiveness of its neutral, impartial and independent humanitarian approach in this particularly turbulent global environment required it to be more adaptive and innovative than ever before – at the operational, legal and policy levels. This included investing in boosting the ICRC's overall capacity to manage complex operations and in enhancing the negotiating skills of its staff.

The situation in the Syrian Arab Republic (hereafter Syria) continued to represent one of the world's biggest humanitarian crises and remained the ICRC's largest operation in terms of budget size. Despite formidable access and security constraints, the ICRC, together with the Syrian Arab Red Crescent, managed to provide millions of Syrians with emergency relief and clean water – on all sides of the front lines. By the end of the year, they were helping ensure access to water for around 65% of the pre-conflict population, including in opposition-held areas. Continuous efforts to engage in dialogue with all the parties to the conflict – including at the highest levels – were crucial to these achievements. At the same time, the ICRC worked closely with the National Societies in countries neighbouring Syria – mainly Egypt, Iraq, Jordan and Lebanon – to protect and assist those fleeing Syria or otherwise affected by the fighting. This included more than 1 million people in Iraq who had fled their homes since fighting broke out in Anbar province at the beginning of the year. Responding to the needs of people affected by the crises in Syria, Iraq and neighbouring countries accounted for almost one third of the ICRC's operational budget in 2014.

Beyond Iraq and Syria, the ICRC's largest operations, in terms of expenditure, were in South Sudan, Afghanistan, Israel and the occupied territories, the Democratic Republic of the Congo, Somalia, the Philippines, Mali and the Central African Republic. Most of these situations were protracted armed conflicts, some of them exacerbated by a range of other pressures such as food crisis and environmental problems; in the case of Somalia, which suffers from periodic droughts, severe floods in May and June hit tens of thousands of conflict-affected people living in displaced camps in the south of the country. In some cases, emergencies unfolded in the context of protracted, complex conflicts. One example was the devastating resurgence of fighting in the Gaza Strip in July, which prompted the ICRC to increase its initial budget for its operations in Israel and the occupied territories by almost 70% in order to respond to the immense needs.

In eastern Ukraine, the humanitarian crisis was at risk of worsening further with the onset of winter and with intermittent shelling continuing to put civilians at risk despite a September ceasefire. The tragic death of a staff member in Donetsk in October resulted in a temporary suspension of activities, but the ICRC remains firmly committed to protecting and assisting those affected by the conflict, using all means at its disposal.

The Ebola epidemic in West Africa cast into sharp relief the fragility of countries still recovering from years of armed conflict, in this case chiefly Guinea, Liberia and Sierra Leone. With health-care systems largely incapacitated and resources overstretched, millions of already vulnerable people were further at risk. With the International Federation leading the Movement's response efforts, the ICRC drew on its long-standing presence in the region to help support National Societies, humanitarian organizations and the authorities, for example with medical logistics and forensics expertise.

An essential feature of the ICRC's approach is to strive to gain direct access to those it seeks to protect and assist – to have physical proximity to them, often in very difficult environments. To this end, the importance of dialogue with all stakeholders cannot be overemphasized. Yet there are inherent risks to such an approach. In the course of the year, ICRC staff members were killed in the Central African Republic, Libya and Ukraine. Three staff members remained in captivity in Syria at year's end. Striking the balance between helping people in need and ensuring the safety of staff members is a constant challenge.

To give a global snapshot, in 2014, health and medical activities continued to be a central feature of ICRC operations, benefiting some 6.2 million people around the world. Food distributions benefited some 9.1 million people, mainly IDPs, and essential household and hygiene items were provided to over 4.2 million people, helping them cope with the immediate effects of crises. More than 3.2 million people received support for sustainable food production or income-generating activities. ICRC water, sanitation and construction activities facilitated better living conditions for around 26 million people.

Throughout the year, the ICRC visited nearly 800,900 detainees, of whom over 23,800 were monitored individually, in more than 1,600 places of detention. The aim of such visits, which are based on confi-



dential dialogue with the detainees and the detaining authorities, is to prevent torture, other forms of ill-treatment, and enforced disappearances, which violate essential rights and the basic principles of humanity. All over the world, the ICRC, working with National Societies, provided a range of services that helped family members separated by armed conflict, migration or other circumstances to restore contact with one another. The families of thousands of persons missing as a result of conflict or violence received continued support to address the difficulties they faced, from the uncertainty surrounding the fate of loved ones to their psychosocial and socio-economic needs.

In order to help ensure that the various aspects of its multifaceted activities remain as relevant and effective as possible, the institution further explored the enormous opportunities offered by new technologies, including in the domains of communication and mapping technologies, innovative health-care and shelter solutions, and water and sanitation management.

In working to ensure the best possible legal protection for victims of armed conflicts, the ICRC continued to push at every level for greater respect for the existing rules of IHL and for clarification or development of rules where there are ambiguities or gaps. A major consultation process aimed at strengthening IHL in the areas of detention in non-international armed conflicts and compliance with IHL – born out of a resolution adopted by the 31st International Conference in 2011 – continued to make progress. In January, government experts attended a key meeting of States in Geneva, Switzerland, where they discussed in detail the rules pertaining to the conditions of detention and treatment of particularly vulnerable detainees. In July, States met for a third time under a joint ICRC/Swiss government initiative to discuss how best to develop strong and effective mechanisms for monitoring and promoting IHL compliance. These consultations will inform the ICRC's recommendations for strengthening the law in these areas, for consideration by the 32nd International Conference in 2015.

In the domain of warfare, the ICRC continued to monitor closely the impact of new technologies, with a view to ensuring that weapons development strikes the right balance between humanitarian considerations and military necessity. In one initiative, experts convened in Geneva in March to discuss the legal, technological, military and ethical aspects of the deployment of autonomous weapons.

The protection of health care continued to be one of the ICRC's main areas of concern. The multi-year Health Care in Danger project, aimed at securing better protection for health services in conflicts and other emergencies, continued to gain momentum. Efforts focused on moving towards implementation of the numerous recommendations and good practices that have emerged as a result of extensive data collection and consultations with a broad array of States and other stakeholders. In September, to take one example, the ICRC and WHO jointly chaired a meeting on the sidelines of the UN General Assembly, aimed at seeking stronger action by States to protect people providing or receiving health care in conflict situations.

Strengthening cooperation and coordination within the Movement also continued to be a priority for the ICRC. To this end, a number

of regional consultations took place in October and November among the ICRC, the International Federation and over 50 National Society leaders. These focused on areas of common concern, such as enhancing operational leadership and coordination, planning, communication, including Movement branding, and resource mobilization – all essential to ensuring an optimal Movement response in major emergencies.

Throughout the year, governments and multilateral agencies showed great support and accompanied the ICRC in scaling up a number of its operations. In parallel, the ICRC pursued various efforts to forge and strengthen partnerships with private corporations as part of a broader strategy to reach out to and better connect with increasingly diverse stakeholders. The aim is to cooperate on the development of innovative approaches to humanitarian action, be it through impact investment or the creation of shared values.

In 2014, the ICRC's governing bodies appointed a new Directorate for a four-year term. They also adopted a new four-year Institutional Strategy for 2015–2018. This will guide the ICRC as it seeks to continuously improve its humanitarian response to reach ever greater numbers of people affected by armed conflicts and other situations of violence, and to maintain the relevance and effectiveness of its response, through adaptive and innovative principled humanitarian action.



Peter Maurer

# ICRC MANAGEMENT FRAMEWORK AND DESCRIPTIONS OF PROGRAMMES

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## ICRC CORPORATE MANAGEMENT FRAMEWORK INSTITUTIONAL STRATEGY

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

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

## KEY SUCCESS FACTORS/AREAS OF RISK

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

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

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

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

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

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



making, working and information management processes. It includes the management models, structures, procedures and rules that govern the work of its staff and contribute to the ICRC's reputation as a professional, effective and efficient organization.

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

## COMPREHENSIVE ANALYSIS AND MULTIDISCIPLINARY AND COMPLEMENTARY APPROACHES

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

Situations have to be considered holistically, in a way that integrates local, regional and global elements and takes into account the broad range of problems facing the populations the ICRC aims to help. Therefore, for any action to be undertaken, a comprehensive analysis is carried out of the situation, the points of view of the people affected (e.g. residents, migrants, IDPs, people deprived of their freedom; men, women, boys and girls; the elderly), the actors present, and the stakes and dynamics involved. This enables the ICRC to identify the people adversely affected and their specific needs and vulnerabilities. An effective response requires a clear understanding of the cause of the problems and a good knowledge of local facilities, their capabilities and their potential. The direct involvement of those affected is therefore essential to ensure that their views, concerns, vulnerabilities and capacities are taken into consideration in the definition of the response. The ICRC endeavours to obtain an overall perspective of an issue of humanitarian concern by looking at all aspects of the problem and all possible

responses. It is also important that the ICRC ensure the coherence of its activities in the medium and long term.

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

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

## MODES OF ACTION

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

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

The modes of action used by the ICRC depend on the situation, the problems encountered and the objectives to be achieved. They aim to make the relevant actors aware of and fulfil their responsibilities.

The ICRC does not limit itself to any one of them; on the contrary, it combines them, striking a balance between them either simultaneously or consecutively.

## LEVELS OF INTERVENTION

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

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

## RESULT-BASED MANAGEMENT

On the basis of an analysis of the given situation and of the humanitarian issues, and often within a longer-term strategy, the ICRC defines objectives with plans of action and indicators for the coming year – or, in some cases, for the next two years – for each context where it operates. The plans of action and indicators describe how the ICRC aims to work towards the objectives in question. Changes in situations and humanitarian issues may require objectives, plans of action and indicators to be revised during the year. Objectives and plans of action and indicators are organized according to target populations and list activities according to programme (see descriptions below).

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

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

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

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

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

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

that are expected to contribute to the impact

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

## COORDINATION

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

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

In the above fora, it does not hesitate to share with other humanitarian actors – to the extent compatible with its neutral, impartial and independent stance and its commitment to confidentiality – its analysis of the context or security situation, results of needs assessments and its technical expertise. In order to preserve this strictly humanitarian approach, the ICRC favours interaction with humanitarian actors operational on the ground and has always refrained from being associated with any approach that involves objectives that are anything other than humanitarian. This has proved particularly useful in situations in which the UN plays a strong political role or is engaged in peace operations alongside humanitarian work. While the ICRC remains outside the set-up of UN agencies and the cluster system, to facilitate effective humanitarian coordination, it participates as a “standing invitee” in the Inter-Agency Standing Committee and as an observer in Humanitarian Country Teams and other fora. The organization also maintains relations with many other international actors, including the humanitarian branches of regional inter-governmental organizations and international NGOs and their consortia, such as the Steering Committee for Humanitarian Response and the International Council of Voluntary Agencies, engaging them on issues of humanitarian action, coordination and policy-making. It proactively participates in the preparations for the 2016 World Humanitarian Summit.

## SERVICES AT HEADQUARTERS

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

- ▶ **Guidance**
  - **Environment scanning and analysis:** services that analyse and monitor the organization's environment
  - **Policy and guidelines/Research and development:** either services that formulate policies and strategic positions and

ensure that they are implemented in a coherent manner (monitoring and follow-up), or services that develop specific expertise for transfer to units and divisions at headquarters and in the field

► **Internal support**

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

► **External interaction**

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

## TARGET POPULATIONS IN FIELD OPERATIONS

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

- **Affected populations/persons** are individuals or segments of the population suffering the direct and/or indirect effects of a confirmed or emerging armed conflict or other situation of violence, who do not or no longer take a direct part in the hostilities or violence. The aim of ICRC action for such people is to ensure that they are respected and protected and to alleviate the suffering caused by the situation, in accordance with the provisions of IHL and other fundamental rules protecting people in situations of violence. The ICRC distinguishes between three different groups of people:
- **civilians:** all people who do not or no longer take a direct part in hostilities or violence but whose physical or mental integrity and dignity are either threatened or affected during an armed conflict or other situation of violence
  - **people deprived of their freedom:** all individuals deprived of their freedom, with a special focus on those held in connection with an armed conflict or another situation of violence, such as POWs, civilian internees and security detainees
  - **the wounded and sick:** people – civilians or weapon bearers – injured or suffering from disease or otherwise in need of medical assistance or care in an armed conflict or another situation of violence
- The second broad category comprises actors of influence and the Movement. The ICRC endeavours to work with influential individuals or institutions to promote full respect for IHL or other fundamental rules protecting people in situations of violence, and to ensure that the people in need receive protection and assistance.
- **actors of influence:** certain individuals or institutions have a capacity to stop or prevent the violation of IHL or other fundamental rules protecting people in situations of violence, and to protect or aid those affected when humanitarian problems arise. Those actors are also in a position to facilitate (or hinder) the ICRC's access to the people affected and/or foster acceptance of the ICRC's work. This category not only includes political authorities, armed, police and security forces and non-State armed groups, but also the

media, associations of various kinds, NGOs, community leaders, religious authorities and other opinion-shapers, economic entities, academic institutions, the youth and other representatives of civil society.

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

### Particular concerns

The ICRC pays particular attention to some categories of people more vulnerable to specific risks, and to situations which may engender or exacerbate vulnerability.

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

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

**Children** are not spared in armed conflict; they not only represent a large segment of the population but are also more vulnerable than adults. They should benefit both from the general protection guaranteed by law as people not taking a direct part in hostilities and from specific protection as a particularly vulnerable group (children are covered by 25 articles in the 1949 Geneva Conventions and their

1977 Additional Protocols). Yet children are a major beneficiary of the ICRC's prevention, protection and assistance programmes worldwide. They are often the witnesses of atrocities committed against their relatives. Many of them are killed, wounded or imprisoned, torn from their families, forcibly recruited into combat, compelled to flee or left without even an identity.

**Women and girls** mostly experience armed conflict as civilians, and as such are often exposed to acts of violence. Such acts include death or injury from indiscriminate attacks and mine explosions, but also direct assault. The loss of male relatives and deprivation of access to the basic means of survival and health care make women and girls vulnerable; however, in many cases they also display remarkable strength, taking on the responsibility of protecting and supporting their families in the midst of armed conflict. It is therefore imperative to understand in which way, owing to their status and role in a given context, women and girls are affected and how humanitarian programmes can best contribute to alleviating their plight and to reinforcing their own capabilities and positive coping mechanisms.

**Migrants** can become vulnerable at many stages of their journey and face difficulties that affect their physical integrity, dignity and well-being, and that of their families. Migrants may pass through areas affected by conflict or violence, or be expelled, trapped and/or held in hostile environments, placing them at risk of facing violence or other forms of abuse. In these situations, they are often the first potential victims of various actors, including armed/criminal groups or militias, that seek to take advantage of their vulnerability along the migratory process. In some cases, they are directly targeted by the parties to the conflict for the simple fact of being foreigners.

In armed conflict and other situations of violence, **sexual violence**, including rape, is widespread and can be used as a method of warfare against the civilian population, affecting both individuals – women, girls, men and boys – and entire communities. Persons deprived of their freedom are also subjected to sexual abuse, in addition to other forms of ill-treatment. Such acts are strictly prohibited by IHL and international human rights law. They violate human dignity and are deeply damaging to the individual's physical, psychological, social and spiritual well-being; in most cases, the suffering extends to the victim's family. The stigma associated with the issue, fear of reprisal and feelings of shame or guilt may prevent survivors from coming forward, such that the full extent of the problem is often concealed; many victims continue to suffer in silence.

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

## PROGRAMME DESCRIPTIONS

ICRC programmes aim to respond to the diverse humanitarian needs arising from armed conflicts and other situations of violence,

in line with the organization's mission. The means and measures by which a programme is implemented are called activities; ICRC programmes involve a wide range of activities that fall within the ICRC's specific areas of expertise and which often require particular professional skills. ICRC operations are structured into four main programmes: protection, assistance, prevention and cooperation with National Societies.

### PROTECTION

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

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

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

### Respect for people deprived of their freedom

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

- ▶ negotiating with the authorities to obtain access to people deprived of their freedom wherever they may be held, in accordance with procedures that guarantee the effectiveness and consistency of ICRC action
- ▶ visiting detainees and having discussions in private with them, assessing their living conditions and treatment and identifying any shortcomings and humanitarian needs
- ▶ monitoring individual detainees (for specific protection, medical or other purposes)
- ▶ restoring and maintaining family links (such as facilitating family visits or forwarding RCMs)



- ▶ fostering a confidential and meaningful dialogue with the authorities at all levels regarding any problems of a humanitarian nature that may arise and the action and resources required to improve the situation, when necessary
- ▶ under specific conditions, providing material assistance to detainees, implementing technical interventions, or engaging in cooperation with the authorities on specific issues and supporting them in undertaking reform processes

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

- ▶ delegates must be provided with full and unimpeded access to all detainees falling within its field of interest and to all premises and facilities used by and for them
- ▶ delegates must be able to hold private interviews with the detainees of their choice
- ▶ delegates must be able to repeat their visits
- ▶ detainees falling within the ICRC's field of interest must be notified individually to the ICRC, and the ICRC must be able to draw up lists of their names

### Respect for civilians

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

- ▶ engaging in dialogue with the relevant parties at all levels to discuss humanitarian issues, to remind them of their legal obligations and to support their compliance efforts
- ▶ monitoring individuals and communities who are particularly vulnerable and/or exposed to serious risks of abuse, reducing their exposure to those risks and reinforcing their own protection mechanisms

In 2013, the ICRC adopted a specific strategy aimed at strengthening its response in this field during emergency situations.

### Restoring family links

These activities aim to restore or maintain contact between members of families, including people deprived of their freedom, who have been separated by armed conflict, other situations of violence, natural disaster or other circumstances that require a humanitarian response, such as migration. They include:

- ▶ organizing the exchange of family news (through various means, such as RCMs, telephones, satellite phones, radio broadcasts and the Internet) via the worldwide Family Links Network (National Societies and ICRC delegations)
- ▶ tracing people separated from their families, including unaccompanied minors, vulnerable separated children, children associated with armed forces or armed groups, and vulnerable adults
- ▶ registering and keeping track of individuals to prevent their disappearance and enable their families to be informed about their whereabouts
- ▶ reuniting and repatriating people
- ▶ facilitating family visits to persons deprived of their freedom or across front lines
- ▶ collecting, managing and forwarding information on deaths
- ▶ issuing ICRC travel documents for people who, owing to conflict, violence, migration or other circumstances, are unable to obtain or renew documents that would permit them to travel, in order for them to return to their country of origin, be reunited with their family or be resettled in a third country

### Missing persons

Activities for missing persons are intended to shed light on the fate and/or whereabouts of people who are unaccounted for as a consequence of an armed conflict, other situation of violence or migration, and thereby help alleviate the suffering caused to their relatives by the uncertainty surrounding their fate. The ICRC pursues a strictly humanitarian approach to the issue, which involves:

- ▶ supporting the development of normative frameworks, including for engaging in activities aimed at preventing disappearances, and encouraging governments to enact or implement legislation to prevent people from becoming unaccounted for, to ascertain the fate and whereabouts of missing persons through appropriate mechanisms and measures, and to protect and support the families of missing persons
- ▶ working closely with families of missing persons and with the relevant authorities and organizations to accelerate the tracing process, including by: providing technical advice to national authorities; chairing coordination mechanisms between former parties to a conflict; collecting tracing requests; providing support for the collection and management of ante-mortem data and the recovery and identification of human remains; promoting best practices in forensics as they relate to the search for the missing; and publishing and updating lists of persons reported missing
- ▶ assessing the multifaceted needs (e.g. psychosocial, economic, legal, administrative) of families of missing persons and the local resources available to meet those needs, and helping address them in close coordination with the authorities, National Societies, NGOs, family associations and other service providers

### ASSISTANCE

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

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

### Economic security

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

- ▶ relief interventions: to protect lives and livelihoods by providing people with the goods and/or services essential for their survival when they can no longer obtain these through their own means
- ▶ production interventions: to protect or enhance a household's or community's asset base – its means of production – so that it can maintain or recover its livelihood

- ▶ structural interventions: to protect livelihoods by influencing processes, institutions and policies that have a direct impact on a target population's capacity to maintain its livelihood over time (such as agricultural or livestock services)

### **Water and habitat**

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

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

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

### **Health**

In line with the organization's public health approach and as an integral part of its overall multidisciplinary response, ICRC health care programmes are designed to ensure that the needs of people in armed conflict or other situations of violence are met according to defined minimum packages of health care. Curative and preventative health interventions remain at the heart of ICRC projects, which are guided by three main vectors: proximity to victims, quality of care and access to health care.

While maintaining a broad scope of response, health activities focus mainly on three domains:

- ▶ comprehensive hospital care: to address hospital management, surgery, internal medicine, paediatrics, obstetrics and gynaecology
- ▶ health care in detention: to ensure acceptable living conditions and safeguard the physical and mental welfare of detainees and make recommendations to improve the overall functioning of prison health systems
- ▶ physical rehabilitation: to ensure the provision of high-quality services that are accessible and sustainable, and promote the social inclusion of people with disabilities (see "Physical rehabilitation" below)

Health programmes also aim to ensure a "continuity of care" approach through greater integration between the above-mentioned domains and, where relevant, between first aid, primary health care, mental health and psychosocial support. Partnerships with health ministries, National Societies and relevant health organizations are essential in implementing activities.

In line with the goals of the Health Care in Danger project, the ICRC engages in dialogue with all actors and stakeholders, both in the field and at an institutional level, with a view to ensuring that people in need of health care have safe and unimpeded access to quality services and that health care personnel are able to carry out their duties in a safe environment (see "Particular concerns" above).

### **Physical rehabilitation**

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

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

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

### **Forensic services**

Forensic services are designed to ensure the proper and dignified management of human remains and help clarify the fate of the missing. They also aim to develop and promote best practices in the field of forensic science and ensure compliance with them.

Such services include:

- ▶ the management, analysis and documentation of human remains, including the management of gravesites, by both experts and first-responders following conflicts, other situations of violence or natural disasters
- ▶ the proper search for and recovery and identification of human remains to help resolve cases of missing persons
- ▶ the collection, management and use of ante-mortem data and biological reference (DNA) samples for purposes such as identifying human remains or reuniting separated family members
- ▶ training and other support for building forensic capacity
- ▶ forensic examination of the living, including injury evaluation and age estimation
- ▶ technical advice to national authorities and other stakeholders

### **Weapon contamination**

The ICRC works to address the humanitarian consequences of weapon contamination, including the risk of exposure to chemical, biological, radiological and nuclear (CBRN) weapons or agents.

ICRC mine-action activities are designed primarily to reduce the impact of weapon contamination on communities living in areas affected by mines, cluster munitions and other explosive remnants of war. The ICRC works with National Societies and the domestic authorities responsible for mine action, and may provide training, mentoring and capacity-building support to help them develop long-term capabilities in this field. The response provided is adapted to each situation and can comprise a range of activities across ICRC programmes. This involves:

- ▶ collecting, managing and analysing data on incidents and victims and on contaminated areas
- ▶ raising awareness of risks, liaising with communities and clearance operators and promoting IHL provisions relating to weapon use
- ▶ contributing to risk reduction: weapon contamination is included

as a potential source of vulnerability in assessments and planning for protection and assistance programmes. The aim is to help ensure that communities exposed to contaminated areas are able to carry on with their daily activities and are not forced to take risks in order to survive.

- ▶ survey and clearance: as a priority, the ICRC seeks to mobilize actors capable of clearing mines/explosive remnants of war and who meet international mine-action standards. In exceptional cases and particularly in areas of urgent humanitarian concern or where it has sole access, the ICRC, in line with strict criteria, has the capacity to deploy specialist teams to conduct short-term contamination surveys and clearance tasks.
- ▶ supporting States Parties to weapons treaties in fulfilling their obligations: the ICRC provides technical support to authorities willing to destroy their obsolete ammunition stockpiles according to their conventional obligations

The ICRC also maintains an operational capacity to respond in the event of the use or release of CBRN weapons or agents in the context of an armed conflict or other situation of violence. This aims to ensure the organization's ability to continue its operations amidst CBRN events and to provide assistance to the people affected, while minimizing risks to the health, safety and security of its staff and others to whom the organization has a duty of care.

## PREVENTION

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

### Promotion and implementation of IHL

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

- ▶ promoting IHL treaties among the relevant authorities by making representations to governments, providing training in IHL, assisting capacity-building efforts and drafting technical documents and guidelines to further national implementation
- ▶ providing legal advice and technical support for the national implementation of IHL, undertaking studies and supporting technical assessments of the compatibility of national legislation with this body of law
- ▶ facilitating the exchange of information on national IHL implementation measures, including through a publicly available database on national legislation and case law
- ▶ promoting the creation of national IHL committees and supporting existing ones
- ▶ hosting expert workshops and peer meetings

- ▶ translating existing IHL texts and materials into different languages
- ▶ encouraging and helping authorities to integrate IHL into the doctrine, education and training of national armed forces (international human rights law in the case of police and security forces), and into the training and education programmes for future leaders and opinion-makers in universities and schools
- ▶ developing and implementing approaches for influencing the attitudes and actions of political authorities and weapon bearers
- ▶ supporting the implementation of the youth education programme – Exploring Humanitarian Law – to help young people embrace humanitarian principles and the social and legal norms intended to protect life and human dignity
- ▶ reinforcing links with academic circles to consolidate a network of IHL experts and developing partnerships with institutes and research centres specializing in IHL

### Development and clarification of IHL

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

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

### Communication

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

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

### Weapons issues

The ICRC pays particular attention to promoting measures to prohibit the use of weapons – including CBRN weapons or agents – that have indiscriminate effects or cause superfluous injury or unnecessary suffering. This includes promoting the application of

existing IHL norms on the use of weapons and the development, when appropriate, of additional norms in response to the field realities witnessed by the ICRC or the emergence of new technology. This involves, in particular:

- ▶ making representations to governments and weapon bearers
- ▶ providing an IHL perspective on weapons issues in national and international fora
- ▶ holding meetings of military, legal, technical and foreign affairs experts to consider, *inter alia*, issues relating to emerging weapons technology and the impact, in humanitarian terms, of the use of certain weapons
- ▶ promoting the full and faithful implementation of treaties such as the Anti-Personnel Mine Ban Convention, the Convention on Certain Conventional Weapons and the Convention on Cluster Munitions, and providing IHL perspectives in meetings on relevant arms treaties
- ▶ providing policy guidance and technical support on mines and other arms issues to National Societies and representing the Movement internationally on these matters
- ▶ attending meetings with key mine-action organizations that contribute to the development of mine-action policy, methodologies and systems

## COOPERATION WITH NATIONAL SOCIETIES

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

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

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

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

### Building the response capacity of National Societies in their own countries

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

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

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

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

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

### Operational partnerships with National Societies in their own countries

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

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



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

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

### **Operational partnerships with National Societies working internationally**

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

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

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

### **Coordination within the Movement**

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

The ICRC is responsible for promoting and directing the contribution and involvement of other Movement components in international relief operations in countries affected by armed conflict and other situations of violence and their direct consequences. It assumes the role of “lead agency” for the Movement operation in accordance with the Movement's Statutes and the Seville Agreement, and in consultation with the National Society of the country concerned.

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

When the ICRC assumes the role of lead agency, it implements its own activities while also taking responsibility for coordinating the response of other Movement components. It is currently working to improve its practice as lead agency by working with the National Society of the country as its natural primary partner

or as a co-lead of the Movement response. Country-level memoranda of understanding defining the roles and responsibilities of each Movement component in all situations – during periods of emergencies, conflict, transition and peace – have been developed in a number of contexts and have proven effective in preparing the ground for well-coordinated Movement action.

In cooperation with other Movement partners, the ICRC has dedicated further resources to learning from the experience of coordinating the Movement's humanitarian response in a number of contexts. Together with the International Federation, the ICRC leads a process of strengthening Movement coordination and cooperation, with the active participation of several National Societies.

### **GENERAL**

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

### **ICRC FIELD STRUCTURE**

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

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

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

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

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

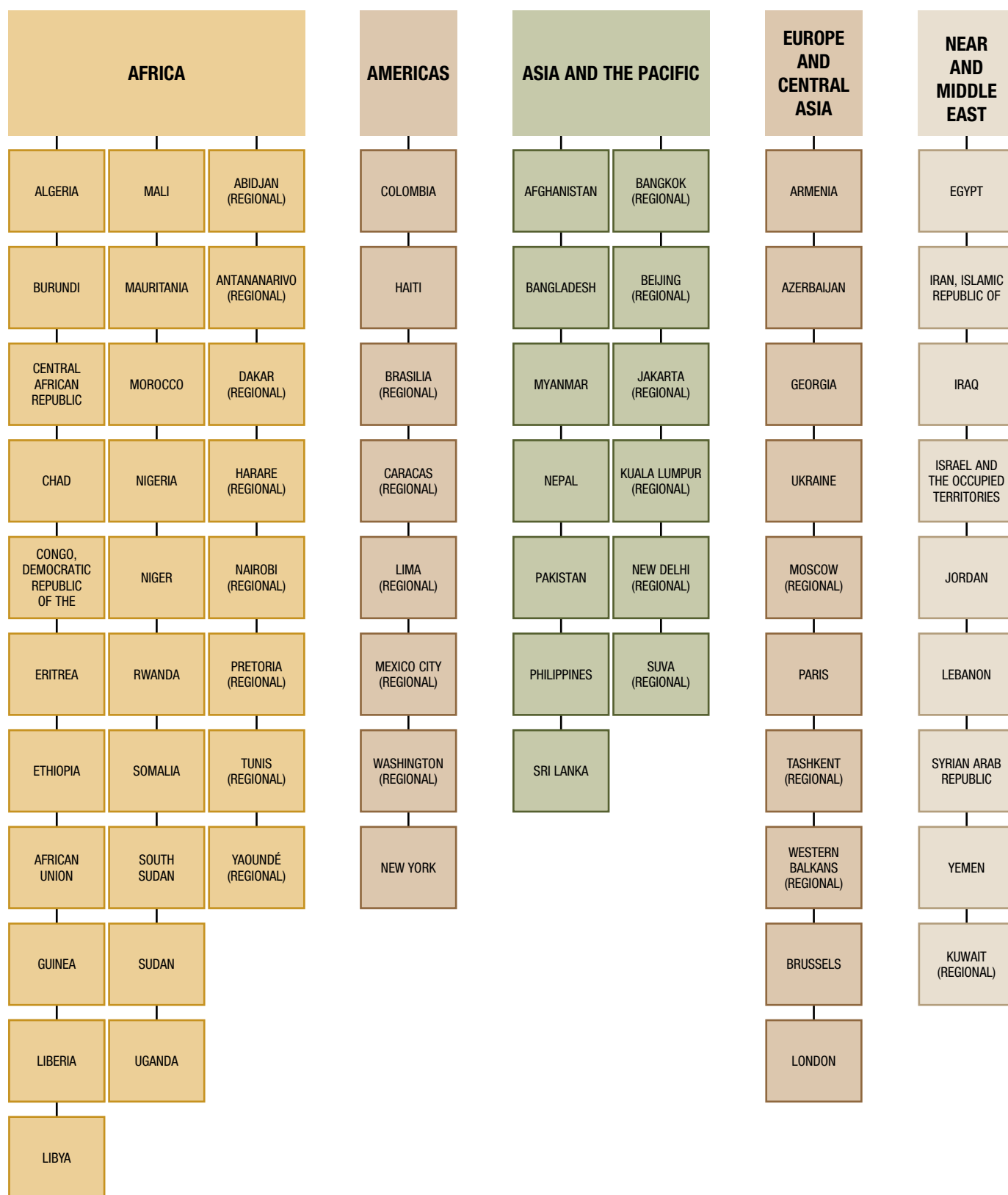
The ICRC's presence in the field can also take the form of a mission or other form of representation adapted to the particularities of the context or the specific functions assigned to the ICRC staff on the ground.

### **REGIONAL BREAKDOWN**

Delegations are grouped and managed in five geographical regions: Africa; the Americas; Asia and the Pacific; Europe and Central Asia; and the Near and Middle East.

At headquarters, a head of region is in charge of the management of and support for field operations in each region. The head of region

## OPERATIONS WORLDWIDE



DELEGATIONS AND MISSIONS IN MORE THAN 80 COUNTRIES AROUND THE WORLD

answers to the director of Operations and is also in charge of a regional multidisciplinary team representing headquarters services such as Protection, Assistance, Logistics, Law, Communication, Cooperation within the Movement, Humanitarian Diplomacy, External Resources, Human Resources, and Finance and Logistics, which are involved as needed. The aim is to better coordinate and focus the support provided by these various services, as well as to ensure overall coherence in the ICRC's response.

## PLANNING AND BUDGETS

Each delegation sets its budget on the basis of an internal planning process, which includes a contextual analysis of the operational environment, an appraisal of the results achieved based on the objectives defined for the current period, and the definition of new objectives, plans of action and the corresponding budget for the period ahead.

The majority of ICRC delegations perform this exercise on an annual basis. Some delegations – those that meet a certain degree of financial and operational predictability and work in environments with relatively low volatility – do their planning on a bi-yearly basis, during which strategic orientations, objectives and budgets are set for the next two years. All budgets are subject to yearly validation by the Directorate and the Assembly. Descriptive, quantitative and financial information, including yearly expenditure and implementation rates, is provided by ICRC standard reporting documents every year (see also *Annex 1: The ICRC's operational approach to result-based management*).

## CONTRIBUTIONS LEVELS OF EARMARKING

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

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

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

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

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

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

Earmarking guidelines not only seek increased uniformity and coherence in managing contributions, but also establish a correlation between earmarking and reporting. Indeed, greater flexibility on the donor side regarding narrative and financial reporting enables the ICRC to manage tighter earmarking more effectively.

## CONTRIBUTIONS IN KIND/CASH FOR KIND

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

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

## CONTRIBUTIONS IN SERVICES

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

## DESCRIPTION OF THE ACCOUNTING MODEL OVERVIEW

The accounting model draws a clear distinction between financial accounting and cost accounting. Financial accounting illustrates how human, material and financial resources are used. The objective of the financial accounting system is to record expenses and to report on financial transactions in accordance with legal requirements. Cost accounting focuses on the use of resources for the implementation of operational objectives by country, programme and target population, as defined in the PFR methodology. The purpose of cost accounting is to promote understanding of processes and transactions (i.e. to determine the reasons for, and the objectives of, the costs incurred), to respond to internal management requirements in terms of detailed information, and – in particular for the ICRC – to facilitate general and specific reporting to donors.

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

### Financial accounting system

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

### Cost or analytical accounting system

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

### Overheads

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

## COST TYPE ACCOUNTING

### Financial accounting and cost categories

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

### Cost centre accounting

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

### Cost units accounting

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

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

#### a) Financial “organizational unit” dimension

The financial “organizational unit” reflects the hierarchy of the organization in terms of responsibility for operational results. As most ICRC field operations are designed for and implemented in a specific geographical area, the organizational unit dimension also reflects the geographical structure of field operations. It serves to determine the costs and income of a delegation, region or geographical zone and to compare those costs and that income with the pre-defined objectives and results to be achieved.

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

#### b) Field programme dimension

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

#### c) Target populations dimension

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

## Objectives and plans of action

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

## INTERNAL CONTROL SYSTEM

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

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

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

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

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

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

## INTERNAL AUDIT

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

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

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

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

## EXTERNAL AUDIT

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

Each year, external auditors, currently Ernst & Young, audit the ICRC's consolidated financial statements. The statements include the consolidated statement of financial position, the consolidated statement of comprehensive income and expenditure, the consolidated cash-flow statement, the consolidated statement of changes in reserves and the notes to the consolidated financial statements.

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

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



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

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## MANAGING ICRC OPERATIONS: THE CYCLE AND THE RESULTS

### INTRODUCTION

People benefiting from humanitarian action depend on the quality of the service they get from organizations in a process they can only relatively influence. Those organizations therefore have an ethical responsibility to take into account the beneficiaries' wishes and vulnerabilities, as well as local capacities and culture, and to manage resources efficiently and produce results that have a beneficial effect on the population's situation. They also have a responsibility to their donors to ensure that the funds they receive are used optimally.

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

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

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

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

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

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

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

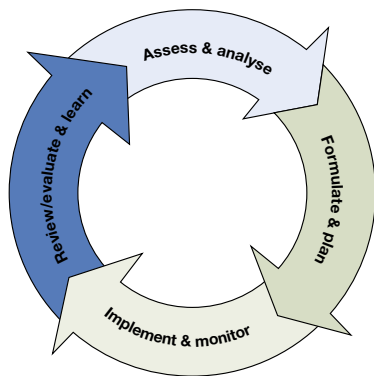
The three-dimensional framework and the PfR methodology were introduced into the ICRC's management procedures in 1998 in a process encompassing: the development of electronic tools to support the implementation of the methodology; the progressive and ongoing adaptation of all operational guidelines

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

### THE ICRC MANAGEMENT CYCLE

The management cycle for ICRC activities aims to maximize the benefits of programmes for the beneficiaries, ensuring that actions

are: **relevant** to the needs of the beneficiaries; **feasible** (insofar as objectives can be realistically achieved within the constraints of the working environment and the capabilities of the implementing organization); and, whenever appropriate, **sustainable** (taking into account longer-term impact and looking for lasting solutions to the needs or problems encountered).



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

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

## THE STAGES OF THE MANAGEMENT CYCLE AND THEIR DEFINITION

### *Assessment and analysis*

Through **assessments**, the ICRC aims to understand a situation in order to identify the problem(s) facing a target population, their causes and the consequences for the target population. The purpose of an assessment is simply to *identify* any problems, not to work out *whether* and *how* to address them. The assessment stage involves collecting information and data (including disaggregated data by gender and age), both independently and during contacts with the target population itself, the authorities at all levels, and any other stakeholders.

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

### *Formulation and planning*

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

### *Implementation and monitoring*

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

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

### *Review, evaluation and learning*

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

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

Information on the interim situation (the results so far) is compared with information on the intended results (the objective) and on the initial situation (the baseline) to identify any significant deviations from the plan. In this way, the ICRC is able to identify problems and take corrective action. Either it will modify the way in which it seeks to achieve its objective, **or** it will modify the objective itself if it finds that the baseline situation or the needs have changed. As such, **the stages of the management cycle are replicated at various operational levels, multiple times, within the overall yearly or bi-yearly cycle for a given context.**

An **evaluation** is defined by the ICRC as an independent, objective and systematic examination of the design, implementation and results of an initiative, programme, operation or policy against recognized criteria. It is intended to articulate findings, draw conclusions and make recommendations in order that the ICRC may draw lessons, improve overall policy and practice, and enhance accountability. Evaluations commissioned by the ICRC are internal, while those commissioned by stakeholders outside

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the institution are external; those taken on by the ICRC together with outside stakeholders are joint evaluations. Internal and joint evaluations aim to influence ICRC action over the long term, on the basis of their findings. Given the magnitude of the undertaking, only a few evaluations are carried out each year.

The ICRC's Office of the Director-General supports internal and joint evaluations led by the different departments and their units. This process includes providing guidance to departments in writing the terms of reference, recruiting the independent evaluators, organizing visits and interviews, reading and commenting on draft reports, organizing round-table meetings with the evaluators and the main internal stakeholders to present and discuss the findings, conclusions and recommendations of the evaluation, and preparing the final report. A steering committee comprising all those involved is generally established for internal evaluations. The main stakeholders must prepare an approach paper, help establish the terms of reference and select the evaluators, provide relevant information (written and oral) to the evaluators, help organize field missions, and read and comment in writing on the draft evaluation reports. Once the evaluation report has been distributed, key stakeholders are asked to provide feedback on the conclusions and recommendations and to prepare an action plan for follow-up.

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



## Budget

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

## FOLLOW-UP TO THE PFR DOCUMENTS

### Implementation

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

### Monitoring, review and audit

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

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

### Evaluation

Despite being limited in number (see above), evaluations nevertheless remain an integral part of the ICRC's overall management cycle and inform its operations as a whole.

### Continuation of the cycle

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

### Input for the next cycle

Whether or not major changes are required during the year, the PFR document contains a summary of all that has been ascertained during the monitoring and reviews undertaken during the previous cycle. This ensures that the experience of the previous period and the lessons learnt are taken into account when the current situation is assessed and analysed and objectives for the new cycle are set. The summary includes an **annual appraisal** of the global results achieved or not achieved as compared with the previous period's orientations, priorities and strategies. Furthermore, given that general objectives are set for five years or more (if they are aimed at more systemic change), for each general objective, a section in the PFR document named **current state of implementation** provides a summary of the progress

made to date towards achieving the objective (progress made during previous cycles). This feeds into the present management cycle to ensure that the plans for the period ahead remain result-focused. To ensure adequate follow-up, the annual appraisal and current state of implementation sections are updated at least once a year even for the PFR documents that are produced on a bi-yearly basis.

## RESULTS AND INDICATORS

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

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

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

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

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

To support its narrative reporting, the ICRC uses figure-based indicators. It has, for example, a set of standard indicators for activities carried out under its *Assistance* and *Protection* programmes for the target populations *Civilians*, *People deprived of their freedom* and *Wounded and sick*. They refer to outputs and short-term outcomes and include, whenever possible, disaggregated data by gender and age (see also *Result-based management and standard reporting to donors*). Collecting, interpreting and managing data is not always possible, however; factors such as cultural and/or State-imposed restrictions; inaccessibility due to conflict, violence or other crises; adverse environmental conditions; and internal constraints may be barriers to such efforts.

## PRAGMATIC APPROACH TO RESULT-BASED MANAGEMENT

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

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

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

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

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

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

Finally, staff turnover levels within the ICRC mean that training and supervision are constantly required to ensure continuity and the transfer of the necessary skills and knowledge. The ICRC strives to keep internal management procedures balanced between operational needs and the requirements of project management.

## RESULT-BASED MANAGEMENT IN ICRC PROGRAMMES

### INTRODUCTION

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

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

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

### PROTECTION

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

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

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

### *Protection of people deprived of their freedom*

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

### *Protection of the civilian population*

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

### *Restoring family links*

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

## **ASSISTANCE**

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

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

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

## **ECONOMIC SECURITY**

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

### *Relief aid – to save lives and protect livelihoods*

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

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

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

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

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

## **HEALTH**

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

- ▶ **availability of service** (e.g. type of service, such as surgery, vaccinations, antenatal care, gynaecology and obstetrics; infrastructure and technology; medical/surgical and patient equipment; drugs and consumables; presence of staff and professional knowledge)
- ▶ **access to service** (e.g. physical access, proximity/security, opening hours, free/paid, universal/discriminatory, patient attendance, catchment population)
- ▶ **quality of service** (e.g. existence of and respect for protocols and guidelines, waiting time, staff on duty, quality of supply of drugs and consumables, mortality rate/case fatality rate, referrals, reception, hygiene standards)

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

## **WATER AND HABITAT**

The water and habitat sub-programme covers five areas of activity: safe drinking water supply, sanitation and environmental health,

temporary human settlements, energy supply and building rehabilitation and construction.

#### *Safe drinking water supply*

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

#### *Sanitation and environmental health*

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

#### *Temporary human settlements*

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

#### *Energy supply*

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

#### *Building rehabilitation and construction*

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

## PREVENTION

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

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

The ICRC prevention approach includes three different sets of activities corresponding to different goals: *prevention-dissemination*

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

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

#### *Prevention-dissemination*

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

#### *Prevention-implementation*

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

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



## COOPERATION WITH NATIONAL SOCIETIES

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

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

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

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

## RESULT-BASED MANAGEMENT AND STANDARD REPORTING TO DONORS

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

### CYCLICAL STANDARD REPORTING DOCUMENTS

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

- ▶ **ICRC Appeals:** they cover the *assessment/analysis* and *formulation/planning* stages of the ICRC management cycle (see above) and are based on the content of the PFR documents for the year/s concerned
- ▶ **ICRC Midterm (covering the first five months of each year) and Annual Reports:** they cover the *implementation/monitoring* and *evaluation/learning* stages of the ICRC management cycle (see above) and are compiled using the

information generated by the various tools employed during the internal project cycle and the summary of progress in the yearly or bi-yearly PFR documents

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

### ICRC Appeals

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

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

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

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

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

### Midterm and Annual Reports

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

The *baseline* situation of the target population as set out in the *Emergency Appeals* is directly or indirectly recalled in the *Midterm* and *Annual Reports* to reflect the scene prior to the ICRC's intervention and to act as a benchmark against which the results achieved within the reporting period can be measured. Then,

progress towards achieving the new situation for the target population contained in the **objective** is reported on, by describing the **results** achieved through the **plan of action and indicators** – at output, outcome and contribution-to-impact level. Such information is obtained via rigorous internal *monitoring* and *reviews* at the *implementation* stage, using the various tools enumerated above.

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

The beginning of each chapter features a **mission statement** describing the identity of the delegation, a **map** showing the ICRC's presence, and figures representing the **human resources** involved. It also provides an overview of the **key results and constraints**, which lists, in a maximum of six points, the major results achieved and, where relevant, operational constraints encountered by the

delegation during the reporting period. In addition, a comparative table presents the quantitative assistance targets and achievements for the year: the target indicators are based on those set out in the *Emergency Appeal* for the given year, while those achieved are taken from the standard assistance indicators mentioned above. In the *Annual Report*, information on expenditure by programme and the implementation rate (expenditure/yearly budget) is provided in addition to these features.

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

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

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

The sections of the two documents correspond as follows:

Planning for Results documents (internal)		Emergency Appeals (external)
Delegation's main operational priorities and strategies	<b>become</b>	Main targets for 20XX (in some cases, 20XX–XX)
Specific objectives/Specific operational strategies		
Country or context	<b>become</b>	Context/Humanitarian response
Armed conflict and/or other situation of violence		
Humanitarian environment and the ICRC		
Security environment		
Problem/situation faced by each target population	<b>becomes</b>	Statement of the problem/current situation (preceding each objective)
Expected humanitarian impact/General objective	<b>become</b>	Objective
Specific objectives/Specific operational strategies	<b>become</b>	Plan of action and indicators

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

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

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## OTHER STANDARD REPORTING DOCUMENTS

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

These documents include:

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

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

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

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## BACKGROUND AND APPROACH

Owing to its unique mandate as a neutral, impartial and independent organization, the ICRC implements an “all victims” approach aimed at protecting the life and dignity of victims of armed conflict and other situations of violence and providing them with assistance. Within this approach, the ICRC acknowledges that women’s experience of armed conflict is multifaceted (separation, loss of loved ones, loss of sources of livelihood and coping mechanisms, increased risk of sexual violence, greater responsibility for dependents, injury, detention, even death) and often differs from that of men, boys and girls. The ICRC approaches gender<sup>1</sup> as a means of fostering a better understanding of the respective social and cultural roles of men, women, boys and girls (such as division of labour, productive and reproductive activities, access to and control over resources and benefits) and of the social and economic factors influencing them. It endeavours to obtain a more sensitive and holistic grasp of the roles, responsibilities and experiences of each of these groups in each context, and therefore to provide a more adequate response to their needs in times of conflict. Understanding gender-related issues allows the ICRC to: identify who has assumed the roles of those who are absent (detained, missing, fighting, or killed); assess whether by assuming such roles they are in a situation of vulnerability; and support and build on their resilience and positive coping mechanisms through its protection and assistance programmes. It also enables the ICRC to identify, in different social and cultural contexts, impediments to the conduct of protection and assistance activities specifically related to women and girls and thus to develop alternative responses that effectively meet their needs.

Often, women and children are placed in the same category of vulnerability. Such hasty categorization overlooks the fact that women’s needs, experiences and roles in armed conflict and other situations of violence differ from those of children. The relevant question is not who is more vulnerable but rather who is vulnerable to what particular risks (which are context-related and depend on individual circumstances, resources and coping mechanisms). Different groups face different factors of vulnerability and it is an oversimplification to categorize men as active (combatants) and women as passive (victims). Armed conflict can precipitate changes in culturally determined roles, and women often have to assume the role of principal breadwinner for their family or may

engage in the conflict as fighters or combatants. While women are not inherently vulnerable, they often face heightened risks in conflict situations.

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

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

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

In armed conflict and other situations of violence, sexual violence is a widespread phenomenon that affects mostly women and girls. Sexual violence is also perpetrated against men and boys; depending on the context, men may be specifically vulnerable to such abuse, for example in situations of detention. The overall consequences are serious, and given that the stigma associated with sexual violence may prevent victims from coming forward, the true extent of the problem is often concealed. It affects not only the victims, but also their families, and often entire communities. The ICRC takes a multidisciplinary approach to the issue of sexual violence, encompassing preventive action, awareness raising and protection and assistance activities aimed at addressing the causes and consequences of sexual violence, including providing victims with timely medical and psychological support. Given the many challenges of dealing with such a complex and sensitive subject, the ICRC continuously seeks to improve the quality and reach of its action in a manner that is adapted to the context and to the needs of the people affected. In 2013, the ICRC undertook a four-year (2013–16) commitment to enhance its response to sexual violence, restoring it as an institutional priority. In line with this, it endeavours to strengthen its action to protect and assist women, men, girls and boys affected by sexual violence in armed conflict and other situations of violence, and to prevent the occurrence

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

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



of such abuses, by focusing on four primary domains: holistic operational response to the needs of victims; prevention of sexual violence; Movement mobilization to address the problem; and staff sensitization and training.

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

## **WOMEN AND GIRLS IN ICRC PROGRAMMES, BY TARGET POPULATION**

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

### **CIVILIANS**

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

#### **Protection**

##### *Protection of the civilian population*

- ▶ The ICRC monitors the situation of individuals and groups not or no longer taking part in hostilities, many of whom are women and children. Where documented, allegations of abuse committed against women and girls, such as sexual violence and unlawful recruitment and use by armed forces or armed groups, are raised in the ICRC's discussions with all parties on alleged violations of IHL and international human rights law and the measures to be taken to stop them. In some contexts, dialogue with women and girls is possible only owing to the presence of female ICRC staff, both resident and mobile.
- ▶ All ICRC delegations work under the assumption that, unless proven otherwise by an in-depth assessment, sexual violence takes place and is a grave and life-threatening concern in armed conflict and other situations of violence. ICRC field teams take sexual violence into consideration in their activities, even without allegations of such abuse, effectively reversing the burden of proof frequently placed on victims to show that they had been abused. In this respect, ICRC staff seek to identify not only individual cases of sexual violence, but more broadly, the patterns of harm resulting from sexual violence, understanding in particular their causes and circumstances. Based on this analysis, the underlying issues are addressed whenever possible with the responsible

parties, and all efforts are made to ensure that victims have access to the necessary care and are protected. In addition, the ICRC may work with communities and groups at risk to reduce their exposure to particular threats of sexual violence. The same applies to other types of violations and abuse faced by women and girls, including unlawful recruitment and use by armed forces or armed groups.

- ▶ In addition to formal and informal oral and written representations to the authorities concerned about alleged incidents, preventive dissemination activities are conducted with all kinds of weapon bearers to raise their awareness of their responsibilities under IHL to protect and respect at all times, among the general civilian population, women and children not or no longer taking part in hostilities (see *Actors of influence* below).
- ▶ In parallel, the ICRC partners with communities to develop and raise awareness of joint protection mechanisms, for example through water projects that help reduce women and children's exposure to risks (see *Assistance, Water and habitat* below).

#### *Restoring family links*

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

#### *Restoring family links – unaccompanied girls/girls formerly associated with armed forces or armed groups*

- ▶ Boys and girls who have become separated from their parents, including those who have formerly been associated with armed forces or armed groups, are registered by the ICRC, and their mothers and fathers, or their closest relatives, sought.
- ▶ Working closely with the authorities concerned and other organizations active in child protection, the ICRC pays special attention to the treatment of unaccompanied girls living in host or foster families; whenever necessary, it directs them to the appropriate referral structures.
- ▶ The ICRC advocates that children formerly associated with armed forces or armed groups be provided with adequate care, in particular in disarmament, demobilization and reintegration processes, paying attention to the specific needs of girls. It recommends their immediate release without waiting for a peace agreement to be signed or for a disarmament, demobilization and reintegration process to be launched.
- ▶ Family reunifications are organized according to the best interests of the child and only if all parties – the child and the family – want to be reunited.
- ▶ Special attention is paid to the treatment of boys and girls reunited with their families, including the psychosocial aspects of the reunification process, especially when they have been separated for a long time. The ICRC also monitors how the children readapt to family life; whenever necessary, the families and the children concerned receive material support and are directed to referral structures. The ICRC often follows up with children several months after their reunification with

their families to ensure that they do not face new protection problems, especially if they were formerly associated with armed forces or armed groups or are girls with children of their own.

#### **Restoring family links – missing persons**

- ▶ ICRC action in relation to missing persons benefits, among others, women and children as they are overwhelmingly those left behind when a loved one disappears during an armed conflict or other situation of violence.
- ▶ Whenever possible, the ICRC works closely with the families of missing persons and with the relevant authorities and organizations to accelerate the tracing process. It collects tracing requests and provides support for ante-mortem data collection and the forensic process – while respecting basic standards for data protection and informed consent for collection – and the management and transmission of information. It covers the transport costs of missing persons' families – mainly women – to visit mass graves or exhumation sites. On its website, it publishes and updates lists of persons reported missing.
- ▶ The ICRC supports the development of normative frameworks, including for engaging in activities aimed at preventing disappearances (which can start before or during the conflict/crisis). It encourages governments to enact or implement legislation to prevent people from becoming unaccounted for (by establishing an information bureau, for example), to ascertain the fate of missing persons through appropriate measures, and to protect and support the families – mainly women who have become heads of household, and children – of those who are missing, notably by making it easier for them to undertake legal proceedings.
- ▶ The ICRC supports the development of institutional frameworks/mechanisms aiming to clarify the fate and whereabouts of missing persons by providing technical advice to national authorities in this regard and/or by chairing coordination mechanisms between former parties to a conflict.
- ▶ The ICRC assesses the multifaceted needs of the families of missing persons, as well as locally available resources to address them. It supports such families through activities aiming to cover a vast range of needs, using different modes of action, in close coordination with the authorities, National Societies, NGOs, family associations and other available service providers. It organizes meetings with family associations, whose members are chiefly women, to ensure that their interests are represented in various fora and provides the associations with financial and technical support.
- ▶ Directly or through associations or institutions, the ICRC contributes to the provision of health care, psychosocial support, financial/material assistance, and livelihood support for relatives of missing persons, including women and their children (see *Assistance* below). It also provides them with administrative help in dealing with matters of inheritance, pensions, legal status, custody of children and property rights.

#### **Assistance**

##### ***Economic security – emergency aid: food and essential household items***

- ▶ When distributing aid, the ICRC gives priority to the most vulnerable households, many of which have been deprived of their main breadwinner (usually adult males) and are headed by women. Therefore, women and children – including girls – are often the main beneficiaries of the relief provided to IDPs, returnees and residents.

- ▶ If the need exists, the ICRC provides food rations, often including food adapted to young children, and essential household items, such as blankets, tarpaulins, jerrycans, kitchen sets and hygiene kits, to enable women to take care of their families. Hygiene kits usually include specific products for women and children, such as culturally adapted sanitary materials and washable or disposable diapers. Other items, such as clothes or fabric to make clothing, are also distributed according to need.

##### ***Economic security – livelihood support***

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

##### ***Water and habitat***

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

##### ***Health***

- ▶ The majority of the people treated in outpatient departments and community health centres in violence-affected areas are women and children, and thus are the main beneficiaries of ICRC support to such facilities, which provide comprehensive

primary health care services, including mother and child care. Mobile clinics give women and children who are unable to reach permanent structures access to essential health and medical care. When needed, women and children, among other patients, are referred to a second level of care.

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

#### **Weapon contamination**

- ▶ To help prevent injuries caused by mines and explosive remnants of war (ERW), the ICRC marks contaminated areas and conducts mine-risk education, mobilizes and supports authorities/other actors to conduct clearance operations, and,

in exceptional cases and in line with strict criteria, deploys specialist teams to conduct such operations for a limited time. Mine-risk education sessions target primarily children, but also women. They are conducted in schools, places of prayer or/and community fora and aim to ensure the safety of civilians by informing them of the dangers of mines/ERW. In the event of an accident, it also provides surgical, medical and economic assistance to victims, including physical rehabilitation. In parallel, it continues its advocacy with the relevant authorities and often supports the work of the national mine-action body.

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

## **PEOPLE DEPRIVED OF THEIR FREEDOM**

### **Protection**

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

### **Assistance**

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

### *Water and habitat*

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

## **WOUNDED AND SICK**

### **Assistance**

#### *Medical care*

- ▶ The ICRC endeavours to ensure an integrated hospital care approach to the needs of the wounded and the sick, as part of a multidisciplinary response that also includes first aid, primary health care, mental health and psychosocial support and physical rehabilitation services (see also *Civilians*).
- ▶ The ICRC works to ensure that women and children have access to adequate hospital care, including specific drugs and consumables, equipment and clinical expertise.
- ▶ The specific needs of women and girls are included in training in first aid and medical evacuations and the support provided to ambulance services.
- ▶ The ICRC ensures a comprehensive approach to hospital care that addresses hospital management, surgery, paediatrics, obstetrics and gynaecology, and internal medicine, as well as inpatient care for infectious diseases as part of outbreak management for patients in general and women and children in particular. This support may also include the provision of equipment, medical supplies and training.
- ▶ Screening and proper medical management of victims of sexual violence, to which women and girls can be particularly vulnerable, are included in the training of primary health care staff to enable them to respond effectively and refer victims to appropriate mental health and psychosocial services.

#### *Physical rehabilitation*

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

### *Water and habitat*

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

## **ACTORS OF INFLUENCE**

### **Prevention**

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

## **RED CROSS AND RED CRESCENT MOVEMENT**

### **Cooperation**

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

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### *ICRC employment policy*

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



# ANNEX 3: THE ICRC'S OPERATIONAL APPROACH TO CHILDREN

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## CHILDREN IN ARMED CONFLICT AND OTHER SITUATIONS OF VIOLENCE

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

## PROTECTION UNDER INTERNATIONAL LAW

IHL provides broad protection for children. In the event of armed conflict, whether international or non-international, children benefit from the general protection provided to all persons affected by the conflict. First, if they fall into the hands of enemy forces they must be protected against murder and all forms of abuse: torture and other forms of ill-treatment, sexual violence, arbitrary detention,

hostage-taking or forced displacement. Second, they must in no circumstances be the targets of attacks, unless, and for such time as, they take a direct part in hostilities. Instead, they must be spared and protected. Many of the rules of IHL constitute customary law and are therefore binding on all parties to an armed conflict, regardless of whether they have ratified the relevant treaties.

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

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

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

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

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

## THE ICRC'S MULTIDISCIPLINARY APPROACH

Owing to its unique mandate, the ICRC implements an "all victims" approach aimed at protecting the life and dignity of

victims of armed conflict and other situations of violence and providing them with assistance. Within this approach, the ICRC acknowledges that children not only represent a large segment of the population (and therefore of those affected by armed conflict and other situations of violence) but are also particularly vulnerable. Despite the protection afforded to them by national and international law, they remain a major beneficiary of the ICRC's prevention, protection and assistance programmes worldwide.

Within its programmes, the ICRC carries out activities to respond to the specific material/economic, medical, social, protection and

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

## DEFINITIONS USED BY THE ICRC

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

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

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

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

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

## CHILDREN IN ICRC PROGRAMMES, BY TARGET POPULATION

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

## CIVILIANS

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

### Protection

#### *Protection of the civilian population*

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

#### *Restoring family links – unaccompanied and separated children/children formerly associated with armed forces or armed groups*

- ▶ Unaccompanied (and vulnerable separated) children, including those formerly associated with armed forces or armed groups, are registered by the ICRC, and their mothers and fathers, or their closest relatives, sought. A distinction must be made between separated children – who are without their usual caregiver but are under the protection of another relative –

and unaccompanied children, who are on their own or under the care of persons totally unrelated to them, often as a result of spontaneous fostering. In most cases, the ICRC focuses on looking for the parents of unaccompanied children and of vulnerable separated children. When the whereabouts are known, the children are able to restore and maintain contact with their families through phone calls or RCMs, thus contributing to their psychological well-being.

▶ As the tracing process usually takes time, it is crucial to ensure that children separated from their families are protected and provided for while they are waiting for their relatives to be found. The ICRC rarely arranges interim care for unaccompanied/vulnerable separated children as it generally refers them to other qualified actors, including National Societies, for this purpose. However, even when the ICRC refers such children to other actors, it:

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

separations are most likely to occur, such as border crossings, checkpoints, transit sites and health facilities, so that preventive activities can be undertaken there. It also informs families of what they can do to minimize the risk of separation should the family be forced to flee. Governments, staff of national and international agencies, religious groups and local communities are also made aware of how to prevent separation, including secondary separation caused by medical or humanitarian evacuations or other such services. Voluntary separation may in some instances be prevented, for example by ensuring that all households have access to basic relief supplies. The ICRC attempts to ensure that such necessities are provided by supporting the efforts of the relevant authorities or stepping in when they are unable or unwilling to assume their responsibilities.

#### *Restoring family links – missing persons*

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

#### **Assistance**

##### *Economic security – emergency aid: food and essential household items*

- ▶ When distributing aid, the ICRC gives priority to the most

vulnerable households, many of which have been deprived of their main breadwinner (usually adult males). Children and women are often, therefore, the main beneficiaries of the relief provided to IDPs, returnees and residents. Furthermore, children may find themselves heading their household. In such cases, special efforts are made to ensure that the children heads of household are included in registration and census exercises to ensure that they receive assistance for themselves and for other children in their care.

- ▶ If the need exists, the ICRC provides food rations, often including food adapted to young children, and essential household items, such as blankets, tarpaulins, jerrycans, kitchen sets and hygiene kits, to enable families to take care of themselves and their children. Hygiene kits usually include specific products for infants, such as washable or disposable diapers. Other items, such as clothes or fabric to make clothing, are also distributed according to need.
- ▶ Upon reunification with their families (see *Protection – Restoring family links* above), children are usually provided with a kit that may contain clothing and food items to help reduce immediate costs for the family. When necessary, the ICRC may consider providing some assistance to the family.

#### ***Economic security – livelihood support***

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

#### ***Water and habitat***

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

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

#### ***Health***

- ▶ The majority of the people treated in outpatient departments and community health centres in violence-affected areas are children and their mothers, and thus are the main beneficiaries of ICRC support to such facilities, which provide comprehensive primary health care services, including mother and child care and immunizations for children. Mobile clinics give children who are unable to reach permanent structures access to essential health and medical care. When needed, children, among other patients, are referred to a second level of care.
- ▶ The ICRC works to reinforce reproductive health, including ante/post-natal care and care for newborn babies. In many contexts, the ICRC trains traditional birth attendants/midwives in ante/post-natal care, in the identification of at-risk mothers, in skilled attendance for home delivery and in the management of complications. The birth attendants/midwives also play a decisive role in health education, for example on basic care and breastfeeding. They also may receive delivery kits containing soap, surgical gloves, plastic sheeting, a sterile razor blade and string for the umbilical cord.
- ▶ The ICRC aims to respond as a priority to the clinical and mental health and psychosocial needs of victims of sexual violence, their families and their communities. Where feasible, in contexts where sexual violence is a problem, the ICRC provides post-rape kits to ICRC-supported hospitals and health centres and runs training courses enabling health staff working in those facilities to treat victims effectively.
- ▶ Members of the local community, including volunteers, offering support for victims of sexual violence are trained in counselling techniques, so that they can offer peer support to the victims and help them find coping mechanisms and possible solutions. They are also taught psychosocial approaches and mediation skills, enabling them to facilitate (i) the reintegration of victims of sexual violence, who are often rejected by their families and communities, and (ii) acceptance of children born of rape who are at a particularly high risk of being rejected, stigmatized or abused and denied access to education, inheritance rights or even a name.
- ▶ In contexts where mental health and psychosocial needs are greater or the response of other actors is not sufficient, the ICRC provides or trains others to provide mental health and psychosocial care to people affected by armed conflict and other situations of violence, taking into account the specific vulnerabilities of children. It supports local communities/actors in building their capacities to respond to these needs. Such programmes aim to enhance individual and community mechanisms that are culturally appropriate, in order to alleviate suffering.
- ▶ ICRC support encompasses prevention (mosquito net distribution, routine immunization), promotion (hand washing, breastfeeding) and treatment (for respiratory tract infection or malaria, for example). Children and their mothers are the primary targets of health promotion sessions that help ensure they have the knowledge and skills to help prevent the spread of disease. For example, such sessions may include raising awareness among pregnant women and the mothers of young children of how malaria is transmitted. Many receive mosquito nets.



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

#### **Weapon contamination**

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

## **PEOPLE DEPRIVED OF THEIR FREEDOM**

### **Protection**

- ▶ Children detained under their own name may be registered by the ICRC, and monitored on an individual basis with the aim of ensuring that they are afforded particular care and protection, including from torture and other forms of ill-treatment. Infants and other children accompanying detained parents (most commonly, mothers) may also be registered to ensure that their needs are not forgotten and to deter any attempt to use the child to exert pressure on the parent.
- ▶ During its visits to people deprived of their freedom, the ICRC pays special attention to the treatment and living conditions of any children being held. Particular consideration is given to suspected victims of ill-treatment, including sexual violence. It checks children's accommodation, which should separate boys from girls and children from adults (unless their protection and well-being are better ensured by being with their families or other appropriate adults). Attention is also paid to children's ability to maintain regular contact with their families and to engage in appropriate recreational and educational activities. The ICRC provides confidential reports and recommendations to the authorities concerned accordingly.
- ▶ During its detention visits, the ICRC also considers children's access to judicial guarantees. When children are detained beyond the time limits allowed by law, when they are eligible for non-custodial measures but have not had the opportunity to access them, or when they are below the age of criminal

responsibility, the ICRC makes representations to the detaining authorities with the aim of securing their release.

- ▶ ICRC support for the penitentiary administration and training for penitentiary staff (medical personnel included) encompasses, whenever relevant, action regarding or in consideration of the particular needs of children, for example in terms of food, health care, education and recreation.
- ▶ ICRC family-links services allow child detainees to communicate with their families and detained adults to communicate with their children outside. This contributes to the psychological well-being of all concerned.
- ▶ The ICRC enables child detainees to receive family visits and children to visit their detained relatives, either by organizing the visits itself or by covering the cost of transport. Family visits are not only essential for the psychological well-being both of the detainees and of their relatives outside, they are often a vital channel through which detained children obtain food and other essential items, and even access to legal support.
- ▶ Children recruited or used by armed forces or armed groups are often victims of unlawful recruitment and should be treated primarily as victims, not only as perpetrators. The ICRC therefore advocates non-custodial measures for children who would otherwise be detained for the sole reason of being associated with an armed group.

### **Assistance**

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

### **Water and habitat**

- ▶ As part of its efforts to improve environmental health conditions for detainees, the ICRC often carries out maintenance, rehabilitation or construction projects in places of detention. These projects always take into consideration the needs of children, such as separate accommodation from adults, dedicated sanitation facilities, space for activities, and adequate facilities for women with infants and/or young children.
- ▶ Detained minors and children living with their detained mothers benefit from hygiene promotion sessions run in prison that aim to prevent and contain the spread of communicable diseases. Sessions commonly cover the prevention of hand-to-mouth contamination through good personal/food/clothing hygiene, the proper use and maintenance of facilities/equipment for water, sanitation and waste management, and the prevention and treatment of diarrhoea.

## **WOUNDED AND SICK**

### **Assistance**

#### **Medical care**

- ▶ The ICRC endeavours to ensure an integrated hospital care approach to the needs of the wounded and the sick, as part of a



multidisciplinary response that also includes first aid, primary health care, mental health and psychosocial support and physical rehabilitation services (see also *Civilians*).

- ▶ The ICRC works to ensure that children, along with women, have access to adequate hospital care, including specific drugs and consumables, equipment and clinical expertise.
- ▶ The specific needs of children are included in training in first aid and medical evacuations and the support provided to ambulance services.
- ▶ The ICRC ensures a comprehensive approach to hospital care that addresses hospital management, surgery, paediatrics, obstetrics and gynaecology, and internal medicine, as well as inpatient care for infectious diseases as part of outbreak management for patients in general and women and children in particular. This support may also include the provision of equipment, medical supplies and training.

#### **Physical rehabilitation**

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

#### **Water and habitat**

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

## **ACTORS OF INFLUENCE**

### **Prevention**

- ▶ Prevention activities targeting actors of influence (e.g. political authorities, armed forces and other bearers of weapons, civil society representatives, the media, academics, young people, NGOs, etc.) always emphasize the need to take measures to respect the life and dignity of people affected by armed conflict or other situations of violence. These actors are systematically made aware that not only do children often represent a large segment of the affected population, but they are also particularly vulnerable and their specific needs must be recognized and addressed.
- ▶ Depending on the target group, prevention activities comprise highlighting the existing provisions of IHL and international human rights law that focus on children, such as the 1977 Additional Protocols and the Optional Protocol to the Convention on the Rights of the Child, along with relevant national legislation, which may give even more protection. The ICRC provides technical support and advice to countries on becoming party to such instruments and enacting national legislation to implement their provisions, in order to enhance the protection afforded to children and to meet their specific needs. Particular emphasis is placed on the issue of child recruitment. The ICRC promotes the principle that persons under 18 years of age should not participate in hostilities or be recruited into armed forces or armed groups. All actors are systematically made aware of their responsibilities and capabilities in this respect through a combination of

bilateral meetings, legal advice, dissemination sessions, training courses, documentation and publications, academic competitions, and communication campaigns.

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

## **RED CROSS AND RED CRESCENT MOVEMENT**

### **Cooperation**

- ▶ National Societies are the ICRC's primary partners. They have valuable knowledge of the local context, owing to their proximity to victims and their networks of volunteers and local partners. The ICRC works in partnership with National Societies to address the needs of children affected by armed conflict and other situations of violence.
- ▶ In addition to working in partnership with the National Society of the country in question to strengthen its own operational capacity (see *Civilians*), the ICRC supports the development of National Society tracing, first-aid and emergency-preparedness capacities. This helps the National Society improve its response to the specific needs of children affected by armed conflict or other situations of violence. Many National Societies also receive support for specific activities aimed at: alleviating the suffering of children caught up in an armed conflict; helping children formerly associated with armed forces or armed groups reintegrate into society; or preventing vulnerable children from joining armed groups and gangs.
- ▶ In conjunction with the International Federation, the ICRC builds the general institutional capacities of National Societies, in accordance with the Fundamental Principles. The two

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organizations provide National Societies with the expertise required to strengthen their capacity to conduct domestic activities in accordance with their own priorities and plans, so that children's needs may be addressed in peacetime as well as during armed conflict and other situations of violence.

- ▶ The ICRC often works in partnership with National Societies that work internationally and which contribute to ICRC operations in cash, in kind or by providing personnel and operational management.
- ▶ Through regular meetings and dialogue, and in line with the Seville Agreement and its Supplementary Measures, all operations to meet the needs of those affected by armed conflict and other situations of violence, including children, are coordinated with other Movement components present in the context to ensure the best response.

# ANNEX 4: THE ICRC'S OPERATIONAL APPROACH TO DISPLACEMENT

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## DISPLACEMENT AND THE DISPLACED

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

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

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

Under IHL, the arbitrary displacement of civilians should not occur in the first place, but if it does, their protection is ensured. Indeed, IHL expressly prohibits any party to an armed conflict from compelling civilians to leave their places of residence. Exceptionally, temporary evacuations may be carried out if

the security of the civilians or imperative military necessity so demands. In addition to this express prohibition, the rules of IHL intended to spare civilians from hostilities and their effects also play an important role in preventing displacement, as it is often violations of these rules that cause civilians to flee their homes.

## FOCUSING ON ACUTE DISPLACEMENT

The ICRC understands displacement to be a dynamic phenomenon consisting of a series of relatively distinct phases. It considers the specific phases to be:

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

This conceptual framework provides the basis for understanding the causes, characteristics, threats and kinds of vulnerability associated with each phase. It enables rapid analysis of the immediate circumstances of those affected, as well as the anticipated evolution of their displacement, which forms the basis for a dynamic and flexible multidisciplinary response.

While using an “all-phases” approach in its analysis of situations of internal displacement, the ICRC does not aim to respond to every phase of displacement. Following a review in 2013 of its priorities regarding internal displacement, the ICRC decided to focus on strengthening its response to acute displacement, an area where the organization has comparative advantage in terms of expertise and experience. More precisely, the ICRC endeavours to ensure that its responses to the needs of IDPs during the acute phase of displacement are timely, professional and multidisciplinary.

## THE “ALL VICTIMS” APPROACH

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

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

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

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

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

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

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

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

## THE MULTIDISCIPLINARY APPROACH

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

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

### USING THE MULTIDISCIPLINARY APPROACH

#### Preventing displacement

The ICRC aims to persuade authorities, armed forces and armed groups, through confidential dialogue, to fulfil their obligations to prevent the displacement of civilians (unless the temporary evacuation of civilians during military operations is required for their own security) and other violations of the relevant bodies of

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

### **Alleviating the effects of displacement**

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

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

### **Easing return, local integration and relocation**

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

## **RELATIONS WITH THE MOVEMENT AND HUMANITARIAN COORDINATION**

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

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

to restore family links, an essential activity wherever people have been displaced.

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

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

## **DISPLACEMENT IN ICRC PROGRAMMES, BY TARGET POPULATION**

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

### **CIVILIANS**

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

### **PREVENTING DISPLACEMENT**

#### **Protection**

#### *Protection of the civilian population*

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



the authorities and all kinds of weapon bearers to raise their awareness of their responsibilities under IHL to protect and respect at all times individuals and groups not or no longer taking part in hostilities (see *Actors of influence* below).

- ▶ By reinforcing civilians' self-protection mechanisms and acting as a neutral intermediary to facilitate movement across front lines or access to essential services such as markets or health care, the ICRC can remove some of the causes of displacement or contribute to increasing the resilience of the population.

## Assistance

### *Economic security – livelihood support*

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

### *Water and habitat*

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

### *Health*

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

## Prevention

### *Weapon contamination*

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

## ALLEVIATING THE EFFECTS OF DISPLACEMENT

### Protection

#### *Protection of the civilian population*

- ▶ It is often the case that the authorities bearing the primary duty to care for the displaced and to manage the displacement crisis lack the capacity or the will to do so. The ICRC plays an important role in highlighting critical humanitarian needs and making recommendations to the authorities on how they can better fulfil their obligations, including to protect civilians from abuses (see *Preventing displacement – Protection – Protection of the civilian population* above).
- ▶ IDPs are not a homogenous group: there are many sub-populations who are likely to have particular protection-related

concerns. The ICRC takes measures to assess these concerns and to respond to the most urgent needs, through dialogue with the authorities and other stakeholders, as well as activities aimed at reducing the IDPs' exposure to risks. It also pays particular attention to the relationship between IDPs – living in dedicated places or hosted by residents – and local resident communities in order to avoid or reduce tension between the two groups, such as that caused by competition for overstretched resources. Whenever possible, the ICRC takes direct action to remove or reduce the causes of the tension.

- ▶ Part of encouraging respect for people's dignity includes ensuring that they have access to accurate information and can actively participate and influence decisions made on their behalf, to ensure that they are still able to make choices about their lives, however dire the circumstances. For example, a lack of information regarding the services available or a lack of familiarity with local procedures can reduce the capacity of new arrivals to obtain access to essential services and support. In such cases, the ICRC will directly facilitate beneficiaries' access to the services available, including those run by the State, as well as prompt the authorities to improve their communication and information-sharing systems.
- ▶ During their flight, IDPs may leave behind or lose critical documents (personal identification, passport, birth certificate, marriage certificate, etc.) or indeed have them stolen, making it impossible for them to exercise their rights. The ICRC reminds the authorities of their obligations to make document replacement services available to all eligible citizens. It can also act as a neutral intermediary to relay official documents across front lines, between family members or between the authorities and civilians.

### *Restoring family links*

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

### Assistance

#### *Economic security – emergency aid: food and essential household items*

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

provides food rations and essential household items, such as blankets, tarpaulins, jerrycans, kitchen sets and hygiene kits, to enable the displaced to set up temporary homes. Other items, such as clothes or fabric to make clothing, are also distributed according to need.

#### *Economic security – livelihood support*

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

#### *Water and habitat*

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

#### *Health*

- ▶ An influx of IDPs into an area can place a heavy burden on health care facilities that might already be run-down or overstretched owing to the conflict. In such cases, the ICRC may provide supplies, train staff and rehabilitate infrastructure to ensure the provision of comprehensive primary health care, including vaccinations, for IDPs and resident communities alike. At the same time, the ICRC highlights the needs to the authorities, encouraging them to expand the services they provide.
- ▶ Mobile clinics give IDPs and residents unable to reach permanent structures access to essential health and medical care; when needed, they are referred to a second level of

care. Such clinics can also provide an early indication of any outbreaks of disease.

- ▶ In contexts where sexual violence is a major problem, the ICRC documents alleged incidents and brings them to the attention of the authorities concerned. Where feasible, it provides post-rape kits to ICRC-supported hospitals and health centres and runs training courses to ensure that health staff in those facilities are equipped and able to treat victims, including IDPs, effectively and to provide counselling.
- ▶ IDPs benefit from psychological support to help them deal with the trauma of displacement or of the violations of IHL that prompted the displacement.
- ▶ IDPs living in overcrowded and cramped conditions are particularly susceptible to the spread of disease. Health and hygiene promotion sessions aim to teach people basic practices that can help minimize or prevent the spread of disease.
- ▶ Depending on their circumstances, IDPs may be at risk of malnutrition. The ICRC may support therapeutic feeding programmes, including in emergency situations.

#### *Weapon contamination*

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

## **EASING RETURN, LOCAL INTEGRATION OR RELOCATION**

### **Protection**

#### *Protection of the civilian population*

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

### **Assistance**

#### *Economic security – emergency aid: food and essential household items*

- ▶ IDPs finally returning to their places of origin may find that their homes and land have been destroyed. The ICRC commonly provides these people and those who decide to settle elsewhere with kits that might contain food, essential household and hygiene items, and/or shelter materials and tools to rebuild their homes.

#### *Economic security – livelihood support*

- ▶ IDPs returning to their homes or resettling elsewhere after a prolonged displacement will often require support in order

to restart an economic activity. ICRC livelihood support programmes (see *Alleviating the effects of displacement – Assistance – Economic security – livelihood support* above) are also tailored to the needs of returnees and to residents in the areas of return or relocation, with a view to reducing tensions between the two groups.

#### **Water and habitat**

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

#### **Health**

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

#### **Weapon contamination**

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

## **WOUNDED AND SICK**

### **ALLEVIATING THE EFFECTS OF DISPLACEMENT**

#### **Protection**

- ▶ In its dialogue with the authorities and weapon bearers, the ICRC reiterates their obligations under IHL to respect medical personnel, equipment and facilities. In addition, health personnel are instructed in their work-related rights and obligations under IHL, such as marking structures with a protective emblem.
- ▶ The ICRC reminds the authorities, including the health authorities, of their obligation to prevent secondary separations and the measures that need to be taken accordingly (e.g. proper registration of patients in health structures, registration of medical evacuations).

#### **Assistance**

##### **Medical care**

- ▶ The ICRC endeavours to ensure an integrated hospital care approach to the needs of the wounded and the sick, as part of a multidisciplinary response that also includes first aid, primary health care, mental health and psychosocial support and physical rehabilitation (see also *Civilians*).
- ▶ IDPs and residents alike may be wounded in the fighting or may fall sick and need to be treated in hospitals that are ill-equipped to deal with them because they are dilapidated or simply because of the sheer numbers of people in need. ICRC support for hospital care employs a comprehensive care approach that includes hospital management, emergency surgery, paediatrics, obstetrics and gynaecology, and internal medicine, as well as inpatient care for infectious diseases as part of outbreak management. This support may also include the provision of equipment, medical supplies and training, for example, in traumatology.

- ▶ Similarly, the ICRC supports first-aid posts and facilitates, as a neutral intermediary, operations to evacuate the wounded and sick from areas affected by fighting.

#### **Physical rehabilitation**

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

#### **Water and habitat**

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

## **EASING RETURN, LOCAL INTEGRATION OR RELOCATION**

#### **Assistance**

##### **Physical rehabilitation**

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

#### **Water and habitat**

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

## **ACTORS OF INFLUENCE**

#### **Prevention**

- ▶ Prevention activities targeting actors of influence (e.g. political authorities, armed forces and other bearers of weapons, civil society representatives, the media, academics, young people, NGOs, etc.) always emphasize the need to take measures to respect the life and dignity of all people affected by armed conflict or other situations of violence, including IDPs. All actors are systematically made aware of their responsibilities and capabilities in this respect through a combination of bilateral meetings, dissemination sessions, training courses, documentation and publications, academic competitions and communication campaigns.
- ▶ The formal authorities, both civil and military, bear the primary duty to protect and assist people on their territory. A humanitarian response cannot substitute comprehensively for shortcomings in the formal system. The ICRC therefore reminds the authorities – at all levels, on the ground and in high-ranking positions right up to the cabinet – of their obligations to respect, protect and support those affected by displacement, and that IDPs enjoy the same rights and freedoms under the applicable legal frameworks (IHL and national law), without discrimination, as their compatriots.
- ▶ Where inadequate legislation exists, the ICRC provides technical support and expertise to the authorities to help them develop new laws.
- ▶ During its dialogue with all authorities and weapon bearers, the ICRC recalls how IHL stipulates that the parties to a conflict must allow and facilitate the rapid and unimpeded passage of humanitarian relief, which is impartial in nature and conducted without adverse distinction, subject to their right of control, for the benefit of civilians in need.

## PREVENTING DISPLACEMENT

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

## ALLEVIATING THE EFFECTS OF DISPLACEMENT

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

## EASING RETURN, LOCAL INTEGRATION OR RELOCATION

- ▶ The authorities also have the responsibility to restore conditions that permit return, local integration or relocation as quickly as possible. The basic conditions for sustainable, long-term solutions, based on voluntary, safe and dignified choices, include the following assurances that former IDPs:
  - do not suffer attacks, harassment, intimidation, persecution or any other form of punitive action upon return to their home communities or settlement in other locations
  - are not subject to discrimination for reasons related to their displacement
  - have full non-discriminatory access to national protection mechanisms (police, courts)
  - have access to the personal documentation typically needed to access public services, to vote and for administrative purposes
  - have access to mechanisms for property restitution or compensation
  - enjoy without discrimination an adequate standard of living, including shelter, health care, food and water

- are able to reunite with family members if they so choose
- are able to exercise the right to participate fully and equally in public affairs.

## RED CROSS AND RED CRESCENT MOVEMENT PREVENTING DISPLACEMENT, ALLEVIATING THE EFFECTS OF DISPLACEMENT, EASING RETURN, LOCAL INTEGRATION OR RELOCATION Cooperation

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





# HEADQUARTERS

# ICRC GOVERNING AND CONTROLLING BODIES

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

## MEETINGS AND DECISIONS OF THE GOVERNING BODIES

In 2014, the Assembly and the Assembly Council held seven and fourteen meetings, respectively. The president and director-general of the ICRC kept the governing and controlling bodies informed about the conduct of operations, the development of IHL, humanitarian diplomacy, cooperation with National Societies and with other humanitarian organizations, public communication issues, and administration and finance. The Assembly and the Assembly Council examined, in particular, ICRC operations in the Central African Republic, Iraq, Israel and the occupied territories, Pakistan, the Philippines, South Sudan, Sudan, the Syrian Arab Republic (hereafter Syria) and Ukraine.

The Assembly adopted the next four-year institutional strategy (2015–2018), the Health strategy and the revised policy on security management. Pursuant to the recommendations of the Control Commission, it reviewed and approved the 2013 financial accounts, including the report of the external auditors, and the Directorate's proposal for 2015 objectives and budgets. During its annual off-site meeting, the Assembly discussed leadership and governance, deciding on a number of measures to further clarify roles and responsibilities between the different governing entities. The Assembly adopted related changes to the Internal Regulations and Statutes in December 2014.

## MISSIONS

**Mr Peter Maurer, president**, held bilateral discussions with heads of State, ministers of foreign affairs and defence, and National Society leaders in Belgium, the Central African Republic, China, Ethiopia, France, the Holy See, the Islamic Republic of Iran, Iraq, Israel and the occupied territories, Japan, Jordan, Kuwait, Lebanon, Liechtenstein, Luxembourg, Monaco, Morocco, the Netherlands, the Philippines, the Russian Federation, Saudi Arabia, South Sudan, Syria, Turkey, the United Kingdom of Great Britain and Northern Ireland (hereafter United Kingdom), the United States of America (hereafter United States) and Yemen. Mr Maurer also held talks with government representatives at the Permanent Council of the Organization for Security and Co-operation in Europe in Vienna (Austria), during the High-Level Segment of the UN General Assembly in New York (United States), during meetings with the European Union and NATO in Brussels (Belgium), at the Dakar International Forum on Peace and Security in Africa (Senegal), and at the World Economic Forum in Davos (Switzerland).

**Ms Christine Beerli, vice-president**, conducted visits to Afghanistan, Algeria, China, France, Germany, Mexico, Mozambique and

Tajikistan, where she met with government officials and National Society leaders. She represented the ICRC at a number of high-level events, such as the Second Conference on the Humanitarian Impact of Nuclear Weapons in Nayarit (Mexico), the Third Review Conference of the Anti-personnel Mine Ban Convention in Maputo (Mozambique), the General Assembly of the Arab Red Cross and Red Crescent Organization in Kuwait, the International Federation's 9th Asia Pacific Regional Conference in Beijing (China), and the Arab League IHL Experts Conference in Algiers (Algeria). Ms Beerli travelled extensively in Switzerland and the rest of Europe to attend events commemorating the 150th anniversary of the Movement.

Other members of the Committee conducted the following missions:

- ▶ **Mr Jürg Kesselring** visited the ICRC delegation in Beirut (Lebanon) to attend a regional meeting of ICRC health specialists; he also represented the ICRC at several conferences and events in Germany and Switzerland.
- ▶ **Mr Melchior de Muralt** visited the ICRC delegations in Amman (Jordan), Dakar (Senegal) and Tbilisi (Georgia).
- ▶ **Mr Yves Sandoz** participated in the Expert Meeting on Autonomous Weapon Systems in Switzerland; he travelled to China to represent the ICRC at the Senior Workshop on International Rules Governing Military Operations; he visited Seoul (Republic of Korea) to speak at the International Symposium on Security and Military Law and at the Association of Southeast Asian Nations Regional Forum for Heads of Defence Universities/Colleges/Institutions Meeting; and he represented the ICRC at the Interparliamentary Assembly of Member Nations of the Commonwealth of Independent States in Saint Petersburg (Russian Federation). He participated in the 37th Round-table on Current Issues of IHL at San Remo (Italy) and attended the annual Bruges Colloquium on IHL in Belgium.
- ▶ **Mr François Bugnion** travelled to Japan to commemorate the 100th anniversary of the death of Empress Shōken, to Belgium to deliver a lecture at the Annual IHL Course for Humanitarian Practitioners and to attend the Annual Conference of the International Society of Military Law and the Law of War, to Algeria for the 17th Ministerial Conference of the Non-Aligned Movement, to Pakistan to take part in a seminar on IHL and Islamic law, and to Senegal to attend a regional training course on IHL and represent the ICRC at the 15th annual summit of the Organisation Internationale de la Francophonie.
- ▶ **Mr Mauro Arrigoni** travelled twice to Spain, once to Madrid to speak at an event on nuclear weapons organized by the Spanish Red Cross, and then to Barcelona to inaugurate the Jean Mohr exhibit at an event co-organized by the National Society in Catalonia and the Swiss government on the occasion of the 150th anniversary of the ICRC. He also visited ICRC operations in the Democratic Republic of the Congo.
- ▶ **Mr Hugo Bänziger** visited the ICRC delegations in Manila (Philippines) and Nairobi (Kenya), with a focus on administrative services and logistics.
- ▶ **Mr Rolf Soiron** travelled to El Salvador, where he observed ICRC detention activities.
- ▶ **Ms Paola Ghillani, Mr Jürg Kesselring, Mr Bruno Staffelbach and Mr Daniel Thürer** attended a garden party at Buckingham Palace in London (United Kingdom), organized by Queen Elizabeth II and the British Red Cross on the occasion of the 150th anniversary of the ICRC.

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

**The members of the Directorate are appointed by the Assembly for four-year terms. The current Directorate took office on 1 July 2014.**

In 2014, the ICRC operated in increasingly diverse, fragmented, polarized and unpredictable environments; one of its principal challenges was bridging the gap between complex and growing needs, on the one hand, and its ability to deliver a direct and effective response, on the other. It thus maintained a high degree of agility and managed change in line with the ambitions set out in the ICRC Institutional Strategy 2011–2014, responding to several crises in a timely manner while sustaining its operational presence elsewhere.

The Directorate played its part, determining key areas for action and proposing ICRC responses. In April, it conducted its annual review of the implementation of the ICRC Institutional Strategy 2011–2014, assessing its continuing relevance in light of changes in the working environment and tracking its progress; this review, in turn, helped develop the ICRC Institutional Strategy 2015–2018. Through its quarterly appraisals, the Directorate took stock of the ICRC's overall performance (covering operations, finance, human resources, major projects and external relations priorities) and proposed any necessary adjustments, regularly communicating related information at different levels of the organization. It also ensured closer follow-up of key institutional risks.

## **STRATEGIC ORIENTATIONS FOR 2011–2014**

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

### **REINFORCE THE ICRC'S SCOPE OF ACTION**

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

The ICRC extended its operational reach in 2014, demonstrating its relevance and effectiveness in armed conflicts and other situations of violence around the world. Security considerations and limited access hampered its work in contexts such as Afghanistan, Iraq, Libya, Pakistan, Sudan, the Syrian Arab Republic (hereafter Syria) and Yemen. Despite these challenges, the organization,

through networks or partnerships with local authorities/players, was able to sustain or expand its operations in some of these contexts (e.g. Afghanistan, Iraq and Syria) and in the Central African Republic (hereafter CAR), Colombia, the Democratic Republic of the Congo, Israel and the occupied territories, Mali, South Sudan and Ukraine.

The regional management teams steered operations, focusing on ensuring contextualized responses to the needs of those affected and on mobilizing resources and competencies. The rapid deployment mechanism was activated on five occasions in response to emerging crises, and security/crisis management training was provided to ICRC and National Society staff.

Approved by the Assembly in June, the ICRC Health strategy 2014–2018 started to be implemented with an increased focus on hospital care and war surgery. More than 75% of all delegations developed Health Care in Danger strategies. Incident data affecting health-care services in 23 contexts were systematically collected and analysed. Good practices were shared with field staff and local partners, while public communication and confidential dialogue with those allegedly responsible and other stakeholders aimed to put a stop to threats and barriers to health care in many operations.

The ICRC refined its approach and strengthened its operational response on a number of issues. Its strategy for protecting the civilian population in emergencies proved particularly relevant in, for instance, Israel and the occupied territories and South Sudan. By improving its understanding of conflict-related sexual violence, the ICRC was able to develop new projects in response to the issue, such as in the CAR and Mali. Delegations strove to reinforce the organization's integrated approach by designing activities focused on helping affected people meet their immediate needs and preserve/re-establish their livelihoods and independence.

Ten pilot projects were launched in the field to encourage innovation across the organization; these included mobile cash delivery systems, and virtual reality tools to simulate military/law enforcement planning and operations.

### **STRENGTHEN THE ICRC'S CONTEXTUALIZED, MULTIDISCIPLINARY RESPONSE**

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

Securing access and acceptance on the ground and reaching and assisting conflict- or violence-affected people remained a priority. The ICRC therefore further strengthened its operational partnerships with National Societies, building on the results of an external evaluation of its partnership practices. It also initiated or maintained working relations with other humanitarian actors.

The ICRC reinforced its networking and operational dialogue with influential players (e.g. non-State armed groups, Islamic circles) in contexts such as Iraq, Nigeria, the Sahel, Syria and Yemen. It continued to extend its support base by securing increased political, legal, operational and financial backing in 11 countries.

Media coverage of the ICRC's work in priority contexts, including Israel and the occupied territories, Syria and Ukraine, and on priority topics, such as sexual violence and Health Care in Danger, remained high. The organization shared footage/photos with broadcasters and in online media to help spread awareness of humanitarian issues and illustrate its response.

Tools for improving planning and monitoring processes for ICRC programmes were introduced in the planning exercise for 2015.

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

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

The ICRC continued to make progress in respect of the "Strengthening IHL" process. Government experts from nearly 40 States participated in the first thematic consultation on detention; representatives from over 90 States attended preparatory discussions on a future IHL compliance mechanism.

Stakeholders were updated on the ICRC's legal and operational concerns and priorities in multilateral fora, such as the UN and regional intergovernmental organizations (e.g. African Union, Association of Southeast Asian Nations, Organization for Security and Co-operation in Europe and Organization of Islamic Cooperation). The ICRC influenced developments in the humanitarian sector through its participation in coordination meetings and discussions with governments.

The ICRC engaged in and helped shape international debates on issues such as cyber warfare, autonomous weapon systems and explosive weapons in populated areas. Several public events held as part of the ICRC's first Research and Debate Cycle, entitled "New technologies and the modern battle space: Humanitarian perspectives", positioned the organization as a convener on humanitarian law and policy.

Through its Health Care in Danger project, the ICRC continued to highlight the insecurity of health care in armed conflicts and other situations of violence, working closely with Médecins Sans Frontières, WHO and other partners. Specialists worldwide participated in three expert workshops on the topic, while representatives of 26 non-State armed groups from nine different contexts attended consultations.

The "150 years of humanitarian action" initiative marking the ICRC's anniversary and other key dates drew to a close with a series of events and the distribution of promotional materials.

## OPTIMIZE THE ICRC'S PERFORMANCE

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

The ICRC recorded its highest ever budget in 2014 and launched 11 budget extension appeals. It secured additional funding from governments and continued working on broadening its donor

base among governments, National Societies and private sources, in line with the Funding strategy 2012–2020.

The People Management programme continued to be implemented and work progressed on the design of a job grading matrix and new staff rewards scheme. A standardized platform has been selected for the new Human Resources Information System. The first steps were taken to implement the new international assignment planning framework with the launch of job opening compendia for senior and middle manager positions for 2015; human resource managers were deployed in eight delegations to support personnel needs. The ICRC Humanitarian Leadership and Management School launched a pilot session of its second module.

A new connectivity network with an ergonomic user interface and collaborative spaces for projects, events and teams was launched, as was a new information management tool to facilitate protection-related activities. The OSCAR (Operational Supply Chain, Agile and Reliable) project, aimed at improving the efficiency and management of the supply chain, was deployed at headquarters, in the Manila Shared Services Centre (Philippines) and the Nairobi logistics centre (Kenya). A new information and communication technology delivery model was developed to enable the provision of 24-hour support for new business requirements.

As part of wider optimization measures, the ICRC began to delocalize and outsource certain corporate services activities from headquarters; it began to set up a second shared services centre in Belgrade (Serbia), which will be operational by mid-2015.

# OFFICE OF THE DIRECTOR-GENERAL

**The director-general chairs the Directorate and ensures that its decisions are implemented. He reports to the president's office and the Assembly on the Directorate's objectives, decisions and activities, and on the results achieved. The office drives and monitors the implementation of the Institutional Strategy by reinforcing timely and informed decision-making and accountability across the entire organization. It also takes the lead on selected key projects or initiatives that are institutional priorities. It strives to enhance the coherence and coordination of Movement action.**

The year 2014 was marked by substantial humanitarian needs in an increasingly diverse, fragmented and unpredictable environment. In this context, the Office of the Director-General facilitated the development of the ICRC Institutional Strategy 2015–2018. It steered efforts to adapt the ICRC's organizational model and examined concrete options for optimizing processes and improving efficiency. It actively supported the implementation of three institutional strategies: People Management, Information Environment and Funding. The Office of the Director-General played an important role in managing the ICRC's performance and key institutional risks, capitalizing on available information to promote evidence-based decision-making. It helped to shape the debate on legal and policy issues affecting the ICRC's work and to develop partnerships with key external stakeholders. In July, the Division for Cooperation and Coordination within the Movement was integrated into the Office of the Director-General, in line with the cross-cutting and strategic nature of the latter's work (see *International law and policy*).

## LEADING THE DIRECTORATE

Throughout the year, the Office of the Director-General managed the work of the Directorate and served as a link between the administration and the governing bodies. It helped guarantee the relevance, coherence, timeliness and implementation of institutional decisions and specifically worked to ensure that the Directorate's decisions were effectively prepared, recorded, communicated and implemented. It supported the Directorate's efforts to steer and accompany institutional changes.

Since a new Directorate took office in July, the Office of the Director-General provided support in reviewing the Directorate's agenda and how it functioned.

The office facilitated meetings of the two platforms for interdepartmental discussion – on external relations issues and on organization and management – established by the Directorate to ensure coherence and efficiency in issue identification, decision-making and follow-up between and across departments. These meetings directly fed the discussions within the Directorate, helping to align the work of various departments.

## MANAGING THE ICRC'S PERFORMANCE

The Office of the Director-General continued to provide guidance on managing the ICRC's performance. It supported the Directorate in reviewing its monitoring needs and taking stock of the ICRC's work in its quarterly reviews (covering operations, finances, human resources, project management and follow-up

on key institutional risks). It also prepared the annual review of the implementation of the ICRC Institutional Strategy 2011–2014. Through this exercise, it assessed the strategy's relevance in the light of changes in the ICRC's working environment, tracked progress on implementation and identified overarching priorities in the strategy's final year.

The Office of the Director-General facilitated the Directorate's work with the governing bodies to develop the ICRC Institutional Strategy 2015–2018, organizing internal and external consultations, shaping its content and conceptualizing an approach to monitoring implementation, including the selection of appropriate indicators.

The office led efforts to implement a global strategy for managing growth and optimizing costs. The ICRC began to adapt its organizational model to ensure continuing efficiency and effectiveness in the face of changes in its operating environment. The delocalization and outsourcing of certain corporate services from headquarters formed a key aspect of this, enabling the organization to deliver the same services at lower costs. The Office of the Director-General spearheaded efforts in this regard, and prepared to delocalize and outsource selected corporate services beginning in 2015.

## PROJECT MANAGEMENT

The Office of the Director-General further refined the processes for managing the portfolio of projects carried out by ICRC headquarters. The Project Management Office continued to help the project board prepare quarterly reviews of the portfolio and conduct the third annual project prioritization exercise. Through this exercise, the project board ranked projects based on their benefits as balanced against their delivery costs, and checked their alignment with field and headquarters objectives and with the ICRC Institutional Strategy 2015–2018; on this basis, the Directorate validated a list of projects to be carried out in 2015.

The Project Management Office continued to assist individual project managers and steering committees to define, monitor and review projects; in particular, it updated the content of training for managers and committee members in this regard and conducted five workshops in the course of the year.

## RISK MANAGEMENT

In line with the ICRC's approach to and plan of action for strengthening risk management organization-wide, the Office of the Director-General worked with the Directorate to review what key risks the institution faced and identify relevant mitigation measures. During quarterly reviews and as part of regular monitoring, the office updated the Directorate on changes in the risks that it had observed and identified emerging risks requiring further analysis by the Directorate. The office began to proactively promote risk management practices and to assess the needs of managers in this regard.

## PLANNING, MONITORING AND EVALUATION

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



With support from the Office of the Director-General, reference frameworks were developed for the ICRC's assistance, protection, prevention and cooperation programmes, to support delegation planning and monitoring efforts. Furthermore, the office contributed to an initiative introducing multi-year planning in selected delegations during the 2015 Planning for Results exercise, resulting in some changes in the presentation of the *Emergency Appeals 2015*. The office also continued to support the ongoing reform of the field planning process, particularly in terms of defining the scope of and requirements for new planning and monitoring tools (see *Operations*).

The office assisted departments to conduct four institutional evaluations during the year, focusing on: forensic activities, physical rehabilitation and weapon contamination programmes, protection of children, and the involvement of beneficiaries in ICRC programming (in relation to the Institutional Strategy 2015–2018).

## **BUSINESS INTELLIGENCE**

The Office of the Director-General launched a business intelligence programme aimed at developing the ICRC's ability to capitalize on available information to make appropriate, timely and evidence-based management decisions, both at headquarters and in the field. In this regard, an assessment of the current state of information and related reporting used for decision-making in the ICRC served to identify gaps and challenges concerning the implementation of business intelligence across the organization. In addition, a dashboard was developed for monitoring implementation of the new institutional strategy.

## **DEVELOPING PARTNERSHIPS**

The ICRC further developed its strategic and operational partnerships with National Societies, other humanitarian organizations and the private sector. It consolidated its high-level network of key National Societies at the director-general/secretary-general level, and its relations with the International Federation, thereby reinforcing its operational response.

## **POSITIONING THE ICRC IN EXTERNAL DEBATES**

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

- ▶ the ICRC reinforced its dialogue with donors by organizing two policy fora during the year, in addition to the annual Donor Support Group<sup>1</sup> meeting
- ▶ strong strategic and political support furthered work on issues related to the revision of Movement coordination policies
- ▶ the Steering Committee for Humanitarian Response gave priority to respect for the Fundamental Principles, including impartiality, in its agenda

The director-general also helped shape the debate on issues such as the future of humanitarian action, the protection of civilians and developments within the Movement. Lastly, the ICRC organized consultations with donors and National Societies on the content of the ICRC Institutional Strategy 2015–2018.

## **PEOPLE MANAGEMENT**

The Office of the Director-General steered the People Management Programme during the year and oversaw its transfer to the Human Resources Department (see *Human resources*).

## **OMBUDS OFFICE**

The ombudsperson, working on an independent and confidential basis, provided support for staff members who turned to him in connection with workplace-related issues. He also identified and raised various issues with the Directorate. The ombudsperson function was expanded with the creation of two regional positions and the organization of a training workshop for relays across the ICRC.

## **LEGAL COUNSEL**

The ICRC legal counsel provided support to internal clients on institutional legal issues.

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

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

At the end of 2014, the Department of Operations comprised: eight geographical regions; two operational divisions, Assistance, and Central Tracing Agency and Protection (hereafter Protection); four smaller units, Security and Crisis Management Support (SCMS), Global Affairs and Networking, Women and War, and the Innovation Initiative; and the result-based management and Health Care in Danger projects. All provided operational support. Using updated regional frameworks, the eight regional management and support teams supervised and coordinated field operations.

The department streamlined its operational set-up during the year, assigning more responsibilities to delegations and taking steps to replace the eight regions with five by mid-2015. It continued to facilitate coordination on cross-cutting issues. For instance, thanks to the platforms for interdepartmental discussion and the use of videoconferencing to include delegations in weekly headquarters meetings, it ensured a comprehensive understanding of the concerns at hand.

The creation of the Innovation Initiative in 2014 resulted in an increased emphasis on the use of new approaches and technologies to address the multifaceted needs of conflict- and violence-affected people. As the ICRC operates in varied and challenging contexts, the initiative encourages innovation and diversity, engaging with other actors and forming partnerships at different levels. A number of pilot projects were launched to this end during the year (see below).

The department continued to spearhead organization-wide efforts to reinforce the response to sexual violence. These efforts come in fulfilment of a four-year commitment (2013–16) by the ICRC and are four-pronged: holistic operational response, prevention, Movement mobilization, and staff training and sensitization. Delegations improved their analyses of the problem and the range of their responses. In parallel, a Movement working group began to map current practices worldwide to address sexual and gender-based violence during armed conflicts and disasters, and the gaps in such responses.

Field teams also drew on the department's support to refine their prevention-centred dialogue with national authorities and weapon bearers. Complementing this, the issue was placed on the agenda of national and regional events, including some organized by the ICRC; it is also set for discussion at the 32nd International Conference in 2015.

Nine internal professional training courses and annual meetings on protection, prevention and health activities included sessions on sexual violence. A partnership with the Center for Education

and Research in Humanitarian Action (CERAH) also led to the development of an external seminar on sexual violence, with half of the slots for each session reserved for ICRC staff.

The department concluded the project on result-based management in 2014, with delegations successfully applying key components thereof. Field teams used guidance material on matters such as reporting on their operations, thereby improving their monitoring and self-assessment activities, in keeping with the goal of greater accountability to donors and beneficiaries. During the year, the project team helped put the finishing touches to 20 programme reference and monitoring frameworks for the assistance, cooperation, prevention and protection programmes; the planning process for operations was also revised to include features reflecting each delegation's expected humanitarian impact and the progress it had made to that end. In parallel, preparations started on the Field Planning and Monitoring Tools project, which was to be placed under the responsibility of the Office of the Director-General in 2015.

The SCMS Unit facilitated operational and security-related responses, including the activation of the rapid deployment mechanism in the Gaza Strip (occupied Palestinian territory), the Philippines, South Sudan and Ukraine, and across West Africa in response to the Ebola outbreak. Emergency staff drawn from the roster of 80 ICRC delegates were deployed to the above-mentioned emergencies, as were 19 staff members from National Societies with which the ICRC has rapid deployment contacts. The SCMS critical incident management mechanism was also activated following serious security incidents in Libya, Mali and Ukraine.

Drawing on its expanded security and crisis management training programme, the unit trained 75 field managers during three one-week courses and provided customized training to the Canadian, Japanese and Norwegian Red Cross Societies for their own headquarters- and field-based emergency teams. A new training film on field operations for Movement staff was completed during the year.

The unit also finalized a new Security Management Information Platform, to be used in all operations in 2015. It took steps to strengthen its approach to security management, drawing on the insights of former senior headquarters and field staff.

The Global Affairs and Networking Unit helped delegations and other headquarters units network with influential States, especially emerging ones, and non-State entities. The unit aimed to improve its understanding of these entities' perceptions of the ICRC, acceptance of and support for the organization and its operations, and respect for IHL and humanitarian principles. It worked mainly with delegations and operational managers in the Middle East, particularly in Iraq and the Syrian Arab Republic (hereafter Syria) following the upsurge in instability in June 2014, North and West Africa, particularly north-east Nigeria, and South-East and Central Asia, helping them to adjust to changes and develop regional/local networking approaches to reach civilians, authorities, armed groups, civil society members and other relevant players. The unit assisted ICRC delegations engaged in joint learning exercises with Islamic humanitarian organizations – especially in the Gulf Cooperation Council (GCC) States, South-East Asia and West Africa – on the principles underpinning humanitarian work and the safety due to workers.

The unit contributed to institution-wide efforts to secure increased political, legal, operational and financial backing from States with regional and global influence. By sharing approaches and results, the unit assisted the delegations and headquarters units concerned to interact with the Algerian, Brazilian, Chinese, Iranian, Mexican and Russian authorities on regional and global humanitarian challenges; it helped broaden the ICRC's network of contacts in Turkey and in the GCC countries. It also acted as a link to the delegations to the African Union (AU), based in Addis Ababa, Ethiopia, and to the UN, based in New York, United States of America, providing support as necessary and managing the information flow between them and other headquarters units.

## HEALTH CARE IN DANGER

In view of the continued urgency of protecting health-care service delivery – one of the ICRC's long-standing priorities – the Directorate decided to extend the Health Care in Danger project to the end of 2017, thereby also reflecting the commitment and willingness of National Societies and other members of a community of concern to address health-care insecurity. Launched in 2011, the project focuses on mobilizing all Movement components, authorities, representatives of the health community and civil society to develop, promote and implement measures safeguarding impartial and efficient health-care delivery during armed conflicts and other emergencies.

In April 2014, the ICRC released an updated report on the violent incidents affecting health-care delivery; from January to December 2013, it had received information on over 1,800 incidents, over 90% of which had directly affected health-care workers, in 23 countries.

Two expert workshops took place in 2014, the first in Brussels, Belgium, on domestic normative frameworks for protecting the delivery of health care, and the second in Pretoria, South Africa, on the security of health structures. Two thematic consultations were held in Geneva, Switzerland, one each on health-care ethics and on operational practices regarding health services for non-State armed groups. The sessions brought together specialists and other influential players from around the world to discuss these dimensions of health-care insecurity and practical measures to mitigate them. The resulting recommendations and outcomes were then promoted at several events, including:

- ▶ a technical briefing during the 67th World Health Assembly in Geneva
- ▶ a regional workshop, attended by Health Ministry and National Society representatives from nine Latin American countries and co-organized by the Colombian Health Ministry and the Colombian Red Cross in Bogotá, Colombia
- ▶ a high-level panel organized by the ICRC on the sidelines of the UN General Assembly session
- ▶ a one-day event for the AU Peace and Security Council, co-organized with the AU
- ▶ a meeting of the Third Committee of the UN General Assembly, at which the Foreign Policy and Global Health Initiative presented a resolution recognizing the issue

In the field, over 60 delegations integrated project objectives or related activities into their planning; 45 relayed information to headquarters on the activities they carried out in this domain. More than 60 have assigned a focal point to facilitate the collection of data on field practices, which were subsequently presented at the annual meeting of Health Care in Danger project focal points.

The ICRC also pursued contacts with and sought support from various actors, so as to broaden the membership of the community of concern around the issue. New agreements were signed with the International Hospital Federation and the World Confederation of Physical Therapy, while the International Federation of Medical Students and the World Federation of Medical Education also signified their support for the project.

Movement coordination remained key to the project, with regular exchanges of information taking place, for example at a meeting of representatives of 22 National Societies and the International Federation. Moreover, support from the Afghan, Australian and Nepali National Societies ensured that safe health-care delivery was tackled during the International Federation's 9th Asia Pacific Regional Conference.

The communication campaign entered its second phase, drawing on the outcomes of the project thus far (see *Communication and information management*).

## CENTRAL TRACING AGENCY AND PROTECTION

The Protection Division provided strategic support and professional expertise to field operations in three areas: protection of the civilian population, protection of people deprived of their freedom, and restoring family links; the latter also covered activities relating to missing persons and their families (see *Operational framework and programme descriptions* for more details on the protection programme). It pursued its work on major information communication technology projects and on developing the ICRC's family-links tools, including the dedicated website and case management systems (see *Restoring family links and missing persons*). Moreover, Prot6 – a tool aimed at enhancing the management system of all ICRC protection data – was piloted by 24 delegations to manage their data on family-links services and detention-related activities; in parallel, there continued to be work done on developing the component of the tool for processing data on the protection of the civilian population.

## PROTECTION OF THE CIVILIAN POPULATION

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

The division also led the implementation of the strategy adopted in 2013 to strengthen action to protect civilians during emergencies. It worked with several delegations to ensure they had adequate contingency plans and helped them respond when crisis struck.

At the same time, 20 delegations received help to assess situations in the field and to plan and implement responses to the needs of conflict- or violence-affected children. This included comprehensive advice on preventing and addressing the unlawful recruitment and use of children by weapon bearers, the impact of armed conflicts and other situations of violence on children's access to education, and the specific needs and vulnerabilities of unaccompanied and other vulnerable separated children.

Around 40 delegations working with National Societies drew on the division's support to address some of the most urgent concerns of migrants along migratory routes. To improve the response to migrants' needs, a network of 17 field focal points shared their approaches to

action in favour of vulnerable migrants; during regional meetings, participants from different Movement components discussed their experiences regarding family-links services for migrants.

## PEOPLE DEPRIVED OF THEIR FREEDOM

Delegations continued to carry out activities for people deprived of their freedom, guided by a reference framework developed in 2011. Lessons learnt and good practices were also compiled into a complementary framework.

Teams received support for a number of tasks: to analyse detention systems, including the risks detainees contend with and the challenges authorities face in addressing humanitarian concerns; to define clear objectives and priorities; and to formulate and implement a multidisciplinary approach to addressing these issues. Possible responses included monitoring activities, specific action regarding vulnerable individuals or groups, emergency or long-term support for systems and institutions, including prison management structures, and other forms of material and technical assistance. The focus remained on designing and implementing sustainable responses to problems such as ill-treatment (including sexual violence) and its consequences, failure to respect due process, poor detainee health and nutrition, and overcrowding. The teams were also advised how to tailor their discussions with the authorities on managing changes in detention settings and on improving the design of new detention facilities.

## RESTORING FAMILY LINKS AND MISSING PERSONS

The ICRC spearheads implementation of the Movement's ten-year Restoring Family Links Strategy, adopted in 2007 to strengthen the worldwide family-links network and the humanitarian response whenever people are separated from or without news of their relatives. Working on the basis of the 2011 progress report to the Council of Delegates, the ICRC and its Movement partners continued to monitor progress and reinforce the Strategy's implementation. The ICRC's dedicated family-links website ([familylinks.icrc.org](http://familylinks.icrc.org)) boosted service awareness and delivery, provided information on family-links services in 161 countries, and offered online services for eight contexts. In Côte d'Ivoire, for example, the service featured photographs of missing children, so as to help their families locate them. The site has been available in French and Spanish since 2013, and an Arabic version was prepared for release in 2015. The division also promoted Family-links Answers, a case management system for National Societies. After it was piloted by four National Societies in 2013, 10 additional National Societies began using Family-links Answers during the year; the tool is compatible with Prot6, and was fine-tuned and adapted to each of these National Societies' contexts. Moreover, 18 European National Societies began contributing to an online tracing service to help families locate relatives who had gone missing while migrating to Europe.

Special alerts on [familylinks.icrc.org](http://familylinks.icrc.org) during four crises referred potential beneficiaries to National Societies and ICRC delegations providing services, while typhoons in the Philippines prompted the activation of online tracing services. The rapid response mechanism for restoring family links consisted of 65 National Society/ICRC members at year's end. It was deployed in response to two humanitarian crises (the Philippines and Ukraine).

The division continued to help delegations respond to the issues of missing persons and their families. These activities included tracing those unaccounted for, encouraging the improved use of information in external and internal archives, providing holistic

responses to families' needs and assisting the authorities with their corresponding activities, such as the development of legislation. Campaigns were conducted in some 20 contexts around the world to raise awareness of the needs of families of the missing. A new publication, outlining the multifaceted needs of these families and how the ICRC strives to support them, was also released.

The division, often with other units (particularly the Assistance Division), completed tools – for instance, guidance on producing electronic updates and banners during emergencies – to buttress operations and reinforce the skills of those responsible for these activities.

## ASSISTANCE

The Assistance Division provided field operations with policy support and professional expertise in the fields of health services, economic security, water and habitat, weapon contamination and forensic science (see *Operational framework and programme descriptions* for more details on the assistance programme). These covered both emergency responses to the urgent needs of violence-affected people and long-term activities to encourage their recovery and help them work towards self-sufficiency.

In 2014, most ICRC delegations carried out health, economic security, and water and habitat activities. Besides running extensive programmes in Afghanistan, the Democratic Republic of the Congo, Iraq, Israel and the occupied territories, Somalia and Syria, the division participated in emergency responses in the Central African Republic (hereafter CAR), Lebanon, Mali and, through the rapid deployment mechanism, in Liberia, the Philippines, South Sudan and Ukraine. All programmes received support for activity design, monitoring, review/evaluation and reporting, which helped them improve service quality and effectiveness.

In a bid to improve result-based management, the division continued to review existing assistance reference frameworks and developed new ones for the forensic services. It also completed the needs analysis for a new information system, which will provide a common tool for all ICRC assistance staff and allow for the use of external data and other major ICRC information technology tools, such as the systems used by the administration and logistics units.

## HEALTH

The ICRC Health strategy 2013–2018, which reaffirms the central role health activities play in the institution's humanitarian responses, was adopted by the ICRC Assembly in June 2014. The strategy emphasizes comprehensive hospital care, health in detention and physical rehabilitation; first aid, mental health care and psychosocial support are all included in these activities.

The unit continued to explore new approaches and methods to carry out its activities – for instance, using mobile devices to diagnose illness in children under the age of five. Field teams used a comprehensive data collection system, put in place in 2014, to improve their analysis of information related to health in detention.

Headquarters health staff conducted more than 90 field support missions. The mental health and psychosocial support team covered practical, operational and technical issues during its second consolidated course. The unit also contributed substantially to the Health Care in Danger project, regularly promoting safe health-care delivery. The unit gave 26 presentations during international conferences, organized 42 war surgery seminars and 32 emergency



trauma management courses, and provided support for dedicated regional/national events for authorities responsible for health in detention. It also worked with one university each in Switzerland and the United States of America, making available modules on health in detention to public health graduate students; at year-end, it was exploring the possibility of providing the modules in Arabic and French for students in Jordan and France.

The unit also participated in two WHO working groups on creating guidelines for physical rehabilitation.

National Societies and the Geneva University Hospital have continued to be key partners in the fields of hospital care, mental health and psychosocial support. While the Movement working group aimed at streamlining rapid deployment activities was not created, a number of preparatory/technical discussions on this issue were held with Movement partners.

## **WATER AND HABITAT**

The Water and Habitat Unit strengthened the support it gave teams working to improve people's access to clean water and decent conditions of sanitation and shelter. It stepped up its responses in urban contexts, focusing on addressing the escalating scope and complexity of needs in the Middle East. In areas experiencing protracted conflicts, establishing or building networks with key stakeholders remained crucial to mitigating access difficulties.

Drawing on the support of penitentiary professionals and on its own expertise, the unit published various technical guidance documents on topics such as recommended standards for detainees' accommodations. Authorities of States providing support for prison construction in other countries, such as Afghanistan, Haiti and South Sudan, were put in contact with the local authorities to avoid design shortcomings, including those stemming from context-based constraints.

The unit continued to work on Geographic Information System (GIS) maps, adapting the geographical portal to internal specifications and enhancing its accessibility across the entire institution. It conducted daily global analyses of water resources and reviewed programme adequacy, focusing on urban issues, population displacement, safe environmental conditions, the Ebola crisis and situations marked by other complexities.

Guidelines on building physical rehabilitation centres were completed and published during the year. The unit also worked with other organizations, such as Médecins Sans Frontières (MSF), the UN Office of Project Services and the WFP, to maximize capacities to construct public infrastructure and to streamline security and earthquake risk management into operations.

## **ECONOMIC SECURITY**

The Economic Security Unit helped delegations carry out activities to help violence-affected people meet immediate and long-term economic needs. It put particular emphasis on refining its assessments, in a bid to identify specific needs, opportunities for action and the most appropriate responses in each context.

The unit also sought opportunities to carry out cash transfers, which were successfully employed in Jordan and Somalia. Where conditions would not permit cash transfers, it made large-scale in-kind distributions, for instance, in the CAR and South Sudan. It encouraged the use of new technologies to make service delivery

more efficient; the use of mobile or tablet devices to collect data and register and interact with beneficiaries had promising results in, for example, the CAR.

The unit supported capacity-building efforts in the above-mentioned domains. It rolled out an upgraded training module on conducting assessments and made available an intensive course on cash-transfer programming. It continued working with Movement partners to conduct market analyses and to develop a set of tools on providing cash during emergencies and other specialized training courses. It produced practical guidance and communication material on cross-cutting themes, such as accountability to affected populations, integrating nutrition-related concerns into economic security activities and the role of social safety nets in building community resilience. A workshop was held on economic security issues specific to urban areas, as a precursor to producing guidance material and enhancing preparedness on this topic.

## **WEAPON CONTAMINATION**

The Weapon Contamination Unit worked in three main areas: managing the threats to its own staff in relation to weapon contamination; providing support for the conduct of other protection and assistance activities, as necessary; and promoting risk awareness among affected populations. The unit also honed operational capacities to deal with chemical, biological, radioactive and nuclear technology, equipping the ICRC to address situations of conventional and non-conventional weapon contamination.

The unit continued assisting operations in 19 countries to help reduce the humanitarian impact of weapon contamination; specifically, it lent assistance for data management and risk education sessions, either conducted by delegations or in cooperation with National Societies. It also participated in rapid deployment efforts in the Gaza Strip, South Sudan and Ukraine. It provided the delegations concerned with technical support for the preparation of reports on the conduct of hostilities in the Gaza Strip, Iraq, Lebanon, Syria and Ukraine.

The unit also contributed to developing the reporting and analyses on weapon contamination worldwide, participating in a range of events and developing linkages for future areas of cooperation.

## **FORENSIC SERVICES**

The ICRC's forensic services, in line with its 2009–14 action plan, contributed to operations in over 70 contexts, helping ensure the proper management of human remains and addressing the issue of people missing in relation to armed conflicts, other situations of violence and natural disasters.

In particular, the forensic services engaged in activities such as overseeing and guiding humanitarian forensic recovery and identification efforts, responding to mass fatalities in contexts with limited/non-existent forensic capacities, developing and promoting improved standards and information-management tools, organizing training and dissemination initiatives on forensic action, helping build networks and promoting cooperation among forensic institutions and practitioners worldwide.

Moreover, it continued to develop institutional standards and best practices in this domain; these were shared with and promoted by intergovernmental organizations, such as the Inter-American Commission on Human Rights and the Inter-American Court on Human Rights (specialized agencies of the Organization



of American States) and the Southern Common Market (MERCOSUR), NGOs and professional associations, including the World Medical Association (WMA).

An independent evaluation was carried out in 2014, which confirmed the relevance of ICRCs forensic activities; the findings of the evaluation fed into the development of the unit's new strategy, set for approval in 2015.

## **HUMAN RESOURCES DEVELOPMENT**

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

Field staff attended specialized, often multidisciplinary, training events covering protection of the civilian population, activities for detainees, management of protection data, family-links services (including missing persons and their families' concerns), weapon contamination, forensic sciences, war surgery, hospital management/administration, first aid, primary health care and health in detention. Assistance, cooperation and prevention specialists also participated in yearly protection consolidation courses.

The Protection Division continued fine-tuning its blended learning tools and approaches. With the International Centre for Prison Studies, it conducted the yearly training session on prison management for prison administrators and ICRC staff. The course was also translated into Amharic and Spanish and delivered for the first time in Addis Ababa and Lima, Peru. A five-hour e-learning tool was also developed in English, French and Spanish.

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

The Economic Security Unit updated its training courses, for instance, on assessments, monitoring and evaluation, and cash transfers (see *Economic security* above).

The Weapon Contamination Unit amended its awareness-raising module, taking account of the evolving needs of field, headquarters and selected National Society staff. Notably, it delivered a customized course in Nairobi, Kenya. The unit supported the forensic services and the SCMS Unit by helping integrate its relevant modules into their courses on human remains management and security management.

## **RELATIONS WITH OTHER ORGANIZATIONS AND CONTRIBUTION TO THE HUMANITARIAN DEBATE**

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

Besides conducting activities in cooperation with National Societies and the International Federation (see *International law*

*and policy*), assistance and protection staff regularly attended coordination and UN cluster meetings (such as the Global Food Security Cluster and the Global Nutrition Cluster) and other events organized by key humanitarian organizations and entities, among them UN agencies, the Inter-Agency Standing Committee (IASC), the UN Working Group and Committee on Enforced Disappearances, and the Special Rapporteurs on the promotion of truth, justice, reparation and guarantees of non-recurrence and on migration. ICRC-organized events also drew attention to humanitarian issues of particular interest to the organization – for instance, the Water and Habitat Unit worked with the UN secretary-general's Advisory Board on Water and Sanitation to organize a high-level round-table on water and armed conflict in the Middle East.

The department also built ties with NGOs, such as the Emergency Nutrition Network, the Geneva Centre for Humanitarian Demining, Handicap International, MSF, Oxfam, Save the Children, Penal Reform International, Physicians for Human Rights, and World Vision; notably, it pursued contact with organizations from Islamic countries, such as the Humanitarian Forum, the Humanitarian Affairs Department of the Organisation of Islamic Cooperation. Likewise, it maintained relations with groups such as the International Tracing Service, the WMA and think-tanks, academic circles and social groups and media able to influence humanitarian action (e.g. Crisis Mappers, Facebook, Google and Ushaidi).

The department strove to enhance coordination and sharing of best practices with National Societies working with detained migrants; it also initiated a partnership with several National Societies to enhance the support provided to victims of torture.

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

# INTERNATIONAL LAW AND POLICY

**The Department of International Law and Policy contributes to the promotion, clarification and development of IHL. Through its expert services on IHL and other relevant norms, it supports the inclusion of these norms in relevant structures and systems; it also provides analysis on humanitarian action and legal trends to complement ongoing policy debates. It contributes to strengthening the ICRC's humanitarian diplomacy at bilateral and multi-lateral levels and fosters acceptance of the ICRC's humanitarian action and the principles and policies that guide its work. It aims to help improve coordination among humanitarian actors.**

In mid-2014, the Division for Cooperation and Coordination within the Movement was transferred to the Office of the Director-General. The Department on International Law and Policy (formerly International Law and Cooperation) further strengthened its core capacities to respond in a more rapid and flexible way to the many challenges facing the organization.

Throughout 2014, the department continued to provide expertise for the ICRC's operational responses in a variety of contexts. This included support for cooperation, prevention and protection activities, such as the dissemination of IHL and other relevant bodies of law, and legal, operational and diplomatic representations addressing alleged IHL violations and issues such as the use of force and the protection of health-care services and infrastructure. With other Movement components, the department made enormous efforts to implement the 2013 Council of Delegates resolution on coordination and cooperation. In the area of IHL, it reaffirmed the ICRC's position and reputation as a key reference on IHL, particularly by continuing its work in the "Strengthening IHL" process, engaging with States on issues related to the human cost of certain weapons, further developing online training programmes open to the general public and taking advantage of modern technology by using virtual reality tools in its IHL training initiatives. The first ICRC research and debate cycle focused on "New Technologies and the Modern Battlespace: Humanitarian Perspectives" and enhanced the ICRC's presence in ongoing debates.

## LEGAL CAPACITY AND PROTECTION OF THE ICRC

The ICRC continued to strengthen its legal capacity and the protection of its staff. It did so by securing adequate privileges and immunities worldwide – including its privilege not to disclose confidential information. This privilege is crucial to the organization's ability to efficiently fulfil its internationally recognized humanitarian mandate in a neutral, independent and impartial manner, and to do so without excessive financial and administrative burdens.

## INTERNATIONAL HUMANITARIAN LAW

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

### ENSURING RESPECT FOR IHL BY THE PARTIES TO ARMED CONFLICTS

Based on advice provided by the Legal Division, ICRC delegations

worldwide shared the organization's legal classification of situations of violence with the authorities concerned and, through confidential representations, reminded them of their obligations under IHL or other relevant bodies of law.

### STRENGTHENING IHL

In accordance with Resolution 1 of the 31st International Conference, the ICRC facilitated two governmental expert meetings as part of the consultation process on strengthening legal protection for persons deprived of their freedom in relation to non-international armed conflicts. The first meeting tackled conditions of detention and vulnerable groups of detainees. The second examined grounds and procedures for internment and transfers of detainees. Participants generally agreed on the need to strengthen legal protection in relation to the topics identified by the ICRC. The reports, including the participants' feedback, were prepared in 2014 and are due to be published in early 2015. These expert discussions were complemented by bilateral engagements with States and other key stakeholders.

As part of the consultations on enhancing the effectiveness of IHL compliance mechanisms, the ICRC organized – in cooperation with the Swiss government – two preparatory discussions in April and December, and a meeting of States from 30 June to 1 July. Thanks to these discussions, the contours of a future compliance system for IHL became more discernible. The establishment of periodic meetings of States grew more likely; such meetings would encourage regular dialogue on IHL issues and serve as an anchor for other compliance functions, namely national reporting on IHL compliance and thematic discussions on IHL issues. With the Swiss government, the ICRC undertook bilateral discussions with other States to encourage their involvement in the process and build support for meaningful outcomes.

### CUSTOMARY IHL

Through a reinforced partnership with the British Red Cross, the ICRC continued to update its online customary IHL database. National practices of 46 countries and practices of five international and mixed judicial and quasi-judicial bodies were added. States, international organizations, international and domestic judicial and quasi-judicial bodies, academic institutions and ICRC staff used the study on customary IHL and the database as references. To further accelerate updates to the database, a partnership was established with Laval University in Canada for the analysis of international practice.

### CONDUCT OF HOSTILITIES

The ICRC worked to clarify the rules on the conduct of hostilities by actively participating in meetings of the International Law Association Study Group on "The conduct of hostilities under international humanitarian law – challenges of 21st century warfare". It also contributed to the organization of the San Remo IHL round-table entitled "Conduct of hostilities: the practice, the law and the future".

### HUMANITARIAN ACCESS

The ICRC published a "Q&A" and lexicon on its website regarding the IHL framework governing humanitarian access and promoted its position and the document in various fora, including at the UN.

## PRIVATE MILITARY AND SECURITY COMPANIES

The ICRC continued to promote the Montreux document on private military and security companies, which by the end of 2014 had been endorsed by 51 States and three international organizations. Addressing calls by Montreux document participants for an institutionalized dialogue, notably on implementation challenges, the Swiss government and the ICRC facilitated an initiative which led to the establishment, in December 2014, of the Montreux Document Forum.

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

Throughout the year, various authors within and outside the organization contributed to the project to update the commentaries on the 1949 Geneva Conventions and their 1977 Additional Protocols. By the end of 2014, commentaries on over 180 articles had been drafted, of which nearly 130 had been reviewed by the Editorial Committee. As a result, the draft of the updated Commentary on the First Geneva Convention was completed and submitted for peer review in September 2014, and was on track for online publication in 2015 and print publication in 2016. The draft of the Commentary on the Second Geneva Convention was scheduled to be submitted for peer review in 2015.

## NEW TECHNOLOGIES OF WARFARE

The ICRC continued to act as a reference organization on the humanitarian and legal consequences of remote-controlled and autonomous weapon systems and on cyber warfare. It held an expert meeting on autonomous weapon systems in March and published and disseminated a report on the meeting. It also organized a governmental experts meeting on cyber warfare in December, and emphasized the interpretation of IHL for cyber warfare in bilateral dialogue with States. Activities also included public communication of the ICRC's position on these issues and discussions with government representatives, including with States party to the Convention on Certain Conventional Weapons.

The first ICRC research and debate cycle focused on "New Technologies and the Modern Battlespace: Humanitarian Perspectives". The series of eight events in Geneva and other venues worldwide helped enhance the ICRC's involvement in this issue. The second cycle on "Principles Guiding Humanitarian Action" was also launched.

## LANDMINES, CLUSTER MUNITIONS AND EXPLOSIVE REMNANTS OF WAR

ICRC expert contributions regarding the implementation of the Anti-Personnel Mine Ban Convention and the Convention on Cluster Munitions helped ensure that the States Parties were working to meet their commitments under these conventions. These included clearance and stockpile destruction, the adoption of national implementing legislation and victim assistance, notably in the context of the Anti-Personnel Mine Ban Convention Review Conference in June 2014. The ICRC also continued to promote universal adherence to and implementation of the Protocol on Explosive Remnants of War (Protocol V) to the Convention on Certain Conventional Weapons.

## ARMS TRADE TREATY

ICRC efforts to promote the ratification of the Arms Trade Treaty through active engagement with governments, support for National Society advocacy efforts and public communication were instrumental in obtaining the 50 ratifications needed for the treaty's entry

into force on 24 December 2014. The ICRC continued to promote responsible arms transfers by States, including the faithful and consistent application of the treaty's transfer criteria.

## NUCLEAR WEAPONS

In international discussions on nuclear non-proliferation and disarmament, many States have continued to echo the concerns expressed by the Movement in Resolution 1 adopted by the 2011 Council of Delegates. Pursuant to the 2013 Council of Delegates action plan to implement this resolution, the ICRC supported National Societies' activities to communicate the Movement's concerns. The ICRC also participated in two intergovernmental conferences on the humanitarian impact of nuclear weapons, hosted respectively by Mexico in February and Austria in December, and continued to communicate the Movement's concerns about these weapons in a variety of intergovernmental fora, including the UN General Assembly.

## EXPLOSIVE WEAPONS IN POPULATED AREAS

Through engagement with governments, including at the UN Security Council and General Assembly and in meetings of States party to the Convention on Certain Conventional Weapons, the ICRC continued to express its concerns about the high human cost of the use of explosive weapons in populated areas. It maintained its position that, owing to the likelihood that their use will have indiscriminate effects, and in the absence of an express legal prohibition of specific types of weapons, the ICRC considers that explosive weapons with a wide impact area should be avoided in densely populated areas. It encouraged States to share existing policies and practices regarding the use of such weapons in populated areas.

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

The Advisory Service on IHL continued to provide legal and technical input to governments and international and regional organizations through its network of legal advisers, in the field and at headquarters. It facilitated the ratification of/accesion to and implementation of IHL-related treaties and relevant human rights instruments, particularly in areas such as the prevention of and sanctions for IHL violations, the penal repression of war crimes, the protection of health-care services, the protection of the rights of the missing and their families, the prohibition and regulation of certain weapons, the protection of cultural property in armed conflicts, the use of force in law enforcement and the Arms Trade Treaty (see above).

Within the Health Care in Danger project, a workshop co-hosted with the Belgian government enabled experts from 25 countries and from regional and specialized organizations to assess ways to better protect health-care services through domestic normative frameworks. A report was published of the workshop's recommendations, and a guidance tool was produced to help States enact legislation and establish adequate procedures in this area. Policy- and law-makers from States with a common-law tradition were provided with additional references to guide them in the application of IHL and other related legal norms, in the form of a model law on the protection of cultural property in armed conflicts. The Advisory Service also developed technical documents on the prevention of torture and other inhumane and cruel treatment, the prevention and repression of sexual violence and the use of force in law enforcement. It produced a

kit of documents on specific aspects of war crimes repression. Bahrain, Bangladesh, Iraq and Slovenia established national IHL committees, bringing the total number worldwide to 107 by the end of 2014. These committees benefitted from regular support to design and implement their respective action plans. They shared their experiences, good practices and challenges at five regional peer meetings, including the 10th regional meeting on IHL for Arab States, hosted by Algeria in November. Committee members and other national experts from the Indian sub-continent and the Islamic Republic of Iran developed their capacities during the first technical workshop on drafting IHL implementing legislation, which was held in Sri Lanka in December.

Representatives of governments, academic institutions and civil society from over 100 countries discussed the integration of IHL norms into domestic law and IHL-related developments at 22 ICRC-organized/supported regional events.

These activities contributed to 96 ratifications/accessions to IHL treaties or other relevant instruments (or amendments to them) by 69 countries or entities, including declarations of recognition of the competence of the International Humanitarian Fact-Finding Commission:

- ▶ the Palestinian Authority acceded to the 1949 Geneva Conventions
- ▶ the Palestinian Authority acceded to Additional Protocol I
- ▶ 2 States (Malawi and Saint Kitts and Nevis) made the Declaration provided for in Article 90 of Additional Protocol I
- ▶ 2 States (Portugal and Sweden) ratified Additional Protocol III
- ▶ 2 States (Grenada and Iraq) acceded to the Convention on Certain Conventional Weapons
- ▶ 2 States (Grenada and Iraq) ratified the Amendment to Article 1 of the Convention on Certain Conventional Weapons
- ▶ 2 States (Grenada and Iraq) acceded to Protocol I to the Convention on Certain Conventional Weapons
- ▶ 1 State (Iraq) acceded to Protocol II to the Convention on Certain Conventional Weapons
- ▶ 2 States (Grenada and Iraq) acceded to Protocol III to the Convention on Certain Conventional Weapons
- ▶ 2 States (Grenada and Iraq) acceded to Protocol IV to the Convention on Certain Conventional Weapons
- ▶ 3 States (Greece, Grenada and Iraq) acceded to Protocol V to the Convention on Certain Conventional Weapons
- ▶ 1 State (Oman) acceded to the Anti-Personnel Mine Ban Convention
- ▶ 4 States (Belize, Republic of the Congo, Guinea and Guyana) ratified/acceded to the Convention on Cluster Munitions
- ▶ 1 State (Myanmar) ratified the Convention on the Prohibition of the Development, Production and Stockpiling of Bacteriological (Biological) and Toxin Weapons and on their Destruction
- ▶ 1 State (Eritrea) and the Palestinian Authority acceded to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment
- ▶ 6 States (Finland, Greece, Lithuania, Morocco, Mozambique and Niger) ratified/acceded to the Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment
- ▶ 3 States (Portugal, Slovakia and Togo) ratified the Convention on Enforced Disappearance
- ▶ the Palestinian Authority acceded to the Convention on the Rights of the Child
- ▶ 6 States (Dominican Republic, Estonia, Ethiopia, Ghana, Guinea-Bissau and Saint Lucia) and the Palestinian Authority ratified/acceded to the Optional Protocol to the Convention on the Rights of the Child on the Involvement of Children in Armed Conflict

- ▶ 51 States (Albania, Argentina, Australia, Austria, Bahamas, Belgium, Bosnia and Herzegovina, Bulgaria, Burkina Faso, Croatia, Czech Republic, Denmark, Dominican Republic, El Salvador, Estonia, Finland, France, Germany, Guinea, Hungary, Ireland, Italy, Jamaica, Japan, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Montenegro, Netherlands, New Zealand, Norway, Panama, Poland, Portugal, Romania, Saint Lucia, Saint Vincent and the Grenadines, Samoa, Senegal, Serbia, Sierra Leone, Slovakia, Slovenia, South Africa, Spain, Sweden, the former Yugoslav Republic of Macedonia, United Kingdom of Great Britain and Northern Ireland (hereafter United Kingdom) and Uruguay) ratified the Arms Trade Treaty

In addition, 24 countries adopted 44 pieces of domestic legislation and many prepared draft laws to implement IHL and other relevant instruments. About 220 new laws and examples of case-law were added to the public ICRC database on national implementation.

## RESEARCH, TRAINING AND DEBATE ON IHL

As part of efforts to help ICRC delegations develop their approach to prevention as a tool used to support operational priorities, field staff in charge of coordinating prevention activities gathered in Geneva for a three-day experience-sharing event. Key ICRC delegations also received support to better integrate prevention into their multidisciplinary response to humanitarian problems.

## IHL COURSES FOR ACADEMICS AND HUMANITARIAN PRACTITIONERS

Education and IHL specialists supported the efforts of ICRC delegations to engage with academic circles, humanitarian practitioners and other influential players, organizing public debates and training events, facilitating the sharing of best practices and developing relevant tools, including online resources.

- ▶ 134 students from 26 countries participated in the Jean-Pictet Competition on IHL in Portugal
- ▶ 21 participants from 13 countries took part in the annual expert course for humanitarian practitioners, in Harzé, Belgium

## EVENTS AND VISITS

- ▶ the Humanitarium hosted eight public conferences, bringing together 1,300 members of the Geneva-based diplomatic, humanitarian and academic community. A global audience deepened its knowledge of humanitarian issues through live webcasts of these events
- ▶ a commemorative event on the 100th anniversary of Jean Pictet's birth was held at the Humanitarium
- ▶ thematic issues of the *International Review of the Red Cross* were launched in Armenia, Australia (with the Australian Red Cross and universities in Adelaide, Canberra and Melbourne), China, Nepal, the Russian Federation, Senegal (with the Organisation Internationale de la Francophonie), Sweden and the United Kingdom (with the Institute for Human Rights and Business and the Foreign and Commonwealth Office); the launch of the *International Review* issue on business, violence and conflict included events organized for specialized audiences in Perth, Australia, and London, United Kingdom
- ▶ cooperation with Harvard University's Program on Humanitarian Policy and Conflict Research and the University of Geneva led to the organization of live web seminars on technological innovation and principled humanitarian action, new warfare technology and new protection challenges, the use of force in armed conflicts, and health care in danger



- ▶ over 163 groups (about 4,350 people) from 30 countries learnt more about IHL and the ICRC during information sessions organized by the ICRC Visitors Service

## IHL TEACHING TOOLS AND PUBLICATIONS

- ▶ the online version of the ICRC's core publication on teaching IHL – *How Does Law Protect in War?* – was launched in October. Regularly updated with new case studies, the platform provides users with a general outline of IHL, some 350 case studies, pedagogical resources and a detailed index and search engine facilitating access to those various resources
- ▶ issues of the *International Review of the Red Cross* were produced in English on the following topics: the scope of the law in armed conflict; sexual violence in armed conflict; generating respect for the law (volumes I and II); in addition, the French, Chinese and Russian selections of *ICRC:150 years of humanitarian action* were issued, a French selection on new technologies and warfare was produced and back issues of the journal were translated into Arabic and Spanish
- ▶ online training courses were further upgraded with the development of the English version of the module on the basic rules and principles of IHL and of a thematic module on “Health Care in Danger: The legal framework”. A special video training tool on the law of armed conflict and integrating virtual reality tools was developed for armed groups in the Syrian Arab Republic (hereafter Syria)
- ▶ the ICRC produced a second ready-to-use workshop module for university students on “Sexual Violence in Armed Conflicts” and released the French version of the workshop on “Health Care in Danger: Rights and Responsibilities of Medical Personnel during Emergencies”
- ▶ a newly established virtual reality tools capacity at the regional delegation in Bangkok enhanced the impact of IHL training delivery (on-site or online) by providing a growing number of real-life conflict scenarios illustrating the issues and complexities linked to the application of IHL during armed conflict

## UPDATE OF THE 2004 *ROOTS OF BEHAVIOUR IN WAR* REPORT

Ten years after the publication of the *Roots of Behaviour in War* report, the ICRC began a study aimed at verifying the durability of the results published in 2004, particularly the initial lessons learnt, and at enhancing knowledge and understanding of weapon bearers' behaviour, to further inform the ICRC's work and policies. The research will be conducted over a two-year period and will consist of a “desk study” and empirical research in the form of interviews with State and non-State combatants from several geographical regions.

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

Through its network of specialized delegates, the ICRC pursued its dialogue with the armed forces of over 160 countries and with the international coalition in Iraq and Syria. It deepened its relationship with key global armed forces during three visits of senior military personnel to Geneva, exchanging views with them on the means and methods used by contemporary armed forces and the organization's humanitarian impact in ongoing conflicts.

During the Senior Workshop on International Rules governing Military Operations, held in Xi'an, China, and co-organized with the People's Liberation Army of China, 77 participants from 62

countries discussed the need to incorporate legal considerations into the planning, decision-making process and conduct of military operations and law enforcement missions – and to ensure that the law is fully embraced in military doctrine, education, field training and discipline.

A report entitled *Promoting military operational practice that ensures safe access to and delivery of health care*, prepared with the Australian government, was published following a year-long consultation process with military personnel around the world. The report identifies practical measures to mitigate the impact of military operations on health care.

## POLICE AND GENDARMERIE

Specialized delegates pursued their dialogue with police and security forces in about 80 countries on the integration of relevant legal norms regulating the use of force and firearms, arrest and detention and other basic standards regarding law enforcement operations. For example, in Tunisia, the ICRC started to develop a programme on best practices on police custody. Various workshops on international rules and standards for policing also received support.

The revised edition of *To Serve and To Protect* and its new derivative practical tool, *International Rules and Standards for Policing*, were produced.

## OTHER WEAPON BEARERS

The ICRC engaged in dialogue with armed groups in numerous contexts in support of its operational capacity, to help promote respect for IHL and as part of the detention track in the “Strengthening IHL” process. IHL training sessions were carried out, for example, with armed groups in Syria.

Consultations were completed with 35 armed groups in nine contexts as part of the Health Care in Danger project. The results of the consultations will contribute to a publication providing non-State armed groups with guidance on ways to enhance respect for health care in armed conflicts.

## MULTILATERAL DIPLOMACY, POLICY AND HUMANITARIAN ACTION

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

## INFLUENCING THE HUMANITARIAN DEBATE IN INTERNATIONAL FORA

The ICRC continued to invest in its relationships with multilateral organizations, through which it was able to influence important decisions related to IHL and humanitarian action. This helped preserve its neutral, impartial and independent humanitarian approach.

Engagement with multiple multilateral organizations often related to emerging and continuing crises. In Africa, relations continued



to be developed with the eight regional economic communities, in particular the Inter-Governmental Authority on Development, which is mediating peace talks for South Sudan. The crisis in Ukraine led to more engaged interaction with the Organization for Security and Co-operation in Europe. High-level talks were held with the new secretary-general of the Organization of Islamic Cooperation. Relations with the Association of Southeast Asian Nations focused on mine action, protection of women and children, and disaster management. Regular exchanges on protection issues continued with the Council of Europe and its affiliated Parliamentary Assembly. In addition, the ICRC engaged at all levels with the consultation process for the World Humanitarian Summit to be held in 2016.

Dialogue with international NGOs was boosted by the nomination of the ICRC director general as the chairman of the Steering Committee for Humanitarian Response, a consortium consisting of nine major humanitarian aid providers. Contacts were multiplied with the Norwegian Refugee Council and cooperation was developed with regional hubs of the International Council of Voluntary Agencies in the Middle East, West Africa and South-east Asia regarding the promotion of principled humanitarian action.

As part of efforts to improve the protection of victims through a strengthened complementarity between IHL and human rights, the ICRC deepened its institutional relationship with the Human Rights Council through two high-level meetings between the ICRC president and the high commissioner for human rights. It also delivered statements on thematic issues at Council sessions, including on protecting and improving the lives of detainees and the use of remotely piloted aircraft or armed drones in accordance with international law.

### **ENHANCING COOPERATION AND COORDINATION AMONG HUMANITARIAN PLAYERS**

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

The ICRC regularly participated in meetings at regional and field level, sharing its analyses of the context or of the security environment, needs assessments and technical expertise with other humanitarian players, to the extent compatible with its independent status and confidential approach. It continued to focus on purely humanitarian aims, preserving the neutral, impartial and independent quality of its action.

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

In 2014, the ICRC became the sponsor of the Task Team on Revitalizing Principled Humanitarian Action of the Inter-Agency Standing Committee (IASC) Working Group. It maintained relations with many other international stakeholders, engaging them on topics related to humanitarian action, coordination and policy-making.

### **POLICY**

The ICRC addressed topical humanitarian challenges by working on and producing numerous public policy documents. The issues addressed included access to people in need of humanitarian assistance, IDPs and the impact of new technologies. In partnership with the Geneva Centre for the Democratic Control of Armed Forces, and sponsored by the Swiss Federal Department of Foreign Affairs, the ICRC developed a toolkit and knowledge hub for private companies facing security and human rights challenges when operating in contexts of armed conflicts or other situations of violence. The public version of the doctrine on the ICRC's role in situations of violence below the threshold of armed conflict was released in 2014.

As part of the project on Principles Guiding Humanitarian Action, an internal case study was completed exploring the principles' application to ICRC practice worldwide.

### **MOVEMENT COORDINATION AND COOPERATION PARTNERSHIP AND CAPACITY BUILDING WITH NATIONAL SOCIETIES**

Partnership and capacity building have become transformative work streams for the ICRC's ambition to contribute to a strong coordinated Movement response to armed conflicts and other situations of violence. The 2013 operational partnership evaluation provided the ICRC with clear indications on ways to improve cooperation with National Societies. In particular, consultations continued with 20 National Societies to reflect on ways to enhance cooperation in the fields of health, security management, communication and the terms of operational partnerships, with a special focus on new initiatives piloted in South Sudan.

The Safer Access Framework guide for all National Societies and parts of the accompanying resource pack, notably the *Practical Guide for National Societies preparing and responding in armed conflict and other situations of violence*, were translated into Arabic, French and Russian and made available in print and through online platforms. Practical tools to support National Societies using the application were tested and refined through a series of six workshops and were expected to be rolled out in a facilitators training session in early 2015 for representatives of 20 National Societies, the International Federation and the ICRC.

ICRC delegations received technical support to help National Societies work on their organizational development. A formal and regular working relationship was maintained with the International Federation Secretariat to ensure a complementary and synergized Movement approach to National Society development.

The ICRC continued to provide technical input for and trained staff to facilitate the International Federation's Organizational Capacity Assessment and Certification Self-Assessment process for National Societies.

### **OPERATIONAL AND MOVEMENT COORDINATION SUPPORT**

Timely and proactive support for operations focused on contexts with particular cooperation and Movement coordination challenges. The ICRC invested considerable efforts in strengthening information management with modern tools.

ICRC delegations received support to establish or strengthen Movement coordination mechanisms. Eleven coordination agree-

ments including formal Movement coordination mechanisms were signed or renewed, bringing the total in force worldwide to 23.

Specific Movement security frameworks were established for the Central African Republic (hereafter CAR) and South Sudan. Bilateral frameworks were concluded between the ICRC and the Afghan Red Crescent Society and the Central African Red Cross Society.

The ICRC stepped up its efforts to provide working platforms to strengthen Movement responses and coordination, including on internal communication. These included conferences on Afghanistan and South Sudan and a Movement advisory platform and mini-advisory platform on the Syrian crisis.

The ICRC provided information in 19 special notes and joint statements and organized conference calls on humanitarian crises in, for example, the CAR, Israel and the occupied territories, Iraq, the Philippines, Ukraine, South Sudan and Syria.

Following up on Resolution 4 of the 2013 Council of Delegates, the ICRC and the International Federation initiated a Movement-wide consultative process called “Strengthening Movement Coordination and Cooperation”. This process focuses on four core areas: coordination roles and responsibilities, including leadership roles of the respective Movement components; coordination tools and mechanisms; communication; and resource mobilization. The process follows a two-track approach aimed at implementing concrete solutions in ongoing operations, immediately reinforcing the Movement’s operational credibility and outreach, and identifying issues that will need to be addressed over the longer term. Key to the process is the ability of all Movement components to act and speak globally with a more coherent voice for a stronger humanitarian impact.

## MOVEMENT PRINCIPLES AND RULES

The Joint International Federation/ICRC Commission for National Society Statutes continued to provide support for National Societies’ efforts to adhere to the Fundamental Principles and to strengthen their legal and statutory bases in line with Movement standards. Throughout the year, it provided advice and recommendations to over 55 National Societies on draft or newly adopted statutes and on domestic legislation supporting/recognizing the National Society. For example, the Commission conducted a mission to Dhaka, Bangladesh, to back the Bangladesh Red Crescent Society in its dialogue with the government on the adoption of new legislation on the National Society.

The ICRC responded to over 50 inquiries relating to the proper use and protection of the red cross, red crescent and red crystal emblems. Similarly, it provided regular advice and recommendations to National Societies, governments, the private sector and ICRC delegations. Together with the International Federation, the ICRC continued its dialogue with the Internet Corporation for Assigned Names and Numbers for the permanent protection of Red Cross and Red Crescent designations and names from registration as domain names on the Internet. Pursuant to the adoption of Resolution 6, on the International Branding Initiative, by the 2013 Council of Delegates, consultations were held on several emblem-related issues left outstanding in the Resolution and relating to the interpretation of certain provisions of the 1991 Regulations on the use of the emblem by the National Societies (see *Communication and information management*).

## MOVEMENT POLICY

Preparations advanced for the 2015 Council of Delegates and 32nd International Conference. The International Federation, the Standing Commission of the Red Cross and Red Crescent and the ICRC agreed on a framework for a more open and inclusive conference, with efforts to boost engagement in the months leading up to the events (including through various discussion fora and a more interactive web platform). The International Federation and the ICRC jointly developed a concept note outlining this approach and the main conference agenda items, which was sent to all National Societies and States party to the 1949 Geneva Conventions for feedback. Sessions on the statutory meetings were also included in various meetings with National Societies, and two briefings were held for representatives of permanent missions in Geneva.

The ICRC participated in the International Federation’s regional conferences for Europe and Asia-Pacific, contributing to the discussions on topics such as migration and civil-military relations, and promoting the Health Care in Danger project and the Safer Access Framework.

In order to support effective application of the Fundamental Principles in operations, the first in a series of workshops jointly organized with the International Federation, leading up to the 50th anniversary of the Principles’ adoption in 2015, took place in Beirut, Lebanon, and brought together National Societies from the Middle East and North Africa. Participants pinpointed the challenges they faced in applying the Fundamental Principles and shared experiences of how such challenges could be managed. The outcome of these workshops will be gathered in a practical guide for National Societies on the application of the Fundamental Principles in all circumstances, and will contribute to the debates planned for the 32nd International Conference.

The Health Care in Danger project continued to focus *inter alia* on engaging Movement partners. A meeting and regular webinars were organized to report on progress made and the way forward, with a view to the 32nd International Conference. During the International Federation’s 9th Asia Pacific Regional Conference in October, a special Health Care in Danger session was included on the agenda thanks to the efforts of the National Societies of Afghanistan, Australia and Nepal.

# COMMUNICATION AND INFORMATION MANAGEMENT

**The Communication and Information Management Department seeks to foster understanding and acceptance of the ICRC's work and of IHL. It aids institutional decision-making by monitoring the environment in which the ICRC operates and tracking its reputation. It conducts strategic internal and external communication activities in a range of languages, incorporating public relations, online communication and releasing audio-visual content and printed materials. The department implements the Information Environment Strategy, with a view to strengthening the coherence of information management, including by helping safeguard institutional memory for internal and external use. It provides information and communications systems and technologies that meet operational and corporate requirements.**

Through its media relations, online communication channels, publications, audiovisual tools and social marketing campaigns, the Communication and Information Management Department raised awareness of humanitarian concerns, focusing on issues covered by the Health Care in Danger project, IHL and other relevant legal norms, and the ICRC's work, in order to influence and obtain the support of external stakeholders.

To strengthen relations with key influential players, the department reinforced the ICRC's online communication, prime examples being the new version of the ICRC website – which improved functionality and accessibility on all devices – and the dedicated online and social media platforms set up by several delegations. It used the “150 years of humanitarian action” initiative to widen awareness of the plight of people affected by past and ongoing armed conflicts and other situations of violence, and to foster support for the Movement's action in their favour.

The department also contributed to institutional decision-making by analysing the ICRC's operating environment and by tracking its reputation. In line with its Information Environment Strategy, the department also saw to the efficient implementation of the organization's information management, systems and technology, and updated practices and the provision of information and communication technology solutions to better meet the ICRC's needs.

## COMMUNICATION PUBLIC RELATIONS

The ICRC continued raising support for its efforts to protect and assist people affected by armed conflicts and other situations of violence among a broad range of stakeholders (media, political, diplomatic and financial), notably through public relations activities conducted with the media and National Societies. These activities also positioned the ICRC as a recognized authority on IHL and other legal norms, and advocated better respect for these rules, particularly in relation to the proper treatment of detainees, safe access to health/medical care and the issue of sexual violence.

Thus, audiences around the world learnt of the needs of conflict- or violence-affected people in contexts such as Afghanistan, the Central African Republic, the Democratic Republic of the Congo, Israel and the occupied territories, Mali, Somalia, South Sudan, the Syrian Arab Republic (hereafter Syria) and Ukraine through

the ICRC's field-based public communication. Public communication also promoted greater acceptance of the ICRC in a number of ways: by drawing attention to the organization's neutral, impartial and independent humanitarian action – for example, serving as a neutral intermediary in the safe transfer of POWs and/or people held by armed groups in Colombia and Sudan; by informing parties concerned of security incidents affecting ICRC staff and operations; and by reinforcing contact with beneficiaries in the Philippines, Yemen and other contexts. Joint communications with and in support of National Societies raised awareness of the Movement's activities, particularly in the Philippines, South Sudan and Syria, and in relation to the Ebola crisis in West Africa. Through events such as the third edition of a Movement-wide forum in Nairobi, Kenya, nearly 140 communication staff and fundraisers from National Societies, the International Federation and the ICRC shared best practices and discussed contemporary challenges, thereby strengthening Movement communication as a whole.

The ICRC worked to ensure the availability of trained personnel, particularly during crises: 10 new communication specialists were recruited at headquarters; with input from the Public Communications Unit, delegations hired a dozen communication staff; the delegations covering Israel and the occupied territories, South Sudan and Ukraine drew on the expertise of seven communication experts deployed as staffing support. The unit helped over 100 field staff, including 12 senior managers, hone their skills to produce media material, relate with the media and communicate about IHL by organizing training events and producing/re-designing training resources that delegations used to host their own workshops. Regional meetings also served to ensure good coordination between field staff and headquarters; some 40 heads of field communications teams were briefed on region-specific and institutional priorities during four such meetings. The three regional communication support centres in Buenos Aires (Argentina), Cairo (Egypt) and Moscow (Russian Federation) continued providing communication services to delegations and headquarters with backing from the whole department. Progress was made on the development of a new management plan for these centres, with the Buenos Aires centre set to implement a new model in 2015.

Contacts with other organizations – for example through the Communication with Disaster-Affected Communities network – allowed effective practices to be exchanged and helped the ICRC reach the widest possible audience. In particular, coordination with international/local media, through over 300 news releases and dozens of collaborative projects, resulted in increased coverage of ICRC operations and issues of concern: the ICRC was mentioned some 20,000 times in various media. Individual media professionals learnt more about IHL and the protection it affords them through seminars, and about a dozen directly contacted the ICRC via its dedicated hotline for journalists on dangerous assignments.

An interdepartmental revision of the ICRC's communication policy was completed and is set to be adopted in 2015.

## ONLINE PUBLISHING

The new version of [www.icrc.org](http://www.icrc.org) eased access for users on electronic devices, including mobile ones such as smartphones and tablets, and featured online content specifically tailored by commu-

nication specialists at headquarters for audiences, including private donors, not familiar with the ICRC and its work. The website, available in Arabic, Chinese, English, French, Portuguese, Russian and Spanish, and the IHL databases in English and French, registered more than 16 million views, half of them on the English-language site, followed by the Spanish and French versions, for news primarily on Afghanistan, Colombia, Mali, the Philippines and Syria.

The ICRC's expanding social media presence served to strengthen relationships with existing audiences and to attract new ones. Public interest in the ICRC's social media platforms grew significantly compared to 2013: over 570,000 "likes" on Facebook, up from 250,000; 310,000 followers on Twitter, up from 217,000; and 750,000 views of ICRC-produced videos on YouTube, up from 520,000. With support from headquarters, several delegations, including Syria, Israel and the Occupied Territories and New Delhi, set up dedicated online and social media platforms to strengthen relations with key stakeholders.

Work to improve the ICRC's online fundraising capability continued (see *Financial resources and logistics*).

## PRODUCTION AND DISTRIBUTION

In support of the ICRC's humanitarian action worldwide, the department produced and distributed a greater variety and volume of audiovisual materials and publications. Production was reoriented toward enhancing systematic support for the field, for instance by developing the capacity to create video content in multiple languages. In addition, the ICRC Video Newsroom was redesigned to enhance the functionality of its devices; it was nominated in the 18th Annual Webby Awards. The dedicated online ordering and distribution platform for delegations (<https://internalshop.icrc.org>) and external customers (<https://shop.icrc.org/>) gained popularity since its launch in 2013, with orders for ICRC publications and films increasing from 380,000 copies in 2013 to nearly 411,000 copies worldwide.

In this way, ICRC staff, the public and other audiences had easy access to over 100 audiovisual pieces, nearly 30 news audiovisual news pieces, and 55 newly published and 20 recently updated print/electronic publications covering issues of concern for the ICRC, with an ongoing focus on the protection of health-care services and other specialized themes, such as IHL, Movement cooperation, economic security activities, mental health support for conflict-affected people and assistance to families of missing people. According to digital watermark data, use of ICRC video news material increased by approximately a third in 2014, to reach 282 broadcast channels worldwide. The most widely used materials were those covering humanitarian crises in the Gaza Strip (occupied Palestinian territory), South Sudan and Ukraine, and in relation to the West African Ebola epidemic.

In addition, the ICRC produced a series of 12 films for the "150 years of humanitarian action" initiative and organized a photo exhibit in Maputo, Mozambique during an international event marking the 15th anniversary of the Anti-Personnel Mine Ban Convention.

## SOCIAL MARKETING

Social marketing activities linked to the "150 years of humanitarian action" initiative focused on the promotion of IHL, protection-related themes and ICRC/Movement milestones. Delegations around the world hosted themed events, and in Geneva, Switzerland, over 6,000 people learnt more about the

ICRC through a three-month exhibit developed with Mémorial de Caen entitled, *Humanizing War? ICRC: 150 years of humanitarian action*, at the Musée Rath. For the 100th anniversary of the former International Prisoners-of-War Agency, the ICRC website featured two photo galleries and promoted the Agency's 1914–18 archives (see *Library and public archives*).

The public also learnt of contemporary ICRC operations and humanitarian challenges. For example, a Swiss television network produced six documentaries on the work of ICRC delegates, while people in the Central African Republic, the Democratic Republic of the Congo and Mali were informed on a range of themes including the emblems, access to healthcare and sexual violence through radio spots produced with Fondation Hirondelle and funded by the Swiss government. The ICRC's *In Conversation* series, accessible on its website, featured interviews of prominent figures in the humanitarian sector.

The Health Care in Danger communication campaign in particular continued to draw attention to the issue of safe access to health/medical care, providing regular reporting on security incidents and issuing over 30 audiovisual products and print media available in several languages, and radio spots in Côte d'Ivoire and Nepal. The project's online platform and Twitter account counted an average of 6,000 views per month and some 600 followers respectively, while the media ran more than 70 articles on the issue. Hundreds of thousands of people attended themed events in several cities, with some featuring replicas of a damaged ambulance and medical tent, and photo exhibits. Meetings held under the auspices of institutions such as the United Nations and the African Union, along with ICRC-organized international conferences in Belgium and South Africa, and regional initiatives such as a forum in Colombia for Latin American countries, provided opportunities for those concerned in more than 15 countries – including the authorities, health-care professionals and National Society representatives – to develop and promote concrete recommendations to address the problem.

Following the adoption of a Movement branding resolution in 2013, the International Federation and the ICRC, with input from National Societies, have been exploring the possibility of developing a Movement logo and rules governing its use, for example for collective promotional activities. Consultations were conducted within the Movement on this issue. Tools were launched and workshops held to improve understanding of and response to challenges relating to red cross and/ red crescent brand identities, with a particularly emphasis on building capacity and providing guidance on the proper use of the emblems and logos in fundraising activities. The ICRC also screened about 20 requests by private enterprises and academic institutions to use the red cross emblem and the ICRC logo, thereby ensuring they were not misused.

## MULTILINGUAL COMMUNICATION

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

## ENVIRONMENT SCANNING AND RESEARCH

The Environment Scanning and Research Unit helped the ICRC



optimize its understanding of its working environment, monitoring and analyzing public information sources to produce regular reports – including by contributing to the Directorate’s quarterly reviews (see *Directorate*) – ad hoc thematic and context-related research. During acute crises where security incidents affected the ICRC, the unit produced daily digests of key information from open sources for crisis management teams. A number of thematic and context-related research was produced for the Operations while 18 reports based on data gathered from internal sources responded to internal requests. With the support of the unit, the delegation in Israel and the occupied territories conducted research on the ICRC’s reputation among political authorities.

Delegation analysts also enhanced their environment-scanning capacities and set up environment-scanning systems following regional workshops in Amman (Jordan), Beirut (Lebanon) and Nairobi, and 10 support missions by the unit.

Publications by former ICRC staff continued to be regularly monitored so as to ensure that the ICRC could respond to any breach of the contractual obligation of discretion.

### INTERNAL COMMUNICATION

Internal communication was again used to help the organization manage crises and security incidents, and to build support for institutional endeavours such as the People Management programme. ICRC managers, led by the Directorate, drew on the expertise of specialists to make staff communication more efficient. Internal communication strategies were also developed on the implementation of projects and institutional decisions.

The intranet remained the most important internal communication channel; the news section had over 5,000 views. Users gained access to additional features and content following the launch of a new intranet homepage. As a token of appreciation for their commitment to the ICRC, and as part of the “150 years of humanitarian action” initiative, staff received a scrapbook containing a selection of stories and photos from current and former colleagues.

## ARCHIVES AND INFORMATION MANAGEMENT

### INFORMATION MANAGEMENT

The 2012 Information Environment Strategy continued to be implemented, with mechanisms established in 2013 supporting work and allowing strategic decision-making around the organization’s enterprise architecture and information security, as planned. Efficient implementation was ensured by analysing the compatibility of current and planned projects with the ICRC’s enterprise architecture and taking measures to mitigate risks linked to information security and corporate transparency.

As part of the ongoing project to consolidate existing ICRC guidelines and practices governing personal data processing, a first draft of the Data Protection Reference Framework – designed to help ensure the ICRC’s compliance with international and regional data protection requirements – was reviewed by the Directorate, for finalization in early 2015. Accordingly, delegations and headquarters units were prompted to put in place implementation structures and update current practices, and risks related to personal data processing were analysed. The ICRC also raised awareness of its particular needs with regard to personal data processing – for example for protection activities – among the relevant authorities, including at the European Union and Council of Europe.

While continuing to implement filing procedures, the Information Management Unit underwent restructuring in 2014, enhancing its capacity to train staff in the proper handling of information, including records management. Thus, selected administrative staff began functioning as information management relays with help from the unit, while users, including those in the field, continued to receive information management support from eight regional advisers and by other means.

In line with the Information Management programme and the needs of delegation staff, new tools and processes were developed – notably, a standardized digital working environment, an advanced records management system and an institution-wide search engine – to ease collaboration between users and enhance information access and security. The unit also developed a road map to further develop and enforce internal rules and policies, and adapt them to the new tools to be deployed in 2015.

### LIBRARY AND PUBLIC ARCHIVES

The ICRC holds thousands of public records documenting its activities, those of the Movement, humanitarian work in general and IHL to profile itself as a key humanitarian player and a reference organization on IHL. The Library and Public Archives Unit regularly acquires, manages, preserves and raises awareness of these collections and represents an extensive source of knowledge in the areas of international law and humanitarian action, which includes numerous films, photos, audio recordings and tracing archives.

The unit responded to over 2,500 internal and external requests for information and documents and 2,200 requests from people affected by past armed conflicts and/or their next of kin. It also contributed several articles to historical journals and books, and welcomed some 2,200 visitors to the archives and library.

Since the end of 2014, online access has been provided for documents related to the codification of the 1949 Geneva Conventions and all the ICRC annual reports. Work continued on a new tool for obtaining full online access to the ICRC’s audiovisual collections.

Events organized as part of the “150 years of humanitarian action” initiative, notably a conference called *Law as an Ideal? The protection of military and civilian victims to the test of WWI* and content on media platforms, such as the <http://icrchistory.tumblr.com/> blog, promoted the ICRC’s collections among specialists and general audiences, for instance by emphasizing similarities between historical actions and current operations and institutional themes.

### PRESERVATION AND INTERNAL ARCHIVES

As research and analysis of information from the archives contribute to sound decision-making in operations and other areas, efforts were made to ensure that essential records continued to be collected and preserved. For example, preservation measures were updated following a comprehensive security assessment of all archives locations. Some holdings, particularly tracing and medical files, were transferred to Satigny, the ICRC’s logistical and archival facility near Geneva, which had better handling facilities and more available space. Satigny also safeguarded thousands of DNA samples from families of persons who went missing during the period of military rule in Chile, as per the 30-year agreement between the ICRC and Chile’s Instituto Medico-legal.

Over 19,000 files were cleared for public access in preparation for the public opening of the 1966–75 archives in 2015. The 1914–18



archives of the former International Prisoners-of-War Agency were restored and digitized in time for the agency's 100th anniversary; 5 million cards on prisoners and 500,000 pages of records had already been made available on the <http://grandeguerre.icrc.org> website, which was equipped with applications, guidelines and document descriptions designed to ease user access.

Overall, the improved management of the archives made it easier to process requests for reports; over 600 internal research requests were resolved.

## INFORMATION AND COMMUNICATION TECHNOLOGY (ICT)

In line with the Information Environment Strategy and the ICT road map, projects were implemented in response to the increased mobility and use of personal devices, web-based systems and business intelligence, and the need for greater information security. These were centered on three axes.

### BUSINESS CONTINUITY

- ▶ over 8,500 users worldwide had consistent access to a stable ICT system thanks to:
  - measures to improve information security, such as the implementation of the new network security architecture, an assessment of potential risks associated with commonly used software applications, and efforts to reinforce observance of ICT security rules and procedures
  - the ready availability of ICT services: the worldwide, round-the-clock ICT support service was launched, and staff and material were rapidly deployed to Israel and the occupied territories, Liberia, the Philippines, South Sudan and Ukraine in response to specific requests
  - staff well-versed in ICT and newly installed technologies, such as Windows 8.1 and Citrix, owing to the Information Technology Infrastructure Library and various training means, and the creation of new roles for regional specialists coordinating with central teams

### INFORMATION SYSTEM STRATEGY ALIGNMENT WITH BUSINESS NEEDS

- ▶ projects and initiatives related to ICT infrastructure, network and workplace services were implemented, including:
  - Connect, a network linking all field and headquarters structures and supporting centralized applications used by Operations and other departments
  - the roll-out of Windows 8.1 as the standard operating system equipped with a dedicated ICT portal, thereby improving access from mobile devices
  - the launch of the "tablet PC" Surface Pro 3 to replace some laptops, which increased mobility
  - wireless Internet access at all headquarters buildings, including the ICRC training centre in Ecogia
- ▶ business projects with an ICT component, such as software development, and upgrades related to various aspects of ICRC operations, communication, finance, logistics and human resources, including:
  - for Geneva and Nairobi, New Enterprise Resource Planning software for the Operational Supply Chain, Agile and Reliable project (see *Financial resources and logistics*)

- a new Client Relation Management system for Prot6, the software used for ICRC protection data, and Family-links Answers, used for National Society family-links services (see *Operations*)
- SharePoint 2013, the new version of the collaborative platform for improving information management
- a new content management system for the ICRC website
- the <http://grandeguerre.icrc.org> website (see *Preservation and internal archives*)
- a new medical database for Operations
- a new portal to share environment-scanning information
- a new ticketing system for administrative tasks linked to human resource management

### QUALITY SERVICE

- ▶ the high quality of ICT services was maintained thanks to:
  - service-level agreements, the targets of which were all met: 96% of calls were answered (target 95%), first-time closures for service desk level 1 enquiries reached 66% in November (target 65%), unresolved incidents fell to 11% (target 20%) and global ICT services attained nearly 100% availability
  - the deployment of an online dashboard to improve follow-up of ICT services, accessible on <http://gvaictsmwb02p.gva.icrc.priv/ictservices>
  - ongoing implementation of system migrations: 90% of users were already on Connect and 85% of delegations, 80% of headquarters staff and 70% of field staff already used the Unified Workstation (Windows 8.1, Remote Access and New ICT portal)

# HUMAN RESOURCES

**The Human Resources Department ensures that the ICRC has a sufficient pool of competent staff to meet its operational needs worldwide. It develops the policies, tools and services for recruitment, compensation, training and talent management to allow for the ICRC's sustained growth. Its policies are geared towards raising professional standards, developing the particular skills required for humanitarian work and supporting the management and empowerment of a diverse and inclusive workforce through its professional hierarchy. The department strives to promote institutional cohesion by encouraging staff to identify with the organization's visions and objectives. The ICRC is an equal opportunity employer.**

In 2014, an average of 10,623 resident<sup>1</sup> and 1,749 mobile employees worked in the field, and 974 staff at headquarters.

## ACHIEVING TRANSFORMATIVE OBJECTIVES

The Human Resources (HR) Department continued to make progress towards realizing its transformative objectives, both within the People Management programme (PMP) and through process optimization initiatives. Using additional resources provided by the Directorate, the department worked to respond more effectively to unprecedented and growing humanitarian needs requiring the continuous expansion of the ICRC's workforce. It brought HR services closer to field staff with the deployment of eight HR managers in select delegations. A number of policies were either newly published or updated. A long-term organizational model of the department, approved in 2014, will enable the team to help the ICRC make the transition to a more global institution.

Despite these developments, some staffing constraints remained: the pressure to recruit/train people with the necessary managerial skills who were willing and able to be deployed in difficult locations; the need for timely responses to operational adjustments owing to an increased number of emergencies; and security incidents that required a continued focus on crisis management.

## PEOPLE MANAGEMENT PROGRAMME

Progress was made on the various projects of the PMP, which aimed at fulfilling the objectives outlined in the People Management strategy.

Within the approved international assignment planning framework, two compendia of job openings, for head of delegation positions and for general field manager posts, respectively, were made available to all ICRC staff.

Over 300 staff answered a survey on a multi-source appraisal process for the future performance management framework. This was linked with the development of a core competency framework, for which the department finished mapping the various competencies used within the organization and externally.

A job grading matrix, which includes 200 positions as points of reference, was approved and delivered to the newly created centre of expertise for compensation and benefits. The PMP steering

committee, headed by the Directorate, launched the discussion on plans for staff rewards schemes.

Five sessions of module 1 of the Humanitarian Leadership and Management School and a module 2 pilot session were held; both modules received positive feedback from participants.

The new HR Information System continued to take shape. A standardized cloud-based platform (SuccessFactors) was selected to equip the department with tools to streamline its operational processes and deliver efficient and consistent services. The system primarily aimed to give staff greater control over their career choices and managers more accountability for personnel management.

## CHANGE IS THE ONLY CONSTANT

### HR Operations Division

The division continued to provide strategic and operational HR support to managers at headquarters, while strengthening the HR presence and support in the field.

Eight HR regional partners worked with the operational regions on their strategic and operational priorities. These included identifying HR issues and challenges and building the regions' HR capacity for the next four years, in accordance with the new regional strategic frameworks. The regional partners also helped deploy five rapid response teams, manage several security incidents, identify to which delegations to assign HR managers from headquarters, and take over these managers' responsibilities upon their deployment. Following the division's reorganization in July, the task to oversee mobile and resident staff was integrated into the responsibilities of the HR regional partners. Training sessions helped these partners reinforce their competencies and provide operational and strategic HR support/advice to their respective regions.

Eight mobile and resident HR managers were deployed in as many delegations in the field throughout the year. Results and feedback on these initial deployments were positive, and several other HR managers have already been selected for deployment in 2015.

For headquarters, the department helped implement the institutional Corporate Services Initiative and develop a 2015–18 social plan. It provided HR support and guidance to managers, particularly in the areas of employee relations and organization, while maintaining a close and effective partnership with employee representatives. The hiring of a third HR manager reinforced the department's services for Geneva-based staff.

### HR Sourcing Division

Some 2,300 international moves were accomplished – an increase of 13% from 2013. Indicators showed that 84.5% of (re)assignments met expectations in terms of timing and candidate profile. Middle managers, Arabic-speaking delegates and experienced delegates of African origin remained in high demand and difficult to find. The crisis in Ukraine increased the need for Russian-speaking staff, some of whom are already being mobilized.

In 2014, 596 mobile staff were hired on a Geneva-based contract and 135 recruited for headquarters. Women accounted for 46% of the new mobile recruits, while the most common nationalities were

1. Daily workers not included

French (14%), Swiss (10%), Italian (7%), British (5%) and Canadian (5%); 80% of urgent requests for language-specific profiles were met.

The recruitment vision, strategy and objectives were revised to better align them with the aim to have a global HR function with a truly international reach. Processes continued to be streamlined and adapted to needs; the completion of standardized hiring procedures for Geneva-contracted staff, for example, improved recruitment at headquarters. The HR marketing service, with its offices in Beirut (Lebanon), Brussels (Belgium), London (United Kingdom of Great Britain and Northern Ireland), Manila (Philippines), Moscow (Russian Federation) and New Delhi (India), and the soon-to-be fully functional office in Dakar (Senegal), strengthened its outreach activities to academic environments and beyond. The ICRC, an equal opportunity employer, attended over 125 recruitment events, including one decentralized assessment centre and three virtual job fairs, targeting new graduates, young professionals and other potential employees in 25 countries.

### **HR Shared Services Division**

The division consolidated the provision of routine, transactional administrative services, including salaries, social security, insurance and benefits, to Geneva-contracted staff; it also organized field missions, ensuring timely and cost-effective travel conditions. The team received over 32,000 queries from mobile and Geneva-based employees and achieved a response rate of 94% in 2014 – an increase of 40% compared with 2013.

As an efficiency measure, the management of expense reimbursement was delocalized to the Manila Shared Services Centre in January. By mid-December, the Centre had received 4,842 claims, of which 96.2% were processed to reimburse CHF 1,752,214. An information technology solution was implemented for workflow automation and ticketing management. Efforts began to explore the feasibility of outsourcing all travel-related tasks by mid-2015.

The division continued to: adapt/streamline administrative procedures; ensure consistency in the application of rules/guidelines; update articles of the Collective Staff Agreement for Geneva-contracted staff, when necessary; and introduce guidelines for hiring consultants at headquarters and staff secondment at headquarters in accordance with Swiss law.

### **Learning and Development Division**

Work continued on the design of an institutionally coherent, organization-wide learning and development architecture, aimed at aligning all training activities and strengthening the organization's hybrid approach to learning. An overview of all training activities was created and made available to all staff through the intranet.

By the end of 2014, the division had delivered institutional training courses to 8,345 participants, including 4,543 resident staff and 2,609 mobile staff. It focused on the skills development of first-time managers by conducting team leadership courses for them and/or offering targeted coaching through the Springboard initiative. Nearly 110 senior and middle managers, of whom 43 were resident and 66 mobile or headquarters staff, participated in module 1 of the Humanitarian Leadership and Management School; module 2 was developed and a pilot session delivered.

The Staff Integration programme, the basis for integrating new staff, was run in Geneva (Switzerland) and in the Learning and Development regional units in Amman (Jordan), Bangkok

(Thailand), Bogotá (Colombia), Dakar (Senegal) and Nairobi (Kenya). Worldwide, courses were attended by 2,682 participants (including 2,154 resident staff and 460 mobile staff). The network of training relays developed through workshops, with seven delegations already having full-time trainers and four more hosting instructors from the regional units.

In 2014, the ICRC launched the Individual Development (iDevelop) budget, designed to encourage the professional development of resident and mobile staff of a certain grade level by providing funding for external training, coaching and career assessment in addition to that allocated from the institutional training budget. Close to 750 staff (106 mobile field staff, 477 resident field staff and 166 from headquarters) from 96 countries made use of their iDevelop budgets, which amounted to over CHF 3 million out of the CHF 6.7 million allocated for the year.

### **GENDER AND DIVERSITY**

Globally, the ICRC maintained a consolidated 31% women's representation rate, with lower figures in regions such as Africa and South Asia. From a managerial perspective, women accounted for 35% in professional and expert roles, 38% in middle and 30% in senior management. In line with the ICRC's target to reach 40% women's representation by 2016, the representation of women in all managerial positions remained stable, with the exception of an increase in the percentage of women in headquarters senior management positions (36% to 44%). In the field, improvements were slow to materialize for mobile senior management positions (21%). Concern to find the right balance between work and private life remained one of the main reasons for this trend.

The ICRC's governing bodies and the Directorate reaffirmed their support for the objectives set in the organization's Gender Equality Policy in 2006. For instance, the internal Gender Equality and Diversity Report 2012–2013 highlighted issues related to women's work-life balance and career path to senior positions, and emerging challenges faced by male employees; the report's recommendations have been incorporated into HR and PMP procedures. The management of harassment cases remained under review, with final conclusions due in 2015; efforts to raise awareness of unconscious biases and mentoring continued.

Although the management of diversity continued to be crucial for enhancing the organization's effectiveness, acceptance by and access to beneficiaries and key stakeholders, the development of an organization-wide narrative on diversity and inclusion was postponed to 2015 and the creation of a council on diversity was no longer pursued.

### **INFORMATION SYSTEMS AND PERFORMANCE INDICATORS**

The ability to provide services and information to staff and managers through better use of appropriate technology remained a prerequisite for improved HR service delivery. With the selection of a new standardized, cloud-based HR Information System platform, the department will be able to build and configure various functionalities, including technology-enabled performance management and recruitment processes that facilitate international assignment planning.

Regular statistics and key performance indicators were refined, and international assignment planning was monitored to obtain a true qualitative analysis of the ICRC's ability to staff mobile functions successfully. Good project management practices helped lead to these results and kept the PMP within budget.

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## STAFF HEALTH

The Staff Health Unit was closely involved in the management of several security incidents, notably the death of colleagues in the Central African Republic, Libya and Ukraine and two hostage crises, and implemented stress prevention and management measures to support personnel in the field and at headquarters. Staff health delegates provided medical support to resident/mobile staff in Afghanistan, Israel and the occupied territories, South Sudan and the Syrian Arab Republic. ICRC staff in the Gaza Strip received such support from an Austrian Red Cross psychologist; this new approach of mobilizing specialists from partner National Societies will be maintained for future emergencies.

With the ICRC's Health Assistance Unit, the Staff Health Unit mobilized its resources to respond to the Ebola outbreak in Guinea and Liberia, for example, through contingency planning and briefing/debriefing sessions, the provision of protective equipment and medical follow-ups for staff returning from the field.

The HIV workplace programme was launched in three countries in Asia and continued to help implement additional prevention measures for resident staff, over 60% of whom (including almost all pregnant personnel) checked their HIV status.

The Staff Health Unit provided uninterrupted services to personnel and discussions began on the development of a stress management policy; however, lack of manpower limited the unit from making major headway, and some projects were delayed, including one related to the health insurance of resident staff. Efforts were being made to stabilize workloads and ensure availability for field missions by hiring more staff and transforming the unit into a centre of expertise; these measures were expected to be completed by 2015.

# FINANCIAL RESOURCES AND LOGISTICS

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

The scale of ICRC field operations and the level of the organization's financial growth in 2014 – resulting in a field and headquarters budget of CHF 1.5 billion – required the Department of Financial Resources and Logistics to raise more funds, manage more money and infrastructure, and purchase/deliver more goods and services. The ICRC benefited from unprecedented support from the Donor Support Group (DSG),<sup>1</sup> enabling it to fund its operations both in the field and at headquarters. Its reliance on a small number of donors remained a chronic challenge, and it pursued its efforts to diversify its funding sources. Progress towards donor diversification nevertheless remained slow.

In addition to mobilizing resources in response to a rise in operational emergencies, the department was heavily involved in the deployment of the new global supply chain solution, OSCAR (Operational Supply Chain Agile and Reliable), which went live at headquarters in June 2014 and at the Nairobi Logistics Hub and the Manila Shared Service Centre (MSSC) in November 2014. The inevitable technical difficulties increased the workload of all those involved in logistics and finance.

Market performance continued to have a positive impact on the ICRC's long-term investments. Treasury management remained a priority area, notably regarding cash management and preparatory work on improving systems, as did clarifying and extending the scope of the internal control system.

With corporate services delocalized, the department played a lead role in proposing optimization measures, notably in relation to indirect purchasing and facilities management at headquarters.

Overall, the department managed to strike a good balance between ensuring business continuity and support for expanding operations, on the one hand, and implementing change and new priorities, on the other.

## **FINANCE AND ADMINISTRATION** **FINANCIAL MANAGEMENT**

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

In 2014, the Finance and Administration Division:

- ▶ provided the Directorate with regular financial forecasts to steer the institution towards a financially balanced year-end result
- ▶ developed ways to analyze financial information based on segmentation better suited to tracking the relation between support costs and their impact on operations
- ▶ presented a first prototype of activity-based financial information in support of better process-performance analysis
- ▶ implemented a distinct approach to handling administrative matters, so as to alleviate and reduce the administrative burden of field operations, while maintaining accountability and consistency
- ▶ implemented the first wave of IT modernization of the treasury software with a multi-banking platform, optimizing treasury efficiency and minimizing the impact of a treasury shortfall on operations
- ▶ requested the upgrade of its main financial management software in order to support the Institutional Strategy 2015–2018 with relevant financial information

For the past 14 years, the ICRC has disclosed its financial statements in full compliance with the International Financial Reporting Standards (IFRS). The statements are audited on an annual basis by an external and independent auditor and have always received an unrestricted audit opinion. The ICRC deems this to be part of its due-diligence obligation to provide donors with complete and transparent financial information.

## **INFRASTRUCTURE MANAGEMENT**

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

Concerned with the environmental footprint of the historical Carlton building at headquarters, the ICRC initiated a comprehensive study in order to improve energy efficiency and reduce running costs.

## **FUNDING**

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

## **BUDGETS**

The ICRC's initial 2014 budget, launched in November 2013, totalled CHF 1.3 billion. This was CHF 121 million higher than

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



the previous year's initial budget. The largest increase was in the Emergency Appeals for field operations, which amounted to CHF 1.1 billion, as opposed to CHF 989 million in 2013. The Headquarters Appeal, for its part, rose from CHF 187 million in 2013 to CHF 192 million in 2014.

During the year, donors received information about 11 budget extension appeals (compared with eight in 2013) launched in response to unforeseen events and substantial humanitarian needs. These were brought about by the resurgence/intensification of hostilities or by natural disasters in the Central African Republic, Israel and the occupied territories, the Philippines, South Sudan (on two occasions) and Ukraine; joint budget extensions were issued for Egypt, Iraq, Jordan, Lebanon and the Syrian Arab Republic (hereafter Syria), owing to the armed conflict in Syria and its consequences in neighbouring countries. The budget extensions in relation to the Syrian conflict were the largest, amounting to CHF 77 million. In addition, donors were informed about one budget reduction, after the ICRC suspended its activities in Sudan at the official request of the authorities.

## EXPENDITURE

<b>Overall expenditure</b>
CHF 1,407 million (including overheads)
<b>Headquarters</b>
CHF 197 million
<b>Field operations</b>
CHF 1,210 million

The implementation rate (field expenditure in cash, kind and services divided by final field budget and multiplied by 100) for activities planned in 2014 was 92.3% of the overall final Emergency Appeals budget (2013: 90.7%; 2012: 93.5%).

(in CHF million)

NAME OF DONOR (DSG member)	CASH – HEADQUARTERS	CASH – FIELD	TOTAL CASH	TOTAL KIND	TOTAL SERVICES	GRAND TOTAL
Australia	2.6	34.1	36.7			36.7
Belgium	0.9	11.2	12.1			12.1
Canada	2.1	44.4	46.5			46.5
Denmark	3.2	20.8	24.1			24.1
European Commission		126.4	126.4			126.4
Finland	1.2	12.4	13.7	1.9		15.6
France	1.2	17.4	18.6			18.6
Germany	1.7	50.9	52.5			52.5
Ireland	0.2	11.3	11.5			11.5
Japan	0.4	33.5	33.9			33.9
Kuwait	0.4	20.1	20.6			20.6
Luxembourg	1.0	7.7	8.7			8.7
Netherlands	4.9	42.8	47.7			47.7
Norway	4.4	54.9	59.3			59.3
Sweden	6.6	66.6	73.2			73.2
Switzerland	80.2	59.9	140.1	0.0		140.1
United Kingdom	1.0	170.3	171.3			171.3
United States	19.1	294.2	313.4			313.4

Note: Figures in this table are rounded off, may vary slightly from the amounts presented in other documents and may lead to differences in rounded-off addition results.

## CONTRIBUTIONS

Total contributions received in 2014: CHF 1.341 billion

Funding sources and patterns were similar to previous years. In 2014, the proportion of support from governments was 83.0% (2013: 84.5%; 2012: 82.8%), while that from National Societies increased slightly to 3.4% (2013: 3.3%; 2012: 4.3%). The number of National Societies contributing nevertheless fell (see *Diversity in funding sources* below). The proportion received from the European Commission increased to 9.4% (2013: 7.2%; 2012: 8.9%), while that received from various other public and private sources dropped to 4.1% (2013: 4.8%; 2012: 3.7%).

The United States of America (hereafter United States) remained the ICRC's largest donor, accounting for 23.4% (CHF 313.4 million) of all contributions and 24.7% (CHF 294.2 million) of funding for field operations. The United Kingdom of Great Britain and Northern Ireland (hereafter United Kingdom) ranked second, accounting for 12.8% (CHF 171.3 million) of all contributions and 14.3% (CHF 170.3 million) of funding for field operations. Switzerland was the third largest donor, with a total contribution of CHF 140.1 million, accounting for 10.4% of all contributions and 5.0% (CHF 59.9 million) of funding for field operations. The European Commission remained in fourth position; its total contribution of CHF 126.4 million accounted for 9.4% of all contributions and 10.6% of funding for field operations.

The ICRC's operational flexibility was preserved, as a number of governments continued either not to earmark their contributions or to do so in a relatively broad fashion, mostly by geographical region (see *Flexibility in funding*).

The DSG comprised 18 members in 2014 (based on 2013 contributions). The Netherlands hosted the DSG annual meeting, which, along with the DSG policy fora, allowed members to share views and discuss topics relevant to humanitarian action.

The table below shows the contributions of DSG members in 2014. On this basis, the DSG will have 17 members in 2015.

## CONTRIBUTIONS IN RESPONSE TO THE HEADQUARTERS APPEAL

Contributions for the headquarters budget totalled CHF 151.7 million: CHF 138.6 million from 72 governments, CHF 4.8 million from 53 National Societies and CHF 8.2 million from several other private and public sources.

## CONTRIBUTIONS IN RESPONSE TO THE EMERGENCY APPEALS

<b>Cash component</b>
CHF 1,179.2 million (2013: 1,061.9 million; 2012: 858.9 million)
<b>In-kind component</b>
CHF 3.6 million (2013: 7.8 million; 2012: 5.6 million)
<b>Services</b>
CHF 6.3 million (2013: 5.8 million; 2012: 5.5 million)
<b>Assets</b>
CHF 0.0 million (2013: 0.1 million; 2012: 0.0 million)

In total, CHF 974.5 million was provided for ICRC field operations by 39 governments, CHF 126.4 million by the European Commission, CHF 40.4 million by 30 National Societies and the International Federation, CHF 1.3 million by several international organizations and CHF 46.6 million by public and private sources. These included many thousands of private individuals, foundations and companies, the canton of Geneva, Mine-Ex Rotary Liechtenstein and Switzerland, the Union of European Football Associations (UEFA), and selected members of the ICRC Corporate Support Group (CSG)<sup>2</sup>.

## FLEXIBILITY IN FUNDING

The ICRC continued to experience pressure from donors for tighter earmarking and ad hoc reporting. Decentralized donor representatives in the field frequently asked delegations for operational information, field trips and special reporting.

To meet needs effectively, flexibility in the use of funds remains essential, particularly in relation to earmarking and reporting. Earmarked contributions are often accompanied by rigorous project implementation timetables and stringently specific reporting conditions. Experience has shown a direct correlation between flexible funding policies and the ICRC's ability to maintain its independence and rapid response capacity.

<b>2014 NON-EARMARKED cash contributions</b>
CHF 364.0 million / 27.4% (28.1% in 2013; 29.4% in 2012)
<b>2014 TIGHTLY EARMARKED cash contributions</b>
CHF 194.2 million / 14.6% (12.9% in 2013; 17.2% in 2012)

At 27.4% in 2014, the proportion of non-earmarked cash contributions ("core funding") was lower than in 2013 (28.1%; in 2012: 29.4%). Apart from some private donations, most non-earmarked funds came from governments (notably Australia, Belgium,

Canada, Denmark, Finland, France, Germany, Ireland, Italy, Kuwait, Luxembourg, the Netherlands, New Zealand, Norway, Sweden, Switzerland, the United Kingdom and the United States), the Norwegian Red Cross and the canton of Geneva.

Cash contributions loosely earmarked for a given region, country or programme represented 57.9% (CHF 769.2 million) of total contributions (2013: CHF 709.5 million, 59.0%; 2012: CHF 531.4 million, 53.4%).

## PREDICTABILITY IN FUNDING

The ICRC's funding system does not rely on set (statutory) contributions. Moreover, its programmes are implemented according to needs and are not contingent on the level of contributions pledged or received. The organization relies on donors to provide the funding it needs to achieve its objectives through the programmes it plans to implement in a given year.

To minimize financial risks, the ICRC seeks to be realistic in terms of its objectives/budgets and to secure a degree of funding predictability. Commitments from donor countries spanning several years are therefore useful and have been made by Canada, Finland, Luxembourg, the Netherlands, Sweden, Switzerland and the United Kingdom, and by certain private donors. Despite planning constraints and national budget and financial regulations that make it difficult for donors to commit funding over the medium term, the ICRC will continue, whenever deemed relevant, to seek longer-term funding commitments. Clear indications from donors early in the year regarding the annual level of funding and the timing of their transfers would facilitate financial planning and reduce risk.

## DIVERSITY IN FUNDING SOURCES

Despite ongoing efforts and discussions with DSG members, progress towards enlarging the range of the ICRC's main financial contributors remained slow. In view of its universal mandate and worldwide activities, the ICRC sought broader support in Asia, Central Europe, Latin America and the Middle East. The only recent new member of the DSG is Kuwait, which entered in 2013 thanks to a significant increase in its contribution to the field budget. The ICRC therefore remained reliant on a small number of key donors for the bulk of its funding.

<b>Overall ICRC funding</b>
CHF 1,340.9 million
<b>81 governments and the European Commission</b>
CHF 1,239.5 million / 92.4% (2013: 91.7%; 2012: 91.7%)
<b>Top 10 governments, including the European Commission</b>
CHF 1,067.1 million / 79.6% (2013: 77.6%; 2012: 76.9%)
<b>Top 5 governments, including the European Commission</b>
CHF 824.3 million / 61.5% (2013: 57.5%; 2012: 54.7%)

The trend towards a fall in the number of National Societies providing contributions was of concern – 60 in 2014 compared with 66 in 2013 and 70 in 2012.

The ICRC sought to raise funds from donor countries' unused budget lines, to implement joint fundraising activities with National Societies and to increase the funding received from private sources.

2. Each member of the CSG provides a minimum of CHF 500,000 per year to the ICRC or, in some cases, to the ICRC Foundation.

## PRIVATE SECTOR FUNDRAISING

Income raised by the Private Fundraising Division went above the planned results set in the 2012–2020 Funding strategy. Although funding from legacies was down, with only CHF 11.6 million received in 2014 compared to CHF 26.7 million in 2013, all other private income streams increased, confirming the growing trend forecast in the Funding strategy.

Donations from private individuals continued to increase. The new “Friends of the ICRC” high-value support group recruited over 130 individuals, and 2014 saw the roll-out of a digital fundraising strategy seeking to enable private donors worldwide to support the ICRC. Income from major donors grew by 7.7%, and the value of these gifts secured from outside Switzerland increased by 14%.

Income from foundations rose to CHF 14.0 million; it included a generous additional commitment from an existing donor to fund the ICRC’s update of the Commentaries on the 1949 Geneva Conventions. Overall, funding from foundations has seen an increase from both long-standing and new funders.

Greater emphasis was given in 2014 to engagement with companies, and the first external review was performed of the CSG, in order to enhance the dialogue between ICRC and the concerned corporations. All existing CSG members (ABB Asea Brown Boveri Ltd, AVINA STIFTUNG, Crédit Suisse Group, Holcim Ltd, F. Hoffmann La Roche Ltd, Fondation Hans Wilsdorf, Lombard Odier Darier Hentsch & Cie, Novartis International AG, Swiss Reinsurance Company, Vontobel Group and Zurich Insurance Group) were retained, and the first non-Swiss member (Philips) joined the group at the end of the year via a partnership with the Netherlands Red Cross.

In October 2014, a workshop entitled Global Partnerships for Humanitarian Impact and Innovation (GPHI2) was held in partnership with IMD Business School in Lausanne, Switzerland. The GPHI2 initiative provides the ICRC and its stakeholders from a broad range of sectors with a platform where partnerships can be explored and innovative solutions developed, with a view to heightening the impact of humanitarian action. A working group that includes members of the ICRC Assembly convenes regularly to support the implementation of private fundraising, maintaining a particular focus on high net-worth individuals and innovative financing. Partnerships for private fundraising with certain National Societies were ongoing.

## REPORTING TO DONORS

Donors were informed of the ICRC’s objectives, plans of action and indicators in the 2014 Emergency and Headquarters Appeals, the Special Appeals for the Health Care in Danger project, Mine Action, and the Response to Sexual Violence, and the 11 budget extension appeals and two preliminary appeals.

The Midterm Report described all field operations from January to May. The context-specific reports contained in the present Annual Report cover the entire year and discuss activities carried out for each target population, most of which were foreseen in the 2014 Emergency Appeals. The reports are result-based and include standard figures and indicators for ICRC activities. The Supplement to the 2013 Annual Report, the 2013 Special Reports on the Health Care in Danger project and Mine Action, and 53 updates on a wide range of operations and topics, including

reviews of specific programmes or objectives and policy matters, kept donors abreast of the main developments in ICRC operations and related humanitarian issues and priorities.

From March to November, the ICRC provided monthly financial updates. In September, it issued its Renewed Emergency Appeal, which presented the overall funding situation at that time for field operations. In addition to yearly “mobilization tables” that were related to the Emergency Appeals and enabled donors to make in-kind or cash-for-kind contributions, the ICRC published nine such tables related to the budget extensions.

The ICRC Extranet for Donors, a password-protected extranet site on which all documents issued by the ICRC’s External Resources Division are posted, continued to give donors immediate access to reports and other funding-related documents, including weekly updates on operational and thematic issues as published on the ICRC website.

## LOGISTICS A GLOBAL NETWORK

The Logistics Division supplied and delivered goods, transported passengers and ensured accountability with regard to the procurement process and the movement of products. Some 2,500 resident and mobile employees – e.g. drivers or mechanics, lead buyers or supply chain planners, storekeepers or air operation managers – perform more than 50 different functions. The global supply chain is managed from the logistics centre in Satigny (outskirts of Geneva) and from regional logistics centres around the world.

Specifically, the division provided direct support for field operations and emergencies through a centrally consolidated supply chain in Geneva for high-value/light-weight products (mostly pharmaceuticals, and orthopaedic and engineering materials) and through the six regional logistics hubs for lower-value/heavy items in Abidjan (Côte d’Ivoire), Amman (Jordan), Kuala Lumpur (Malaysia), Nairobi, Panama City (Panama) and Peshawar (Pakistan).

On top of the day-to-day coordination of logistics support for ICRC operations, the Logistics Division carried out longer-term strategic activities, such as aligning the Logistics priorities with the new Institutional Strategy 2015–2018, driving the development and roll-out of a new enterprise resources planning (ERP) tool as part of the OSCAR project, updating and documenting logistics processes and tools, producing training materials and delivering courses, including on process optimization.

In 2014, logistics activities focused on:

- ▶ providing relief, engineering and medical supplies through the logistics centre and the regional logistics hubs, while enabling the growth of certain ICRC emergency operations (see *Operational highlights*); this comprised the delivery of over 120,000 tonnes of relief commodities worth some CHF 300 million in 68 field operations, the management of 20 aircrafts and 4,400 fleet units (cars/trucks, trailers, generators), and the management of over 120,000 square meters of warehouse space with an average stock value of CHF 90 million
- ▶ updating the Logistics strategy to align it with the new Institutional Strategy 2015–2018 and launching a project to ensure efficient logistical support for changing operational needs; identifying the following as particular areas of focus: Health strategy 2013–2018, risk management, Movement response to large-scale emergencies, devolution of

- 
- responsibilities and simplification of procedures
- ▶ developing the Oracle/JD Edwards ERP system within the OSCAR project, rolling out the tool at headquarters and the Nairobi logistics hub and preparing it for field deployment in 2015
  - ▶ analyzing the organizational model and the possibility to optimize through further delocalization of transactional activities, with the objective to strengthen the strategic role of Geneva Logistics Division and devolve increasing responsibilities currently managed in Geneva to the field, notably the regional logistics hubs
  - ▶ supporting the institutional initiative related to duty of care, in particular by developing the Road Safety project in partnership with the Finnish Red Cross (due to end in 2015) and setting up a formal safety management system for air operations led by a safety manager
  - ▶ further developing business intelligence tools and preparing for a revamped logistics data and compliance concept and support structures with the objective to transform the current Manila LOG\_STAT unit into a global Logistics Data and Compliance centre based in the Manila MSSC
  - ▶ maintaining on-site audits of manufacturers to promote adherence to good manufacturing practices and ethical standards and revisiting product life-cycle studies to define and secure quality standards for goods and materials; ICRC quality management tools for essential household items were presented to UNHCR, which modeled its procurement process these tools.

## **SUSTAINABLE DEVELOPMENT**

In 2014, the sustainable development team focused on further mainstreaming sustainable development at the ICRC. This was done by enhancing the method used to measure the environmental impact of delegations, and by giving delegations more tools for reducing that impact. In order to further the approach's development, a two-person sustainable development unit was created in Nairobi.

A communications campaign was developed to raise awareness among staff of simple, everyday things they could do to make their delegations more sustainable in terms of water, energy management, paper reduction and waste management.

At a seminar in Geneva, internal and external speakers made presentations on topics ranging from the general concept of sustainable development to environmental analysis, how to apply these concepts in assistance and logistics, the social pillars of sustainability, and communication tools for sustainable development.

The second Annual Report for Sustainable Development, which covers the year 2013, was released in September. It measures the performance of 11 delegations (up from the four that were measured in the last report) using environmental and social indicators.





# OPERATIONS

# THE ICRC AROUND THE WORLD

AFRICA

ASIA AND  
THE PACIFIC

EUROPE AND  
THE AMERICAS

MIDDLE EAST

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
Red Cross messages (RCMs)	
RCMs collected	99,866
RCMs distributed	88,945
Phone calls facilitated between family members	465,264
People located (tracing cases closed positively)	4,414
People reunited with their families	1,058
<i>of whom unaccompanied minors/separated children</i>	949
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
ICRC visits	
Detainees visited	800,891
Detainees visited and monitored individually	23,869
Number of visits carried out	4,579
Number of places of detention visited	1,614
Restoring family links	
RCMs collected	18,797
RCMs distributed	11,029
Phone calls made to families to inform them of the whereabouts of a detained relative	25,172



ICRC headquarters



ICRC delegation



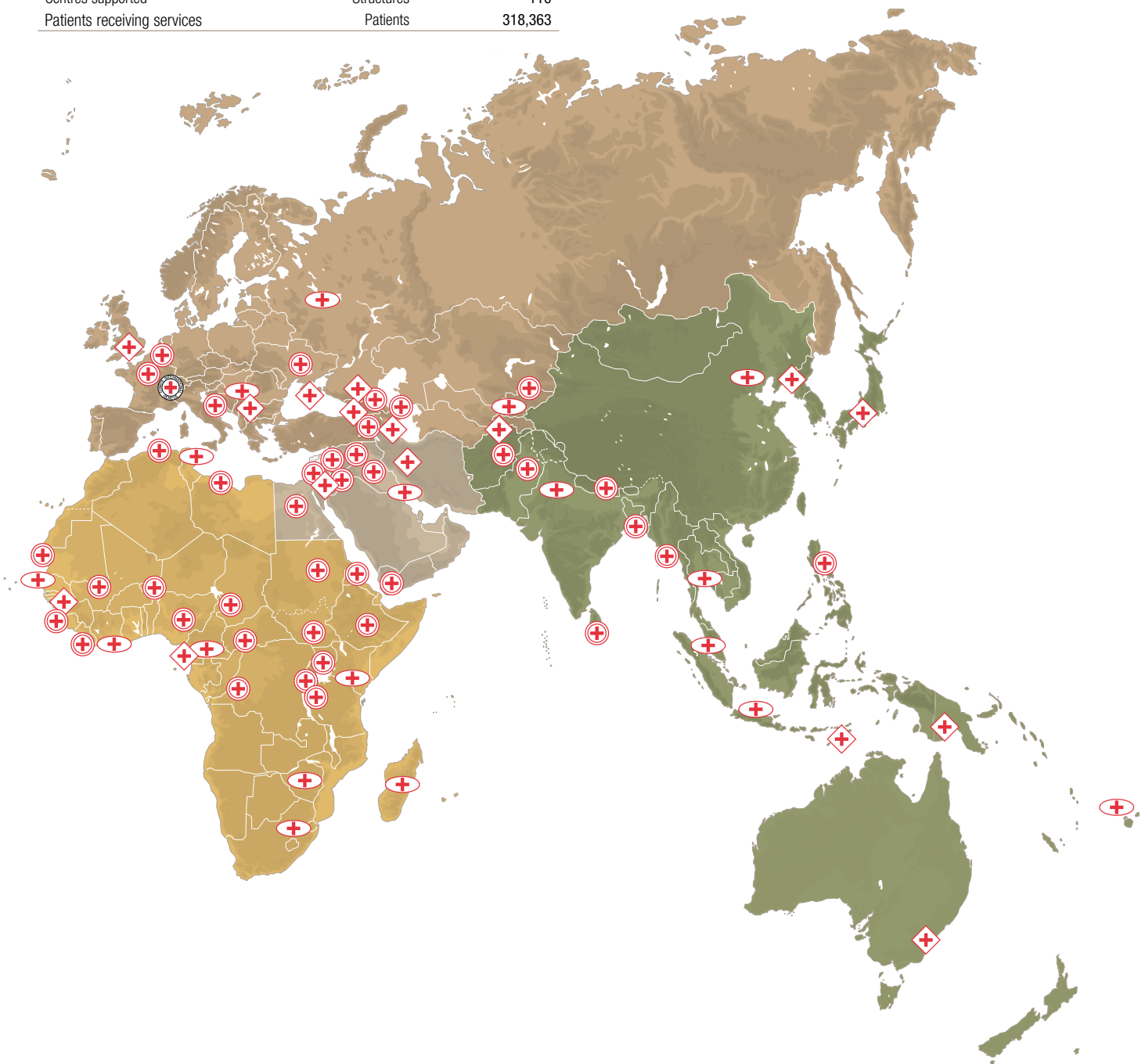
ICRC regional delegation



ICRC mission

ASSISTANCE		Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	9,097,831
Essential household items	Beneficiaries	3,834,286
Productive inputs	Beneficiaries	3,254,647
Cash	Beneficiaries	654,353
Vouchers	Beneficiaries	118,901
Work, services and training	Beneficiaries	1,873,323
Water and habitat activities	Beneficiaries	25,900,790
<b>Health</b>		
Health centres supported	Structures	415
<b>WOUNDED AND SICK</b>		
<b>Hospitals</b>		
Hospitals supported	Structures	441
<b>Water and habitat</b>		
Water and habitat activities	Number of beds	15,770
<b>Physical rehabilitation</b>		
Centres supported	Structures	110
Patients receiving services	Patients	318,363

EXPENDITURE (in KCHF)		Total
Protection		206,106
Assistance		770,129
Prevention		146,006
Cooperation with National Societies		83,645
General		3,798
		<b>1,209,684</b>
		<i>of which: Overheads 73,643</i>
<b>IMPLEMENTATION RATE</b>		
Expenditure/yearly budget		<b>92%</b>
<b>PERSONNEL</b>		
Mobile staff		1,748
Resident staff (daily workers not included)		10,623



# OPERATIONAL HIGHLIGHTS



Dominik Stillhart, Director of Operations.

## CONFLICT ENVIRONMENTS AND CHALLENGES FOR HUMANITARIAN ACTION

A number of trends in conflict dynamics became even more acute in 2014, heightening their impact on populations worldwide and on the delivery of neutral and impartial humanitarian assistance. Among them were: the growing complexity of armed conflicts, linked to the fragmentation of armed groups and asymmetric warfare; the regionalization of conflicts; the challenges of decades-long wars featuring repeated cycles of violence and a lack of effective international conflict resolution; the collapse of national systems; continued targeted attacks on health-care facilities, personnel and patients; and, as consequences of these combined phenomena, diverse and steadily mounting humanitarian needs.

The turmoil that escalated in parts of the Middle East, somewhat unexpected in the case of the rise of the Islamic State group across Iraq and the Syrian Arab Republic (hereafter Syria), not only led to serious repercussions for neighbouring countries, but was also felt far beyond the region by countries that joined global efforts to fight the group. In Syria, tens of thousands of people have been killed and 6.5 million displaced since the beginning of the conflict; a further 3 million have fled the country, leading to one of the biggest refugee crises since the end of the Second World War. In Iraq, the deterioration since the beginning of the year resulted in thousands of civilians killed and some 1.8 million displaced. In parallel with the gains of the Islamic State group, a series of armed groups in other contexts, such as in Libya, Mali, Nigeria, Somalia and Yemen, also intensified their activities, leading to further violence and widespread insecurity. Local populations paid a high price, suffering heavy casualties or in some cases getting caught up in “anti-terrorist” crackdowns.

Ethnic, nationalist or religious grievances and access to critical resources remained at the source of many ongoing cycles of conflict and violence, as well as sparking more recent outbreaks of hostilities. As a result, a heavy toll was again exacted on civilian

populations in countries such as Afghanistan, the Central African Republic (hereafter CAR), the Democratic Republic of the Congo (hereafter DRC), Libya, Mali, Somalia, South Sudan and Yemen. In the occupied Palestinian territory, thousands of civilians once again paid the price of the crisis in the Gaza Strip, as hopes for a renewed peace process dwindled. In eastern Ukraine, the outbreak of a new conflict brought massive destruction.

These conflicts, as well as many other often forgotten ones, prompted more and more people to flee their communities, leaving their homes and livelihoods behind and facing the prospect of long-term displacement. The number of IDPs, refugees and asylum-seekers uprooted by ongoing conflicts and other situations of violence worldwide has soared in the past two years: in 2013, the total number exceeded, for the first time since the Second World War, 50 million people, over half of whom are IDPs. This negative trend continued in 2014, as the situations in the CAR, Iraq, Nigeria and South Sudan, in particular, deteriorated. In addition, hundreds of thousands of migrants seeking brighter prospects abroad faced harrowing journeys that rendered them extremely vulnerable and exposed them to a range of abuses; many perished en route, leaving their families with no news of their whereabouts.

In a number of urban centres and megacities around the world, organized and gang-related crime continued to have a destabilizing impact, with the extreme level of violence and high numbers of deaths and injuries directly affecting communities and entailing longer-term consequences for the families concerned and for the wider population.

In some of the largest crises, the humanitarian system was confronted with numerous challenges as it strove to respond, in some cases because of the overwhelming needs, in others owing to the volatile security situation. In addition, given the number of simultaneous crises, international and national humanitarian entities at times found themselves utterly overstretched, as during the Ebola outbreak in West Africa.

## OPERATIONS: REVIEW, APPROACH AND THEMATIC CHALLENGES

Throughout 2014, the ICRC and the Movement’s other components worked to protect and assist millions of people affected by past and ongoing armed conflicts and other situations of violence, ensuring in particular that the specific needs of the most vulnerable were met. In addition to implementing planned activities, the ICRC responded to a number of acute crises with serious humanitarian consequences, often simultaneously. As part of its emergency response, the ICRC activated its rapid deployment mechanism for five contexts – the Gaza Strip, the Philippines, South Sudan, Ukraine, and across West Africa for the Ebola outbreak – drawing on some 80 ICRC and 19 National Society surge-capacity staff.

In contexts such as Afghanistan, Colombia, the DRC, Iraq, Lebanon, Myanmar, Somalia, Sri Lanka and Syria, the ICRC maintained or expanded its operational response and its access to affected populations. In some cases, it continued to be one of the few international humanitarian actors present – for instance, in rural areas of the CAR, northern Mali, the northern states of Nigeria, eastern Ukraine, and Yemen. Conversely, the ICRC had

to reduce its activities in Libya because of the volatile security situation. In Sudan, it was unable to carry out its activities for most of the year, its operations having been suspended from February to September.

Key to the ICRC's approach were: its proximity to populations and access to the main stakeholders; its regular confidential dialogue with all sides, as well as concerted networking with non-State armed actors and religious circles, in order to enable access but also to prevent violations of IHL and humanitarian principles; an improved rapid-response capacity; its adaptability, particularly in terms of logistics and staff composition; and systematic, structured operational partnerships with National Societies. Access and proximity nevertheless continued to pose challenges when it came to managing the significant risks involved in working in such complex environments. It was, in fact, an extremely difficult year in terms of security, with three colleagues killed in the CAR, Libya and Ukraine, and five staff members abducted and subsequently released in Mali. The year passed without any developments in the case of the three staff members held in Syria since 2013. National Society volunteers, on whom the ICRC depends to carry out much of its work, also paid a high price: by year's end, the Syrian Arab Red Crescent, in particular, had lost 40 personnel since the beginning of the crisis.

Despite the challenges, the ICRC was able to provide a solid response in terms of the objectives set out in its initial 2014 field budget of CHF 1,104.4 million and in an unprecedented 11 budget extension appeals during the year – amounting to CHF 199.7 million – for the following delegations: the CAR, Israel and the Occupied Territories, Moscow regional delegation (for activities in Ukraine), the Philippines, South Sudan (twice), and Syria and the wider region (Egypt, Iraq, Jordan and Lebanon).

Faced with such diverse dynamics of armed conflicts and other situations of violence, and their equally varied humanitarian consequences, the ICRC strove to ensure a pertinent and timely response, from assisting with emergency basics to early recovery programmes and supporting people's resilience. It placed the specific needs of different groups of people at the forefront of its response, taking into account factors such as age, gender and other circumstances in defining the most appropriate approach. It also reinforced the quality and coherence of its programmes, whenever possible involving the populations themselves in the design, implementation and monitoring of activities.

Multidisciplinary action in favour of IDPs, refugees and migrants, detainees and former detainees, and families of missing persons was an important part of the ICRC's work. Assistance for these groups involved the provision of clean water and sanitation, access to health care and psychological support, livelihood activities, and legal and administrative support. In parallel, the ICRC monitored the conduct of hostilities in a range of contexts and worked to establish and sustain bilateral dialogue with parties to conflicts, notably during the crises in the Gaza Strip, South Sudan and Syria. It also visited people deprived of their freedom and worked with the authorities on structural and longer-term issues, as in Afghanistan, El Salvador, Ethiopia, Iraq, Myanmar, Somalia and Zimbabwe, among others.

Implementation of the ICRC's Health strategy 2014–2018 continued apace, with many delegations reinforcing their comprehensive hospital care, health care in detention and physical rehabilitation programmes. As the number of crises rose, so did the needs

for hospital care and war surgery: the ICRC deployed surgical teams in the CAR, the DRC, the Gaza Strip and South Sudan. As health services were frequently disrupted, with facilities destroyed, personnel killed and therefore access to health care for the population restricted – as was the case in the Gaza Strip, South Sudan, Syria and Ukraine – some 60 delegations pursued objectives related to the ICRC-led Health Care in Danger project; many of them carried out prevention activities and engaged in confidential dialogue with the pertinent actors regarding IHL violations and other abuses. The ICRC worked with its Movement partners and the health community to find ways to strengthen the protection of health-care providers and their patients.

Progress was made in institution-wide efforts to improve the ICRC's understanding of and response to the needs of victims of sexual violence. The organization initiated new activities or stepped up existing ones in the CAR, Colombia, the DRC, Mali and Somalia. It carried out assessments in Afghanistan, Mexico, Papua New Guinea, South Sudan and the countries affected by the Syrian conflict. A comprehensive tool aiming to analyse domestic legislation and State capacity and identify national gaps in addressing sexual violence was developed at the end of the year. Information is in the process of being collected, analysed and summarized in several countries. Moreover, training and capacity-building tools were developed and deployed internally to ensure that ICRC staff effectively identify and set up activities to prevent and respond to sexual violence.

To improve the delivery of its response, find more efficient and effective ways to provide aid, and address challenges of access, the ICRC invested further in testing innovative solutions, beginning with a number of pilot projects in the field. These included the development of telemedicine capability and the use of mobile devices as a monitoring tool. In Mexico, for example, the deployment of tablet computers facilitated the collection of information and activities in favour of vulnerable migrants. The delegations in Afghanistan, Azerbaijan, the CAR, Colombia, Georgia, Mali, Somalia and Tajikistan likewise employed mobile devices to facilitate beneficiary communication, data collection and analysis. In Jordan, Lebanon and Somalia, beneficiaries were given the option of claiming their cash grants via mobile phones and ATM cards. In the Philippines, detention authorities started using Web-based software and tablet computers to track the status of essential services in places of detention and facilitate their maintenance.

In the majority of its operations, the ICRC worked closely with the National Society of the country affected and engaged in closer coordination and partnership within and outside the Movement. During the Ebola outbreak, it worked alongside National Society partners in an International Federation-led response, in close coordination with Médecins Sans Frontières and WHO. Strong Movement cooperation was key to carrying out effective and timely humanitarian activities, notably in Afghanistan, Bangladesh, Mali, Mexico, the Philippines, and European countries dealing with migration.

Trends in the humanitarian landscape – growing needs that challenged aid capacity and delivery, the politicization of humanitarian activities and resulting difficulties in carrying out neutral and impartial humanitarian action, the range of players involved, the integration of the humanitarian imperative into political and security-driven agendas – contributed to a somewhat testing year. Nevertheless, the ICRC navigated these challenges, strove to uphold and clarify its mandate, and ultimately focused on meeting humanitarian needs.



## AFRICA

The lives of millions were pulled apart by continued instability and conflict in parts of Africa, in particular from Libya across the Sahel and down to Nigeria, in South Sudan and Sudan, in Somalia, and in the CAR and the DRC. Parts of West Africa – notably Guinea, Liberia and Sierra Leone, which were already struggling to recover from years of conflict – were devastated by the Ebola outbreak. The ICRC stepped up its response accordingly, with half of its ten largest operations being carried out on the continent.

Prospects for peace-making and rebuilding in South Sudan dimmed as the country continued to be battered by an armed conflict that had been going on for over a year. Hundreds of thousands of people needed basic support and services to survive. The ICRC and the South Sudan Red Cross provided comprehensive assistance, often in remote places. Over 800,000 people received food rations; in some areas, such as Jonglei and Unity states, people started to grow their own food again, aided by the tools and seed they received. Around 14,000 family members separated by the fighting restored contact with one another. The conflict having severely disrupted health services, the ICRC provided support in the form of mobile surgical teams that performed nearly 3,900 operations.

An equally bleak situation in north-eastern Nigeria took a heavy toll on a large part of the population, with Boko Haram stepping up its attacks and the violence reaching neighbouring Cameroon, with risks of further spreading into Chad and Niger. Tens of thousands were regularly displaced. The ICRC reinforced its presence in the north of the country and, with the Nigerian Red Cross, responded to emergency needs, evacuating the wounded and the dead, and assisting people driven from their homes, including those who took refuge in neighbouring countries.

Humanitarian efforts were particularly tested in the CAR, with little let-up in the violence between the ex-Seleka and anti-Balaka armed groups, and a surge of intercommunal clashes around the country. Abuse of civilians, including sexual violence, the destruction of homes and livelihoods, attacks against rescue workers, and other IHL violations took place on an almost daily basis. The ICRC's response included dialogue with weapon bearers to put an end to violations, visits to detainees, distributions of emergency goods to IDPs, and support for primary health and emergency health facilities, along with the deployment of two surgical teams.

The DRC, Mali, Somalia and Sudan were also critical contexts. In Sudan, the ICRC was unable to implement all its planned activities in 2014 owing to the suspension of its operations in February, but agreements reached with the authorities during the latter part of the year enabled it to resume its operations. In the DRC, where communities in the eastern provinces continued to be attacked and thousands were regularly separated from their families and displaced, the ICRC provided for essential needs, supported hospitals and health centres, including those providing specialized services for sexual violence victims, and helped children, including those formerly associated with weapon bearers, reunite with their families and reintegrate into their communities.

With Libya's transition derailed and the country in chaos, the ICRC was forced by the deteriorating security conditions to move its mobile staff temporarily to Tunis (Tunisia). Emergency-response operations continued to be carried out by national staff, often with the Libyan Red Crescent.

## ASIA

ICRC operations in Asia and the Pacific focused on responding to conflict-related needs and on deepening the organization's dialogue on humanitarian issues and approaches, for instance in China, India and Japan.

In Afghanistan, armed violence continued unabated, including during the lead-up to the elections. With casualty figures rising, the ICRC's third largest operation continued to carry out a range of activities for the most vulnerable people, including comprehensive support for the wounded and sick, amputees and detainees. In neighbouring Pakistan, December's attack on a Peshawar school once again spotlighted the plight of the population and the challenges faced in this context, where the ICRC has been supporting Pakistan Red Crescent Society efforts to respond to needs.

In Sri Lanka, the ICRC focused on the residual humanitarian needs caused by the past conflict; activities included helping vulnerable people in former conflict areas restore or preserve their income-generating capacities, visiting detainees, and addressing the needs of families of missing persons. In parts of Bangladesh, the Bangladesh Red Crescent and the ICRC helped ensure access to health care for people wounded in intercommunal or politically driven violence, and distributed emergency relief and cash grants where pertinent. In Myanmar, the Myanmar Red Cross Society and the ICRC continued to address the needs of people affected by intercommunal tensions and peaks of violence, providing medical or other assistance. Progress was made on visits to places of detention and support provided for the authorities' efforts to improve detainees' living conditions. In the Philippines, the ICRC, working in close coordination with its Movement partners, carried out emergency and early recovery activities throughout the year in response to the overwhelming needs resulting from Typhoon Haiyan, integrating the lessons learnt from the Typhoon Bopha operation a year before.

## EUROPE AND THE AMERICAS

The conflict in eastern Ukraine became a major concern for the ICRC, which scaled up its operations in the region and engaged in dialogue with all stakeholders to ensure access to the most vulnerable people, in particular as the onset of winter added another dimension to the crisis. The organization was unfortunately forced to put its activities on hold after the tragic death of a colleague in Donetsk, but was able to resume them towards the end of the year.

The prospects for peace in the Colombian conflict negotiations contrasted with the daily life of victims of a conflict that has spanned five decades. The ICRC, often with the Colombian Red Cross, responded to both urgent and longer-term needs, whether by ensuring remote areas had access to health services, assisting new and long-term IDPs, or aiding victims of sexual violence. It continued to play a key role in the release of hostages and in the peace dialogue, transporting negotiators from the Revolutionary Armed Forces of Colombia – People's Army (FARC-EP) in and out of Cuba, where the dialogue took place, and advising the negotiating parties on IHL-related issues.

Across the region, the ICRC carried out activities that addressed the humanitarian consequences of mass migration and the needs of the families of missing persons. Thousands lost their lives along migratory routes, whether through Central America or from North Africa and the Middle East to Europe. The ICRC worked with the National Societies at transit and destination points to

help family members re-establish contact, support the families of missing migrants and create awareness of the dangers and related preventive measures.

In parts of the Americas, the Caucasus and Central Asia, National Societies and the ICRC worked to address the humanitarian consequences of conflict or violence and to ensure access to basic services for populations living in tension-prone areas. Multidisciplinary activities were carried out for the families of missing persons in Central and South America, the Balkans and the Caucasus. Detainees, including those held at the US internment facility at Guantanamo Bay Naval Station in Cuba, received visits, and in several contexts benefited from improved living conditions brought about by cooperation between the ICRC and the detaining authorities.

The delegations in Brussels (Belgium), London (United Kingdom of Great Britain and Northern Ireland), Paris (France), Moscow (Russian Federation) and Washington (United States of America) pursued active dialogue and engagement with intergovernmental institutions and think tanks on high-profile conflicts and thematic issues.

## MIDDLE EAST

The ICRC's operation in Syria was its second-largest, in terms of expenditure, in 2014. The organization launched a budget extension mid-way through the year to support its activities in the country and in neighbouring Egypt, Iraq, Jordan and Lebanon. Millions of people in Syria were reached by ICRC and Syrian Arab Red Crescent teams, which worked with local water boards to ensure access to clean water for over 15 million people (almost 65% of the pre-conflict population), provided health and medical care, and delivered food and essential household items to around half a million people across the country each month, and increasingly across front lines. While the ICRC was able to visit some detainees, it continued to seek access to all detainees in the country, including those held by armed groups. People who fled to Egypt, Iraq, Jordan and Lebanon to escape the conflict received emergency assistance. In Iraq, which dealt with its own crisis linked to the escalation of the armed conflict between government forces and a network of armed groups, including the Islamic State group, the ICRC provided a range of services in favour of people displaced by the fighting, pursued regular visits to thousands of detainees and worked on cases of tens of thousands of persons missing from past conflicts involving Iraq.

In Yemen, the transition process broke down and fighting escalated across much of the country. The ICRC worked to respond to both ongoing emergency and longer-term needs. This included food distributions, water-trucking services, support for hospitals, primary health centres and physical rehabilitation centres, and improvements to water infrastructure. In its role as a neutral intermediary, the ICRC evacuated wounded people from Dammaj, Sa'ada, and engaged in dialogue with all the parties to ensure that medical facilities and personnel were not attacked.

In Israel and the occupied Palestinian territory, the ICRC was carrying out several programmes when the latest crisis hit the Gaza Strip, resulting in large-scale destruction, loss of life and injuries. The ICRC remained in the Gaza Strip, working alongside the Palestine Red Crescent Society, supporting hospitals, bringing in medical supplies and equipment, carrying out urgent repairs on water systems and electricity networks, and assisting tens of

thousands of IDPs. It documented the conduct of hostilities and made representations to the parties concerned. Once the crisis had ended, the ICRC began the enormous task of helping the people to rebuild their lives.

Delegations in a number of other contexts in this region – Egypt, the Islamic Republic of Iran, and Kuwait – carried out a range of activities and pursued dialogue on humanitarian priorities and approaches.

# ICRC OPERATIONS IN 2014: A FEW FACTS, FIGURES AND RESULTS

## PRESENCE

In 2014, the ICRC was present in more than 80 countries through delegations, sub-delegations, offices and missions. Its delegations and missions were distributed throughout the world as follows:

Africa	28
Asia and the Pacific	18
Europe and the Americas	31
Middle East	10

## FINANCE

ICRC expenditure in 2014			
In million	CHF	USD	EUR
Headquarters	197.1	216.3	162.3
Field	1,209.7	1,327.6	995.9
The sub-total comes to CHF 1,406.8 million, from which field overheads (CHF 73.6 million) must be deducted in order to reach the final total.			
<b>Final total</b>	<b>1,333.2</b>	<b>1,463.1</b>	<b>1,097.5</b>

Exchange rates: USD 1.00 = CHF 0.9112; EUR 1.00 = CHF 1.2147

10 largest operations in 2014 in terms of expenditure				
In million		CHF	USD	EUR
1	South Sudan	119.0	130.6	98.0
2	Syrian Arab Republic	108.9	119.5	89.7
3	Afghanistan	74.2	81.4	61.1
4	Iraq	73.5	80.6	60.5
5	Israel and the Occupied Territories	65.6	72.0	54.0
6	Congo, Democratic Republic of the	62.4	68.5	51.4
7	Somalia	60.7	66.6	50.0
8	Philippines	47.1	51.7	38.8
9	Mali	42.7	46.8	35.1
10	Central African Republic	35.4	38.9	29.2

Exchange rates: USD 1.00 = CHF 0.9112; EUR 1.00 = CHF 1.2147

## VISITS TO DETAINEES

ICRC delegates visited **800,891 detainees** held in **1,614 places of detention** in **92 contexts**; they included detainees held by or in relation to the decisions of **3 international courts/tribunals**. A total of **23,869** detainees were monitored individually (**829** women; **1,254** minors), of whom **14,195 detainees** (**563** women; **1,160** minors) were registered and visited for the first time in 2014.

With support provided by the ICRC, **10,525 detainees** benefited from **family visits**.

A total of **25,496** detention attestations were issued.

## RESTORING FAMILY LINKS

The ICRC collected **118,663** and distributed **99,974 RCMs**, thus enabling members of families separated as a result of armed conflict, unrest, migration or other circumstances to exchange news. Among these messages, **18,797** were collected from and **11,029** distributed to **detainees**. In addition, the ICRC facilitated **465,264 phone calls and video teleconference calls** between family members. The ICRC also made **25,172 phone calls** to

## PERSONNEL

The average number of ICRC staff in 2014 was as follows:

<b>Headquarters:</b>		<b>974</b>
<b>Field: mobile staff</b>		
	<i>Mobile staff</i>	1,585
	<i>National Society staff</i>	113
	<i>Resident staff on temporary mission</i>	51
	Field: resident staff	10,623
	<b>Field: total</b>	<b>12,372</b>
	<b>Final total</b>	<b>13,346</b>

families to inform them of the whereabouts of a detained relative visited by its delegates.

The ICRC registered **2,343 unaccompanied minors/separated children** (**691** girls), including **642 demobilized children** (**46** girls) during 2014. Once their families had been located and with the agreement of the children and their relatives, it organized the reunification of **949 children** (**275** girls) with their families. By the end of the year, the cases of **1,970 unaccompanied minors/separated children** (including **396 demobilized children**) were still being handled, which involved tracing their relatives, maintaining contacts between the children and their families, organizing family reunification and/or identifying other long-term solutions for the children concerned.

The ICRC established the **whereabouts of 4,414 people** for whom tracing requests had been filed by their families. The ICRC website [familylinks.icrc.org](http://familylinks.icrc.org) listed the **names of 39,967 people**, helping reconnect them with their relatives and friends. At the end of the year, the ICRC was still taking action to locate **54,081 people** (**5,279** women; **6,240** minors at the time of disappearance) at the request of their families.

The ICRC reunited **1,058 people** (including **949 minors**) with their families. It organized the **transfer or repatriation of 1,101 people**, including **38 detainees after their release**. It also organized the transfer or repatriation of **1,821 sets of human remains**. It issued **travel documents** that enabled **3,710 people** to return to their home countries or to settle in a host country.

It relayed **1,232 official documents** of various types between family members across borders and front lines.

## ASSISTANCE SUPPLIES

In 2014, the ICRC purchased or received as contributions in kind the following assistance supplies:		
Relief items		CHF 172 million
<b>Top 10</b>		
Relief kit – food parcel (good for 5 persons/1 month)	781,284 kits	
Relief kit – food parcel – canned food (good for 5 persons/1 month)	427,707 kits	
Food – cereals, rice	19,703,965 kilograms	
Food – oil	2,620,398 litres	
Food – pulses, beans	6,472,136 kilograms	
Relief kit – hygiene parcel (good for 5 persons/1 month)	487,562 kits	
Shelter – tarpaulin	284,544 units	
Relief kit – kitchen set	332,879 kits	
Shelter – blanket	1,903,318 units	
Shelter – bed mattress	382,728 units	
Medical and physical rehabilitation items		CHF 25 million
Water and habitat items		CHF 32 million
	<b>TOTAL</b>	<b>CHF 229 million</b>
		<b>USD 251 million</b>
		<b>EUR 188 million</b>

Exchange rates: USD 1.00 = CHF 0.9112; EUR 1.00 = CHF 1.2147

## ECONOMIC SECURITY

During the year, ICRC activities to ensure economic security, many times implemented together with host National Societies, directly benefited households and communities in **52 countries/territories** worldwide. Some **9,128,800 IDPs, returnees, residents** (in general, people living in rural areas and/or areas difficult to reach owing to insecurity and/or lack of infrastructure) and **people deprived of their freedom** received aid in the form of **food**, and **4,263,288** in the form of **essential household and hygiene items**. Around **85%** and **71%** of the beneficiaries of food and essential household and hygiene items respectively were **IDPs**, around **30%** and **29%** respectively were **women** and around **41%** and **37%** respectively **children**. At least **3,294,742 people** (of whom around **14%** were **IDPs**) received **productive inputs** that they used to spur food production or generate income. Some **660,310 people** received **cash**, mainly as a form of livelihood support – for example, in exchange for communal works or as capital to pursue micro-economic initiatives – or to help them cover their basic expenses. Assistance in the form of **work, services and training** helped some **1,877,945 people** boost their livelihood opportunities.

## WATER AND HABITAT

In 2014, ICRC mobile and resident engineers and technicians were involved in water, sanitation and construction projects in **55 countries/territories**. These projects catered for the needs of some **26,218,811 people** worldwide (**IDPs, returnees, residents** – in general, people living in rural areas and/or areas difficult to reach owing to insecurity and/or lack of infrastructure – and **people**

A total of **822,667 people** contacted ICRC offices worldwide for services or advice regarding issues related to protection and family links.

## ASSISTANCE

In 2014, the ICRC ran assistance programmes in **73 countries/territories**. The bulk of the work was carried out in Afghanistan, the Central African Republic, the Democratic Republic of the Congo, Iraq, Israel and the occupied territories, Jordan, Lebanon, the Philippines, Somalia, South Sudan, the Syrian Arab Republic, Ukraine and Yemen.

**deprived of their freedom**). Around **30%** and **40%** of the beneficiaries were **women** and **children** respectively.

## HEALTH-CARE SERVICES

During the year, the ICRC regularly or occasionally supported **441 hospitals** and **415 primary health-care centres** around the world. An estimated **6,179,641 people** (**29%** women; **54%** children) benefited from services at these facilities.

Some **28,551 weapon-wounded** and **85,062 non-weapon-wounded** surgical patients were admitted to hospitals receiving ICRC support in **33 countries/territories**, where some **101,174 surgical operations** were performed. At these hospitals, more than **285,999 other patients** were admitted, including **137,371 women** and girls receiving **gynaecological/obstetric care**. Some **1,581,836 people** were treated as **outpatients**, and **2,442 people** had their **treatment paid for** by the ICRC. The ICRC supported **74 first-aid posts** located near combat zones, which provided emergency treatment, mainly for weapon-wounded patients.

**Community health** programmes were implemented in **31 countries**, in many cases with National Society participation. Out of **2,692,636 curative and ante/post-natal consultations**, **35%** were for **women** and **43%** were for **children**.

Health in detention activities were carried out in **43 countries/territories**.

## CARE FOR THE DISABLED

A total of **318,363 patients** (including **63,998 women** and **99,081 children**) benefited from physical rehabilitation services at **110 centres** receiving ICRC support in **30 countries/territories**. A total of **8,233 new patients** were fitted with **prostheses** and **36,887** with **orthoses**. The centres produced and delivered **20,145 prostheses** (including **2,798** for women and **1,524** for children; **6,543** for mine victims) and **74,104 orthoses** (including **12,470** for women and **42,653** for children; **279** for mine victims). In addition, **4,495 wheelchairs** and **38,238 crutches and walking sticks** were distributed, most of them locally manufactured. Training for local staff was a priority in order to ensure sustainable services for patients.

## WEAPON CONTAMINATION

Throughout the year, the Weapon Contamination Unit provided operational support to delegations, National Societies and political authorities in **23 contexts (19 delegations)**. The Unit also worked with the UN and NGOs to further develop and strengthen international mine-action standards and coordination.

## FORENSIC SERVICES

During 2014, the ICRC offered forensic assistance to more than **80 countries** in all regions, to help ensure the proper and dignified management of the dead and to help prevent and resolve cases of missing persons, including in emergencies. Activities consisted primarily in promoting and supporting the implementation of forensic best practice for the proper and dignified recovery, management and identification of human remains in armed conflict, other situations of violence and natural disasters; and for the collection, analysis and management of forensic information. In addition, a variety of internal and external training, dissemination and networking activities, including for National Societies, were conducted to build countries' capacities to deal with the problem and to raise general awareness of the issue.

## ICRC COOPERATION WITH NATIONAL SOCIETIES

The aim of the ICRC's cooperation with National Societies is twofold: 1) to strengthen operational relationships with host National Societies (National Societies working in their own countries) to improve their activities for people affected by armed conflict and other situations of violence, and 2) to strengthen their capacities overall.

In the vast majority of the countries where it operates, the ICRC does so in partnership with host National Societies and with the support of National Societies working internationally.

## STATE PARTICIPATION IN IHL TREATIES AND DOMESTIC IMPLEMENTATION

The ICRC continued to develop an active dialogue with national authorities worldwide in order to promote accession to IHL treaties and their domestic implementation. It provided legal and technical advice to governments, and encouraged and supported them in their endeavours to establish national interministerial committees entrusted with the national implementation of IHL. In 2014, **4 new national committees were created** (in Bahrain, Bangladesh, Iraq and Slovenia), bringing the total number worldwide to 107.

The ICRC organized, or contributed to, **22 regional events** in relation to IHL and its implementation into domestic law, which were attended by some 880 people from 100 countries.

This work contributed to **96 ratifications of IHL treaties** (including 1 of the 1949 Geneva Conventions, 1 of Additional Protocol I, and 4 of Additional Protocol III) by 69 countries or entities. In addition, 24 countries adopted **44 pieces of domestic legislation** to implement various IHL treaties, and many prepared draft laws on other related topics.

## RELATIONS WITH WEAPON BEARERS

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

- ▶ 35 specialized ICRC delegates conducted or took part in more than **1,200 courses, workshops, round-tables and exercises** involving some **45,000 military, security and police personnel** in more than 160 countries; more than 60 military officers from 34 countries received ICRC scholarships to attend **12 military courses** on IHL in San Remo, Italy
- ▶ **77 general and senior officers** from 62 countries attended the Senior Workshop on International Rules Governing Military Operations in Xi'an, China
- ▶ the ICRC maintained relations with the armed forces in more than 150 countries and engaged in dialogue with 200 armed groups in some 50 contexts
- ▶ specialized delegates in Africa, Asia, Europe, and North America represented the ICRC and observed the implementation of IHL or international human rights law during some 28 international military exercises

## RELATIONS WITH ACADEMIC CIRCLES

Over **400 universities** in more than **100 countries** received support for the teaching of IHL while, outside the classroom, individual professors participated in the development, implementation and promotion of the law. Over **60 delegations** provided training to university lecturers, co-organized seminars, supported student competitions and stimulated academic debate on how to improve respect for the law.

In 2014, the ICRC organized or co-organized:

- ▶ 7 regional and international IHL training seminars for academics (2 in Africa; 2 in Asia and the Pacific; 1 in Europe and the Americas; 2 in the Middle East), involving over 200 professors, lecturers and graduate students
- ▶ an intensive IHL training course for humanitarian practitioners in Belgium for 21 competitively selected senior practitioners and policy-makers
- ▶ 3 regional IHL competitions for students (1 in Africa; 2 in Asia and the Pacific), involving some 150 students and lecturers
- ▶ the annual Jean-Pictet Competition on IHL, involving 46 student teams from around the world

In addition:

- ▶ the *International Review of the Red Cross*, a peer-reviewed academic journal published by the ICRC and Cambridge University Press, produced 4 issues on the following topics: the scope of the law, sexual violence in armed conflict, and generating respect for the law (volumes I and II)



- ▶ 4,000 copies of the journal were printed, with selected articles translated into Arabic, Chinese, French, Russian and Spanish, and distributed in over 73 countries around the world. The main readership of the journal includes lawyers, military experts, academics, humanitarian practitioners and policy-makers.

## SUPPORTING IHL EDUCATION IN SCHOOLS

After 15 years of active involvement in the domain of youth education, the ICRC resolved to hand over the lead of such programmes to education authorities and National Societies. In Latin America, the ICRC continued to assist the national authorities in running humanitarian education programmes as part of an integrated response to the consequences of urban violence.

In 2014:

- ▶ the Exploring Humanitarian Law Virtual Campus was closed. A web page was created to make ICRC educational manuals and material available to the public.
- ▶ the ICRC continued to address the consequences of urban violence affecting young people in Latin America, through contextualized school-based projects run in partnership with education authorities and National Societies – in Honduras, in Medellín (Colombia), and in Ciudad Juárez, Guerrero and Valle de Juárez (Mexico) – all aimed at fostering a humanitarian space in and around schools.
- ▶ the ICRC worked together with the International Federation and several National Societies to consolidate the “Humanitarian Education Platform” launched during the 2013 Council of Delegates in Sydney, Australia. Originally co-founder of the initiative, the ICRC handed over the lead to the International Federation and the associated National Societies in 2014.

## PUBLIC COMMUNICATION

In 2014, the ICRC’s humanitarian concerns and activities continued to be widely covered by media worldwide. According to the Factiva database, which compiles print and online media sources worldwide, the ICRC was **mentioned about 20,000 times**.

The ICRC produced **55 new print or electronic publications and 144 audiovisual products**, including 29 video news items, representing a 32% increase on the previous year. The ICRC’s news footage was carried by over 280 channels worldwide, including Al Jazeera, BBC World television and China Central Television.

The ICRC distributed some **411,000 publications and copies of films** from Geneva, Switzerland, to clients worldwide.

The ICRC website received some **16 million page views** in total, roughly the same as in 2013.

Interest in the ICRC’s social media platforms grew significantly: the number of ‘likes’ for the Facebook page reached 570,000; the number of followers of the ICRC’s six main Twitter accounts reached 310,000; and ICRC videos were viewed over 750,000 times on YouTube.

## INFORMATION AND DOCUMENTATION MANAGEMENT AND MULTILINGUAL COMMUNICATION

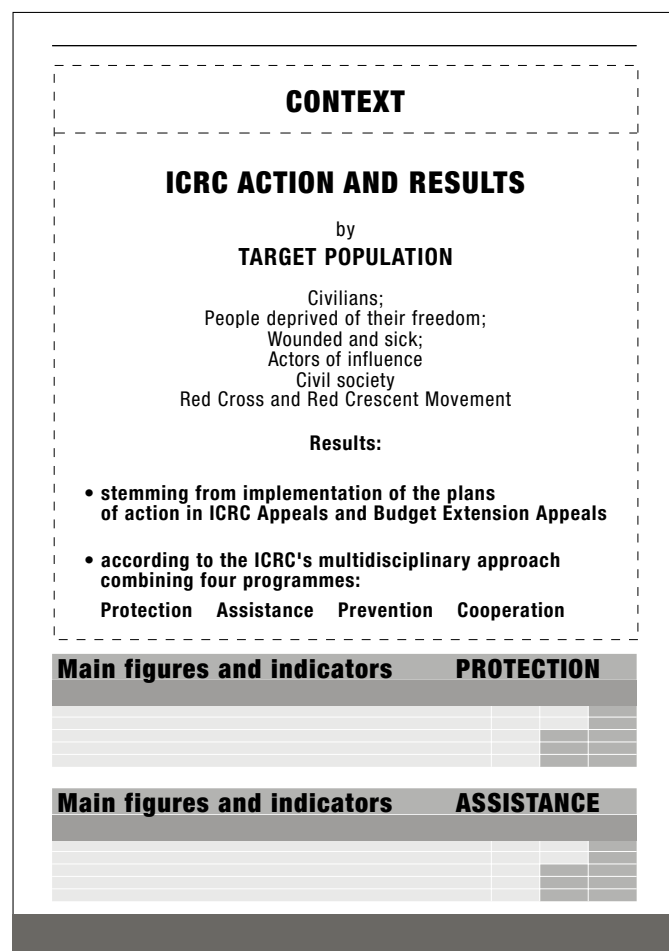
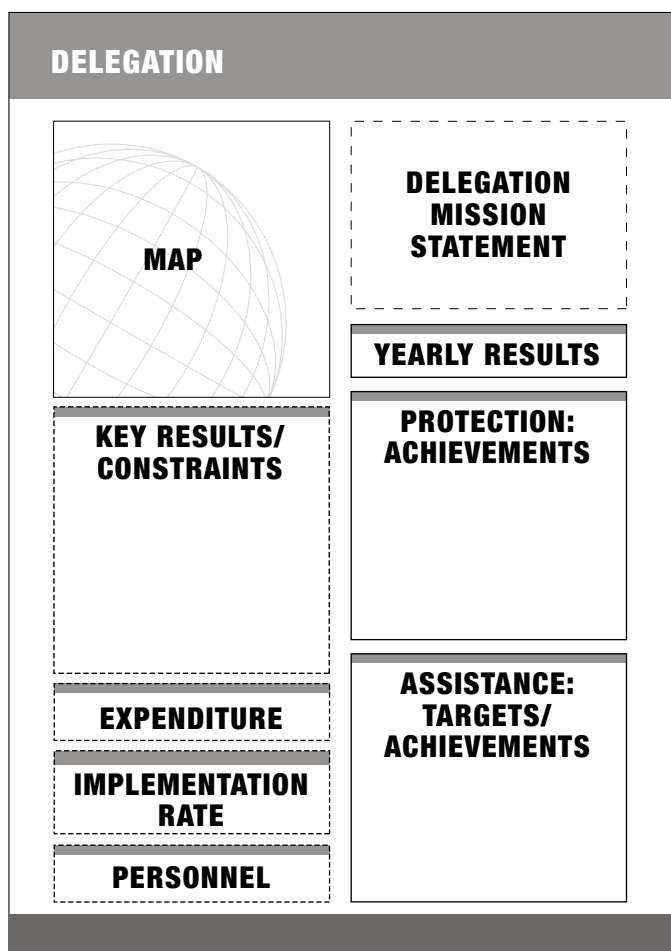
The ICRC’s Archive and Information Management Division managed more than **20 linear kilometres of archival records** and a collection of over **25,000 books and articles, 300 journals, 800,000 photos**, including 125,000 in digital format, about 6,500 films comprising around **2,000 hours of video footage**, and 20,000 digital sound files. In 2014, it received **2,200 visitors** and handled more than **2,500 requests** from National Societies, NGOs, academia, government departments and the media.

The Division also handled more than 2,200 requests from victims of past armed conflicts and responded to some 600 internal research requests.

ICRC headquarters received 164 groups totaling about **4,360 people** (university students: 58.9%; National Society staff and volunteers: 11.2%; representatives of the diplomatic community: 8.7%; members of armed forces: 4.4%; the private sector: 9.2%; secondary school and vocational training students: 5%; and NGOs and religious groups: 2.6%).

More than 10 million words were translated, edited and proofread by translators and editors working for or contracted by the ICRC through its language service.

# USER GUIDE: LAYOUT OF DELEGATION SECTIONS



The sections on each of the field delegations and missions in the *Annual Report* have been formatted to facilitate reader access to the information they contain. Each section comprises the following elements:

1. **Map:** the country or region showing the ICRC's presence during the year; the maps in this publication are for information purposes only and have no political significance
2. **Delegation:** the State(s), geographical areas, and/or political entities covered by the ICRC's presence
3. **Mission statement:** the ICRC's reasons for being in the country or region and its main activities there
4. **Yearly results:** the level of achievement of the ICRC's objectives and plans of action
5. **Key results/constraints:** up to six major achievements or examples of progress made by the ICRC or constraints it faced in meeting its humanitarian objectives in a given context
6. **Protection:** a table providing key indicators regarding activities for restoring/maintaining family links and for people deprived of their freedom
7. **Assistance – targets and achievements:** a table juxtaposing targeted beneficiary numbers or other result indicators (as presented in ICRC appeals) against those achieved during the reporting period
8. **Expenditure:** total, and by programme
9. **Implementation rate:** expenditure divided by yearly budget multiplied by 100 (indicator)
10. **Personnel:** the average number of mobile and resident staff employed over the course of the year
11. **Context:** the main developments in a given context and how these have affected people of concern to the ICRC; this segment highlights the elements that the ICRC takes into consideration when analysing the situation to carry out its humanitarian action
12. **ICRC action and results:** a summary of the ICRC's action and results in the given context followed by a more detailed description of this action and the results by target population
13. **ICRC action and results – by target population:** a description of the ICRC's action and the results by target population
14. **Main figures and indicators:** two tables providing key output and outcome figures relating to ICRC protection and assistance programmes in a given context

# USER GUIDE: YEARLY RESULTS

The ICRC aims to ensure that people in need of protection and assistance in armed conflict and other situations of violence receive effective and relevant support, in fulfilment of the organization's mandate and of its responsibility to use donor funds optimally; thus the ICRC employs result-based management, a structured approach that focuses on the desired and expected results for the beneficiaries throughout the management cycle.<sup>1</sup> A central element of this approach is the ICRC's yearly planning and regular monitoring and review of its activities and achievements and of the needs of the people affected through updated or new assessments. This process is structured according to the ICRC's corporate management framework, which describes ICRC programmes and target populations.<sup>2</sup> In particular, during the yearly planning exercise, specialists and

managers in the field and at headquarters assess and analyse all ICRC operations, reviewing the progress made in terms of project implementation and the results achieved against the objectives defined during the previous year's planning exercise. On this basis, the ICRC appraises its yearly performance in each operation and defines new plans for the year to come.

The present report provides the outcomes of these appraisals made exclusively according to the objectives and plans of action defined for each context/delegation for the year concerned.

Success in achieving the objectives and plans of action are evaluated using the scale below:



The score provided for the yearly results of each context/delegation is the response to the following questions: **What is the level of achievement of the ICRC's objectives and plans of action for the given year? To what extent did the ICRC implement its plans of action as defined in its appeals?** These objectives and plans of

action are presented in the yearly appeals and budget extension appeals to donors. Scores, therefore, are not based on the global humanitarian situation in the context or on the institutional ambition the ICRC may, could or should have had in that context.

<sup>1</sup> See in the present report *The ICRC's operational approach to result-based management: improving humanitarian action*

<sup>2</sup> See in the present report *ICRC management framework and descriptions of programmes*

# USER GUIDE: FIGURES AND INDICATORS – EXPLANATIONS

## INTRODUCTION

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

- ▶ for each context section, when relevant:
  - **key figures** for each programme are provided on the front page
  - **summary tables** by programme are available at the end of the section – e.g. Afghanistan or Caracas (regional)
  - additional tables may be included within a context report with specific disaggregated indicators that are relevant to the operations in that context
- ▶ the section introducing each geographical entity (Africa, Asia and the Pacific, Europe and the Americas, and Middle East) includes:
  - **key figures** for each programme for all contexts covered by the **geographical entity** on the front page
  - **summary tables** of the programmes for all contexts covered by the **geographical entity** at the end of the section
- ▶ at the end of the operational sections, the section “Figures and indicators” provides comprehensive **worldwide summary tables**

The sub-sections below list the indicators and their definitions. Where relevant, these indicators are used in the aforementioned sections and tables.

It must be noted, however, that these figures and indicators do not capture the full extent of the ICRC’s action, results and priorities. Collecting, interpreting and managing data in contexts as diverse and volatile as those the ICRC is active in is particularly difficult to prioritize, if not impossible to undertake. Factors such as cultural and/or State-imposed restrictions (e.g. government policies against providing data on health-care activities or gender-specific breakdowns of beneficiaries); inaccessibility due to conflict, violence or other crises; adverse environmental conditions; and internal constraints may be barriers to such efforts. Some types of support, including ad hoc assistance given to health centres or hospitals during emergencies, are not always included in the count of structures supported. Moreover, other types of support and results are simply impossible to quantify in figures; however, their relevance should not be discounted: for example, the precise impact of dialogue with different authorities or weapon bearers or the multiplier effect of training initiatives cannot be reflected in numbers.

## PROTECTION FIGURES AND INDICATORS

### GENERAL

#### Child / minor

a person under 18 or under the legal age of majority

#### Girl

a female person under 18 or under the legal age of majority

#### Woman

a female person aged 18 or above the legal age of majority

#### Basis for the figures

all figures – except for *detainees visited* – are precise and are based on registrations, counting or recorded activities carried out by the ICRC or the ICRC’s partners, mainly National Societies; figures for *detainees visited* are based on figures provided by the detaining authorities.

## RESTORING FAMILY LINKS

### RED CROSS MESSAGES (RCMs)

#### RCMs collected

the number of RCMs collected, regardless of the destination of the RCM, during the reporting period

#### RCMs distributed

the number of RCMs distributed, regardless of the origin of the RCM, during the reporting period

### OTHER MEANS OF FAMILY CONTACT

#### Phone calls facilitated between family members (by cellular or satellite phone)

the number of calls facilitated by the ICRC between family members

#### Phone calls made to families to inform them of the whereabouts of a detained relative

the number of calls made by the ICRC to inform families of the whereabouts of a detained relative

#### Names published in the media

the number of names of people – those sought by their relatives or those providing information about themselves for their relatives – published in the media (e.g. newspaper or radio broadcast)

#### Names published on the ICRC website

the number of names of people – those sought by their relatives or those providing information about themselves for their relatives – published on the ICRC’s family-links website (familylinks.icrc.org)

### REUNIFICATIONS, TRANSFERS AND REPATRIATIONS

#### People reunited with their families

the number of people reunited with their families under the auspices of the ICRC during the reporting period

#### Civilians transferred/human remains transferred

the number of civilians or remains, not including those in the context of detention, transferred by the ICRC during the reporting period

#### Civilians repatriated/human remains repatriated

the number of civilians or remains, not including those in the context of detention, whose repatriation was facilitated by the ICRC during the reporting period

### TRACING REQUESTS<sup>1</sup>

#### People for whom a tracing request was newly registered

the number of people for whom tracing requests were initiated by their families during the reporting period, including because there had been no news of them, they could not be located using RCMs, or they were presumed to have been arrested and/or detained

1. All cases of people whose fates are unknown either to their families or to the ICRC, and for whom the ICRC is going to undertake some kind of action to clarify their fate or to confirm their alleged fate; these can include allegations of arrest and co-detention, and tracing requests collected following unsuccessful attempts to restore family links by other means

### **Tracing requests closed positively**

the number of people for whom tracing requests had been initiated and who were located or whose fates were established (closed positively) during the reporting period

### **Tracing requests still being handled at the end of the reporting period**

the number of people for whom tracing requests were still open and pending at the end of the reporting period

## **UNACCOMPANIED MINORS (UAMs)<sup>2</sup>/SEPARATED CHILDREN (SCs)<sup>3</sup>/DEMobilized CHILD SOLDIERS**

### **UAMs/SCs/demobilized child soldiers newly registered**

the number of UAMs/SCs/demobilized child soldiers registered by the ICRC or the National Society during the reporting period, and whose data are centralized by the ICRC

### **UAMs/SCs/demobilized child soldiers reunited with their families**

the number of UAMs/SCs/demobilized child soldiers reunited with their families by the ICRC or the National Society

### **Cases of UAMs/SCs/demobilized child soldiers still being handled at the end of the reporting period**

the number of UAMs/SCs/demobilized child soldiers whose cases were opened but who had not yet been reunited by the ICRC or the National Society concerned or by another organization during the reporting period – these include cases concerning children whose parents were being sought or had been found but with whom the children had not yet been reunited

## **DOCUMENTS ISSUED**

### **People to whom travel documents were issued**

the number of individuals to whom the ICRC issued travel documents during the reporting period

### **People to whom a detention attestation was issued**

the number of people who received documents testifying to their detention, according to ICRC records of visits, during the reporting period

### **Official documents relayed between family members across borders/front lines**

the number of documents – e.g. passports, power of attorney documents, death certificates, birth certificates, marriage certificates, and tracing requests (other than detention attestations) – forwarded or transmitted during the reporting period

## **PEOPLE DEPRIVED OF THEIR FREEDOM**

### **Detainees visited**

during the reporting period, the number of detainees visited, whether monitored individually or otherwise, including detainees seen and registered for the first time; those registered previously and visited again; those not revisited, but who remain of ICRC concern; and groups that received aid collectively without being registered individually

### **Detainees visited and monitored individually**

the number of detainees visited and monitored individually – those seen and registered for the first time and those registered previously and visited again during the reporting period

### **Detainees newly registered during the reporting period**

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

### **Number of visits carried out**

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

### **Number of places of detention visited**

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

### **Detainees benefiting from the ICRC's family-visits programme**

the number of detainees who were visited by a relative via an ICRC-organized or -financed visit during the reporting period

### **Detainees released and transferred/repatriated by/via the ICRC**

the number of detainees whose transfer or repatriation was facilitated by the ICRC

## **INTERNATIONAL ARMED CONFLICT (THIRD GENEVA CONVENTION)**

### **Prisoners of war (POWs) visited**

the number of POWs visited and monitored individually during the reporting period

### **POWs newly registered during the reporting period**

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

### **POWs released during the reporting period**

the number of POWs released during the reporting period

### **POWs repatriated by/via the ICRC**

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

### **Number of visits carried out**

the number of visits to POWs carried out during the reporting period

### **Number of places visited**

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

## **INTERNATIONAL ARMED CONFLICT (FOURTH GENEVA CONVENTION)**

### **Civilian internees (CIs) and others visited**

the number of CIs and other persons protected by the Fourth Geneva Convention who were visited and monitored individually during the reporting period

### **CIs and others newly registered during the reporting period**

the number of CIs and other persons protected by the Fourth Geneva Convention who were visited for the first time since the

2. A child under 18 or under the legal age of majority separated from both parents and from all other relatives and not being cared for by an adult who, by law or custom, is responsible for doing so

3. A child under 18 or under the legal age of majority separated from both parents or from his/her previous legal caregiver but accompanied by another adult relative



start of their internment and monitored individually during the reporting period

#### **CIs and others released**

the number of CIs and other persons protected by the Fourth Geneva Convention who, as per information received from various credible sources, were released – including those transferred or repatriated under the auspices of the ICRC upon release – during the reporting period

#### **Number of visits carried out**

the number of visits carried out to places holding or having held CIs and other persons protected by the Fourth Geneva Convention during the reporting period

#### **Number of places visited**

the number of places holding or having held CIs and other persons protected by the Fourth Geneva Convention visited during the reporting period

## **ASSISTANCE FIGURES AND INDICATORS**

### **GENERAL**

#### **Women**

female persons aged 15 and above

#### **Men**

male persons aged 15 and above

#### **Girls**

female persons under the age of 15

#### **Boys**

male persons under the age of 15

#### **Basis for the figures**

- ▶ depending on the environment and circumstances of the context concerned, as well as on the activities implemented or services delivered/supported, beneficiary figures are based either on ICRC-monitored registrations (of individuals or households) or on estimates made by the ICRC or provided by credible secondary sources (e.g. the communities, authorities, published official figures, other humanitarian organizations); whenever possible, triangulations are systematically used when the figures are based on estimates and secondary sources
- ▶ in the field of *economic security*, beneficiary numbers for *cash*, *vouchers* and *work, services and training* are usually based on the registration of individuals; the numbers of beneficiaries of *food, essential household items* and *productive inputs* are based on ICRC estimates as such beneficiaries are not systematically registered
- ▶ in the field of *water and habitat*, beneficiary numbers are based mainly on ICRC estimates and credible secondary sources
- ▶ in the field of *health*, beneficiary numbers are based mainly on figures provided by local health authorities and health teams in charge of health facilities; figures related to health facilities regularly supported are based on reliable records
- ▶ in the field of *physical rehabilitation*, the numbers of beneficiaries and devices are based on the registration of individuals and the counting of units/devices provided

#### **Target figures**

For each context, a table juxtaposes the achieved beneficiary numbers or other result indicators for the target populations

*Civilians and Wounded and sick* against the initial targets set by delegations during the planning process in the middle of the previous calendar year (for the entirety of the next year) or ad hoc planning processes during the year itself, in emergency cases.

Targets are indicated in the section *Main targets for 20XX* of ICRC appeals to donors. These only include what can be defined in advance. During the planning process, delegations use standard averages for the number of individuals per household; these figures may be found to be lower than the actual household sizes once the activities are implemented. Delegations also cannot specifically predetermine the number of health and medical facilities that will receive medical materials on an ad hoc basis, in response to emergencies; hence, targets only include regularly supported health centres and hospitals. Similarly, delegations face limitations in precisely classifying beneficiaries or the exact type of assistance they will receive. For example, they may establish targets for emergency relief, such as *food/essential household items*, and record beneficiaries accordingly during their planning. However, the circumstances during the delivery of the assistance could make it more appropriate to provide the relief through *cash* or *vouchers*, with which these commodities may be procured. Moreover, while delegations may count beneficiaries under *productive inputs* during their planning, beneficiaries may instead receive livelihood support by way of *cash* or *work, services and training* during project implementation, according to what best suits their needs and capacities, and the situation. Even then, some eventual beneficiaries of *cash* or *work, services and training* are not always included in the targets defined for those categories. This may be because cash allowances and training are often provided as complements to *productive inputs* (e.g. beneficiaries of farming equipment will also receive training on how to operate them; donations of livestock may come with financial support for veterinary services). Despite efforts to harmonize definitions and data entry, operational constraints or differences in interpretation may also affect the results presented.

Major differences between targets and achievements – both when targets are not met or are exceeded – highlight the difficulty of precisely foreseeing needs and implementing humanitarian responses, as the dynamics of instability, security and access, as well as operational capacities, shift very rapidly during the year. These changes may prompt delegations to adapt their approaches – initiating, rescaling, or cancelling certain activities, as appropriate – to the prevailing conditions. The narrative report provides, explicitly or implicitly, information explaining major differences.

### **ECONOMIC SECURITY BENEFICIARIES**

**Note:** the number of beneficiaries of each type of commodity/service cannot be cumulated as some people may have benefited from more than one type of commodity/service during the reporting period. This is typically the case with beneficiaries of micro-economic initiatives, who usually receive a combination of different commodities.

#### **Beneficiaries of food commodities**

per population group, the number of individuals who have received one or more food items at least once during the reporting period; this number includes people who have benefited from food as compensation for work they carried out, for example, on community projects; food items distributed typically include rice, wheat flour, maize, beans, oil, sugar, salt and, sometimes, canned food and ready-to-use therapeutic or supplementary food

### **Beneficiaries of essential household items**

per population group, the number of individuals who have received one or more essential household items at least once during the reporting period; items distributed typically include tarpaulins, blankets, basic clothing, kitchen sets, hygiene kits, soap, jerrycans and mosquito nets

### **Beneficiaries of productive inputs**

per population group, the number of individuals who have, at least once during the reporting period, received one or more agricultural, veterinary or other livelihood inputs (e.g. fertilizer, animal vaccines, seed, tools, fishing boats, equipment) or other type of material assistance for micro-economic initiatives (e.g. for carpentry, welding, food processing, trade)

### **Beneficiaries of cash**

per population group, the number of individuals who have benefited from cash assistance at least once during the reporting period; this number includes those who have received cash grants, either as a form of relief assistance or for launching micro-economic initiatives, and those who have received cash in exchange for work they carried out, for example, on community projects

### **Beneficiaries of vouchers**

per population group, the number of individuals who have benefited from assistance provided in the form of vouchers to be exchanged for specified commodities, services or training, at least once during the reporting period

### **Beneficiaries of work, services and training**

per population group, the number of individuals who have benefited at least once during the reporting period from services (e.g. agricultural services, such as tractor ploughing, or veterinary support, such as animal vaccinations) or occupational training that helped them pursue their livelihoods

## **WATER AND HABITAT BENEFICIARIES**

One beneficiary is one person who has benefited from a water and habitat project at least once over the course of the reporting period. A person who has benefited from a project several times is counted only once.

For recurrent projects like water-trucking or the regular provision of material (chlorine, spare parts, etc.), beneficiaries are counted only once.

### **Civilians**

this population group includes residents, IDPs, returnees and, in some cases, refugees

### **IDPs (included in the category “civilians” above)**

this population comprises people who have had to leave their normal place of residence, but have remained in their own country, living in spontaneous settlements, in camps or hosted by relatives, friends or other residents

### **People deprived of their freedom**

the number of detainees in the structures supported

### **Wounded and sick**

the number of beds in the structures supported

## **TYPES OF SERVICES**

### **Water and habitat structures for all population groups**

this comprises the following types of projects: wells, boreholes, springs, dams, water-treatment plants, latrines, septic tanks and sewage plants built or repaired; vector control activities and in-house rehabilitation support

### **Water and habitat structures for civilians**

this comprises the following types of projects: temporary settlements (shelter), site planning and rehabilitation of dispensaries and health centres or posts

### **Water and habitat structures for people deprived of their freedom**

this comprises the following types of projects: rehabilitation of prisons and detention centres, especially kitchen facilities

### **Water and habitat structures for the wounded and sick**

this comprises the following types of projects: hospitals and physical rehabilitation centres built or repaired

## **HEALTH SERVICES**

It should be noted that in a number of contexts, data about patients and health activities cannot be provided or are only provided in part. The main reasons include the lack of proper data collection systems at facility level and difficulties in transmitting information from the facility to the central level and/or the ICRC – both of which result in invalid or incomplete information; for facilities regularly supported, the ICRC endeavours to help local teams establish data management systems to address these deficiencies. In some cases, restrictions by the authorities may limit the types of data made available to the ICRC or the organization’s ability to make further use of the information.

## **COMMUNITY HEALTH / BASIC HEALTH CARE FOR RESIDENTS, IDPs, RETURNEES AND REFUGEES**

### **Monthly average of health centres supported**

the number of health facilities supported, on average, per month

### **Health centres supported**

the total number of health facilities supported; target figures only include regularly supported health facilities

### **Average catchment population**

the estimated number of people covered by these health centres, on average, per month

### **Activities**

beneficiaries are registered and tallied based on the particular service they receive (e.g. ante/post-natal consultation, immunization, curative consultation)

### **Immunization activities**

the number of doses administered

### **Polio immunizations**

the number of polio doses administered during the campaigns; this number is included in the total number of immunization activities

## **HOSPITAL SUPPORT – WOUNDED AND SICK**

### **Monthly average of hospitals supported**

the number of hospitals supported, on average, per month

### **Patients whose treatment was paid for by the ICRC**

the number of patients whose consultation, admission and/or treatment fees are regularly or occasionally paid for by the ICRC

### **Hospitals supported**

the total number of hospitals supported; target figures only include regularly supported hospitals

### **Inpatient activities**

the number of beneficiaries registered and tallied based on the particular service they have received (surgical, medical, gynaecological/obstetric)

### **Outpatient activities**

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

### **Patients admitted with injuries caused by mines or explosive remnants of war**

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

### **Operations performed**

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

## **PEOPLE DEPRIVED OF THEIR FREEDOM**

### **Number of visits carried out by health staff**

the number of visits by health staff who are part of the ICRC visiting team or visits made by health staff for medical issues to people deprived of their freedom

### **Number of places of detention visited by health staff**

the number of places of detention visited by health staff part of the ICRC visiting team or visited by health staff for medical issues to people deprived of their freedom

## **PHYSICAL REHABILITATION**

### **Centres supported**

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

### **Patients receiving services at the centres**

the number of patients (amputees and non-amputees) who received services at the centres during the reporting period, including both new and former patients who came for new devices, repairs (to prostheses, orthoses, wheelchairs, walking aids) or physiotherapy

### **Amputees receiving services at the centres**

the number of amputees who received services at the centres during the reporting period – both new and former patients who came for new devices, repairs (to prostheses, orthoses, wheelchairs, walking aids) or physiotherapy

### **New patients fitted with prostheses (new to the ICRC)**

the number of new patients who received prostheses during the reporting period – both those fitted for the first time and patients who had previously received prostheses from a centre not assisted by the ICRC

### **Prostheses delivered**

the total number of prostheses delivered during the reporting period

### **Prostheses delivered to mine victims**

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

### **Non-amputees receiving services at the centres**

the number of non-amputees who received services at the centres during the reporting period – both new and former patients who came for new devices, repairs (to prostheses, orthoses, wheelchairs, walking aids) or physiotherapy

### **New patients fitted with orthoses (new to the ICRC)**

the number of new patients who received orthoses during the reporting period – both those fitted for the first time and patients who had previously received orthoses from a centre not assisted by the ICRC

### **Orthoses delivered**

the total number of orthoses delivered during the reporting period

### **Orthoses delivered to mine victims**

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

### **Patients receiving physiotherapy at the centres**

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

### **Mine victims receiving physiotherapy at the centres**

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

### **Crutches and sticks delivered (units)**

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

### **Wheelchairs delivered**

the number of wheelchairs delivered during the reporting period



# AFRICA

## KEY RESULTS/CONSTRAINTS

### In 2014:

- ▶ conflict-stricken people received ICRC aid despite constraints linked to: insecurity in Libya, Mali and Somalia, logistical difficulties in South Sudan; and government-imposed restrictions in some contexts
- ▶ following surges in fighting – particularly in Nigeria and the Lake Chad region, South Sudan and, to a lesser extent, Mali – more people than initially planned received food in the form of ICRC-provided rations
- ▶ weapon-wounded people and victims of abuse, including sexual violence, received specialized treatment from ICRC surgical teams, ICRC-supported facilities and counselling services in some countries
- ▶ vulnerable households, including those headed by women, built their resilience to the effects of conflict and climate change, using seed, free livestock services and infrastructure provided/upgraded by the ICRC
- ▶ people held in relation to conflict by national/international forces and armed groups, notably in the Central African Republic, the Democratic Republic of the Congo, Mali and South Sudan, received ICRC visits
- ▶ States and regional bodies advanced the implementation of IHL treaties – 5 countries ratified the Arms Trade Treaty – and organized regional events to foster greater understanding of specialized IHL topics

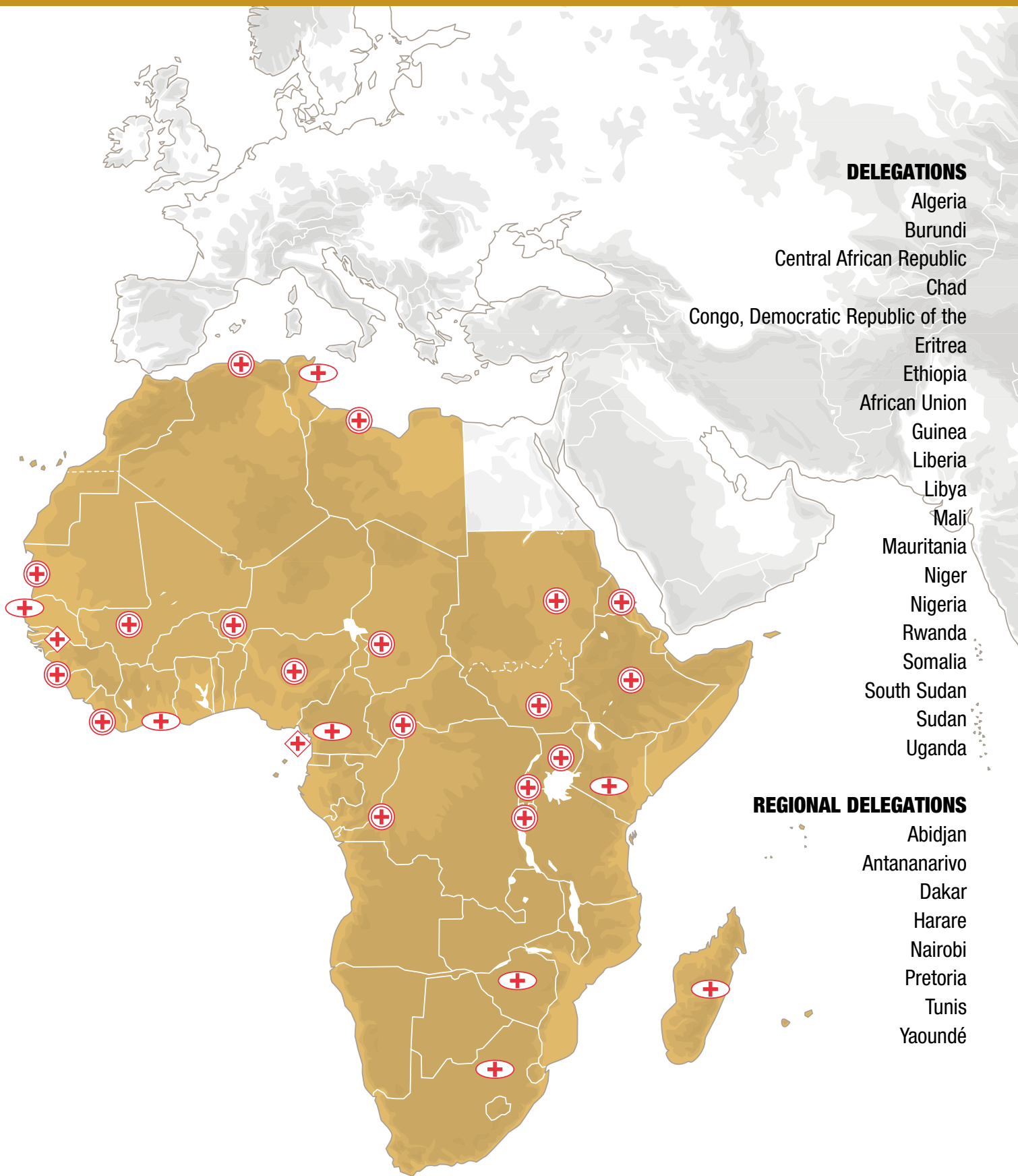
PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
Red Cross messages (RCMs)	
RCMs collected	90,798
RCMs distributed	81,219
Phone calls facilitated between family members	429,350
People located (tracing cases closed positively)	1,788
People reunited with their families	1,017
<i>of whom unaccompanied minors/separated children</i>	946
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
ICRC visits	
Detainees visited	287,583
Detainees visited and monitored individually	8,785
Number of visits carried out	1,869
Number of places of detention visited	677
<b>Restoring family links</b>	
RCMs collected	5,287
RCMs distributed	3,223
Phone calls made to families to inform them of the whereabouts of a detained relative	3,373

ASSISTANCE	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
Food commodities	Beneficiaries 1,798,468
Essential household items	Beneficiaries 1,063,214
Productive inputs	Beneficiaries 2,739,739
Cash	Beneficiaries 106,862
Vouchers	Beneficiaries 80,047
Work, services and training	Beneficiaries 1,662,522
Water and habitat activities	Beneficiaries 3,079,410
<b>Health</b>	
Health centres supported	Structures 143
<b>WOUNDED AND SICK</b>	
<b>Hospitals</b>	
Hospitals supported	Structures 167
<b>Water and habitat</b>	
Water and habitat activities	Number of beds 3,170
<b>Physical rehabilitation</b>	
Centres supported	Structures 35
Patients receiving services	Patients 22,915

EXPENDITURE (in KCHF)	
Protection	81,745
Assistance	325,524
Prevention	52,317
Cooperation with National Societies	33,096
General	1,064
	<b>493,746</b>
	<i>of which: Overheads 29,969</i>

IMPLEMENTATION RATE	
Expenditure/yearly budget	<b>91%</b>
<b>PERSONNEL</b>	
Mobile staff	757
Resident staff (daily workers not included)	4,344








**DELEGATIONS**

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

**REGIONAL DELEGATIONS**

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

 ICRC delegation  
  ICRC regional delegation  
  ICRC mission

**Bossaso prison, Somalia.** An ICRC delegate talking with a detainee during an interview without witness. These interviews allow the ICRC to assess the detention conditions. The ICRC has been visiting places of detention in Somalia since 2012.

## AFRICA

In 2014, the ICRC operated from 28 delegations to alleviate the suffering caused by past and present armed conflict and other situations of violence. Pressing needs arising from continued fighting and widespread insecurity in the Central Africa Republic (hereafter CAR), the Democratic Republic of the Congo (hereafter DRC), Mali and Somalia, and the escalation of hostilities in Libya, Nigeria and South Sudan, made operations in these countries among the ICRC's largest in Africa.

Security and other constraints prompted the ICRC to adapt its activities in order to provide humanitarian aid while ensuring accountability. When heavy fighting and floods rendered airstrips unusable and roads impassable in conflict-affected areas in South Sudan, the ICRC air-dropped food supplies in remote regions, with ICRC staff receiving the goods at drop-off points before distributing them to IDPs. Owing to the prevailing insecurity in Libya and Mali, the ICRC delegations concerned adjusted their working procedures: the Mali delegation limited its activities in rural areas and distributed aid with/through the Mali Red Cross; the Libya delegation relocated its mobile staff to Tunis, Tunisia, and increased its support for the Libyan Red Crescent.

ICRC aid reached conflict-affected people accessible to few other humanitarian organizations, thanks to the ICRC's sustained dialogue with and efforts to foster support for IHL and neutral, impartial and independent humanitarian action among the authorities, weapon bearers and other influential stakeholders. Where there were government-imposed restrictions, such dialogue aimed to (re) gain the authorities' acceptance of the organization's mandate and

work. In Sudan, ICRC operations were suspended from February to September owing to a government directive; discussions with the authorities led to the resumption of some activities in late 2014. For the first time since 2010, the Eritrean authorities allowed the ICRC to assist people affected by past conflict in certain areas.

ICRC delegates continued to monitor the situation of vulnerable people and to document reported abuses, including sexual violence; these allegations were shared, when possible, with the parties concerned, with a view to preventing recurrence. Where necessary, victims benefited from medical services, counselling, psychological support and/or the ICRC's family-links or assistance programmes.

Dialogue with parties involved in situations of conflict or violence stressed people's right to unobstructed access to health and medical care. Reminders were passed through the media, traditional/religious leaders and direct contacts with a view to fostering greater respect for health/medical and humanitarian workers in many contexts, including the CAR and Somalia, and Ebola-stricken Guinea and Liberia. In Mali, following such reminders, the ICRC was informed of the condition of wounded weapon bearers and facilitated their evacuation. Local authorities and health workers developed practical and innovative measures to ensure safe access to health care; in Côte d'Ivoire, a document outlining best practices for medical staff working in poor security conditions was developed in 2014 and printed by the Ivorian order of physicians with ICRC support.

Although attacks on health-care services hampered people's access to treatment, communities in conflict-affected areas or those

underserved by public services protected or recovered their health in part thanks to the care provided by ICRC-supported facilities and local health/medical teams. People in Somalia accessed care in 46 clinics and were immunized in campaigns supported by the Somali Red Crescent Society and the ICRC, amidst movement restrictions imposed by local authorities. In the CAR, ICRC mobile health units provided basic health care to vulnerable people for eight months, until health centres could resume services with ICRC help. In Casamance, Senegal, State health teams, accompanied by ICRC staff, vaccinated people in areas controlled by armed groups; by mid-year, workers reported having better access to these communities. In Guinea and Liberia, health personnel were better prepared to handle Ebola-infected patients, thanks to ICRC technical and material support.

Casualties of fighting hastened their recovery from weapon wounds thanks to care provided in ICRC-supported hospitals or by ICRC medical teams – four in South Sudan, two each in the CAR and the DRC, and one each in Mali and Nigeria. The four surgical teams in South Sudan attended to wounded and sick people in government- and opposition-controlled areas. Disabled people regained some mobility following ICRC-supported physiotherapy in Burundi, Chad, the DRC, Ethiopia, Guinea-Bissau, Mali and Niger. Sahrawi refugees in Tindouf, Algeria, accessed similar services at the physiotherapy centre in Rabouni hospital. Victims of sexual violence and people suffering from conflict-related emotional trauma eased their distress thanks to ICRC-supported counselling services in the CAR the DRC, Côte d'Ivoire and Mali. The ICRC reinforced the casualty care chain with first-aid training for National Society volunteers and other potential first responders, and war-surgery courses for medical professionals. Specialized training helped increase the pool of physiotherapists and prosthetic/orthotic specialists in Africa.

People affected by conflict and violence received emergency assistance provided by the ICRC in cooperation with National Societies. They consumed food rations and used household essentials to improve their living conditions, helping tide them over until they could find stable sources of food and income. Owing to upsurges in hostilities in Nigeria, South Sudan and, to a lesser extent, Mali, people were displaced or unable to return home; the ICRC therefore distributed emergency relief to more beneficiaries than initially planned. In South Sudan, beneficiaries had less need to walk long distances to find food or water and were thus less exposed to risks, including sexual violence. In Nigeria, households whose breadwinners were killed during conflict or other violence received food vouchers for six months, enabling many of them to reduce their expenses and eat three meals a day. In the DRC, because needs decreased throughout 2014 in a few areas and owing to logistical constraints, the ICRC carried out fewer food distributions than planned. IDPs and their host communities in the CAR, Nigeria and South Sudan, and South Sudanese refugees in Ethiopia accessed clean water and had better hygiene conditions thanks to emergency upgrades to water infrastructure and, in some cases, water-trucking services.

Households hastened their recovery from the effects of past and present conflicts and other situations of violence with ICRC help. In States also struggling with climate shocks – Burkina Faso, Eritrea, Mali, Niger, Somalia and South Sudan – agro-pastoralists maintained food production thanks in part to ICRC-provided seed and agricultural inputs and veterinary support activities. In Ethiopia, Nigeria, Senegal and Somalia, returning IDPs and refugees

resumed their livelihood activities with ICRC material assistance, such as agricultural input and livestock. In the DRC and Nigeria, IDPs and host families in more stable areas and who had access to land engaged in ICRC-supported agricultural activities. Women heads of household supplemented their incomes thanks to businesses set up with ICRC cash grants, for example in the CAR, Côte d'Ivoire and the DRC. In some cases, livelihood support reduced exposure to risks: in Uganda, two previously disputing communities eased tensions by jointly cultivating land with ICRC encouragement; in Senegal, market gardens helped lessen people's need to leave their villages and risk exposure to mines and violence. People in mine-infested areas of Morocco-administered Western Sahara and in Zimbabwe learnt better ways of avoiding risks via information sessions.

Families separated by armed conflict, migration and detention restored or maintained contact through National Society/ICRC family-links services. Notably in South Sudan and Mali and Nigeria, people displaced internally or who had sought refuge in neighbouring countries stayed in touch with their families through phone calls and RCMs. Some rejoined their families with ICRC help: in the CAR and the DRC, unaccompanied minors, including those formerly associated with armed groups, journeyed home with ICRC assistance and had their reintegration followed up by ICRC delegates. Vulnerable migrants received help from National Societies/the ICRC to restore contact with their relatives. In Niger, migrants phoned their families from National Society facilities along migration routes. Families also made use of family-links services to search for relatives missing in relation to past or present conflicts. Some progress was made in the resolution of cases of people missing since the 1975–91 Western Sahara conflict. In Mali, some detainees who had been reported as missing were put into contact with relatives searching for them. In Libya, the ICRC served as a neutral intermediary during the exchange of human remains between opposing forces in Misrata.

Detainees in 37 countries received visits from ICRC delegates conducted in accordance with ICRC standard procedures amid some constraints; the visits helped ensure that the detainees' treatment met IHL and/or other internationally recognized standards. The ICRC expanded access to people held for security reasons or in relation to armed conflict, visiting people held by international bodies – such as the African Union (AU) and the UN – the French army and by armed groups in the CAR, the DRC, Mali and South Sudan. In Sudan, the ICRC served as a neutral intermediary in the safe transfer of three soldiers, released by an armed group, to the government. For the first time, people held in military-run facilities in Nigeria and intelligence services in Somalia received ICRC visits. In Libya, no detainees were visited after mid-2014, when the ICRC relocated its mobile staff to Tunis.

Detaining authorities took steps to improve the treatment and living conditions of detainees with ICRC confidential feedback and technical expertise: Algeria, Mauritania and Tunisia updated policies in line with internationally recognized standards for treatment and health-care provision; and the African Union Mission in Somalia adopted detention procedures that conformed to IHL. Joint projects in several prisons helped the authorities build their capacities to reform penitentiary services: for example, the Chadian, Ivorian, Malagasy and Malian authorities pursued efforts to standardize food provision. In some countries, the authorities sought to improve detainee well-being with ICRC direct support in the form of food, medical supplies, training and infrastructural

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upgrades. In Guinea and Liberia, the penitentiary authorities implemented Ebola-prevention measures, and in Rwanda, an ICRC medical team treated wounded members of armed groups held in places of detention. Inmates in Zimbabwean prisons consumed produce from ICRC-supported prison farms or rations distributed with the authorities. Some States also took steps to speed up or update judicial processes: Burundi set up a legal service in one prison, and Tunisia continued efforts to promote and facilitate alternative sentencing. Security officers were briefed on international standards applicable to detention and law enforcement.

Military and security forces, including Chadian troops and others deployed abroad or as part of AU and UN peacekeeping missions, reinforced their understanding of their responsibilities under IHL during information sessions and training initiatives supported by the ICRC. Where security conditions permitted, as in Mali and Senegal, members of armed groups received briefings encouraging them to observe IHL principles. Military commands, acting on ICRC technical advice, furthered the integration of IHL into training and operations. The AU updated its policies regulating the conduct of troops on peacekeeping missions, and in Liberia, Mauritania and Niger, military forces drafted training manuals. In Senegal, ICRC-trained military instructors spearheaded information sessions for troops, and one officer who had attended a Health Care in Danger expert workshop abroad helped military commands review and adapt policies on respect for health and medical workers.

With encouragement and technical support from the ICRC – directly or under the auspices of regional bodies, such as the AU and the Southern African Development Community – States took steps to advance IHL implementation and discussed humanitarian issues, particularly sexual violence, the recruitment of children into fighting forces and mine clearance. The AU developed a model law to make it easier for States to ratify and implement the African Union Convention on IDPs. Some States organized regional conferences and events at which influential players gained insight into specialized IHL topics, notably: weapons control in the DRC, Nigeria and the United Republic of Tanzania; the use of private military/security units in Senegal; and the IHL implementation process in Algeria, Lesotho, Kenya and South Africa. Burkina Faso, Guinea, Senegal, Sierra Leone and South Africa ratified the Arms Trade Treaty. To help it advance national IHL implementation, Morocco signed an agreement with the ICRC – whose work in the country dates back to 1975 – on the opening of a delegation in the country in 2015.





## PROTECTION MAIN FIGURES AND INDICATORS

PROTECTION															
	CIVILIANS														
	RCMs collected	RCMs distributed	Phone calls facilitated between family members	Names published in the media	Names published on the ICRC family-links website	People reunited with their families	of whom UAMs/SCs*	UAM/SC* cases still being handled by the ICRC/National Society at the end of the reporting period	People transferred/repatriated	People located (tracing cases closed positively)	People to whom travel documents were issued	Detainees visited	of whom women	of whom minors	Detainees visited and monitored individually
Algeria	30	95	15						14	1	18,870	214	76	314	
Burundi	1,771	1,263	207			13	6		100		8,706	449	299	275	
Central African Republic	337	281	112			38	37	98	73	35	903	24	35	123	
Chad	832	356	25,435			18	18	260		10	5,989	133	194	401	
Congo, Democratic Republic of the	44,263	36,850	270	23		785	740	578		407	19,222	496	639	1,891	
Eritrea	932	1,020	1						7	168					
Ethiopia	2,924	2,624	26,609	542		2	2	125		39	32,738	1,235	1,389	323	
Guinea	107	138	215					2		8	3,623	151	289	72	
Liberia	284	213	1,407			10	8	21		1	2,059	66	42	30	
Libya	9	21	1,486					2		81	6,789	212	85	246	
Mali	666	244	3,855			19	19	7	1	43	4,156	52	203	432	
Mauritania	82	125	6			1	1	3		9	1,674	25	69	42	
Niger	89	84	2,134			8	8	21	88	53	3,025	157	173	171	
Nigeria	57	18						66		6	14,404	413	166	2,414	
Rwanda	3,691	2,778	95	208		32	25	151	7	90	61,321	2,758	87	508	
Somalia	13,939	17,294	26,973	8,635	25,347					165	4,636	95	106	80	
South Sudan	870	243	13,916			25	17	67		133	4,444	359	267	130	
Sudan	508	329	9					57		38	3		1	3	
Uganda	2,899	2,148	8,801			43	43	162		9	14,533	642	36	183	
Abidjan (regional)	343	311	1,937	18	21			27		34	14,849	440	316	445	
Antananarivo (regional)	5	33						3		3	14,681	774	525	69	
Dakar (regional)	20	5	519			2	1	1		5	631	7	8	14	
Harare (regional)	266	186	2					103		13	16,736	421	72	70	
Nairobi (regional)	14,691	13,980	314,047			12	12	74		97	920	31	24	59	
Pretoria (regional)	137	191	989	1						14	11,358	107	482	39	
Tunis (regional)	39	85	310					1		15	17,822	618	343	340	
Yaoundé (regional)	1,007	304				9	9	111		359	3,491	123	119	111	
<b>Total</b>	<b>90,798</b>	<b>81,219</b>	<b>429,350</b>	<b>9,427</b>	<b>25,368</b>	<b>1,017</b>	<b>946</b>	<b>1,940</b>	<b>169</b>	<b>1,788</b>	<b>334</b>	<b>287,583</b>	<b>10,002</b>	<b>6,045</b>	<b>8,785</b>

\* Unaccompanied minors/separated children

PEOPLE DEPRIVED OF THEIR FREEDOM

of whom women	of whom girls	of whom boys	Detainees newly registered	of whom women	of whom girls	of whom boys	Number of visits carried out	Number of places of detention visited	RCMs collected	RCMs distributed	Phone calls made to families to inform them of the whereabouts of a detained relative	Detainees visited by their relatives with ICRC/National Society support	Detainees released and transferred/repatriated by/via the ICRC	People to whom a detention attestation was issued	
10		2	113			2	63	53	76	47	266			1	Algeria
12	1	2	72	6	1	2	92	19	17	15				4	Burundi
6	1	12	131	6	1	12	75	20	40	8	60				Central African Republic
1	2	67	368	1	2	67	46	12	146	102	822			27	Chad
23	10	140	921	16	10	126	270	74	2,203	1,725	45			212	Congo, Democratic Republic of the
														2	Eritrea
14	2	11	227	13	2	7	35	19	757	167	472			74	Ethiopia
2		3	34	1		3	151	49	264	91	94			3	Guinea
			14				82	18	105	81	68				Liberia
6	2	2	209	3	2	1	30	22	53	11	35			23	Libya
		11	301			9	124	30	131	46	353				Mali
			5				17	9	4	27	22				Mauritania
1		3	114	1		3	36	13	91	45	54				Niger
29	7	159	2,401	29	7	157	58	30							Nigeria
56	1	5	256	48	1	5	87	26	209	107	3			1,018	Rwanda
1	1	15	58	1		14	66	26	43	6	138				Somalia
1	1	15	126	1	1	15	67	26	62	16	38		1		South Sudan
		1	3			1	1	1					3	3	Sudan
2		8	96	1		8	106	53	653	458	121	63		3	Uganda
7		5	148	2		2	204	60	137	111	401				Abidjan (regional)
1		3	30	1		3	84	26	82	12	111				Antananarivo (regional)
			8				8	5	2	2	38				Dakar (regional)
							55	30			28	74			Harare (regional)
4			17	3			11	4	157	117					Nairobi (regional)
			8				11	7	16	5	10				Pretoria (regional)
14		6	279	14		5	53	20	34	19	174			1	Tunis (regional)
2		3	87	2		3	37	25	5	5	20			2	Yaoundé (regional)
192	28	473	6,026	149	27	445	1,869	677	5,287	3,223	3,373	137	4	1,373	Total

## ASSISTANCE MAIN FIGURES AND INDICATORS

ASSISTANCE														
	CIVILIANS											PEOPLE DEPRIVED OF THEIR FREEDOM		
	Civilians - Beneficiaries							Health centres						
	Food commodities	Essential household items	Productive inputs	Cash	Vouchers	Work, services and training	Water and habitat activities	Health centres supported	Average catchment population	Consultations (patients)	Immunizations (doses)	Food commodities	Essential household items	Water and habitat activities
Algeria								6	450					
Burundi													142	5,712
Central African Republic	75,144	43,510	49,447	6,337		1,255	510,000	10	72,330	63,307	12,790	1,595		
Chad		3,612		1,368									8,359	2,250
Congo, Democratic Republic of the	100,877	193,525	249,553	13,307	34,814	7,220	509,748	11	82,995	71,690	65,704	1,035	30,330	14,369
Eritrea			424,295	4,327			44,691							
Ethiopia		61,297	48,000				393,024	3	25,333				31,901	33,666
Guinea							20,000						11,970	2,800
Liberia	1,762	2,365		622			287,406	2	79,400	5,064	15,210	489		1,548
Libya	18,102	42,135				16		28	215,643				2,920	860
Mali	355,994	28,912	287,208	19,404		493,915	237,716	6	73,738	32,703	44,801	90	5,164	5,375
Mauritania							15,000	1						1,485
Niger	89,902	18,535	33,865	2,580		856,788	49,355	6	68,013	51,107	22,967		438	1,880
Nigeria	70,194	49,954		251	45,233		68,334						13,654	
Rwanda	60	215		93		61								50,250
Somalia	182,610	68,834	941,214	56,383		272,034	297,620	46	557,917	404,879	183,068	3,200	5,770	4,000
South Sudan	884,017	528,658	671,201	3		317	422,088	4	226,298	17,713	34,352		2,446	2,814
Sudan	16,812	12,294	12,294				108,365	6	118,500	7,294	28,339			
Uganda	52	7,508	1,059	4								3,179	24,611	
Abidjan (regional)	1,346	1,079	570			13,668	88,514	6	230,892	66,434	130,202	540	4,109	14,665
Antananarivo (regional)												884	11,163	11,173
Dakar (regional)	1,595	780	21,033	2,183		17,248	26,967	8	55,106	23,484	24,042			
Harare (regional)							582					18,921	18,484	17,397
Pretoria (regional)												11	914	
Tunis (regional)														2,700
Yaoundé (regional)	1	1											5,405	
<b>Total</b>	<b>1,798,468</b>	<b>1,063,214</b>	<b>2,739,739</b>	<b>106,862</b>	<b>80,047</b>	<b>1,662,522</b>	<b>3,079,410</b>	<b>143</b>	<b>1,806,615</b>	<b>743,674</b>	<b>561,475</b>	<b>29,944</b>	<b>177,780</b>	<b>172,944</b>
of whom women	30%	28%	34%	23%	33%	26%	36%			293,086				
of whom children	45%	39%	41%	45%	51%	48%	43%			329,354	531,098			
of whom IDPs	1,139,067	766,754	432,904	2,360	40,041	156,542	476,734							

## ASSISTANCE

WOUNDED AND SICK														
Hospitals				First aid			Physical rehabilitation							
Hospitals supported	of which provided data	Admissions (patients)	of whom weapon-wounded	First-aid posts supported	of which provided data	Wounded patients treated	Centres supported	Patients receiving services	New patients fitted with prostheses	New patients fitted with orthoses	Prostheses delivered	Orthoses delivered	Patients receiving physiotherapy	
														Algeria
							1	2,808	7	221	12	452	988	Burundi
2	2	4,056	924											Central African Republic
							2	5,932	234	182	390	630	4,150	Chad
41	39	19,343	1,386	15	15	57	4	915	160	62	320	87	370	Congo, Democratic Republic of the
														Eritrea
1	1	1,731	12				10	6,082	751	706	1,977	2,203	3,252	Ethiopia
														Guinea
1	1	65												Liberia
22							1							Libya
1	1	3,881	126				1	52			44	2	17	Mali
														Mauritania
3							1	475	149	223	108	163	154	Niger
29	3	28,702	322											Nigeria
3														Rwanda
12	9	15,529	3,689	9	5	120								Somalia
46	14	5,059	2,575	6			3	1,937	140	60	324	118	556	South Sudan
4	2	559	17				10	2,683	288	193	672	1,026	565	Sudan
														Uganda
2														Abidjan (regional)
														Antananarivo (regional)
							1	1,595	46	41	54	53	1,423	Dakar (regional)
														Harare (regional)
														Pretoria (regional)
							1	436	8	18	22	40	424	Tunis (regional)
														Yaoundé (regional)
167	72	78,925	9,051	30	20	177	35	22,915	1,783	1,706	3,923	4,774	11,899	Total
		29,914	1,390					4,395	338	361	690	827		of whom women
		25,067	530					7,671	136	846	285	2,906		of whom children
											637	20		of whom IDPs

# ALGERIA



ICRC delegation    
 ICRC-supported prosthetic/orthotic centre    
 ICRC office

## KEY RESULTS/CONSTRAINTS

In 2014:

- ▶ detainees stood to benefit from efforts by the authorities to reinforce – among hundreds of health personnel, magistrates, security officers and trainee prison staff – respect for international norms on detention
- ▶ Algeria contributed to the implementation of IHL internationally by hosting the tenth annual meeting of IHL experts from League of Arab States countries and participating in the “Strengthening IHL” process
- ▶ vulnerable foreigners and Algerian families, with the help of the Algerian Red Crescent, restored contact with relatives separated from them by armed conflict, detention abroad or migration
- ▶ people in need of urgent assistance, for example Malian migrants and victims of intercommunal violence, obtained humanitarian aid solely through the National Society, which had some support from the ICRC

EXPENDITURE (in KCHF)	
Protection	1,206
Assistance	224
Prevention	772
Cooperation with National Societies	203
General	-

**2,405**

of which: Overheads 147

IMPLEMENTATION RATE	
Expenditure/yearly budget	<b>80%</b>

PERSONNEL	
Mobile staff	8
Resident staff (daily workers not included)	12

The ICRC has been working in Algeria, with some interruptions, since the 1954–62 Algerian war of independence. Aside from visiting people held in places of detention run by the Ministry of Justice and people remanded in police stations and *gendarmeries*, it supports the authorities in strengthening national legislation with regard to people deprived of their freedom and promotes IHL. The ICRC supports the Algerian Red Crescent in its reforms process and partners with it to restore links between separated family members.

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

**MEDIUM**

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
Red Cross messages (RCMs)	
RCMs collected	30
RCMs distributed	95
Phone calls facilitated between family members	15
People located (tracing cases closed positively)	15
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
ICRC visits	
Detainees visited	18,870
Detainees visited and monitored individually	314
Number of visits carried out	63
Number of places of detention visited	53
Restoring family links	
RCMs collected	76
RCMs distributed	47
Phone calls made to families to inform them of the whereabouts of a detained relative	266

ASSISTANCE	2014 Targets (up to)	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)		
Essential household items	Beneficiaries	200



## CONTEXT

Algeria hosted major international fora and discussions on regional security issues: the Malian government and certain armed groups held peace talks in Algiers.

Algerian military/security forces conducted operations throughout the country, particularly in areas east of Algiers, to deal with threats posed by regional insecurity, armed groups and the unregulated trade in weapons; arrests and casualties were reported. Tens of thousands of troops secured Algeria's borders, which were mainly closed. The borders with Mali and Niger were opened twice a month to allow the passage of goods and people.

Demonstrations, following from political and social grievances, sometimes led to violence. In central Algeria, hundreds of people were reportedly injured during intercommunal violence in April. The remaining Malian refugees in the south, and Syrians seeking asylum in Algeria, met their urgent needs solely through State services or the Algerian Red Crescent. Algerian authorities, with the help of the National Society, began repatriating irregular Nigerien migrants at Niger's request.

## ICRC ACTION AND RESULTS

The delegation worked closely with the Algerian Red Crescent and the authorities to assist and protect vulnerable people in Algeria.

The ICRC visited some 18,870 detainees, including those held by the police/*gendarmérie* and by the Interior Ministry; particular attention was paid to foreigners, women, minors, security detainees and people in solitary confinement. The authorities took steps to improve detainees' treatment and living conditions, including respect for judicial guarantees and medical ethics; they drew on the findings of ICRC visits, provided confidentially, and on expert advice from an ICRC detention doctor and an official from the Health Ministry. Information sessions organized by the authorities and the ICRC enabled hundreds of health personnel, magistrates, security officers and trainee prison staff to add to their knowledge of international norms applicable to their duties. The Justice Ministry requested, and received, reference materials on international detention norms, which it made use of while upgrading infrastructure in places of temporary detention.

Families dispersed by armed conflict, detention or migration restored/maintained contact through family-links services provided by the National Society and the ICRC: Algerian families stayed in touch with relatives detained abroad, and vulnerable foreigners in Algeria contacted relatives in their home countries or elsewhere. Foreign detainees, and Algerians held in places of detention far from their places of origin, sent RCMs to their relatives or informed them of their situation.

The National Society also responded to the needs of other vulnerable people in the country: Malian refugees, Syrian asylum seekers, and others affected by violence. During intercommunal violence in central Algeria, volunteers, supported by the ICRC, administered first aid and stabilized the condition of injured people until they could be taken to hospital. The National Society organized and participated in activities marking significant events in the Movement's history in Algeria, thereby encouraging volunteerism and support for the Movement among the public.

Through such events, international fora and direct meetings, the authorities and other influential parties were urged to support IHL and Movement activities. The authorities took steps to advance IHL ratification and implementation; the ICRC provided help, by boosting their IHL expertise through training abroad for officials, and other means. The authorities also contributed to the implementation of IHL internationally by hosting the tenth annual meeting of IHL experts from member countries of the League of Arab States and by taking part in the "Strengthening IHL" process.

## CIVILIANS

### Algerian families contact relatives interned in a facility abroad

The Algerian Red Crescent built its family-links capacities with ICRC help. Joint field trips and training for over a dozen family-links coordinators helped ensure the quality of services, particularly at National Society branches along Algeria's borders with Libya and Mali. Regional meetings and workshops (see *Dakar and Tunis*) – with National Societies from States hosting refugees and migrants, organizations working to benefit irregular migrants, and local associations – ensured good coordination and strengthened regional capacities.

Members of families dispersed by armed conflict, detention and migration stayed in touch through family-links services by the National Society and the ICRC. People in Algeria contacted or received news of relatives abroad. A refugee called his wife and child, who were in different countries, and one family located a relative, an unaccompanied minor, in Niger. Three families made video calls to relatives held at the US internment facility at Guantanamo Bay Naval Station in Cuba.

Two former internees, repatriated and released in 2013, had their situation followed up by the ICRC, to help ensure that their health and legal needs were met. The situation of repatriated Nigerien migrants was also monitored (see *Niger*).

The ICRC remained ready to share its expertise in responding to the needs of the families of people unaccounted for since the internal strife of the 1990s.

### Wounded people receive timely first aid

Victims of intercommunal violence in Ghardaia, in central Algeria, received prompt treatment from National Society first-aiders, thereby hastening their recovery and/or stabilizing the condition of the more seriously wounded until they received hospital care. National Society first-aid posts in that part of the country coped with the surge in needs by replenishing their emergency stocks with ICRC-provided medical supplies sufficient for treating dozens of people.

## PEOPLE DEPRIVED OF THEIR FREEDOM

### Foreign inmates and Algerians detained far from their homes contact their families

Nearly 18,870 detainees held in 53 places of detention – in particular, prisons and police/*gendarmérie* stations under the jurisdiction of the Justice Ministry and an administrative detention centre run by the Interior Ministry – received visits from the ICRC, conducted according to its standard procedures. Security detainees under the purview of the police/*gendarmérie*, foreigners, women, minors and people in solitary confinement received particular attention: over 300 of them were followed up individually.

Foreign detainees and Algerians detained far from their homes could not easily benefit from support from their families. National Society/ICRC family-links services enabled nearly 50 foreigners to inform consular representatives/UNHCR of their situation, and other detainees to send short oral messages to their relatives. Some detainees stayed in touch with their relatives through RCMs, with one foreign detainee also spending time with his wife and two daughters during an ICRC-organized family visit.

After prison visits, the authorities received the ICRC's confidential feedback, helping them improve detainees' treatment and living conditions; detainees at certain prisons were visited more frequently, which yielded more concrete insight and recommendations for the authorities. Justice Ministry officials and the ICRC discussed ways to overcome obstacles to respecting judicial guarantees – for example, foreign detainees' unfamiliarity with legal procedures and local languages – and the effects on detainees of prolonged separation from their families. Through information sessions (see also *Actors of influence*), around 30 prison officers/guards at each place of detention visited, nearly 700 trainee staff in national institutions, security officers and others learnt more about international norms applicable to their duties and the ICRC's activities for detainees.

#### **Prison staff further their understanding of the ethics of health-care provision in detention**

At their request, the penitentiary authorities received reference materials on internationally recognized standards for detention, which they used while upgrading infrastructure in places of temporary detention. Two penitentiary officials attended an advanced course in international detention norms in Geneva, Switzerland.

Professional advice from an ICRC detention doctor, and from a Health Ministry official who had attended a conference abroad on ethical issues relating to health care in detention (see *Jordan*), helped the authorities to reinforce prison staff's respect for medical ethics governing the provision of care in detention, for example the need to document ill-treatment and to maintain confidentiality during medical examinations. Nearly 70 prison health staff, including doctors and psychologists, and security personnel furthered their understanding of these issues at a workshop organized with ICRC help.

Some detainees benefited from the support of religious personnel after the ICRC facilitated their access to prisons.

### **ACTORS OF INFLUENCE**

#### **Magistrates and penitentiary instructors become more adept at teaching IHL**

Through information sessions, over 170 military/security officers and Justice Ministry officials, in addition to penitentiary staff, furthered their understanding of human rights principles and IHL applicable to their work, and were urged to support ICRC activities for detainees. Some 70 police/*gendarmérie*/intelligence officers and magistrates learnt more about international norms governing the use of force during arrest and detention. Nearly 60 civilian/military magistrates were also briefed on their role in implementing and monitoring compliance with IHL. Two senior officers attended advanced training abroad (see *International law and policy*).

Through training in presentation techniques and other means, some of these people, notably 30 magistrates who had undergone ICRC training in 2013, enhanced their ability to teach IHL to their

fellows. Eight instructors developed an IHL module for inclusion in the curricula of four training institutions for prison staff/administrators, and, with 12 of their colleagues, made use of ICRC-provided teaching materials in their work.

#### **Algeria contributes to the “Strengthening IHL” process and regional IHL implementation**

The authorities pursued efforts to advance IHL ratification and implementation, and officials drew on ICRC help to add to their IHL expertise. Six Algerian officials – some of them from the Defence and Foreign Affairs Ministries – attended an advanced course abroad (see *Lebanon*), and Algerian diplomats participated in a regional course (see *Kuwait*). Algerian officials attended experts' meetings in Geneva on autonomous weapon systems and on the legal protection for persons deprived of freedom. Officials also contributed to meetings in preparation for an initiative to enhance IHL compliance mechanisms, which helped further their knowledge of certain aspects of IHL. As part of Algeria's implementation of the Anti-Personnel Mine Ban Convention, the Defence Ministry, guided by the ICRC, produced materials for promoting safe practices among children living in mine-contaminated areas.

Algerian authorities, with backing from the Algerian Red Crescent and the ICRC, contributed to advancing IHL implementation in the Arab region, Algeria hosted the tenth annual meeting of IHL experts from countries part of the League of Arab States, which was attended by members of national IHL committees, high-ranking State officials – notably the Justice Ministers of Algeria, Egypt, Lebanon, Sudan and Tunisia – and the vice-president of the ICRC. Participants exchanged good practices in implementing IHL and strengthening IHL compliance mechanisms, and for realizing the goals of the Health Care in Danger project.

Algerian authorities agreed to host the annual Senior Workshop on International Rules Governing Military Operations in 2015.

#### **The authorities and hundreds of students learn more about the Movement's role in Algerian history**

During dialogue and National Society-organized activities – and in international fora – commemorating the role of IHL and the Movement in Algerian history, influential actors were urged to support the Movement's work. Through meetings and field trips to ICRC delegations in Iraq, Jordan and Niger, Algerian authorities acquired a better grasp of the ICRC's work with the National Society and its role in implementing IHL and improving the treatment and living conditions of detainees. Extensive media coverage of public events, and interviews of high-level ICRC officials, helped spread awareness of the ICRC's work among more people.

Over 300 students learnt more about IHL and the Movement during information sessions organized by the ICRC and the Emir Abdelkader Foundation. Reference materials, provided by the ICRC to their libraries or available at the delegation, helped some 60 students and 25 instructors at two law faculties make progress in their IHL-related research. Around 30 students of the Algerian diplomat's school learnt more about their role in promoting and reinforcing IHL.

Families of detainees and religious leaders, including those working in detention, learnt more about the ICRC's mandate and its work. Some activities were cancelled/curtailed owing to security constraints and changes in priorities, in line with developments in neighbouring countries.

## RED CROSS AND RED CRESCENT MOVEMENT

The Algerian Red Crescent responded to the needs of vulnerable people, for example Malian refugees and Syrian asylum seekers in Algeria and delivered aid independently to conflict-affected people in the greater region. It also assisted Nigerien migrants repatriated by the Algerian government.

Due in part to these operations and to the restructuring that followed National Society elections in March, some joint activities were put on hold, including the establishment of a National Society/ICRC office in southern Algeria. The National Society continued to draw on ICRC support to strengthen its governance and operational capacities (see *Civilians*), develop a website and improve stock management. The National Society and the ICRC discussed coordination with National Societies in the region during meetings, including high-level talks at their headquarters in Algiers and Geneva.

The National Society, through its new legal adviser, also provided technical guidance for the national IHL committee and participated in IHL-themed conferences (see *Actors of influence*).

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>Red Cross messages (RCMs)</b>			<b>UAMs/SCs*</b>		
RCMs collected		30			
RCMs distributed		95			
Phone calls facilitated between family members		15			
<b>Tracing requests, including cases of missing persons</b>			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered		49	12	4	6
	<i>including people for whom tracing requests were registered by another delegation</i>	16			
People located (tracing cases closed positively)		15			
	<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)		80	24	9	6
	<i>including people for whom tracing requests were registered by another delegation</i>	24			
<b>Documents</b>					
People to whom travel documents were issued		1			
Official documents relayed between family members across borders/front lines		2			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>					
<b>ICRC visits</b>			<b>Women</b>	<b>Minors</b>	
Detainees visited		18,870	214	76	
			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually		314	10		2
Detainees newly registered		113			2
Number of visits carried out		63			
Number of places of detention visited		53			
<b>Restoring family links</b>					
RCMs collected		76			
RCMs distributed		47			
Phone calls made to families to inform them of the whereabouts of a detained relative		266			
People to whom a detention attestation was issued		1			

\* Unaccompanied minors/separated children

# 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. ICRC assistance activities focus mainly on working with the prison authorities to ensure that detainees are treated according to internationally recognized standards. The ICRC reinforces physical rehabilitation services, helps bolster the Burundi Red Cross's work, notably its efforts to restore links between separated family members, including refugees, and supports the armed forces' efforts to train their members in IHL.

## YEARLY RESULTS

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

## KEY RESULTS/CONSTRAINTS

### In 2014:

- ▶ 5,750 people detained in 5 prisons maintained access to good-quality health care through prison dispensaries stocked with an ICRC-funded supply of basic medicines
- ▶ people displaced by conflict/violence learnt the whereabouts of their relatives and/or restored contact with them – and 10 unaccompanied minors rejoined their families – through Movement family-links services
- ▶ owing to their late election, dialogue with members of the new Truth and Reconciliation Commission, on incorporating families' needs in the legal framework governing missing persons, was postponed to 2015
- ▶ some 2,800 disabled people received appropriate physical rehabilitation services at the ICRC-supported Saint Kizito Institute, where staff continued to strengthen their skills through on-the-job-training
- ▶ some 4,150 military personnel bound for peacekeeping missions in the Central African Republic and Somalia learnt more about IHL during pre-deployment briefings by ICRC delegates
- ▶ the Burundi Red Cross, with Movement support, reinforced its emergency response capacities by assisting flood victims and preparing a contingency plan for the elections

## EXPENDITURE (in KCHF)

Protection	1,678
Assistance	1,992
Prevention	480
Cooperation with National Societies	474
General	-

**4,624**

of which: Overheads 282

## IMPLEMENTATION RATE

Expenditure/yearly budget	<b>99%</b>
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## PERSONNEL

Mobile staff	12
Resident staff (daily workers not included)	51

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
<b>Red Cross messages (RCMs)</b>	
RCMs collected	1,771
RCMs distributed	1,263
Phone calls facilitated between family members	207
People located (tracing cases closed positively)	102
People reunited with their families	18
<i>of whom unaccompanied minors/separated children</i>	10
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
<b>ICRC visits</b>	
Detainees visited	8,706
Detainees visited and monitored individually	275
Number of visits carried out	92
Number of places of detention visited	19
<b>Restoring family links</b>	
RCMs collected	17
RCMs distributed	15

ASSISTANCE	2014 Targets (up to)	Achieved
<b>WOUNDED AND SICK</b>		
<b>Physical rehabilitation</b>		
Centres supported	Structures 1	1
Patients receiving services	Patients 2,500	2,808



## CONTEXT

The security situation in Burundi remained relatively stable, though tensions related to the legislative and presidential elections of 2015 persisted throughout the year.

The parliament established a Truth and Reconciliation Commission as part of the transitional justice process in the country; members were elected late in the year.

Isolated security incidents were reported at the border with the Democratic Republic of the Congo (hereafter DRC). Refugees, mainly from the DRC, continued to arrive in Burundi.

The Burundian armed forces contributed troops to the African Union Mission in Somalia (AMISOM) and the UN Multidimensional Integrated Stabilization Mission in the Central African Republic (MINUSCA).

## ICRC ACTION AND RESULTS

In 2014, the ICRC maintained its focus on supporting the authorities in improving the conditions of detainees and on providing assistance to those affected by past conflicts.

ICRC delegates visited detainees in places of permanent and temporary detention to monitor their treatment and living conditions. Their findings and recommendations were communicated confidentially to the authorities concerned, through written reports and face-to-face discussions. This led authorities to update prison management and policies, invigorate the inspection system and step up efforts to increase respect for detainees' judicial guarantees. At the ICRC's suggestion, they recruited a civil engineer to be in charge of penitentiary infrastructure.

The ICRC provided financial, material and technical support to improve inmates' living conditions: for example, it helped rehabilitate prison infrastructure and upgrade water and sanitation facilities. The ICRC covered the costs of basic medicines at five prison dispensaries, facilitated access to medical treatment and organized workshops on treating some of the most commonly encountered diseases in prisons, which boosted the capacities of prisons' health personnel and contributed to a general improvement in detainees' health.

Technical, financial and training support from the ICRC enabled the Saint Kizito Institute to improve the quality of its physical rehabilitation services for disabled people, optimize patient management capacities and professionalize its treatment protocols.

The Burundi Red Cross and the ICRC worked together to provide family-links services to families dispersed by conflict or other circumstances. Training for National Society volunteers and enhanced coordination with other actors facilitated management of cases of separated/unaccompanied children. The ICRC also maintained its dialogue with the national authorities, and others involved in transitional justice and the issue of missing persons, to exchange pertinent information and monitor developments.

Dialogue with political/military authorities focused on reinforcing understanding of and respect for basic humanitarian principles and the Movement's work. Supported by the ICRC, Burundi ratified the Convention on the Rights of Persons with Disabilities. The ICRC co-organized with the national small arms commission

a workshop in Bujumbura to sensitize the pertinent authorities and other parties concerned to the need to accelerate ratification of the Kinshasa Convention and the Arms Trade Treaty.

The ICRC also provided technical advice and training support for the armed forces in their efforts to incorporate IHL in military doctrine, training and operations. ICRC-trained instructors briefed Burundian contingents on IHL before their deployment with AMISOM or MINUSCA. To ensure continuity, new instructors, selected by the Burundian armed forces, were trained by the ICRC; high-ranking officers were sponsored to attend IHL courses abroad.

With ICRC support, the Burundi Red Cross strengthened its capacities in emergency preparedness, human remains management, first aid and restoring family links. It assisted thousands of people displaced by heavy floods in Bujumbura and prepared a contingency plan for the general elections in 2015.

Movement partners met regularly to exchange views and coordinate activities.

## CIVILIANS

### Members of dispersed families restore contact through Movement family-links services

Families dispersed by past conflict in Burundi or ongoing fighting in neighbouring countries, including refugees and returnees, re-established or maintained contact through Burundi Red Cross/ICRC family-links services. The whereabouts of some 100 people were communicated to their relatives; 18 people rejoined their families, including from/to neighbouring countries; over 3,000 RCMs were delivered or collected on behalf of dispersed families.

Refugees living in urban areas, and others at two camps learnt more about the Movement's activities, including family-links services, during outreach activities conducted with the National Society.

With ICRC support, the National Society provided emergency family-links services for people affected by the floods in Bujumbura; it also continued to enhance its capacities in this area. The ICRC paid the salaries of staff members from throughout the country, including those working in four refugee camps. National Society staff sharpened their skills at refresher training courses, together with 20 new volunteers, and during joint field trips and special sessions on managing tracing requests and registering unaccompanied minors/separated children. At three ICRC-organized meetings, humanitarian actors involved in protecting children – including UN agencies – strengthened coordination in family-links activities related to resettlement programmes.

### Parliament launches Truth and Reconciliation Commission

In April, the parliament established a Truth and Reconciliation Commission (see *Context*) and entrusted it, *inter alia*, with handling the cases of persons missing in relation to past conflict and the needs of their families. The commissioners were elected to their posts late in the year; consequently, dialogue with them, on incorporating the needs of families in the legal framework pertaining to missing persons, was postponed. Nevertheless, discussions continued with others – national authorities and representatives of international organizations/civil society – concerned with the issues of missing persons and support for their families. ICRC financial support enabled a Burundian forensics specialist to attend an international conference in



March (see *Nigeria*), which added to the country's stock of expertise in forensics.

## PEOPLE DEPRIVED OF THEIR FREEDOM

### Prison authorities take steps to improve detainees' treatment

The ICRC visited, in accordance with its standard procedures, some 8,700 detainees at 19 places of permanent or temporary detention to monitor their treatment and living conditions. After the visits, findings and recommendations were submitted confidentially to the prison authorities. Of the detainees visited, 275 were registered and monitored individually; vulnerable inmates such as minors, women and foreigners received special attention. Inmates restored/maintained contact with relatives within the country or abroad through RCMs and phone calls. After their release, some 100 former detainees registered by the ICRC received follow-up visits; others returned home with ICRC assistance.

Detainees saw their treatment improve after the authorities took steps to update prison management and policies: for instance, the inspection system was revised and brought into line with internationally recognized standards. With the ICRC's encouragement, the pertinent authorities also took steps to increase respect for detainees' judicial guarantees, for example by setting up a legal services department at the Mpimba central prison. In addition, at three ICRC-organized workshops, penitentiary and judicial officials discussed ways to improve detention conditions.

Dialogue with the penitentiary directorate tied in with efforts to address issues related to detention conditions, particularly through meetings of the working group composed of the pertinent authorities, other financial/technical partners and the ICRC. With the group's support, including through technical advice and workshops, the penitentiary directorate continued to reinforce its capacity to manage the country's 11 central prisons. For example, at six ICRC-organized meetings, State actors and international organizations discussed how to improve conditions in Burundian prisons: suggestions included drawing up a prisons policy and drafting a master plan to develop existing prisons. At a workshop, key actors involved in prison social services discussed challenges related to their duties; visits to prisons conducted with penitentiary administration/Justice Ministry officials and other partners took stock of progress made in implementing past recommendations to improve conditions of detention and prison services.

### Detainees benefit from upgraded health services and infrastructure

Around 5,750 detainees in five prisons maintained access to good-quality health care through prison dispensaries stocked with an ICRC-funded supply of basic medicines; prison authorities covered the costs of medicines at the other six prisons. Sick detainees recovered their health through some 32,800 curative consultations and treatment services for TB and HIV/AIDS provided by the prison authorities. At two ICRC-organized workshops, 37 nurses from the 11 central prisons learnt more about treating TB, HIV/AIDS and the most common diseases. Monitoring and supervision of detainees' nutritional status, and of prison clinics, during joint visits with the Health Ministry's prison health coordinator helped stave off malnutrition and further enhanced health services for detainees.

Donations of soap/cleaning materials, and training sessions for the authorities in proper planning, inventory management and

distribution of hygiene materials, improved sanitation for inmates in prisons visited by the ICRC. During awareness-raising sessions conducted within the framework of a memorandum of understanding between the penitentiary administration and the ICRC, detainees, including female inmates, learnt how to improve their hygiene and mitigate the risk of contagious diseases.

Infrastructural work done with the penitentiary directorate improved living conditions for detainees at five places of detention: electrical systems were upgraded, and water/sanitation systems, kitchens, dispensaries and dormitories, including separate cells for women and minors, were renovated/constructed. A review of past pest-control campaigns carried out with the authorities sought to identify ways to increase the effectiveness of future efforts.

The ICRC periodically urged the authorities to develop prison services' capacities; this resulted in a civil engineer being hired to rehabilitate and maintain prison infrastructure; joint prison visits led to the identification of problem areas in existing structures and repairs/construction at five prisons.

Over 140 inmates passed examinations and received formal certificates of literacy with educational and recreational materials provided by the ICRC, with some being trained as instructors.

## WOUNDED AND SICK

About 2,800 disabled people, including 200 women and 2,401 children, recovered or improved their mobility through physical rehabilitation services provided at the ICRC-supported Saint Kizito Institute in Bujumbura.

On-the-job training enabled prosthetic/orthotic and physiotherapy personnel to add to their skills, which helped improve the quality of care for disabled persons at the Saint Kizito Institute. ICRC support also enabled four students to continue their studies abroad in physiotherapy/orthopaedic technology.

As the Saint Kizito Institute needed no assistance in procuring the materials for its prosthetic/orthotic and physiotherapy services, the ICRC continued to concentrate on helping its board of directors optimize the Institute's patient management capacities and professionalize its treatment protocols.

After Burundi ratified the Convention on the Rights of Persons with Disabilities (see *Actors of Influence*), the ICRC was appointed to the Health Ministry's technical commission, which was responsible for reviewing and updating the national development plan for physical rehabilitation in Burundi; meetings with other members of the commission got under way.

## ACTORS OF INFLUENCE

With the ICRC's encouragement and support, the Burundian government ratified the Convention on the Rights of Persons with Disabilities. The ICRC sponsored the participation of three senior government officials in a workshop abroad on promoting the ratification of IHL-related treaties in Africa (see *Democratic Republic of Congo*).

As part of the effort to persuade the authorities to ratify the Arms Trade Treaty and the Kinshasa Convention, Burundi's national small arms commission and the ICRC organized a workshop in Bujumbura for government officials and local NGOs on regulating the trade in small arms and other weapons; some 50 representatives of the

presidency/parliament/civil society/ and the armed/security forces discussed what had to be done to ratify such treaties. The authorities took steps to address the issue of illegal small arms more effectively: internal regulations and follow-up commissions were established, which bolstered the national small arms commission's capacities.

Government officials and members of civil society also learnt more about mitigating risks and managing disasters related to explosives and ammunition at a workshop, to which the ICRC contributed its expertise.

Teams from five Burundian universities tested their knowledge of IHL skills by participating, with ICRC sponsorship, in a regional moot court competition (see *Rwanda*).

### **Burundian armed forces reinforce IHL instruction in military schools**

Within the framework of an agreement with the Burundian armed forces, 12 new military IHL instructors prepared to instruct their colleagues in IHL at the country's military training centres; these instructors had completed a two-week course in which two ICRC-trained officers participated. At the time of reporting, all five schools for soldiers and sub-officers were conducting, with ICRC support, IHL training through ICRC-trained instructors.

Before their deployment with AMISOM, some 3,200 soldiers and officers learnt about basic IHL and humanitarian principles at briefings conducted by ICRC-trained instructors alongside ICRC delegates. At the time of reporting, all Burundian battalions deployed with AMISOM, except the first 12, had undergone pre-deployment briefings on IHL. Some 600 military personnel attached to MINUSCA and 350 from a standby peacekeeping force furthered their understanding of IHL during similar briefings. Non-commissioned officers and troops learnt about basic IHL through two IHL training videos in the local language, produced by the ICRC at the request of the National Defence Force (NDF). Three officers, including the deputy chief of staff of the NDF, added to their knowledge of IHL at courses held abroad (see *Beijing*).

A technical committee designated by the Defence Ministry to revise military doctrine suspended its activities. The ICRC was ready to provide support for them to resume work.

## **RED CROSS AND RED CRESCENT MOVEMENT**

### **The National Society and the ICRC renew their partnership**

The Burundi Red Cross and the ICRC reinforced cooperation by signing a four-year partnership agreement, which was based on the former's strategic plan for 2014–17. Under this agreement, the ICRC renewed its commitment to providing financial/material/technical support for the National Society to bolster its capacities in emergency response, restoring family links, communication and internal governance.

The National Society covered its operational and running costs with assistance from the ICRC and other partners, who also undertook fundraising initiatives to make the National Society financially independent.

Following numerous ICRC representations to the pertinent State authorities, the Foreign Affairs Ministry and the National Society signed a partnership agreement that recognized the latter's humanitarian mission and independent status and laid the groundwork for cooperation.

### **National Society volunteers address flood victims' needs**

In February, with logistical and financial support from the ICRC and other partners, the National Society responded to the needs of people affected by heavy floods in Bujumbura. For several months, it distributed emergency kits consisting of blankets, mosquito nets and other items, and provided family-links services (see *Civilians*), to thousands of displaced people. The promptness of its response raised awareness of its role in emergencies.

ICRC-organized training courses in water and sanitation techniques and good hygiene enabled 20 volunteers in cholera-prone provinces to learn more about disease prevention. At special sessions on the Safer Access Framework conducted by ICRC-trained instructors, some 120 volunteers from six provinces learnt how to reduce the risks to themselves during relief operations. Owing to the focus on emergency response (see above), some training courses and workshops were postponed. National Society representatives attended an ICRC training course in human remains management, in Geneva, Switzerland.

The Burundi Red Cross, with Movement partners' support, prepared a contingency plan for the general elections in 2015; the ICRC donated first-aid kits.

Through its extensive network of volunteers, the National Society continued to expand its humanitarian activities, and increase its visibility throughout the country, including through online and radio campaigns promoting humanitarian principles, which also helped foster acceptance for the Movement.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>Red Cross messages (RCMs)</b>			<b>UAMs/SCs*</b>		
RCMs collected		1,771	9		
RCMs distributed		1,263	11		
Phone calls facilitated between family members		207			
<b>Reunifications, transfers and repatriations</b>					
People reunited with their families		18			
	<i>including people registered by another delegation</i>	5			
<b>Tracing requests, including cases of missing persons</b>			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered		194	50	50	28
	<i>including people for whom tracing requests were registered by another delegation</i>	11			
People located (tracing cases closed positively)		102			
	<i>including people for whom tracing requests were registered by another delegation</i>	2			
Tracing cases still being handled at the end of the reporting period (people)		90	24	22	16
	<i>including people for whom tracing requests were registered by another delegation</i>	5			
<b>UAMs/SCs*, including unaccompanied demobilized child soldiers</b>			<b>Girls</b>		<b>Demobilized children</b>
UAMs/SCs newly registered by the ICRC/National Society		3	1		
UAMs/SCs reunited with their families by the ICRC/National Society		10	5		
	<i>including UAMs/SCs registered by another delegation</i>	4			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>					
<b>ICRC visits</b>			<b>Women</b>	<b>Minors</b>	
Detainees visited		8,706	449	299	
			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually		275	12	1	2
Detainees newly registered		72	6	1	2
Number of visits carried out		92			
Number of places of detention visited		19			
<b>Restoring family links</b>					
RCMs collected		17			
RCMs distributed		15			
People to whom a detention attestation was issued		4			

\* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection programme)</b>				
Essential household items	Beneficiaries	142		
Cash	Beneficiaries	2,629		
Water and habitat activities	Beneficiaries	5,712		
<b>Health</b>				
Number of visits carried out by health staff		83		
Number of places of detention visited by health staff		11		
<b>WOUNDED AND SICK</b>				
<b>Physical rehabilitation</b>				
Centres supported	Structures	1		
Patients receiving services	Patients	2,808	200	2 401
New patients fitted with prostheses	Patients	7	2	1
Prostheses delivered	Units	12	3	4
New patients fitted with orthoses	Patients	221	5	199
Orthoses delivered	Units	452	16	414
Patients receiving physiotherapy	Patients	988	86	818
Crutches delivered	Units	92		

# CENTRAL AFRICAN REPUBLIC



ICRC delegation ICRC sub-delegation ICRC office / presence

## KEY RESULTS/CONSTRAINTS

### In 2014:

- ▶ weapon-wounded people received timely medical care from two ICRC surgical teams in the Bangui hospital, while staff support/ drugs/medical supplies bolstered the Kaga Bandoro facility's capacities
- ▶ people affected by sexual and other forms of violence began to obtain medical services and psychosocial support through ICRC-supported health-care centres and counsellors in the Nana-Grébizy prefecture
- ▶ IDPs and returnees met their immediate needs through food rations and other support, in particular the provision of water and sanitation services at major displacement sites throughout the country
- ▶ detainees in Bangui and in certain provinces had better hygiene and sanitary conditions owing to regular ICRC visits and material support, and in some prisons, they benefited from food rations as well
- ▶ people separated by conflict or other circumstances, including unaccompanied minors, restored contact or were reunited with relatives through Movement family-links services
- ▶ the Central African Red Cross Society strengthened its emergency-response capacities by means of ICRC-provided support for first aid, medical evacuation, and human remains management

EXPENDITURE (in KCHF)	
Protection	3,638
Assistance	27,968
Prevention	2,227
Cooperation with National Societies	1,598
General	-
<b>Total</b>	<b>35,431</b>

of which: Overheads 2,118

IMPLEMENTATION RATE	
Expenditure/yearly budget	90%

PERSONNEL	
Mobile staff	67
Resident staff (daily workers not included)	254

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

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

HIGH

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
<b>Red Cross messages (RCMs)</b>	
RCMs collected	337
RCMs distributed	281
Phone calls facilitated between family members	112
People located (tracing cases closed positively)	362
People reunited with their families	45
<i>of whom unaccompanied minors/separated children</i>	44
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
<b>ICRC visits</b>	
Detainees visited	903
Detainees visited and monitored individually	123
Number of visits carried out	75
Number of places of detention visited	20
<b>Restoring family links</b>	
RCMs collected	40
RCMs distributed	8
Phone calls made to families to inform them of the whereabouts of a detained relative	60

ASSISTANCE	2014 Targets (up to)	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>		
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>		
Food commodities	Beneficiaries 75,000	75,144
Essential household items	Beneficiaries 45,000	43,510
Productive inputs	Beneficiaries 45,850	49,447
Cash	Beneficiaries 19,000	6,337
Work, services and training	Beneficiaries 14,100	1,255
Water and habitat activities	Beneficiaries 701,250	510,000
<b>Health</b>		
Health centres supported	Structures 4	10
<b>WOUNDED AND SICK</b>		
<b>Hospitals</b>		
Hospitals supported	Structures 2	2
<b>Water and habitat</b>		
Water and habitat activities	Number of beds 220	80

## CONTEXT

The depth of the violence that characterized the start of the year subsided in the last few months, but the situation in the Central African Republic (hereafter CAR) remained volatile: sectarian tensions fuelled by confrontations between anti-*balaka* (armed militia) elements and former Seleka forces continued to lead to daily violence against civilians and to mass displacement.

The CAR remained under a transitional government, and the political process advanced slowly, with presidential and parliamentary elections, aimed at restoring constitutional order, scheduled for 2015.

Multinational forces, including soldiers under the United Nations Multidimensional Integrated Stabilization Mission in the CAR (MINUSCA), French troops under Operation Sangaris and those deployed by the European Union (EUFOR), were tasked with helping curtail violence and restore stability in the country.

Mass displacement meant that many people lost their belongings and means of livelihood, while coping mechanisms were increasingly strained, which led to a growing dependence on humanitarian relief. Public sector services, including health, remained largely absent throughout the year owing to destroyed infrastructure, lack of qualified staff, absence of sufficient resources, and insecurity. Security constraints, including attacks on humanitarian workers often hampered aid delivery.

## ICRC ACTION AND RESULTS

In 2014, the ICRC focused essentially on emergency response. It intensified its efforts to respond to the humanitarian needs both within and beyond Bangui, arising from the conflict and other situations of violence, including by appealing for extra funds. The prevailing insecurity, evolving needs and logistical constraints recurrently affected activities, obliging the ICRC to frequently adapt its response. Whenever possible, the ICRC partnered with the Central African Red Cross Society in its activities; it also continued to provide funds, materials and training to help the National Society expand its emergency response capacities.

Dialogue with weapon bearers, including various armed groups and multinational forces, was strengthened: they were reminded of their obligations under IHL and other relevant norms to respect civilians, the wounded and sick, health workers/infrastructure, and to facilitate the Movement's neutral, impartial and independent humanitarian action. Sustained interaction with media and other influential actors contributed to raising awareness of the plight of conflict-affected people, and sustained acceptance for Movement activities.

Supporting the casualty care chain and facilitating access to primary health care for conflict-affected communities remained priorities. Volunteers and medical staff were trained in first aid, and the community hospital in Bangui given assistance in the form of ICRC surgical teams and increased provision of drugs, medical supplies/equipment and funds; this enabled hundreds of weapon-wounded people to receive suitable treatment. In Nana-Grébizi prefecture, health services were enhanced by the ICRC's multi-dimensional approach, which included deployment of mobile clinics, subsequent support for health centres, assistance to the Kaga Bandoro prefectural hospital and the initiation of psychosocial support for victims of sexual violence.

Attacks and clashes caused widespread displacement in the first half of the year: in response, the ICRC distributed food and essential household items to IDPs and other vulnerable people in Bangui and elsewhere in the country to help them meet their urgent needs. Later, it provided more material assistance to IDPs and host communities in central and eastern CAR. Distributions of seed and tools, and cash-for-work programmes, helped communities resume economic activity and bolster their self-sufficiency. To facilitate access to clean water and reduce the incidence of water-borne diseases for residents and IDPs in Bangui and the north-eastern and central regions, the ICRC trucked in water, rehabilitated/constructed water infrastructure and supplied water treatment chemicals. Support for the overstretched State water company prevented disruption of services in Bangui and Ndélé.

When certain detention facilities reopened, the ICRC regularly visited detainees to monitor their treatment and living conditions. Dialogue with the authorities centred on systematic access to all detainees and the humanitarian situation in places of detention. Confidential dialogue with and support to prison authorities helped improve detention conditions for inmates. After months of ICRC-supplied food distributions, the Justice Ministry confirmed that it would resume responsibility for feeding inmates under its authority.

With the National Society, the ICRC provided family-links services to dispersed families. In coordination with the authorities and child-protection agencies, it helped unaccompanied children, including those previously associated with armed groups, restore contact with and rejoin their families. Coordinated Movement activities helped assure the dignified collection and burial of hundreds of sets of remains associated with conflict victims. In light of the massive displacement taking place regionally, the ICRC's delegation in the CAR worked with neighbouring delegations and National Societies to better coordinate its regional family-links response.

Strengthened coordination between Movement partners and continued contact with other humanitarian actors helped avoid duplication and maximize aid efforts.

## CIVILIANS

Based on documented allegations of abuse reported by victims, parties to the conflict and other weapon bearers were reminded of their obligations under IHL and other applicable law to protect civilians and their property, the wounded and sick, and medical and humanitarian personnel/infrastructure.

### Violence-affected people obtain basic care at ICRC-supported health centres in Nana-Grébizi

Violence-affected people, including children and pregnant women, obtained basic services (curative and ante/post-natal care, and vaccinations) at health centres in Dissikou, Mbrès and Ouandago, which resumed their activities with ICRC material/staff support. Previously, such people had been dependent, for eight months, on ICRC mobile health clinics in five locations. In total, 63,307 consultations were conducted.

Heightened sectarian tensions also left some minority groups without access to medical services. Wounded and sick people were evacuated/accompanied to the referral hospital in Kaga Bandoro, where they received appropriate care. Others were referred to medical facilities in Bangui. After treatment, they returned safely home or to their host communities, with the ICRC's help.



In Birao, Obo and Rafai, some 18,000 IDPs and residents received free malaria testing from ICRC-trained community health workers. Afterwards they received appropriate treatment, pre-empting the need for hospitalization. Owing to reduced needs at the Saint Sauveur site in Bangui, the ICRC ended its five-month emergency support for the private health centre there; IDPs and neighbouring residents received 7,407 consultations and 886 antenatal consultations.

### **Victims of sexual and other violence receive psychosocial support**

In Nana-Grébizi, 283 people suffering from conflict-related trauma, including 146 victims of sexual violence, were helped to cope by means of psychosocial, and when pertinent, medical support from ICRC-trained counsellors in three villages. Many patients had several follow-up sessions. Some 5,000 community members learnt more about the consequences of violence, particularly against women; this helped to set up referral systems and prevent stigmatization.

### **Separated relatives restore contact with ICRC help**

People dispersed by conflict/violence or other circumstances restored/maintained contact with their relatives through Movement family-links services, including RCMs, telephone calls and short oral messages conveyed by Central African Red Cross/ICRC staff. People sought information about their relatives through hundreds of tracing requests, which were opened in and out of the CAR and dealt with in coordination with delegations and National Societies in neighbouring countries.

In total, 44 separated minors, including 25 previously associated with armed groups, were reunited with their relatives in the CAR and abroad through Movement efforts coordinated with other actors concerned. After discussions with the ICRC, the authorities agreed to provide minors with passes to facilitate cross-border reunifications.

In Bangui and other violence-affected towns, hundreds of persons received dignified burials thanks to ICRC-trained and supported National Society volunteers who collected and handed their remains over to the families, or buried them. When possible, efforts were taken to make identification possible at a later stage.

### **IDPs and returnees meet immediate needs**

While the population in IDP sites fluctuated, IDPs at seven sites in Bangui were assisted in meeting their daily needs with half-rations consisting of rice, beans, oil and salt provided by the ICRC on a bi-weekly or monthly basis, according to their needs. Innovative tools – for digitized registration, for example – made distributions to some 11,000 people more effective and efficient. Some 15,000 households (75,000 people) mostly IDPs received food assistance, including thousands of displaced households and host families outside Bangui who met their daily nutritional needs during the lean season with a one-month ration of dry food.

In Farazala and in villages around Bambari, some 8,905 households (43,510 people) coped with climatic challenges, prepared family meals and maintained an improved level of hygiene with essential items distributed by the National Society/ICRC.

### **Communities resume livelihood activities with ICRC-provided seed and tools**

Some 10,990 resident and returnee households (49,447 people) resumed livelihood activities, including by cultivating up to half a hectare in Bambari, Bouar and Kaga Bandoro with staple seed and tools provided by the ICRC.

In Birao and Kaga Bandoro, 442 households (2,210 people), including those for whom help had been delayed owing to conflict at the end of 2013, diversified their crops, for sale or consumption, through seed and tools for vegetable gardening. Owing to monitoring challenges caused by insecurity, fewer households than targeted were reached.

The multiplication of disease-resistant cassava cuttings enabled 26 farmers' groups to produce an average of 20 tonnes of cassava per hectare. The farmers also benefited from training, financial and other support. Using the harvest from these fields, 26 other farmers' groups produced healthy plants in Bambari, Birao and Kaga Bandoro. In total, 1,255 people (303 households) benefitted from such training and support.

In Kaga Bandoro, a vaccination campaign conducted in cooperation with the government and National Society volunteers increased the productivity of 580 herders' livestock: 14,675 heads of cattle were vaccinated.

Some 500 households (2,448 people) covered their basic needs for at least a week through cash-for-work projects: restoring houses in Dekoa and Nana Outa that had been destroyed; building shelters for IDPs in Kaga Bandoro; constructing fences to protect cassava fields in Birao; and clearing the air strip in Kaga Bandoro.

Owing to the focus on emergency response, support to local committees/tradesmen for managing materials donated to help them increase their incomes, such as carts and bicycles, were postponed.

### **IDPs in violence-affected areas have better access to water**

Some 180,000 IDPs who had sought refuge at various sites in Bangui, Bambari and Kaga-Bandoro benefited from emergency assistance: daily supplies of trucked-in water and rehabilitation/expansion of water connections to the national water network (SODECA). At the peak of the crisis, IDPs at the airport in Bangui received as much as 420,000 litres of water daily. IDPs also improved their hygiene conditions through the construction of basic sanitation infrastructure (separate latrines and showers for men, women and children), the establishment of a waste collection system and hygiene promotion sessions, which helped prevent the spread of diseases.

In urban areas of Bangui, Birao, Kaga Bandoro and Ndélé, some 423,500 people had regular access to safe water thanks to the rehabilitation of key infrastructure, the donation of chemical products, and the provision of technical support for maintaining the water system.

In rural areas of Bamingui-Bangoran and Nana-Grebizi, 17,500 people had better access to water after the rehabilitation of wells and hand pumps. Some 3,100 others began to rebuild their homes with donated tools and materials.

The rehabilitation of water points and hygiene-awareness campaigns, conducted by the National Society with ICRC support, improved living conditions for some 30,000 people in the villages of Gaga and Yaloke.

## **PEOPLE DEPRIVED OF THEIR FREEDOM**

Some 900 detainees received visits conducted according to the ICRC's standard procedures: delegates monitored their treatment and living conditions, and vulnerable inmates, such as minors, women and the ailing, received individual follow-up. Afterwards, findings and, where necessary, recommendations were submitted

confidentially to the detaining authorities. Similar visits, on an ad hoc basis, took place at smaller places of detention run by armed groups.

Detainees and their relatives restored contact through family-links services. ICRC financial support helped some return home after their release. At their request, foreigners had their embassies notified of their situation.

Dialogue continued with the arresting authorities – MINUSCA, French forces under Operation Sangaris, CAR *gendarmerie* and police, and the detaining authorities under the Justice/Interior Ministries and the intelligence services – on systematic access to detainees and the humanitarian situation in places of detention.

On two occasions, acting in its capacity as a neutral intermediary, the ICRC facilitated the return home of 11 persons held by different armed groups, at the groups' request.

### Authorities resume responsibility for feeding inmates

Owing to several factors, the ICRC took over the task of providing an adequate food supply in prisons before the authorities confirmed that they would resume responsibility for feeding inmates. Hundreds of inmates at prisons under the Justice Ministry's authority met their immediate needs through food rations and hygiene items distributed by the ICRC, as needed.

Several wounded detainees from the Bangui central prison received timely medical treatment from an ICRC surgical team following their transfer to the community hospital. Donations of medical kits bolstered the prison's capacity to provide immediate medical care for wounded or ailing detainees.

An assessment to rehabilitate the water/sanitation facilities of one of the main transitory places of detention in Bangui was conducted and shared with the authorities.

## WOUNDED AND SICK

### Weapon-wounded people receive suitable treatment at ICRC-supported hospitals

Some 920 weapon-wounded people were treated at the ICRC-supported Bangui community hospital, where ICRC surgical teams performed 2,536 operations. The hospital's teams were reinforced by ICRC-employed local staff, including National Society volunteers, and supported with donations of drugs/medical

supplies. Patient management and working conditions in the surgical department (80 beds) improved after the renovation of the operating theatre and the sterilization of patients' wards.

Wounded and sick people were also treated at the Kaga Bandoro hospital, which received similar support. People whose cases were serious or complicated and required surgery, in Bambari and Kaga Bandoro, were transported to Bangui, usually by plane. Both hospitals reinforced their capacities to provide safe blood transfusions.

### Malnourished children benefit from therapeutic feeding in Kaga Bandoro

The establishment of a therapeutic nutrition unit at the Kaga Bandoro hospital helped some 60 severely malnourished children to begin to recover their health. The paediatric ward reinforced its capacities with additional staff; their salaries were paid by the ICRC.

Some 660 people, including community members, weapon bearers and National Society volunteers, learnt basic first aid during National Society/ICRC training sessions.

In order to bolster physical rehabilitation capacities in the country, four students received ICRC sponsorship to attend a three-year prosthetic and orthotic course in Lomé, Togo.

## ACTORS OF INFLUENCE

At information sessions and in dialogue, including high-level meetings, political authorities, weapon bearers, religious/traditional leaders and community members discussed the humanitarian consequences of the conflict, the importance of protecting the civilian population and the Movement's role and activities. In Bambari, Kaga Bandoro, Ndélé and western CAR, some 400 religious/community leaders learnt more about IHL, respect for medical/humanitarian personnel and their work, and Movement activities.

Weapon bearers were reminded of the importance of respecting civilians and of facilitating safe access for violence-affected people to medical/humanitarian aid. Briefings for over 800 members of security forces and armed groups furthered their understanding of the basic rules of IHL and human rights law, and of the ICRC's activities.

Representatives of multinational forces and leaders of armed groups were regularly briefed on the ICRC's activities and humanitarian concerns through bilateral contact and dialogue.

PEOPLE DEPRIVED OF THEIR FREEDOM	CAR AUTHORITIES	ARMED GROUPS	MISCA/MINUSCA
<b>ICRC visits</b>			
Detainees visited	828	64	11
<i>of whom women</i>	24		
<i>of whom minors</i>	31	4	
Detainees visited and monitored individually	113	3	7
<i>of whom women</i>	6		
<i>of whom girls</i>	1		
<i>of whom boys</i>	11	1	
Detainees newly registered	121	3	7
<i>of whom women</i>	6		
<i>of whom girls</i>	1		
<i>of whom boys</i>	11	1	
Number of visits carried out	60	12	3
Number of places of detention visited	10	7	3
<b>Restoring family links</b>			
RCMs collected	40		
RCMs distributed	8		
Phone calls made to families to inform them of the whereabouts of a detained relative	60		

## Over 2,000 people in Bangui familiarize themselves with humanitarian principles and the Movement

Other communication efforts raised public awareness of the plight of violence-affected people and created support for Movement activities. In Bangui, through a joint effort with the National Society, nearly 2,000 students and people from major districts and women's and youth associations were made aware of the Movements' activities in the region; this helped to promote understanding of and acceptance for humanitarian principles and the Movement's work, which continued despite the uncertain security situation. ICRC representatives regularly briefed local and international media on the humanitarian situation in the country; they drew attention to the needs of people affected and to the respect and protection due to medical and humanitarian workers.

## RED CROSS AND RED CRESCENT MOVEMENT

The Central African Red Cross Society and the ICRC strengthened their partnership, particularly in the areas of first aid, human remains management, hygiene and sanitation, the distribution of relief items, restoring family links and public communication (see *Civilians*).

The National Society upgraded its first-aid training curriculum. With ICRC support, it also reorganized its emergency response teams, particularly within Bangui, enabling them to respond more effectively to the needs of violence-affected people. Volunteers involved in the collection, transportation and burial of human remains received psychosocial support from the ICRC.

At an extraordinary General Assembly, organized with ICRC support, representatives from National Society branches throughout the country discussed various issues related to institutional development. Technical committees for communication, emergency response and security management were created. The ICRC provided National Society branches with office supplies. However, owing to security constraints, staff at only certain branches could be trained in project management.

The agreement on Movement coordination signed in February, and the security framework agreement signed in November, helped strengthen coordination mechanisms.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>Red Cross messages (RCMs)</b>			<b>UAMs/SCs*</b>		
RCMs collected		337	84		
RCMs distributed		281	23		
Phone calls facilitated between family members		112			
<b>Reunifications, transfers and repatriations</b>					
People reunited with their families		45			
including people registered by another delegation		7			
People transferred/repatriated		73			
<b>Tracing requests, including cases of missing persons</b>					
People for whom a tracing request was newly registered		1,397	351	274	179
including people for whom tracing requests were registered by another delegation		1,076			
People located (tracing cases closed positively)		362			
including people for whom tracing requests were registered by another delegation		327			
Tracing cases still being handled at the end of the reporting period (people)		999	242	207	130
including people for whom tracing requests were registered by another delegation		709			
<b>UAMs/SCs*, including unaccompanied demobilized child soldiers</b>					
UAMs/SCs newly registered by the ICRC/National Society		219	64		89
UAMs/SCs reunited with their families by the ICRC/National Society		44	11		25
including UAMs/SCs registered by another delegation		7			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		98	23		46
<b>Documents</b>					
Official documents relayed between family members across borders/front lines		6			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>					
<b>ICRC visits</b>					
Detainees visited		903	24	35	
Detainees visited and monitored individually		123	6	1	11
Detainees newly registered		121	6	1	11
Number of visits carried out		75			
Number of places of detention visited		20			
<b>Restoring family links</b>					
RCMs collected		40			
RCMs distributed		8			
Phone calls made to families to inform them of the whereabouts of a detained relative		60			

\* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Food commodities	Beneficiaries	75,144	16%	66%
	<i>of whom IDPs</i>	69,917		
Essential household items	Beneficiaries	43,510	21%	60%
	<i>of whom IDPs</i>	16,207		
Productive inputs	Beneficiaries	49,447	21%	56%
	<i>of whom IDPs</i>	21		
Cash	Beneficiaries	6,337	18%	22%
	<i>of whom IDPs</i>	1,434		
Work, services and training	Beneficiaries	1,255	27%	44%
Water and habitat activities <sup>1</sup>	Beneficiaries	510,000	50%	30%
	<i>of whom IDPs</i>			
<b>Health</b>				
Health centres supported	Structures	10		
Average catchment population		72,330		
Consultations	Patients	63,307		
	<i>of which curative</i>		16,973	29,509
	<i>of which ante/post-natal</i>		2,533	
Immunizations	Doses	12,790		
	<i>of which for children aged five or under</i>	12,102		
Referrals to a second level of care	Patients	1,275		
Health education	Sessions	79		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection programme)</b>				
Food commodities	Beneficiaries	1,595		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	2		
	<i>of which provided data</i>	2		
Admissions	Patients	4,056	1,152	1,109
	<i>of whom weapon-wounded</i>	924	112	21
	<i>(including by mines or explosive remnants of war)</i>	113		
	<i>of whom other surgical cases</i>	1,055		
	<i>of whom medical cases</i>	1,600		
	<i>of whom gynaecological/obstetric cases</i>	477		
Operations performed		2,536		
Outpatient consultations	Patients	38,482		
	<i>of which surgical</i>	7,738		
	<i>of which medical</i>	23,828		
	<i>of which gynaecological/obstetric</i>	6,916		
<b>Water and habitat</b>				
Water and habitat activities	Number of beds	80		

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

# CHAD



The ICRC has operated in Chad since 1978. It focuses mainly on visiting detainees and restoring links between separated family members, most of whom are refugees from neighbouring countries. It continues supporting rehabilitation services for amputees countrywide, while pursuing longstanding programmes to promote IHL among the authorities, armed forces and civil society. The ICRC supports the Red Cross of Chad.

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

**MEDIUM**

## KEY RESULTS/CONSTRAINTS

In 2014:

- ▶ the Justice Ministry developed an action plan to improve food chain management in places of detention – part of efforts to address malnourishment – at a workshop organized with the ICRC
- ▶ returnees met their urgent needs through essential household items provided by the ICRC and distributed by the Red Cross of Chad
- ▶ refugees, from countries affected by conflict/violence, restored/maintained contact with their relatives through family-links services provided jointly with the National Society
- ▶ high-ranking officers furthered their knowledge of IHL at ICRC training sessions that prepared them to serve as focal points across the country, as per an agreement to incorporate IHL in military training
- ▶ the National Society's advocacy efforts resulted in Chad's parliament, with ICRC technical support, adopting the Arms Trade Treaty and legislation protecting the Movement's emblems

EXPENDITURE (in KCHF)	
Protection	1,820
Assistance	1,968
Prevention	1,157
Cooperation with National Societies	872
General	-
	<b>5.817</b>

of which: Overheads 335

IMPLEMENTATION RATE	
Expenditure/yearly budget	<b>91%</b>

PERSONNEL	
Mobile staff	12
Resident staff (daily workers not included)	53

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
<b>Red Cross messages (RCMs)</b>	
RCMs collected	832
RCMs distributed	356
Phone calls facilitated between family members	25,435
People located (tracing cases closed positively)	21
People reunited with their families	19
<i>of whom unaccompanied minors/separated children</i>	19
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
<b>ICRC visits</b>	
Detainees visited	5,989
Detainees visited and monitored individually	401
Number of visits carried out	46
Number of places of detention visited	12
<b>Restoring family links</b>	
RCMs collected	146
RCMs distributed	102
Phone calls made to families to inform them of the whereabouts of a detained relative	822

ASSISTANCE	2014 Targets (up to)	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>		
<b>Economic security, water and habitat</b> (in some cases provided within a protection or cooperation programme)		
Essential household items	Beneficiaries 7,000	3,612
Cash	Beneficiaries	1,368
<b>WOUNDED AND SICK</b>		
<b>Physical rehabilitation</b>		
Centres supported	Structures 2	2
Patients receiving services	Patients 4,500	5,932



## CONTEXT

Chad remained relatively calm, despite occasional bouts of localized intercommunal tensions, banditry and social unrest over economic frustrations. Spillover of violence from neighbouring countries remained a concern. Instability in neighbouring countries, particularly the Central African Republic (hereafter CAR), Nigeria and Sudan, drove returnees/refugees into various parts of Chad and kept them there; the government closed the borders from time to time. At year's end, there were reportedly over 100,000 refugees/returnees from the CAR, and thousands from Nigeria, in Chad. In addition to the loss of remittances from Chadian returnees, the abrupt increase in the population strained already scarce resources.

Chadian troops were withdrawn from the CAR, but remained in Mali. The joint Chadian/Sudanese force, the CAR/Chadian/Sudanese tripartite force, and the mixed force of the Lake Chad Basin Commission continued to be stationed along their common borders; the mixed force was reinforced after an increase in attacks by the Nigeria-based Ahlis Sunna Lidda'awati wal-Jihad, an armed group also known as Boko Haram, along the border with Cameroon.

The capital, N'Djamena, became the permanent headquarters of the French military's Operation Barkhane, aimed at countering armed groups in the Sahel.

Mines and explosive remnants of war (ERW) continued to endanger people in the north and the east.

## ICRC ACTION AND RESULTS

In 2014, the ICRC focused on meeting some of the urgent needs faced by returnees and refugees affected by conflict and other situations of violence in neighbouring countries, particularly the CAR, visiting detainees and pursuing dialogue with the pertinent authorities to ensure that their treatment and conditions were in line with international standards, and supporting the authorities in ratifying/adopting IHL-related treaties and legislation.

In line with an agreement with the Justice Ministry, the ICRC visited inmates in detention facilities to monitor their treatment and living conditions, including their nutritional and health status, and to provide family-links services where needed. Assistance for detainees took two forms: provision of health/sanitation items and infrastructure projects to reduce health-related risks. The ICRC maintained dialogue with the authorities on judicial/penitentiary reform, which progressed slowly, as the laws related to the penitentiary system had not yet been adopted.

Delegates responded to nutritional emergencies at some prisons, providing high-energy food supplements and therapeutic food for malnourished/severely malnourished detainees; a workshop on food chain management was organized jointly with the Ministry of Justice, which led to the development of an action plan for food chain management within prisons.

Members of dispersed families, particularly separated children from the CAR, restored/maintained contact through Movement family-links services. In the south and in N'Djamena, the ICRC registered several separated children for reunification in Chad or abroad and treated several tracing requests. The suspension of ICRC activities in Sudan limited family-links services in the east despite the existence of needs.

Dialogue with the authorities, armed/security forces, and key members of civil society served to foster respect for IHL and international human rights law applicable to law enforcement operations. The ICRC continued to conduct briefings/information sessions on basic IHL for troops in the field, mainly those based at Lake Chad and those bound for regional peacekeeping operations. Discussions between the military command and the ICRC paved the way for the creation of a permanent training structure in the country's military zones. Following from this, the military command gave its written consent for IHL dissemination sessions, jointly organized by ICRC-trained IHL focal points and the ICRC, to be carried out.

Dialogue with the authorities, particularly the Foreign Affairs Ministry and the National Assembly – including through workshops organized at their request – contributed to the incorporation of IHL treaty provisions, especially those relating to small arms, in domestic legislation. The National Assembly adopted the Arms Trade Treaty. The ICRC also launched a series of information sessions for parliamentarians on topics related to the ICRC's mandate, such as the protection of the Movement's emblems.

While urging the Health and Social Affairs Ministries to make a more substantial investment in physical rehabilitation services, the ICRC also continued to support two physical rehabilitation centres in Chad. This included the provision of prosthetic/orthotic components and funds to treat, primarily, conflict-disabled people. Training for staff, locally and abroad, enhanced the quality of services at the centres.

ICRC support for the Red Cross of Chad helped it bolster its capacities in emergency response, first aid, family-links services, and public communication. Regular meetings with Movement partners and other humanitarian organizations helped coordinate activities. After several years of National Society/ICRC advocacy, law-makers adopted a bill protecting the Movement's emblems.

## CIVILIANS

The ICRC monitored the situation of returnees and refugees, unaccompanied/separated minors among them, fleeing armed conflict and other situations of violence in neighbouring countries including the CAR, Nigeria and Sudan. Humanitarian concerns, including the need to prevent the recruitment of minors into fighting forces and other protection-related issues, were raised with the authorities and weapon bearers; bringing up these matters also served to remind them formally of their obligations under IHL and other applicable law.

### **Thousands of returnees and refugees restore contact with relatives, but massive needs remain**

People fleeing armed conflict in the CAR, separated children among them, restored/maintained contact with their relatives through the Movement's family-links services, including through five family-links sites at camps for refugees/returnees in the south and in N'Djamena: some 25,000 phone calls were made and 1,100 RCMs delivered and collected. To meet the growing needs of returnees/refugees, 33 volunteers from the Red Cross of Chad, and focal points from the south and other parts of the country, bolstered their capacities to provide family-links services at two workshops conducted by the National Society and the ICRC.

People sought information on their relatives through some 500 tracing requests, which the ICRC dealt with in coordination with delegations and other parties concerned throughout the region.

Nineteen unaccompanied minors rejoined their families in Chad and neighbouring countries.

The suspension of ICRC activities in Sudan led to the interruption of family-links services for refugee communities in the east with the closure of 10 family-links sites and reduced activity at two others despite the existence of needs (see *Sudan*).

Some 720 households (3,612 people), including returnees in the Salamat region of south-eastern Chad and victims of fires in the Lake Chad region, met their urgent needs through essential household items distributed by the National Society/ICRC. Cash assistance enabled some 1,360 returnees to cover their urgent needs.

### PEOPLE DEPRIVED OF THEIR FREEDOM

In line with an agreement with the Justice Ministry, 5,989 detainees at 12 places of detention received visits conducted according to the ICRC's standard procedures; visits to detainees held at prisons in the south resumed after a year-long interruption. Delegates monitored detainees' treatment, including respect for judicial guarantees, and their living conditions, particularly their health and nutrition (see below). Some 400 particularly vulnerable detainees – women, minors, foreigners and those held for security reasons – were followed up individually. After the visits, findings/recommendations were communicated confidentially to the authorities concerned. Discussions with the authorities on judicial/penitentiary reform continued; laws related to the penitentiary system had not yet been adopted.

#### Action plan to improve food chain management developed jointly with the Ministry of Justice

In response to a marked increase in malnutrition at places of detention, representatives of the Justice/Finance/Health Ministries and prison administration officials – during a workshop organized jointly by the ICRC and the Justice Ministry – developed an action plan to improve food chain management. Regular meetings with the central authorities, about the plan's implementation, focused on the quality and quantity of food delivered to the prisons. ICRC training sessions helped prison staff become more adept at managing food stocks; having to deal with donations of kitchen/storage materials also helped in this regard. Two prisons changed their food suppliers, which helped improve food chain management.

The ICRC also monitored the nutritional status of detainees at five prisons, among them the Koro Toro high-security prison, where, because of its remote location, food stocks were frequently depleted. At four of the prisons, nearly 300 severely malnourished detainees and 1,638 moderately malnourished detainees recovered their health through therapeutic feeding provided by the ICRC. Training helped volunteer medical personnel to improve their handling of malnutrition and common diseases.

Donations of drugs/medical supplies and the introduction of management tools such as registers, patient notes and stock cards strengthened the ability of medical personnel at four prisons, and at two hospitals serving as referral centres, to treat ailing detainees. During dialogue with the Health/Justice Ministries, the ICRC continued to advocate assigning nurses to prisons, particularly Koro Toro.

#### Situation of detained minors previously associated with armed groups raised with authorities

After a representation on their behalf, 43 detained minors previously associated with armed groups in the CAR were released and placed in the custody of the authorities and organizations

responsible for social reintegration/family reunification for minors. Two minors re-joined their families, but the security situation in the CAR delayed the others' reunion with their families.

Detainees re-established and/or maintained contact with relatives using family-links services, including phone calls, short oral messages relayed by ICRC delegates and RCMs.

#### Hygiene kits and infrastructure projects improve conditions for detainees

Some 8,300 detainees mitigated health risks with the help of hygiene and other essential items distributed by the ICRC, and hygiene-awareness-raising sessions. Some 2,250 detainees at two prisons benefited, or stood to do so, from completed and ongoing infrastructure projects, such as construction of kitchens/storage rooms and improvements to food storage facilities and ventilation in cells.

### WOUNDED AND SICK

#### Advocacy for addressing rehabilitation needs in Chad continues

In all, 5,932 disabled persons, including about 150 victims of mines/ERW received treatment at two ICRC-supported physical rehabilitation centres: the Centre d'appareillage et de rééducation de Kalabaye (CARK) in N'Djamena and the Maison Notre-Dame de Paix (MNDP) in Moundou. Disabled people improved their mobility with assistive devices provided by the centres: prosthetic/orthotic devices made from ICRC-supplied components, wheel-chairs and crutches/canes. At the CARK, treatment and transport costs were covered for 45 people disabled by conflict, including 25 amputees, and 20 destitute patients from remote areas of eastern/northern Chad and their caretakers.

Four technicians/physiotherapists attended three-year courses at schools in Benin or Togo to upgrade their qualifications. After completing the courses, two began work at the CARK, and one at the MNDP, enhancing the quality of services at the centres. The CARK did not respond to the ICRC's offers to help it initiate a process aimed at strengthening their organizational autonomy.

The ICRC continued to urge the Health/Social Affairs Ministries to increase their investment in physical rehabilitation. Work also continued with the Health Ministry and other parties concerned to draft a national plan to address physical rehabilitation needs in Chad; an agreement was signed with the Health Ministry to recruit an international expert to facilitate the process.

An official from the Foreign Affairs Ministry, with financial support from the ICRC, participated in a workshop on victim assistance abroad organized by the African Union and the ICRC (see *African Union*).

### ACTORS OF INFLUENCE

Given the situations in neighbouring countries and the spillover consequences for Chad (see *Context*), dialogue with the authorities, armed/security forces and civil society helped to foster respect for IHL/humanitarian principles and facilitate Movement activities.

#### Military authorities approve IHL dissemination sessions for field troops by ICRC-trained instructors

Dialogue with the armed forces, including the chief of staff, resulted in a plan for incorporating IHL in military instruction and creating a permanent training structure in the country's military zones. Following this, 38 high-ranking officers furthered their knowledge of IHL during a training session organized by the

Military Training School and the ICRC, where some of them were also chosen to serve as IHL focal points. The military command gave its approval for IHL dissemination sessions, jointly organized by the newly trained focal points and the ICRC, to be carried out. Dialogue with the command of the presidential guard resumed after a gap of over two years.

Through ICRC briefings, armed/security forces learnt more about IHL and international human rights law applicable to the use of force in law enforcement operations. Ten commanding officers of the multinational force based at Bagassola, in the Lake Chad region, took part in an IHL refresher session; 40 officers based at N'Gouboua learnt more about IHL and the ICRC's activities. Over 500 Chadian army officers and 140 police and gendarmerie commanders bound for Mali learnt about basic norms applicable to peacekeeping, particularly with regard to ensuring respect for civilians and humanitarian/medical personnel and infrastructure. The army's deputy chief of staff participated in an IHL course abroad (see *Beijing*).

### **Chad adopts Arms Trade Treaty**

During two workshops organized by the ICRC at the Foreign Affairs Ministry's request, officials from key ministries, parliamentarians, armed forces personnel and academics furthered their understanding of the need to ratify weapons-related treaties, particularly the Arms Trade Treaty and the Kinshasa Convention on small arms. The National Assembly adopted the Arms Trade Treaty.

Parliamentarians also learnt more about the ICRC's mandate and the need to adopt legislation protecting the Movement's emblems (see *Red Cross and Red Crescent Movement*).

Chad adopted legislation prohibiting the recruitment and use of children in armed conflicts. The Council of Ministers adopted the revised penal code, which contained provisions for suppressing violations of IHL.

### **Students demonstrate their knowledge of IHL at the first national moot court competition in Chad**

Media coverage of the Movement's work – based on press releases, interviews, up-to-date information on ICRC and family-links websites, as well as a photo gallery and a field trip for the media to observe family-links activities (see *Civilians*) – helped stimulate the public's interest in humanitarian affairs. Events to mark World Red Cross and Red Crescent Day, conducted jointly with the Red Cross of Chad, and briefings/information sessions for NGOs and the media, helped promote the ICRC's activities, including the Health Care in Danger project. The production of an online version of the short film *Pas à Pas* helped promote the activities of ICRC-supported rehabilitation centres.

Religious leaders and scholars discussed the common ground between Islamic law and IHL during an ICRC-organized seminar.

Students from four public universities tested their knowledge of IHL at the first national moot court competition in Chad, which was organized by the ICRC. Two university professors strengthened their ability to teach IHL at an advanced course abroad (see *Dakar*).

## **RED CROSS AND RED CRESCENT MOVEMENT**

The Red Cross of Chad bolstered its governance/management and operational capacities, particularly its ability to respond to the needs of violence-affected people, with financial, material, technical and training support from the ICRC and other Movement partners. The authorities chose it to be one of three national organizations responsible for managing sites hosting refugees and returnees from the CAR.

### **Chad adopts bill protecting the Movement's emblems**

After several years of National Society/ICRC advocacy, law-makers adopted a bill protecting the Movement's emblems. National Society volunteers strengthened their communication capacities during a three-day workshop; they also received ICRC-produced materials for raising awareness of the new bill among the public.

ICRC expertise/logistical support/relief items (see *Civilians*) helped the National Society respond to the influx of returnees/refugees after the outbreak of violence in the CAR. Support for the ongoing construction of a regional office in Am Timan, where most Chadian returnees had agreed to relocate, aimed to further help the National Society in meeting humanitarian needs there.

The National Society relied on ICRC donated first-aid kits to tend to 2,400 road-accident victims as part of its first-aid/road-safety project. In northern Chad, ICRC support enabled the National Society to continue fumigation campaigns against scorpions, one of the main causes of deaths in the region.

Movement partners met regularly to coordinate their activities and prevent duplication of effort.

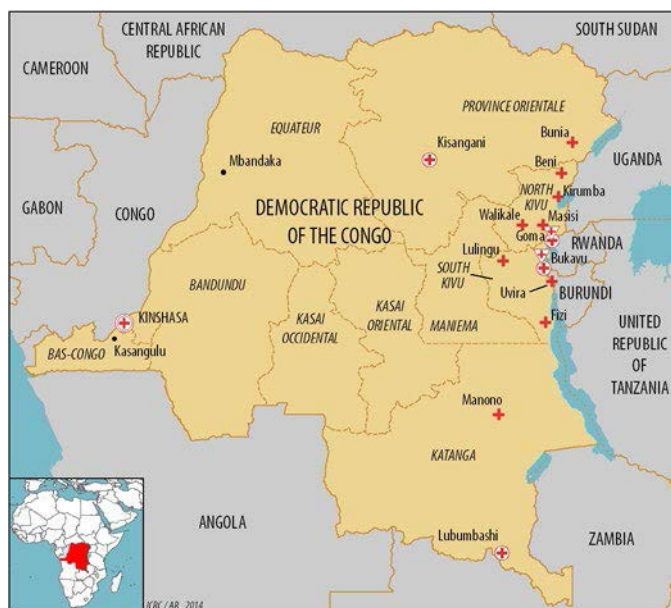
MAIN FIGURES AND INDICATORS: PROTECTION		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>Red Cross messages (RCMs)</b>					
			UAMs/SCs*		
RCMs collected		832	337		
RCMs distributed		356	140		
Phone calls facilitated between family members		25,435			
<b>Reunifications, transfers and repatriations</b>					
People reunited with their families		19			
	<i>including people registered by another delegation</i>	1			
<b>Tracing requests, including cases of missing persons</b>					
			Women	Girls	Boys
People for whom a tracing request was newly registered		503	118	81	108
	<i>including people for whom tracing requests were registered by another delegation</i>	373			
People located (tracing cases closed positively)		21			
	<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)		570	146	82	123
	<i>including people for whom tracing requests were registered by another delegation</i>	375			
<b>UAMs/SCs*, including unaccompanied demobilized child soldiers</b>					
			Girls		Demobilized children
UAMs/SCs newly registered by the ICRC/National Society		230	70		32
UAMs/SCs reunited with their families by the ICRC/National Society		19	1		2
	<i>including UAMs/SCs registered by another delegation</i>	1			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		260	91		31
<b>Documents</b>					
Official documents relayed between family members across borders/front lines		4			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>					
<b>ICRC visits</b>					
			Women	Minors	
Detainees visited		5,989	133	194	
			Women	Girls	Boys
Detainees visited and monitored individually		401	1	2	67
Detainees newly registered		368	1	2	67
Number of visits carried out		46			
Number of places of detention visited		12			
<b>Restoring family links</b>					
RCMs collected		146			
RCMs distributed		102			
Phone calls made to families to inform them of the whereabouts of a detained relative		822			
People to whom a detention attestation was issued		27			

\* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Essential household items	Beneficiaries	3,612	7%	19%
Cash	Beneficiaries	1,368	35%	40%
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection programme)</b>				
Essential household items	Beneficiaries	8,359		
Cash	Beneficiaries	1		
Water and habitat activities	Beneficiaries	2,250		
<b>Health</b>				
Number of visits carried out by health staff		27		
Number of places of detention visited by health staff		5		
<b>WOUNDED AND SICK</b>				
<b>Physical rehabilitation</b>				
Centres supported	Structures	2		
Patients receiving services	Patients	5,932	1,103	2,423
New patients fitted with prostheses	Patients	234	47	42
Prostheses delivered	Units	390	67	25
	<i>of which for victims of mines or explosive remnants of war</i>	Units	151	
New patients fitted with orthoses	Patients	182	20	115
Orthoses delivered	Units	630	71	393
	<i>of which for victims of mines or explosive remnants of war</i>	Units	6	
Patients receiving physiotherapy	Patients	4,150	831	1 620
Crutches delivered	Units	932		
Wheelchairs delivered	Units	42		



# CONGO, DEMOCRATIC REPUBLIC OF THE



ICRC/AR\_2014  
 + ICRC delegation + ICRC sub-delegation + ICRC office/presence  
 + ICRC-supported prosthetic/orthotic centre

## KEY RESULTS/CONSTRAINTS

### In 2014:

- ▶ weapon bearers were reminded of the protection afforded by IHL to civilians, through 250 oral and written representations based on violations reported to the ICRC
- ▶ over 700 unaccompanied children, including those formerly associated with armed forces or groups, rejoined their families within or across national borders, as a result of Movement efforts
- ▶ over 1,000 weapon-wounded people received medical care thanks to the deployment of 2 ICRC surgical teams in Bukavu and Goma, regular support to 7 hospitals and ad hoc support to 32 other health facilities
- ▶ while the lower intensity of conflict led to reduced needs, thousands of IDPs/returnees continued to meet their emergency needs through food rations and essential household items
- ▶ rural water projects ensured access to safe water for thousands of people, but operational/logistical issues postponed the completion of other projects, such as a water reservoir in Goma and wells in Katanga
- ▶ acutely malnourished detainees in ICRC-supported prisons recovered their health by means of therapeutic feeding and daily rations

EXPENDITURE (in KCHF)	
Protection	15,480
Assistance	39,349
Prevention	5,312
Cooperation with National Societies	2,309
General	-
	<b>62,450</b>

of which: Overheads 3,751

IMPLEMENTATION RATE	
Expenditure/yearly budget	<b>89%</b>

PERSONNEL	
Mobile staff	105
Resident staff (daily workers not included)	764

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

## YEARLY RESULTS

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

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
Red Cross messages (RCMs)	
RCMs collected	44,263
RCMs distributed	36,850
Phone calls facilitated between family members	270
People located (tracing cases closed positively)	551
People reunited with their families	854
<i>of whom unaccompanied minors/separated children</i>	785
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
ICRC visits	
Detainees visited	19,222
Detainees visited and monitored individually	1,891
Number of visits carried out	270
Number of places of detention visited	74
Restoring family links	
RCMs collected	2,203
RCMs distributed	1,725
Phone calls made to families to inform them of the whereabouts of a detained relative	45

ASSISTANCE	2014 Targets (up to)	Achieved	
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>			
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)			
Food commodities	Beneficiaries	180,000	100,877
Essential household items	Beneficiaries	145,000	193,525
Productive inputs	Beneficiaries	120,000	249,553
Cash	Beneficiaries		13,307
Vouchers	Beneficiaries	65,000	34,814
Work, services and training	Beneficiaries		7,220
Water and habitat activities	Beneficiaries	840,500	509,748
<b>Health</b>			
Health centres supported	Structures	12	11
<b>WOUNDED AND SICK</b>			
Hospitals			
Hospitals supported	Structures	5	41
Water and habitat			
Water and habitat activities	Number of beds	600	2,000
Physical rehabilitation			
Centres supported	Structures	3	4
Patients receiving services	Patients	700	915



## CONTEXT

The end of the active conflict between the armed forces of the Democratic Republic of the Congo (hereafter DRC) and the M23 in December 2013 contributed to decreased levels of confrontations in North Kivu. Still, fighting and interethnic tensions continued, causing casualties, destruction of livelihood and property, and other abuses against civilians; tens of thousands of people were uprooted and often prevented from returning to their homes, notably in Katanga, North and South Kivu and Province Orientale.

The UN Security Council extended – until 2015 – the mandate of the UN Stabilization Mission in the DRC (MONUSCO) and its ‘intervention brigade’. MONUSCO, along with the armed forces, launched military operations against certain armed groups in the country.

While few thousands of ex-combatants disarmed and were demobilized, the national process of Disarmament, Demobilization, Repatriation, Reintegration and Resettlement has not yet achieved the complete dismantlement of the said groups.

Regional leaders set a deadline for the Democratic Forces for the Liberation of Rwanda to disarm voluntarily or possibly face military action. As the deadline neared, a few combatants and their dependants had disarmed and regrouped.

The influx of refugees from the Central African Republic (hereafter CAR), and of Congolese migrants deported or returning from neighbouring countries, decreased, but local resources continued to feel the strain.

In November, an outbreak of the Ebola virus in the Equateur province was contained.

## ICRC ACTION AND RESULTS

By means of a multidisciplinary approach adapted to the country’s changing security constraints, the ICRC continued to protect and assist conflict-affected people in eastern DRC and other areas affected by violence.

It pursued efforts to ensure protection for civilians and medical personnel and facilities, and to secure its safe access to conflict-affected people. In this connection, the ICRC maintained regular dialogue at all levels with parties to the conflict, including on allegations of abuse reported to its delegates. Dissemination sessions focused on the reinforcement of respect for IHL and humanitarian principles among weapon bearers; regular contact with the authorities, traditional leaders, civil society actors and conflict-affected communities promoted acceptance for neutral, impartial and independent humanitarian action.

Teams from the Red Cross Society of the Democratic Republic of the Congo administered first aid to wounded/sick people and managed human remains with ICRC support. Weapon-wounded patients were evacuated by the ICRC and treated by two ICRC surgical teams at hospitals in Bukavu and Goma and other supported facilities.

In North and South Kivu, conflict-affected people had access to health care at primary-health-care centres, which received regular ICRC support (drugs/consumables and staff training), and at other health facilities, which received emergency medical materials on an ad hoc basis. Victims of sexual violence and other conflict-related trauma received psychosocial care and were referred for medical

treatment to nearby health structures. Information sessions for community members raised awareness of the availability of these services and sought to prevent victims from being stigmatized. In Province Orientale, people suffering from conflict-related trauma also received psychosocial support from community-based counsellors. People disabled during armed conflict restored/improved their mobility via prosthetic/orthotic devices and rehabilitative services at ICRC-supported physical rehabilitation centres. Health facilities, including counselling and primary-health-care centres, were constructed or renovated.

In the Kivu provinces and in Katanga, IDPs/returnees affected by ongoing clashes covered their immediate needs through emergency relief provided by DRC Red Cross/ICRC teams. Because needs decreased throughout the year, the DRC Red Cross/ICRC carried out fewer emergency food distributions than planned. Nonetheless, in stabilized areas, communities restored/boosted their livelihoods through agricultural and fish-farming initiatives, and other ICRC-supported projects implemented with local partners. Water authorities in the Kivu provinces worked with the ICRC to construct/restore local water systems, and increase residents’ access to clean water. In Goma and Katanga, operational and logistical issues delayed the completion of some projects.

Delegates visited detainees – in line with standard ICRC procedures – to monitor their treatment and living conditions: afterwards, on the basis of their findings, they made confidential representations to the authorities. Detainees recovered their health and/or improved their daily diet through ICRC nutrition programmes and food distributions, which took place alongside dialogue with the authorities on the timely release of funds for food. Detainees in a number of prisons saw better living conditions, including improved access to basic health care, following ICRC material/technical support for dispensaries, distributions of hygiene items and construction/rehabilitation of prison infrastructure.

DRC Red Cross/ICRC family-links services enabled detainees, CAR refugees and others separated from their families by armed conflict to re-establish/maintain contact with their relatives. Separated children, including those previously associated with weapon bearers, rejoined their families in the DRC or abroad, and received support for reintegration into community life.

The DRC Red Cross enhanced its first-aid, disaster-management, family-links and communication capacities with ICRC financial/material/technical support. Regular contact with other Movement partners, the authorities and humanitarian organizations ensured coordination of activities.

## CIVILIANS

Conflict-affected civilians reported abuses committed by weapon bearers, including extrajudicial killings, sexual violence, child recruitment and issues related to impeded access to health care. Based on these allegations, and to prevent further abuses, the ICRC made over 250 written and oral representations to weapon bearers and other parties to the conflict, reminding them of the protection afforded by IHL to civilians, including those seeking or providing medical care.

### **Conflict-affected civilians cover their needs via emergency assistance and livelihood support**

Owing to reduced needs and logistical constraints, fewer food distributions took place. Even so, following emergencies/clashes, IDPs/returnees met their short-term needs through food (100,877

people/19,051 households) and essential household items (193,525 people/38,705 households) distributed by National Society/ICRC teams in coordination with the authorities and other organizations. Vouchers enabled 34,814 people/6,963 households to purchase essential items at three ICRC-organized fairs in the Kivu provinces.

Some 250,000 IDPs/returnees, members of host families and other vulnerable residents (49,991 households), in more stable areas in Katanga and North and South Kivu, resumed/intensified their agricultural or fish-farming activities with ICRC-supplied disease-resistant cassava cuttings, improved seed for staple crops/vegetables, tools and fishing kits. To bolster the sustainability of these activities, State agencies and 99 local associations, with ICRC support, conducted daily follow-up and training for 1,440 households (7,220 people).

### **Victims of sexual violence obtain psychosocial support and medical treatment**

Some 80,000 people received primary health care at 11 centres that received regular ICRC support (drugs/medical supplies, staff training, monitoring and infrastructural upgrades). At these centres: over 60,000 vaccinations were performed – of which 90% were for children – through ICRC support for the national immunization programme and for a massive polio vaccination campaign; some 14,000 women received ante/post-natal consultations; about 4,100 patients benefitted from higher-level care after referrals; and treatment costs for destitute patients were covered. Ad hoc ICRC assistance enabled 16 other primary health centres to strengthen their ability to meet emergency needs, during influxes of IDPs and at other times.

In North and South Kivu, 2,906 victims of sexual violence and 1,064 people suffering from conflict-related trauma were assisted in coping with their situation through the psychosocial support offered at 29 ICRC-supported counselling centres; at year's end, six centres were built/renovated. Over 1,220 of those counselled were referred to nearby health facilities for medical treatment. Through regular awareness-raising sessions and six sensitization campaigns partly aimed at preventing stigmatization linked to sexual abuse, 80,000 community members learnt about the centres and the necessity of post-exposure prophylactic treatment within 72 hours of being raped.

In Province Orientale, 662 people suffering from post-conflict trauma received psychosocial support from ICRC-trained, community-based counsellors. At information sessions, over 16,000 people were familiarized with the difficulties faced by those suffering from conflict-related mental-health disorders and ways to help them cope. As planned, psychosocial support to community members in the province concluded at year's end.

### **Over 700 separated children rejoin their families thanks to Movement efforts**

People dispersed by conflict/violence, including CAR refugees, restored/maintained contact with their relatives through National Society/ICRC family-links services. In Kasai Occidental, owing to decreasing needs, the ICRC stopped registering cases for migrants deported from Angola; it closed its office in Kananga in April and carried out the last family reunion in July. The National Society continued to monitor the situation of deportees, and their needs; it maintained a network of tracing volunteers in key locations.

In all, 785 separated children, including 285 previously associated with weapon bearers, reunited with their families within the country or abroad. In the DRC, 638 children returned home with

ICRC-supplied food and 497 children received hygiene items to help them resettle in their communities. Using ICRC-provided materials, 409 children undertook occupational activities, which helped advance their reintegration. Follow-up visits were made to 841 families to monitor the children's welfare; including those who had been previously reunited.

Children registered by the ICRC and awaiting reunification with their families stayed with foster families or at transit centres; the families and the centres were briefed on the children's backgrounds and encouraged to report any issues that might arise; other forms of support were provided as well. Regular visits helped monitor the children's well-being. At National Society/ICRC awareness-raising sessions in transit centres, children and community members learnt about issues that might arise when they returned home.

In the Kivu provinces, community-based initiatives promoted the reintegration into family life of particularly vulnerable children, and strove to prevent further recruitment of child soldiers. Over 230 children gained employable skills through vocational training sessions organized by ICRC-supported associations.

### **Communities enjoy improved access to clean water in North and South Kivu**

Almost 207,000 people had safe drinking water, owing to construction of/repairs to 14 rural water supply systems in North and South Kivu. Community-mobilization activities encouraged beneficiaries' involvement in building and managing infrastructure; they also led to the creation of local water committees and training opportunities, thereby enhancing local ownership and sustainability. In addition, 22 technicians from the country's water utility learnt more about maintenance at a ten-day training course funded by the ICRC.

In Goma, about 300,000 people benefitted from the construction, in cooperation with the local water authorities, of two pumping stations and the installation of a pipeline connected to the broader city network. Operational and logistical issues delayed part of the Goma project and also the construction of wells in Katanga.

In Province Orientale, some 2,500 people had better access to water, through the National Society's implementation – with the ICRC's financial/technical assistance – of a water supply system. Restoration of 12 other water sources in North Kivu was under way.

### **PEOPLE DEPRIVED OF THEIR FREEDOM**

Some 19,000 detainees received ICRC visits conducted according to the organization's standard procedures, during which delegates monitored their treatment and living conditions. Security detainees and other vulnerable inmates were monitored individually and received special attention. Afterwards, findings and recommendations were submitted confidentially to the relevant authorities. The judicial authorities acted on individual cases raised by the ICRC, which led to the release of 26 inmates, including those whose pre-trial detention had exceeded the legal limit.

Detainees communicated with their relatives using RCMs. Following their release, some inmates returned home with ICRC financial assistance.

### **Malnourished detainees recover their health through nutrition interventions**

Over 17,000 inmates had better access to good-quality health care thanks to regular ICRC material/technical support for health

services in at least 17 prisons. Therapeutic nutrition programmes enabled identification and proper management (provision of ready-to-use therapeutic food and supplementary rations) of over 2,500 acutely malnourished inmates at these facilities; this helped reduce overall rates of acute malnutrition in most of the prisons supported. After re-evaluating its activities, the ICRC ended support for some prisons.

Dialogue with the Justice Ministry promoted inmates' access to an adequate diet for prisoners and the timely release of prisons' food budgets.

At an ICRC-organized roundtable, penitentiary, judicial and health authorities discussed ways to improve the referral of sick prisoners to hospitals. Dialogue with the Health and Justice Ministries, on the implementation of a prison health policy, continued, but progress remained slow.

Thousands of detainees improved their hygiene through ICRC-distributed soap/cleaning items; some 14,000 inmates in 10 prisons had better access to clean water and/or were less exposed to health hazards, including cholera, after the rehabilitation of water, sanitation and kitchen infrastructure. Of these, 3,211 inmates had better living conditions after the renovation of kitchens and dormitories.

## **WOUNDED AND SICK**

### **Weapon-wounded patients receive treatment from ICRC surgical teams**

Weapon-wounded people received timely treatment from ICRC-supported National Society first-aid teams. Weapon bearers also acquired first-aid skills through National Society/ICRC-organized training sessions, enabling them to treat their peers themselves. Over 415 sick/wounded patients benefited from suitable care at the health facilities to which the ICRC had evacuated them.

In North and South Kivu, weapon-wounded people received medical/surgical care at 41 ICRC-supported health facilities, of which 39 provided data. Seven hospitals, including in Bukavu and Goma that hosted one ICRC surgical team each, received medicines/supplies/equipment and staff training regularly; 32 health facilities received ad hoc support. Over 655 patients, including those treated by ICRC surgical teams, had their treatment costs covered.

Two seminars on weapon-wound management enabled 56 doctors and head nurses from health facilities throughout the two Kivu provinces to strengthen their ability to cope with conflict-related emergencies and stabilize weapon-wounded patients. Nine health facilities improved their services following renovation/construction work on their water supply, sanitation and electrical systems.

### **Disabled people receive cost-free treatment in three cities, including Kinshasa**

Some 900 people disabled during the conflict or other situations of violence obtained cost-free treatment at ICRC-supported physical rehabilitation centres in Bukavu and Goma, and also in Kinshasa, where a partnership with one centre was formalized. Besides helping disabled people restore their mobility, these centres also promoted their social inclusion through sports and, in Bukavu, by providing psychosocial support.

Two staff members from the Goma and Kinshasa centres received sponsorship for a three-year prosthetic and orthotic course in

Lomé, Togo. The authorities were encouraged in various fora to develop national physical rehabilitation services.

Wheelchair users had easier access to ICRC offices and other sites in Goma and Kinshasa following structural improvements to the buildings.

## **ACTORS OF INFLUENCE**

### **Weapon bearers of all ranks learn more about IHL**

Weapon bearers of all ranks reinforced their understanding of IHL and the Movement through briefings and training sessions. Eighty officers deployed countrywide as military legal advisers participated in a briefing session; troops from MONUSCO's 'intervention brigade' attended pre-deployment briefings organized with other ICRC delegations.

Particular efforts were made to reach officers directing operations in conflict-affected provinces; they responded favourably to a proposal for conducting six workshops on incorporating IHL-related considerations in their planning and in the conduct of hostilities. In Katanga, Kinshasa, North and South Kivu, and Province Orientale, some 8,000 members of the armed forces, security personnel and other weapon bearers attended training sessions, sometimes combined with first-aid training, aimed at enhancing their respect of humanitarian principles, raising their awareness of the consequences of sexual violence, and securing Movement workers' access to people in need.

Stakeholders in security sector reform relied on the ICRC's technical support to incorporate IHL in military doctrine and training. Dialogue with the Defence Ministry and the armed forces promoted greater incorporation of IHL in military procedures.

### **Students demonstrate grasp of IHL at local and international events**

Local authorities, traditional/religious leaders and youth and civil society representatives learnt more about the Movement's work through regular contacts with the ICRC. Presentations in various provinces helped reinforce acceptance for humanitarian principles.

The Goma University team won an IHL moot court competition abroad (see *Rwanda*), while the team from the Catholic University of Bukavu won the third national round of the inter-university IHL moot court competition organized by the ICRC. A debate on IHL at the University of Kinshasa was attended by 850 students. Over 1,500 university students/lecturers learnt more about IHL in advanced courses. Two universities in Bukavu and Kinshasa upgraded their IHL research capacities through ICRC-donated academic materials.

With ICRC support, including field visits, journalists covered various humanitarian issues: communities' access to water, family reunifications and the challenges confronting medical personnel in remote areas. Community radio stations broadcasted radio spots (produced by the National Society/ICRC in 2013) promoting the proper use of Movement emblems.

### **Representatives from six countries tackle weapons-control issues during Kinshasa seminar**

At a regional seminar on the Arms Trade Treaty in Central Africa, co-organized in Kinshasa by the government and the ICRC, government officials from six countries shared their experiences in the struggle against weapons proliferation, and learnt more about ratifying and implementing weapons-related treaties.

Bills authorizing the ratification of the African Union Convention on IDPs, the Central African Convention for the Control of Small Arms and Light Weapons, their Ammunition, Parts and Components that can be used for their Manufacture, Repair or Assembly (better known as the Kinshasa Convention) and the Convention on Cluster Munitions were put on the National Assembly's agenda, as was a bill protecting Movement emblems that the Council of Ministers had already approved. At an ICRC information session on IHL, parliamentarians learnt more about ratifying and implementing IHL treaties.

## RED CROSS AND RED CRESCENT MOVEMENT

The Red Cross Society of the Democratic Republic of the Congo and the ICRC signed their partnership agreement for 2014–16; it focused on emergency relief and other assistance activities for conflict-affected communities, first aid, restoring family links and communication. Communication officers reinforced their skills at ICRC-funded workshops, and disaster-management officers attended a national workshop on making volunteers safer. Five provincial tracing coordinators participated in a National Society/ICRC training course supplemented by follow-up visits and coaching, which bolstered the Movement's family-links capacities in the country. Supervisory visits enabled DRC Red Cross branches to reinforce their monitoring and evaluation. The DRC Red Cross conducted mine-risk education activities independently.

In eastern DRC, 75 staff and volunteers attended five train-the-trainer sessions, where they learnt to instruct their colleagues in first aid; in North Kivu and Katanga, 40 volunteers bolstered their ability to manage human remains in line with the Safer Access Framework.

Branches in five key provinces benefited from ICRC support, which included payment of salaries. The Kasai Occidental branch received particular attention, following the closure of the ICRC's office in the area. An office was constructed in the Fizi territory of South Kivu to support the National Society's activities there.

The DRC Red Cross's General Assembly adopted the finalized strategic plan for the 2014–18 period. The DRC Red Cross also aligned its disciplinary rules with its revised statutes, and distributed, throughout the country, a comic strip designed to raise awareness about emblem misuse. Branch leaders and volunteers in nine provinces learnt about the National Society's revised statutes at dissemination sessions organized with ICRC financial/technical support.

Monthly meetings between National Society branches in all provinces, and in Kinshasa, with other Movement partners helped ensure regular coordination of activities. A crisis meeting with Movement partners focused on the response to an Ebola outbreak.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>Red Cross messages (RCMs)</b>			<b>UAMs/SCs*</b>		
RCMs collected		44,263	2,323		
RCMs distributed		36,850	1,527		
Phone calls facilitated between family members		270			
Names published in the media		23			
<b>Reunifications, transfers and repatriations</b>					
People reunited with their families		854			
	<i>including people registered by another delegation</i>	69			
<b>Tracing requests, including cases of missing persons</b>			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered		971	157	303	207
	<i>including people for whom tracing requests were registered by another delegation</i>	327			
People located (tracing cases closed positively)		551			
	<i>including people for whom tracing requests were registered by another delegation</i>	144			
Tracing cases still being handled at the end of the reporting period (people)		774	114	234	188
	<i>including people for whom tracing requests were registered by another delegation</i>	236			
<b>UAMs/SCs*, including unaccompanied demobilized child soldiers</b>			<b>Girls</b>		<b>Demobilized children</b>
UAMs/SCs newly registered by the ICRC/National Society		1,080	277		492
UAMs/SCs reunited with their families by the ICRC/National Society		785	241		285
	<i>including UAMs/SCs registered by another delegation</i>	45			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		578	150		221
<b>Documents</b>					
Official documents relayed between family members across borders/front lines		8			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>					
<b>ICRC visits</b>			<b>Women</b>	<b>Minors</b>	
Detainees visited		19,222	496	639	
			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually		1,891	23	10	140
Detainees newly registered		921	16	10	126
Number of visits carried out		270			
Number of places of detention visited		74			
<b>Restoring family links</b>					
RCMs collected		2,203			
RCMs distributed		1,725			
Phone calls made to families to inform them of the whereabouts of a detained relative		45			
People to whom a detention attestation was issued		212			

\* Unaccompanied minors/separated children





# ERITREA



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

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

**MEDIUM**

## KEY RESULTS/CONSTRAINTS

### In 2014:

- ▶ communities affected by past conflict worked towards self-sufficiency with ICRC livelihood assistance, and gained access to clean water through newly built/repared solar-powered water supply systems
- ▶ with ICRC financial assistance, vulnerable people of Ethiopian origin obtained social benefits by renewing their residence permits, or returned to Ethiopia after covering their repatriation costs
- ▶ beneficiary communities, local leaders, military/police personnel, academics and students learnt about IHL through joint activities of the National Union of Eritrean Youth and Students and the ICRC
- ▶ despite the easing of certain restrictions after dialogue with the authorities, activities to benefit conflict-affected people remained limited, and the ICRC remained without access to people detained in Eritrea

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
Red Cross messages (RCMs)	
RCMs collected	932
RCMs distributed	1,020
Phone calls facilitated between family members	1
People located (tracing cases closed positively)	7

EXPENDITURE (in KCHF)	
Protection	797
Assistance	2,383
Prevention	307
Cooperation with National Societies	48
General	-
	<b>3,534</b>
	<i>of which: Overheads 216</i>

IMPLEMENTATION RATE	
Expenditure/yearly budget	<b>84%</b>

PERSONNEL	
Mobile staff	3
Resident staff (daily workers not included)	40

ASSISTANCE		2014 Targets (up to)	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>			
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)			
Essential household items	Beneficiaries	10,000	
Productive inputs	Beneficiaries	226,500	424,295
Cash	Beneficiaries	5,300	4,327
Water and habitat activities	Beneficiaries	27,085	44,691

## CONTEXT

Tensions between Eritrea and Ethiopia persisted, but no direct confrontations took place in border regions. The physical demarcation of the sealed Eritrea-Ethiopia border remained stalled; both countries maintained a military presence in disputed areas.

No progress was made towards the demarcation of the Djibouti-Eritrea border or in the implementation of the mediation agreement signed by the two countries in 2010. Qatar, which served as a mediator, maintained troops in the disputed region.

The effects of past conflicts on livelihoods and public services continued to be felt. Eritrean migrants and asylum seekers continued to flee the country to avoid conscription and seek better educational and economic opportunities elsewhere.

While humanitarian assistance from foreign/international organizations remained limited after the authorities requested them to reduce or terminate their activities in the country in 2011, Eritrea signed a number of cooperation agreements with foreign governments and regional/international bodies.

## ICRC ACTION AND RESULTS

Given the restrictions on the operations of foreign/international organizations in Eritrea (see *Context*), the ICRC endeavoured to strengthen the authorities' acceptance of its humanitarian mandate and its work in behalf of vulnerable populations, including detainees and civilians affected by past armed conflicts. Some of the constraints on ICRC activities were eased; for example, mobile ICRC staff were able to obtain travel permits, allowing them to meet with authorities outside the capital and assess the needs of vulnerable populations.

The ICRC sought to persuade the authorities that it was in their interest to recognize the applicability of the 1949 Geneva Conventions to the Eritrean context. It held dissemination sessions for local authorities and beneficiary communities, participated in public events organized by the National Union of Eritrean Youth and Students (NUEYS) to generate wider support for IHL and the Movement, and supported government officials' participation in regional seminars on IHL implementation.

The ICRC pursued its dialogue with the authorities, with a view to resuming visits to detainees of Ethiopian origin, including POWs and former POWs, and to people held for security-related reasons; the authorities had withdrawn access for such visits in 2009. On behalf of the families concerned, the ICRC also continued to appeal to the authorities for information on 17 Djiboutian soldiers reported missing by their government after the Djibouti-Eritrea hostilities in June 2008.

The ICRC continued to monitor the situation of the Ethiopian community in Eritrea, with a view to ensuring that their rights under the 1949 Geneva Conventions, including those relating to voluntary repatriation, were respected; the Eritrean authorities had withdrawn authorization for the ICRC to assist in the voluntary repatriation of Ethiopian civilians in 2009. The ICRC covered the administrative and transport expenses of Ethiopians who wished to be repatriated and the cost of residence permits and medical care for Ethiopians who wished to stay in Eritrea. It also provided some financial assistance to newly released detainees of Ethiopian origin.

In areas to which it had access, the ICRC helped separated family members restore contact through RCMs. For the first time since 2010, it was able to offer family-links services to people in Debub, after notifying the authorities. The ICRC continued to pursue dialogue with the pertinent authorities to follow up requests for information from the families of people reported missing in relation to the 1998–2000 Eritrea-Ethiopia conflict.

Vulnerable households – including those in communities close to the Ethiopian border and those headed by women whose husbands had been killed or disabled in the war or had been called up for military service – received support to rebuild their livelihoods. For example, the ICRC distributed tools and vegetable seed to farming households in Anseba and Debub and helped pastoralists in Anseba, Debub, Gash Barka and Northern Red Sea maintain their herds by providing anti-parasite treatment and constructing livestock ponds.

The ICRC also worked with the Eritrean authorities and communities to improve access to potable water, especially in border communities affected by past conflict. It helped local authorities build or repair solar-powered water-supply systems and train technicians and engineers in operating and maintaining water infrastructure.

The absence of a legal framework recognizing its status limited the “Red Cross Society of Eritrea’s” ability to carry out humanitarian activities. Continued dialogue between it and the ICRC led to preliminary discussions on resuming cooperation on capacity-building initiatives in 2015.

## CIVILIANS

The ICRC continued to pursue dialogue with the Eritrean authorities to gain acceptance and support for its mandate and activities in the country. Owing to existing restrictions on the operations of foreign/international organizations, the ICRC’s activities in favour of conflict-affected people remained limited. Some restrictions were lifted, however: for example, for the first time since 2010, mobile ICRC staff obtained permits to travel outside the capital, Asmara, enabling them to visit a national agricultural facility in Halale to explore possibilities for support to farmers, and to assess the water-supply needs of conflict-affected people in Debub.

### Vulnerable households work towards self-sufficiency

People affected by past conflict and facing economic hardship – including those living near the Ethiopian border, and households headed by women whose husbands were killed or disabled during the war or called up for military service – restored their livelihoods with ICRC support. In less fertile areas of Anseba, Debub, Gash Barka and Northern Red Sea, where people relied on livestock for their survival, 80,227 pastoralist households (401,135 people) had healthier herds following anti-parasite treatment conducted by the Ministry of Agriculture and the ICRC on 1.5 million animals twice a year. In Gash Barka, 7,500 households (22,500 people) had more water for their herds after the construction of three livestock ponds, in addition to two others built in 2013. Some 150 heads of households contributed to these projects, thereby also earning additional income for their families.

In Anseba and Debub, 132 farming households (660 people) increased their crop yield with vegetable seed, hoes and foot-operated irrigation pumps provided by the ICRC as part of an agreement signed with the Ministry of Agriculture in 2013. After

closer assessment and analysis of needs, this assistance was given to fewer families than initially planned.

### **Rural communities get sustainable water supply**

Working with the ICRC, the authorities set up new solar-powered water supply systems, and repaired and maintained existing systems. These environmentally friendly systems kept running costs to a minimum, as fuel was scarce and expensive in Eritrea. Over 44,600 people, including those in Dehub, Gash Barka and Southern Red Sea, gained or improved their access to clean water through these initiatives. The Eritrean water authorities and the ICRC conducted a workshop that enabled 19 regional technicians from the Water Resources Department, six engineers from the Ministry of Agriculture and one engineer from the “Red Cross Society of Eritrea” to strengthen their ability to operate and maintain water infrastructure throughout the country.

In Southern Red Sea, 1,400 children from displaced families benefited from an elementary school constructed with materials provided by the ICRC at the request of the local authorities and in consultation with the “Red Cross Society of Eritrea”.

### **People of Ethiopian origin cope with their difficult situation**

People of Ethiopian origin continued to be repatriated through Sudan by the Eritrean authorities. The government had withdrawn authorization for the ICRC to assist in the voluntary repatriation of civilians across the sealed Eritrea-Ethiopia border in 2009. Operating within these constraints, the ICRC continued to monitor the situation of the Ethiopian community living in Eritrea to ensure that their rights under the 1949 Geneva Conventions, including voluntary repatriation in humane conditions, were respected.

Particularly vulnerable Ethiopians – women, minors, elderly people and former detainees – coped with their situation with some financial assistance from the ICRC. Among them were 3,766 people who renewed their residence permits, 497 people who covered administrative and transport costs related to repatriation, and 60 people who paid for medical expenses. Some newly released detainees received assistance to cover their food and accommodation costs, and the transport expenses of relatives who visited them.

People who had studied in Eritrea had their academic transcripts sent to Ethiopia or elsewhere, enabling them to pursue employment opportunities or further studies. Attestations of detention issued by the ICRC enabled former detainees to address administrative or legal concerns.

### **People in Dehub regain access to family-links services**

Family-links services run by the “Red Cross Society of Eritrea” (see *Red Cross and Red Crescent Movement*) had been suspended in Dehub in 2010, and across Eritrea in 2012; since then, these services had been provided by the ICRC in areas where it had access. Using RCMs, people restored contact with relatives separated from them by conflict or other circumstances, such as migration. In October, after notifying the authorities, the ICRC was able to resume offering family-links services to people in Dehub.

The ICRC continued to follow up with the pertinent authorities on requests from families for news of their relatives missing in relation to the 1998–2000 Eritrea-Ethiopia conflict; no new information was made available. It engaged in dialogue with the Eritrean and the Ethiopian authorities, with a view to helping unaccompanied

Eritrean minors in Ethiopia restore contact with their families and, where appropriate, reunite with their relatives (see *Ethiopia*).

The families of 19 Eritrean POWs held in Djibouti received news of their detained relatives through family-links services (see *Nairobi*). The ICRC stood ready to repatriate the POWs, if they so wished.

Using travel documents provided by the ICRC at the request of UNHCR, 168 Somali refugees travelled to Slovakia for eventual resettlement in the United States of America. Two Eritreans, one of them a minor, joined their families abroad after receiving plane tickets and other pertinent documents delivered by the ICRC at the request of IOM.

## **PEOPLE DEPRIVED OF THEIR FREEDOM**

### **Dialogue pursued with authorities to regain access to detainees**

The ICRC continued discussions with the authorities with a view to resuming visits to detainees of Ethiopian origin, including POWs or former POWs, and to people held for security-related reasons. The authorities had withdrawn access for such visits in 2009.

Requests to the Eritrean government for information on the whereabouts of the 17 Djiboutian soldiers reported by their government as missing after the 2008 Djibouti-Eritrea conflict remained unanswered.

In December, the ICRC donated clothing and educational materials to three prisons in Asmara, including a women’s prison, for distribution to the neediest detainees.

## **ACTORS OF INFLUENCE**

### **Dialogue with national and local authorities emphasizes the ICRC’s humanitarian mandate**

Because of the restrictions imposed on the ICRC, dialogue with the authorities continued to focus on strengthening their trust and persuading them that it was in their interest to recognize the applicability of the 1949 Geneva Conventions to the Eritrean context. Meetings with government officials enabled the ICRC to discuss humanitarian concerns and appeal for wider access to the population, including detainees (see *People deprived of their freedom*). For example, during the UN General Assembly (see *New York*) in September, the ICRC president met with an adviser to the Eritrean president to discuss possibilities for working together on humanitarian issues.

The planning and implementation of ICRC assistance activities (see *Civilians*) also created opportunities for briefing local and national officials on the nature of the organization and its neutral, impartial and independent humanitarian action.

### **Authorities and journalists enrich their understanding of IHL implementation**

With ICRC support, the head of the Eritrean Police Patrol strengthened his knowledge about the process towards ratification and implementation of the Arms Trade Treaty at a regional seminar in the United Republic of Tanzania (see *Nairobi*). An official of the Ministry of Foreign Affairs, as well as two journalists, learnt more about national IHL implementation at a regional seminar in Kenya (see *Nairobi*).

### **Community leaders and future decision-makers learn more about IHL**

Cooperation with the NUEYS enabled the ICRC to promote knowledge of and support for IHL and the Movement’s work among

beneficiary communities. Some 4,000 people – including local authorities, military and police personnel, academics, students, religious leaders and village elders – increased their familiarity with IHL through dissemination sessions in Anseba, Debub, Gash Barka and Northern Red Sea. Local leaders and community members learnt about the ICRC’s mandate and work during briefings at book fairs, which were conducted in five regions of the country and attended by over 100,000 people.

Some 300 young people attending a youth festival at the Sawa Vocational Training Centre learnt the basics of IHL during an ICRC presentation. Youth festivals in Anseba and Northern Red Sea, and at other educational institutions, also featured ICRC participation.

At an information session jointly organized by the NUEYS and the ICRC, 40 medical students learnt about the legal protection afforded by IHL to health-care workers during armed conflict. Forty more students enriched their knowledge of IHL at an ICRC-conducted training series at Asmara Law School. The ICRC continued discussions with the school’s administrators, with a view to supporting the integration of IHL into their international law curriculum.

The general public learnt more about IHL through articles in local languages published by the ICRC in the NUEYS magazine. The population had access to more IHL-related information from the public library in Massawa, Northern Red Sea, to which the ICRC had donated publications.

## RED CROSS AND RED CRESCENT MOVEMENT

The absence of a legal framework recognizing the status of the “Red Cross Society of Eritrea” hampered its ability to carry out humanitarian activities and obtain funding. Standing ready to resume cooperation, the ICRC pursued dialogue with the organization and the relevant authorities. These efforts led to preliminary discussions on resuming cooperation between the “Red Cross Society of Eritrea” and the ICRC, beginning in 2015, with a view to rebuilding the former’s operational capacities, notably in the areas of restoring family links, emergency preparedness and response, and operational communication.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>Red Cross messages (RCMs)</b>			<b>UAMs/SCs*</b>		
RCMs collected		932	26		
RCMs distributed		1,020	6		
Phone calls facilitated between family members		1			
<b>Tracing requests, including cases of missing persons</b>			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered		46	11	7	4
	<i>including people for whom tracing requests were registered by another delegation</i>	18			
People located (tracing cases closed positively)		7			
Tracing cases still being handled at the end of the reporting period (people)		433	82	14	23
	<i>including people for whom tracing requests were registered by another delegation</i>	333			
<b>Documents</b>					
People to whom travel documents were issued		168			
Official documents relayed between family members across borders/front lines		9			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>					
<b>Restoring family links</b>					
People to whom a detention attestation was issued		2			

\* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Productive inputs	Beneficiaries	424,295	74%	2%
Cash	Beneficiaries	4,327	69%	10%
Water and habitat activities	Beneficiaries	44,691	30%	40%



# ETHIOPIA



## KEY RESULTS/CONSTRAINTS

### In 2014:

- ▶ detainees in federal/regional prisons benefited from improved health care and better water/sanitation facilities; the authorities strengthened their prison-management capabilities through workshops
- ▶ refugees from South Sudan, and their host communities, recovered/protected their health through National Society/ICRC-supported medical treatment/referral and improvements to water supply and sanitation
- ▶ refugees/ IDPs restored family contact and, with National Society/ICRC-provided household/shelter materials, improved their living conditions, with returnees restarting their livelihoods with donated seed/tools
- ▶ the authorities continued working to develop a national supply chain for physical rehabilitation services and to create a bachelor's degree programme in prosthetics/orthotics at a local university
- ▶ despite dialogue with the authorities, the ICRC remained without access to the Somali Regional State and to detainees held by the Federal Police Crime Investigation Sector
- ▶ police forces across Ethiopia enhanced their knowledge of international human rights standards applicable to their duties, through training organized jointly by regional police training centres and the ICRC

### EXPENDITURE (in KCHF)

Protection	4,406
Assistance	9,849
Prevention	2,265
Cooperation with National Societies	1,661
General	-

**18,181**

of which: Overheads 1,110

### IMPLEMENTATION RATE

Expenditure/yearly budget	<b>93%</b>
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### PERSONNEL

Mobile staff	41
Resident staff (daily workers not included)	173

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

## YEARLY RESULTS

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

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
Red Cross messages (RCMs)	
RCMs collected	2,924
RCMs distributed	2,624
Phone calls facilitated between family members	26,609
People located (tracing cases closed positively)	50
People reunited with their families	2
of whom unaccompanied minors/separated children	2
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
ICRC visits	
Detainees visited	32,738
Detainees visited and monitored individually	323
Number of visits carried out	35
Number of places of detention visited	19
Restoring family links	
RCMs collected	757
RCMs distributed	167
Phone calls made to families to inform them of the whereabouts of a detained relative	472

ASSISTANCE	2014 Targets (up to)	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)		
Essential household items	Beneficiaries 42,000	61,297
Productive inputs	Beneficiaries 48,900	48,000
Cash <sup>1</sup>	Beneficiaries 1,200	
Water and habitat activities	Beneficiaries 210,000	393,024
Health		
Health centres supported	Structures	3
<b>WOUNDED AND SICK</b>		
Hospitals		
Hospitals supported	Structures	1
Physical rehabilitation		
Centres supported	Structures 10	10
Patients receiving services	Patients 5,850	6,082

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



## CONTEXT

Tensions between Eritrea and Ethiopia persisted, but no clashes took place in border regions. The Eritrea-Ethiopia border remained sealed; both countries maintained a military presence in the disputed areas.

In the Somali Regional State (SRS), the armed conflict between regional special police forces – operating with the Ethiopian National Defence Force (ENDF) – and the Ogaden National Liberation Front (ONLF) continued.

Intercommunal violence broke out in southern Gambella, Oromia and the Southern Nations, Nationalities and Peoples' Region (SNNPR), causing widespread displacement. Police forces were deployed during episodes of violence.

Nearly 200,000 people fleeing the armed conflict in South Sudan (see *South Sudan*) – mostly women and children – crossed the border into Gambella. Eritreans, including unaccompanied minors, continued to enter Ethiopia illegally; Ethiopians in Eritrea continued to be repatriated by the Eritrean authorities through Sudan.

As in the past, the ENDF played an active role in military operations abroad: in Sudan, with the UN Interim Security Force for Abyei and the African Union/UN Hybrid Operation in Darfur; and in Somalia, as part of the African Union Mission in Somalia (AMISOM).

## ICRC ACTION AND RESULTS

In 2014, the ICRC in Ethiopia continued to assist people affected by armed conflict and violence, and pursued dialogue with the authorities to strengthen acceptance for its mandate and work. It continued to seek access to the SRS, where it had been unable to operate since 2007, and to people held by the Federal Police Crime Investigation Sector (CIS).

In cooperation with the local authorities, the Ethiopian Red Cross Society and other humanitarian organizations, the ICRC scaled up its activities in Gambella to address the needs of people who had fled the armed conflict in South Sudan. National Society/ICRC ambulances transported critically ill or seriously injured people to health facilities, which used ICRC-provided equipment/supplies to cope with the influx of patients. Thousands of people found respite from their journey at National Society/ICRC shelters. At one refugee camp, people benefited from the emergency installation of water points and sanitation facilities and the provision of essential household items.

People displaced by intercommunal violence eased their living conditions with ICRC-donated household items and shelter materials; farmers returning to their places of origin in East Hararghe, after having been displaced by violence in 2013, restarted their livelihoods with ICRC-provided seed and tools. Vulnerable households, including families of missing persons and repatriated Ethiopians and households headed by women, covered their basic expenses through income-generating activities begun with the help of ICRC cash grants and business training.

In regions bordering Eritrea and those hosting refugees or IDPs, the ICRC helped the local authorities build/repair water-supply systems and trained community members to operate and maintain them. It also conducted hygiene-promotion activities to help community members improve their water-storage and sanitation practices. The water authorities in Tigray continued to receive

technical support for managing water resources more efficiently with an online geographic information system, which they had developed jointly with the ICRC.

People across Ethiopia, including refugees and IDPs, communicated with their relatives through National Society/ICRC family-links services. Seeking authorization to help unaccompanied Eritrean minors restore contact with their families, the ICRC pursued dialogue with the Administration for Refugee and Returnee Affairs (ARRA). The National Society continued to strengthen its family-links capabilities with support from the ICRC and other Movement partners.

The ICRC continued to visit, in accordance with its standard procedures, detainees at all six federal prisons, at 12 regional prisons in Afar, Amhara, Benishangul Gumuz, Gambella, Oromia, the SNNPR and Tigray, and at a temporary-detention facility in Mekele. ICRC delegates monitored detainees' treatment and living conditions; afterwards, they reported their findings and recommendations confidentially to the authorities. The ICRC provided equipment/supplies to prison clinics, trained prison health staff in the proper diagnosis and treatment of common diseases, and assisted the authorities in upgrading prison infrastructure. By sponsoring their attendance at workshops abroad, the ICRC helped managers of federal and regional prisons strengthen their ability to address detainees' humanitarian needs.

Physical rehabilitation centres for disabled people, including those wounded during conflict/violence, continued to receive ICRC support. With ICRC assistance, the local authorities continued working towards the implementation of a national physical rehabilitation strategy, including the establishment of a bachelor's degree in prosthetics/orthotics at a local university and the development of a national supply chain for producing assistive devices.

The ICRC continued to promote IHL and humanitarian principles among the authorities, armed/police forces, the judiciary and the media. In cooperation with regional police training centres, the ICRC organized training sessions for police forces on international human rights standards applicable to law enforcement. During discussions with the ENDF, the ICRC explored possibilities for future IHL programmes involving troops assigned to AMISOM.

With financial/material/technical assistance from the ICRC and other Movement partners, the National Society continued to develop its ability to deliver humanitarian services to those in need.

## CIVILIANS

### Dialogue seeks access to conflict-affected people, including in the SRS

In view of the armed conflicts and other situations of violence in Ethiopia, and the ENDF's involvement in conflicts in neighbouring countries, the authorities and weapon bearers were reminded of their responsibility to protect civilians. Regular dialogue with the authorities and community leaders sought to strengthen their acceptance for the ICRC's mandate and persuade them to allow humanitarian aid to reach those in need (see *Actors of influence*). Despite ongoing dialogue, the ICRC remained without access to the SRS, where it had been unable to conduct activities since 2007.

### Vulnerable groups meet their immediate needs

Some 500 families (3,000 people) fleeing South Sudan found respite at National Society/ICRC communal shelters. At Leitchour

camp, around 15,600 particularly vulnerable individuals – including pregnant/lactating women, elderly people and the disabled – prepared meals more efficiently with ICRC-supplied fuel-saving stoves and firewood. Some 110,000 refugees gained access to clean water through newly installed water points and reduced their vulnerability to disease following the construction of latrines and hand-washing stands.

Around 43,000 people displaced by intercommunal violence in three regions eased their situation with ICRC-provided shelter materials/household items, distributed with National Society assistance.

On their arrival, 667 Ethiopian nationals repatriated from Eritrea received household/hygiene items to use while they waited for their status to be formalized. Their need for family-links services was assessed with National Society assistance (see below). The ICRC continued to monitor the situation to ensure that people were repatriated voluntarily.

### **Vulnerable people have readier access to water**

The inadequacy of water infrastructure in areas near Ethiopia's border with Eritrea, and in areas hosting refugees, required people to make long treks to water sources. In the northern Afar and Tigray regions bordering Eritrea, and in Benishangul Gumuz region bordering Sudan, over 179,000 people could collect water nearer their homes after the authorities, assisted by the ICRC, repaired their water pumps. Through ICRC workshops, community technicians improved their ability to operate/maintain these pumps, benefiting over 51,000 people. More than 33,000 people reduced their risk of contracting water-borne diseases following hygiene-promotion campaigns.

With ICRC assistance, the Tigray water authorities continued to update their online database of water points in the region, which helped them determine the adequacy of the water supply and improve their planning. Some 130 personnel from the Afar and Tigray water boards were trained to map water points for the database.

### **Returnees work to regain economic self-sufficiency**

Some 8,000 previously displaced households (48,000 people) who returned to East Hararge used ICRC-donated seed/tools to resume agricultural production at levels expected to cover their requirements. In four districts bordering Eritrea, 200 vulnerable households (1,200 people) – including families of missing persons, repatriated Ethiopians or HIV patients, and households headed by women – increased their income by starting small businesses with ICRC funding/training. Families of missing persons had their other needs assessed by the ICRC.

### **Thousands of people restore contact with relatives in Ethiopia and elsewhere**

Through National Society/ICRC family-links services, people in Ethiopia got in touch with relatives in the country or elsewhere. Ethiopians repatriated from Eritrea or deported from Saudi Arabia and Yemen, including unaccompanied minors, phoned their families to let them know of their safe arrival; in some cases, the ICRC had informed their families of their repatriation beforehand. Somali refugees in the SRS had the names of their missing relatives read out on the radio via the BBC Somali service (see *Somalia*). South Sudanese refugees in Assosa and Gambella contacted their families via RCMs and phone calls. The ICRC began testing a photographic tool that might help some 540 refugees, including unaccompanied minors, trace their relatives in Kenya, South Sudan or Uganda.

Using ICRC travel documents issued in cooperation with the pertinent authorities and National Societies, 20 people resettled abroad or returned to their home countries. Two siblings, both minors, rejoined their family in Europe. Documents, including academic transcripts, were relayed across the Eritrea-Ethiopia border, allowing Eritrean and Ethiopian nationals to pursue employment or further studies. The ICRC pursued dialogue with ARRA officials with a view to gaining their authorization to help unaccompanied Eritrean minors at refugee camps in Tigray restore contact with their families; on one occasion, it was granted ad hoc access to the camps, enabling it to distribute long-pending RCMs.

While 50 people being sought by their families were located, over 660 people remained missing, including those unaccounted for in connection with the Eritrea-Ethiopia conflict. In cooperation with the National Societies in neighbouring countries, and with comprehensive support from Movement partners, the Ethiopian Red Cross continued to develop its family-links capabilities.

## **PEOPLE DEPRIVED OF THEIR FREEDOM**

### **Detainees have their treatment and living conditions monitored**

Over 32,700 detainees in all six federal prisons and in regional prisons in Afar, Amhara, Benishangul Gumuz, Gambella, Oromia, SNNPR and Tigray, and people under temporary detention in Mekele, continued to receive ICRC visits, conducted according to the organization's standard procedures. During visits, detainees' treatment and living conditions were monitored. Authorities received confidential feedback following visits and, where necessary, recommendations to improve conditions of detention. Despite ongoing dialogue with the authorities, the ICRC remained without access to people held by the CIS, and to detainees in the SRS.

Some 320 detainees, including 96 Eritreans, were monitored individually. Detainees restored/maintained contact with their families through RCMs and short oral messages relayed by ICRC delegates. At their request, foreign detainees had their embassies/consulates notified of their detention; detained refugees/asylum-seekers were notified to the UNHCR. Seventy-four former detainees received attestations of detention, enabling them to address administrative/legal concerns; 42 released detainees covered their transportation expenses with ICRC assistance.

### **The authorities take steps to strengthen prison management**

The Federal Prison Administration established a working group with the ICRC to address humanitarian concerns in federal prisons. Managers of federal and regional prisons learnt more about prison management and improving detention facilities through ICRC-organized workshops in Addis Ababa and Geneva, Switzerland, at which experts from the International Centre for Prison Studies spoke. Federal detention authorities discussed experiences and best practices with their counterparts from other countries at two international conferences, which they attended with ICRC support.

### **Detainees have access to better health care**

Nine prison health facilities boosted their ability to deliver health care to nearly 20,000 detainees following the provision of medical equipment/supplies. Over 70 sick detainees had their condition monitored through individual follow-up by ICRC health personnel.

At the regional referral hospital in the Burayo prison, Oromia, staff bolstered their skills by conducting medical consultations jointly

with ICRC personnel. Detainees were better nourished after the provision of vitamin supplements; those affected with worms received treatment. Inmates in Kilinto federal prison benefited from improved medical examinations after their clinic was provided with equipment. Through National Society training, 210 detainees in seven regional prisons acquired first-aid skills (see *Red Cross and Red Crescent Movement*).

Two prison health officials learnt more about health in detention at a course in Basel, Switzerland, organized by the Swiss Tropical and Public Health Institute. Federal/regional prison health personnel enhanced their ability to diagnose, treat and manage mental-health problems through training courses in Addis Ababa. With ICRC assistance, regional prison health staff in Amhara drew up plans to enhance their services.

### **Inmates benefit from infrastructural improvements**

Over 33,000 detainees at 5 federal and 12 regional prisons had better living conditions after improvements to their kitchens, water-supply systems and sanitation facilities; among them were detainees at Burayo prison, where, following the failure of the local water supply, the ICRC trucked in some 4,000 litres of water daily for over a month until normal service was restored. Forty-four personnel at federal prisons maintained facilities more effectively after receiving ICRC training.

Over 31,000 detainees improved their well-being following the provision of household/hygiene items and recreational materials.

## **WOUNDED AND SICK**

### **Wounded/sick people from South Sudan receive medical treatment**

In Gambella, local health facilities treated ailing and injured people from South Sudan, as well as their host communities. With two fully equipped ambulances provided by the ICRC, over 300 people needing hospital care were transferred to medical facilities by the National Society. Patients received medical treatment at Gambella hospital and three health centres, all four of which were supported by the National Society/ICRC with equipment/supplies. The hospital's water system was repaired and water trucked in, while more sustainable solutions were sought. The regional blood bank served patients more effectively after supplies and a back-up generator were provided.

### **People with disabilities recover their mobility and independence**

Over 6,000 people with disabilities, many of whom had been injured during conflict/violence, benefited from free services at 10 ICRC-supported physical rehabilitation centres; around half of them had their transport, food and other costs covered by the ICRC. An assessment found that beneficiaries improved their ability to earn income after receiving rehabilitation services.

All 10 centres imported raw materials/equipment, and built their technical/managerial capabilities, with ICRC assistance. Managers at one centre strengthened their leadership skills through ICRC-backed training. Of the 23 people who underwent ICRC-supported prosthetic/orthotic training during the year, 15 passed a basic examination and proceeded with further training; 7 completed advanced training and began to practise their newly acquired skills.

The Ministry of Labour and Social Affairs, with technical advice from the ICRC, continued working to implement a national physical rehabilitation strategy, which included the development of a national

supply chain for producing assistive devices. Discussions with a local university on the establishment of a bachelor's degree programme in prosthetics/orthotics continued.

The national basketball federation received 24 specially adapted wheelchairs, and made plans for wheelchair basketball training to help increase disabled people's chances for social inclusion.

## **ACTORS OF INFLUENCE**

### **Police forces increase their knowledge of international human rights standards**

Over 2,150 members of the federal and regional police forces, including crime-prevention officers, crime investigators, special police forces, riot-control officers, prison guards, and new recruits, strengthened their knowledge of international human rights standards applicable to law enforcement in training sessions organized jointly by the regional police training centres and the ICRC.

ENDF peacekeeping troops continued to receive predeployment IHL training, promoting compliance with IHL during peace-support missions. Military legal advisers enhanced their knowledge of IHL during briefings. Through dialogue, the ICRC sought opportunities to assist the ENDF in integrating IHL into its training programmes.

### **Community leaders become more familiar with the ICRC's mandate and work**

Gaining access to conflict-affected communities in the SRS and to detainees in places of temporary detention required regular dialogue with the authorities (see *Civilians* and *People deprived of their freedom*) and members of civil society, to ensure their understanding of and gain their support for the ICRC's neutral, impartial and independent humanitarian action. In violence-prone areas across Ethiopia, over 1,200 local authorities, community leaders and National Society volunteers familiarized themselves with IHL and the Movement's work at National Society/ICRC dissemination sessions.

### **Government and judiciary officials enhance their understanding of IHL implementation**

With ICRC support, a representative of the Ministry of Foreign Affairs attended a regional seminar on IHL implementation in Naivasha, Kenya (see *Nairobi*). The ICRC stood ready to assist the authorities in reviving the national IHL committee.

Over 550 judges and prosecutors reinforced their knowledge of IHL and related legal instruments at ICRC seminars, some organized jointly with regional judicial training centres.

### **Media highlight humanitarian activities**

Drawing on ICRC press releases and website updates, journalists covered National Society/ICRC activities, including assistance to South Sudanese refugees in Gambella and ICRC-organized workshops on prison management for prison authorities and on mental health care for prison health staff. In Tigray, 82 journalists and police media personnel learnt about the legal protection afforded to them by IHL during armed conflict.

### **Future lawyers and journalists learn more about IHL**

Some 650 senior law and journalism students from seven universities, and their instructors, enhanced their understanding of IHL and their ability to do research on related subjects at ICRC dissemination sessions organized jointly with their respective law

faculties. Law students from 12 universities demonstrated their knowledge of IHL in a moot-court competition jointly organized by a local university, the National Society and the ICRC; one team participated in a regional IHL competition with ICRC support.

## RED CROSS AND RED CRESCENT MOVEMENT

### National Society enhances its first-aid and ambulance services

The Ethiopian Red Cross assisted communities in regions affected by conflict or violence, provided family-links services (see *Civilians*) and conducted IHL dissemination activities (see *Actors of influence*).

National Society branches boosted their operational capacities with ICRC support, which included repairs to their offices and warehouses, the provision of vehicles for emergency-response and tracing activities, and assistance in covering the salaries of key personnel and other costs. Branch heads from four regions strengthened their ability to direct disaster-preparedness activities in an ICRC workshop.

The National Society continued to develop its emergency-response services, updating its first-aid and ambulance-management procedures and importing 26 additional ambulances with financial, technical and logistical support from the ICRC. Through ICRC-backed training, 285 youth volunteers at National Society ambulance stations, and 210 detainees in seven regional prisons, learnt first-aid skills. Some 30 medical professionals reinforced their ability to teach first aid through a train-the-trainers workshop.

Monthly coordination meetings and bilateral interactions between Movement partners further strengthened their cooperation. Sponsored by the ICRC, National Society staff participated in Movement meetings abroad.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>Red Cross messages (RCMs)</b>			<b>UAMs/SCs*</b>		
RCMs collected	2,924	10			
RCMs distributed	2,624	6			
Phone calls facilitated between family members	26,609				
Names published in the media	542				
<b>Reunifications, transfers and repatriations</b>					
People reunited with their families	2				
<b>Tracing requests, including cases of missing persons</b>			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered	272	57	74	32	
<i>including people for whom tracing requests were registered by another delegation</i>	85				
People located (tracing cases closed positively)	50				
<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)	663	139	81	40	
<i>including people for whom tracing requests were registered by another delegation</i>	164				
<b>UAMs/SCs*, including unaccompanied demobilized child soldiers</b>			<b>Girls</b>		<b>Demobilized children</b>
UAMs/SCs newly registered by the ICRC/National Society	6	1			
UAMs/SCs reunited with their families by the ICRC/National Society	2	1			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	125	5			
<b>Documents</b>					
People to whom travel documents were issued	20				
Official documents relayed between family members across borders/front lines	17				
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>					
<b>ICRC visits</b>			<b>Women</b>	<b>Minors</b>	
Detainees visited	32,738	1,235	1,389		
			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually	323	14	2	11	
Detainees newly registered	227	13	2	7	
Number of visits carried out	35				
Number of places of detention visited	19				
<b>Restoring family links</b>					
RCMs collected	757				
RCMs distributed	167				
Phone calls made to families to inform them of the whereabouts of a detained relative	472				
People to whom a detention attestation was issued	74				

\* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Essential household items	Beneficiaries	61,297	34%	14%
	<i>of whom IDPs</i>	30,498		
Productive inputs	Beneficiaries	48,000	50%	0%
	<i>of whom IDPs</i>	48,000		
Water and habitat activities	Beneficiaries	393,024	25%	50%
	<i>of whom IDPs</i>	110,047		
<b>Health</b>				
Health centres supported	Structures	3		
Average catchment population		25,333		
Referrals to a second level of care	Patients	354		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection programme)</b>				
Essential household items	Beneficiaries	31,901		
Cash	Beneficiaries	42		
Water and habitat activities	Beneficiaries	33,666		
<b>Health</b>				
Number of visits carried out by health staff		52		
Number of places of detention visited by health staff		11		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	1		
	<i>of which provided data</i>	1		
Admissions	Patients	1,731	613	871
	<i>of whom weapon-wounded</i>	12		
	<i>of whom medical cases</i>	1,316		
	<i>of whom gynaecological/obstetric cases</i>	403		
Operations performed		185		
<b>Physical rehabilitation</b>				
Centres supported	Structures	10		
Patients receiving services	Patients	6,082	1,203	1,269
New patients fitted with prostheses	Patients	751	115	58
Prostheses delivered	Units	1,977	286	164
	<i>of which for victims of mines or explosive remnants of war</i>	364		
New patients fitted with orthoses	Patients	706	207	264
Orthoses delivered	Units	2,203	531	1,075
	<i>of which for victims of mines or explosive remnants of war</i>	5		
Patients receiving physiotherapy	Patients	3,252	752	604
Crutches delivered	Units	5,011		
Wheelchairs delivered	Units	431		

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



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

## KEY RESULTS/CONSTRAINTS

### In 2014:

- ▶ the African Union (AU) adopted regulatory frameworks to ensure that its peace-support missions complied with IHL and other relevant norms, including in relation to the treatment of detainees
- ▶ the AU developed its three-year Strategic Framework on Mine Action and Explosives Management, drawing on the results of past workshops organized jointly with the ICRC
- ▶ member States endorsed a set of measures to address the threats faced by health-care services and to boost their own resilience to armed conflict and other emergencies
- ▶ through its public communication, the AU drew attention to IHL-related concerns and encouraged member States to facilitate the ICRC's access to communities in need

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

HIGH

## EXPENDITURE (in KCHF)

See Ethiopia

## IMPLEMENTATION RATE

See Ethiopia

## PERSONNEL

See Ethiopia

## CONTEXT

The African Union (AU) continued to back diplomatic and military efforts to curb the instability caused by armed conflict and political unrest across Africa. It lent political support for peace talks in Addis Ababa, Ethiopia, between parties to the conflict in South Sudan; these talks were mediated by the Intergovernmental Authority on Development (IGAD). AU-led international forces maintained a presence in several countries. Ethiopian troops formally joined the AU Mission in Somalia (AMISOM). Troops of the AU-UN Mission in Darfur remained in Sudan. In accordance with a UN resolution, in September, the African-led International Support Mission to the Central African Republic (MISCA) transferred its authority to the UN Multidimensional Integrated Stabilization Mission in the Central African Republic.

The AU took steps to address the prevalence of sexual violence in armed conflict, such as launching a Gender, Peace and Security Programme and appointing a Special Envoy on Women, Peace and Security.

The African Standby Force (ASF), composed of troops from various member States, continued to build its capacities through a training programme called AMANI AFRICA II, with the aim of becoming fully operational by 2015.

## ICRC ACTION AND RESULTS

To bolster efforts to protect and assist conflict-affected populations across Africa, the ICRC continued to promote the incorporation of IHL in the AU's policies and raise awareness of humanitarian issues and Movement activities among AU officials, representatives of member States and organizations working with the AU.

The AU endeavoured to incorporate IHL in the normative frameworks for its peace-support missions; an ICRC legal adviser provided technical guidance in the drafting of several policy documents. It revised, in accordance with applicable international law, the rules of engagement of MISCA and AMISOM and the directives for these two missions' police components. The AU included in MISCA's rules of engagement a set of standard procedures for the treatment of people held by it, and adopted a similar set of procedures for AMISOM's treatment of defectors from armed groups and detained former combatants. The African Commission on Human and Peoples' Rights (ACHPR) finalized guidelines on police custody and pre-trial detention in Africa. With a view to developing a framework for regulating conduct and discipline for all its peace-support missions, the AU reviewed pertinent conduct and discipline policies, including those concerning sexual violence.

Drawing on ICRC expertise, the AU promoted the implementation of IHL-related instruments among its member States. The AU Commission on International Law (AUCIL) developed a model law, with ICRC support, for incorporating the African Union Convention on IDPs in domestic legislation. State representatives discussed, during a workshop organized by the AU and the ICRC, ways to overcome obstacles to fulfilling their responsibility – under the Anti-Personnel Mine Ban Convention and the Cluster Munitions Convention – to assist people affected by mines and explosive remnants of war (ERW). Key recommendations from past workshops on the issue were included in the AU's three-year Strategic Framework for Mine Action and Explosives Management.

The AU and the ICRC cooperated in drawing attention and finding solutions to pressing humanitarian concerns. In line with the goals of the Health Care in Danger project, at a workshop jointly facilitated by the AU and the ICRC, AU experts and member State representatives agreed on measures to increase protection for health-care services on the continent and strengthen their resilience to armed conflict and other emergencies. In consultation with the ICRC, the African Committee of Experts on the Rights and Welfare of the Child (ACERWC) drafted terms of reference for missions to monitor the situation of children in the Central African Republic (hereafter CAR) and South Sudan.

Regular interaction with diplomatic representatives to the AU, and other key stakeholders in Addis Ababa, Ethiopia, promoted support for the ICRC's neutral, impartial and independent humanitarian action across Africa.

## ACTORS OF INFLUENCE

### **AU adopts standard procedures for the treatment of people held by international forces**

The AU incorporated IHL in normative frameworks for its peace-keeping operations, with the support of an ICRC legal adviser seconded to the AU.

The AU Peace Support Operations Division revised the rules of engagement for MISCA and AMISOM and the directives for their police components to ensure that they conformed to applicable international law. MISCA's rules of engagement included a set of standard procedures for the treatment of detainees. In June, the AU adopted a similar set of standard procedures for AMISOM's treatment of defectors from armed groups and detained former combatants.

With a view to developing a framework for regulating conduct and discipline for all its peace-support missions, the AU reviewed pertinent policies and documents – including those concerning sexual violence – in consultation with the ICRC during a workshop held in December. Participants in the workshop drafted a policy on conduct and discipline that included a section specifically instructing peace-support troops to comply with IHL.

The ACHPR adopted guidelines, developed with expert assistance from the ICRC, for police custody and pre-trial detention in Africa.

### **International forces learn about their responsibilities under IHL and other applicable law**

During an AMANI AFRICA II training exercise, a senior mission leaders' course and other training sessions organized by the AU, troops from various African countries learnt about IHL and other norms applicable to the use of force in peace-support operations.

To ensure that the protection of civilians and detainees and other IHL-related concerns were always taken into account in the planning and training of AU-led missions, the ICRC submitted IHL training modules to the African Peace and Security Training Academy.

### **AUCIL develops model law for implementing the African Union Convention on IDPs**

Discussions continued with the AU Defense and Security Division, the Department of Political Affairs, and the Office of the Legal Counsel on joint efforts to encourage African States to ratify and implement IHL-related instruments, such as the African Union Convention on IDPs and the Arms Trade Treaty.

The AUCIL finalized a model law – developed in consultation with the ICRC – that would help States incorporate the African Union Convention on IDPs in domestic legislation. The AU Commission promoted the ratification and implementation of the treaty at two regional workshops attended by representatives of member States, international organizations and the ICRC. The AU produced and distributed pertinent reference materials with ICRC support.

Owing to other priorities, AU experts were unable to attend IHL courses abroad, including a seminar aimed at helping them promote existing legal frameworks regulating small arms and light weapons, and the Arms Trade Treaty, which entered into force in December.

### **Member States discuss solutions to challenges in assisting victims of weapon contamination**

The AU and the ICRC organized a follow-up workshop to build on the results of a 2013 workshop on meeting clearance deadlines set by the Anti-Personnel Mine Ban Convention and the Convention on Cluster Munitions: the workshop focused on helping States Parties fulfil their obligation, under these treaties, to assist victims of mines/ERW. During the workshop, 22 senior officials and experts from 19 AU member States adopted recommendations for addressing the humanitarian needs of people affected by weapon contamination.

On the occasion of the International Day for Mine Awareness and Assistance in Mine Action, the AU launched its three-year Strategic Framework for Mine Action and Explosives Management, which incorporated key recommendations from previous AU-ICRC workshops on tackling the consequences of weapon contamination. AU and State representatives learnt more about the ICRC's efforts to assist mine/ERW victims through a photo exhibition and a statement delivered during the event.

### **ACERWC and ICRC seek to address the needs of conflict-affected children**

The ACERWC, with technical advice from the ICRC, drafted terms of reference for missions to monitor the situation of children affected by armed conflicts in the CAR and South Sudan. It emphasized the main concerns for children – such as their recruitment into fighting forces – and the protection due to them under IHL. Briefings conducted on the sidelines of the 23rd and 24th sessions of the ACERWC underscored how the ICRC's assistance programmes helped conflict-affected families meet their needs in a dignified manner, and thus mitigate certain risks to which children are particularly exposed, such as the risk of being forced to marry for survival. An ICRC statement delivered during an open debate organized by the AU Peace and Security Council (PSC) emphasized the importance of the ICRC's dialogue with the authorities and weapon bearers in different contexts on measures to prevent abuses against children.

Members of the Paris Principles Steering Group – tasked with promoting adherence to the 2007 Paris Commitments and the Paris Principles and Guidelines on Children Associated with Armed Forces or Armed Groups – held a regional meeting in Africa to identify measures to prevent the recruitment of children into fighting forces and to facilitate the demobilization and reintegration of child soldiers. The group included representatives of States, child-protection agencies, regional bodies and the ICRC.

### **AU endorses measures to mitigate threats to health-care services**

During a seminar organized by the AU and the ICRC in support of the goals of the Health Care in Danger project, AU experts and

member State representatives endorsed a set of 20 recommendations focusing on measures that States, AU bodies, international organizations and humanitarian agencies could take to increase protection for health-care services in Africa and strengthen their resilience to armed conflict and other emergencies. An exhibition mounted at the seminar venue helped raise awareness of the project among the participants.

### **Dialogue with key decision-makers fosters support for ICRC activities in Africa**

ICRC presentations at AU-organized events, and meetings with the chairperson of the PSC and other AU officials, diplomatic representatives to the AU, and other stakeholders in Addis Ababa, raised awareness of humanitarian issues, including the prevalence of sexual violence and violence against health care in armed conflict. Such interaction also helped boost support for the Movement's priority activities and working methods in countries affected by conflict or unrest, such as the CAR, the Democratic Republic of the Congo, Mali, South Sudan and Sudan. The AU and the ICRC exchanged information on their respective initiatives to prevent and respond to sexual violence in armed conflict; the Gender, Peace and Security Programme coordinator and the newly appointed Special Envoy on Women, Peace and Security met with the ICRC.

Such efforts contributed to the frequent inclusion of IHL-related concerns in AU policy documents and public communication. For example, after being briefed by the ICRC president on the organization's activities and operational challenges in Africa, the AU PSC issued a statement urging member States to facilitate the ICRC's access to communities in need of humanitarian assistance and to issue security guarantees for its staff.

Talks with leaders of an opposition group involved in the armed conflict in South Sudan, and with the IGAD team facilitating the peace negotiations in Addis Ababa, contributed to promoting acceptance for the ICRC's neutral, impartial and independent humanitarian action in South Sudan (see *South Sudan*).

During a press conference, local and foreign journalists covering the ICRC's president's visit to the AU in October learnt more about the ICRC's activities in Africa and beyond, including its response to the Ebola outbreak. Owing to human resource constraints, an IHL workshop planned for media professionals was postponed to 2015.

# GUINEA

COVERING: Guinea, Sierra Leone



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

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

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

**MEDIUM**

## KEY RESULTS/CONSTRAINTS

### In 2014:

- ▶ detainees benefited from ICRC support for the authorities' efforts to alleviate malnutrition, improve their access to health care, prevent the spread of Ebola and other diseases, and rehabilitate infrastructure
- ▶ dialogue with the authorities and dissemination sessions for security forces tackled the need to respect/protect people during law enforcement operations; reports of violence-related casualties decreased
- ▶ with ICRC support, the Red Cross Society of Guinea trained Ebola responders on preventive measures and the Safer Access Framework; media spots that aimed to boost acceptance of its work were produced
- ▶ people in violence-prone areas had access to clean water through water points constructed/rehabilitated by the ICRC, but dissemination/first-aid sessions for them were postponed because of security concerns

EXPENDITURE (in KCHF)	
Protection	1,818
Assistance	2,216
Prevention	1,282
Cooperation with National Societies	948
General	-

**6,264**

of which: Overheads 382

IMPLEMENTATION RATE	
Expenditure/yearly budget	<b>101%</b>

PERSONNEL	
Mobile staff	10
Resident staff (daily workers not included)	84

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
Red Cross messages (RCMs)	
RCMs collected	107
RCMs distributed	138
Phone calls facilitated between family members	215
People located (tracing cases closed positively)	8
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
ICRC visits	
Detainees visited	3,623
Detainees visited and monitored individually	72
Number of visits carried out	151
Number of places of detention visited	49
Restoring family links	
RCMs collected	264
RCMs distributed	91
Phone calls made to families to inform them of the whereabouts of a detained relative	94

ASSISTANCE	2014 Targets (up to)	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	20,000
		20,000

## CONTEXT

Guinea's new parliament took office in January, but political friction persisted ahead of the 2015 presidential elections. This exacerbated socio-economic difficulties and structural deficiencies that affected the delivery of basic services, fuelling existing intercommunal tensions. Some demonstrations, protests, and other violent incidents occurred, albeit less frequently than in previous years.

The country relied primarily on support from international organizations to address urgent humanitarian needs – particularly those arising from the Ebola outbreak, which reportedly claimed over a thousand lives in 2014. Disease-prevention efforts were hindered by a lack of acceptance from community members; attacks against humanitarian workers were reported.

The government continued the process of reforming the justice and security sectors with support from the international community, though progress was slowed by the need to focus on the Ebola outbreak.

In Sierra Leone, the Ebola outbreak disrupted the relatively calm and stable political and socio-economic situation.

Both countries contributed troops to the UN Multidimensional Integrated Stabilization Mission in Mali. Sierra Leone participated in the African Union Mission in Somalia.

## ICRC ACTION AND RESULTS

In 2014, the ICRC responded to the Ebola outbreak by supporting the Movement response in Guinea, and by helping the authorities implement preventive measures in places of detention. It also raised awareness among the Guinean armed/security forces of their responsibility to respect civilians during situations of unrest, and supported efforts to improve Guinean detainees' nutrition and access to health care, while helping the Red Cross Society of Guinea and the Sierra Leone Red Cross Society boost their capacities.

The need to respect/protect the population during law enforcement operations was tackled during dialogue with the authorities and dissemination sessions for security forces on international norms applicable to their duties. Reports of violence-related casualties continued to decrease. Discussions with local leaders, particularly in Guinea's violence-prone areas, facilitated humanitarian access to casualties of unrest.

The ICRC, together with the local water authorities, constructed/rehabilitated water infrastructure in violence-prone areas, helping people obtain reliable access to clean water. However, owing to hostility against humanitarian workers, it postponed some dissemination sessions that aimed to foster acceptance of the ICRC and its work. Members of dispersed families contacted or received news of their relatives through the Movement's family-links services.

Detainees in Guinean detention facilities received ICRC visits, during which they had their treatment and living conditions monitored in accordance with the organization's standard procedures. Following visits, the ICRC provided confidential feedback to the authorities, who took measures to address those issues. Inmates benefited from a therapeutic feeding programme carried out by the authorities with ICRC assistance; the overall malnutrition rate fell slightly, but budgetary constraints hindered the authorities' efforts to take full responsibility for nutrition in prisons. To improve detainees' access to health care, the ICRC continued

supplying prison dispensaries, covering the cost of treatment for particularly vulnerable detainees, and encouraging coordination amongst the authorities, notably, by facilitating the signing of referral agreements between prisons and district hospitals. Prison health workers received technical support for managing diseases, but training sessions for them were cancelled because of the Ebola outbreak. Detainees mitigated their risk of contracting diseases, including Ebola, via disease-prevention measures and pest-control campaigns implemented by the authorities with ICRC support. Infrastructure upgrades improved living conditions for inmates in some prisons.

The Guinean and the Sierra Leonean National Societies, in close cooperation with the ICRC, enhanced their operational capacities in family-links services and other areas. Following the outbreak of Ebola, in Guinea, the National Society – with material and financial support from Movement partners and the ICRC – raised awareness of the disease, disinfected potentially contaminated homes and properly managed human remains. To help volunteers carry out such activities securely, the ICRC conducted seminars for them on the Safer Access Framework, and produced radio/TV spots that aimed to boost acceptance of their work. Regular coordination among Movement components and with other humanitarian actors, particularly during the Ebola crisis, helped maximize impact and avoid duplication.

The Guinean and Sierra Leonean authorities were urged, through dialogue, to integrate IHL provisions into domestic legislation. In Guinea, a working group tasked with revising legal frameworks as part of ongoing justice and security reforms drew on ICRC input in its work, and the authorities incorporated ICRC recommendations into the national justice reform policy. Guinean troops bound for peacekeeping missions abroad learnt more about IHL through ICRC briefings. Presentations on IHL at Guinean universities helped stimulate interest in the law among students and instructors and students, and dialogue with Islamic circles helped widen acceptance for Movement activities in the country.

## CIVILIANS

### Authorities respect their obligation to protect the population

Continued contact and dialogue with the Guinean authorities served to remind them of their responsibilities to respect and protect the population during law enforcement operations; these were complemented by dissemination sessions for the armed/security forces (see *Actors of influence*). While responding to unrest, the police and the *gendarmerie* were said to have demonstrated restraint in using force, in line with the humanitarian principles and international norms applicable to their duties. Reports of injuries and deaths in connection with such incidents continued to decline. When necessary, documented reports of abuses were discussed with the authorities for their further investigation.

Dialogue with local authorities in violence-prone areas helped facilitate humanitarian access for Guinean Red Cross teams, for example, enabling 25 people injured during demonstrations in Conakry to be transferred to hospital.

### People in violence-prone areas have reliable access to clean water

Over 20,000 people in 12 violence-prone rural villages in Kankan and N'Zérékoré obtained reliable access to clean water through 50 water points, such as hand pumps and wells, constructed/



rehabilitated by the ICRC in cooperation with the Guinean water authorities. Community members trained in maintenance. However, owing to hostility against humanitarian workers (see *Context*), some dissemination sessions to foster acceptance of the ICRC and its work – which were to be combined with first-aid training – were postponed to 2015.

### **Dispersed families reconnect**

Members of families dispersed by internal violence, migration or natural disasters re-established/maintained contact with relatives through family-links services provided by the Guinean and Sierra Leonean National Societies and the ICRC, though the need for them remained relatively limited. Promotional campaigns broadened the public's awareness of these services. In Guinea, two unaccompanied children who had fled the 2011 post-electoral crisis in Côte d'Ivoire continued to have their situation monitored, with a view to reunifying them with their families or finding alternative solutions for them.

The Guinean and Sierra Leonean National Societies received support to bolster their family-links services (see *Red Cross and Red Crescent Movement*).

### **PEOPLE DEPRIVED OF THEIR FREEDOM**

Inmates in Guinean places of detention under the authority of the Justice Ministry or the police/*gendarmérie* received visits conducted according to standard ICRC procedures. Delegates monitored their treatment and living conditions, paying particular attention to security detainees in Conakry and N'Zérékoré. However, the Ebola outbreak hampered visits to some prisons in affected areas.

Delegates confidentially shared their findings and recommendations, including those concerning allegations of ill-treatment collected during visits, with the authorities concerned. Following such dialogue, the penitentiary authorities implemented sanctions for perpetrators and other measures to prevent future violations, contributing to a continued decrease in such reports. Discussions and awareness-raising sessions with the police/*gendarmérie* emphasized the appropriate use of force during arrest and detention.

In July, the Guinean authorities approved the national justice reform policy, which incorporated ICRC recommendations on the need to respect/protect detainees and sanction perpetrators of abuses, and on internationally recognized standards for detainees' living conditions.

Detainees restored/maintained contact with their families through RCMs/phone calls, which were routinely offered to newly arrived inmates. Foreigners contacted their consular representatives via the ICRC.

### **Malnourished detainees benefit from therapeutic feeding**

Detainees continued to have their health and nutritional status monitored by the authorities/ICRC, and received at least two meals a day from restaurants contracted by the authorities, who supplemented these with a therapeutic feeding programme supported by the ICRC. Over 1,500 people suffering from malnutrition – including those with HIV/TB – augmented their diet with therapeutic food provided by the ICRC; among them were 77 severely malnourished people, who received additional high-calorie biscuits. No malnutrition-related deaths have been reported since 2010.

The overall malnutrition rate in Guinean prisons – 13% at end-2013 – initially decreased to 9.6% by May, but subsequently increased to 12% by December, as the authorities faced budgetary challenges. These financial constraints, particularly from July onwards, hindered the authorities' efforts to assume full responsibility for nutrition in prisons. Plans to replace the high-calorie biscuits with enriched flour were postponed to 2015 because of quality concerns.

### **Inmates gain access to quality health care**

Prison health services continued to strengthen their capacities with ICRC support, which included regular donations of drugs/consumables to 22 dispensaries. With ICRC assistance, prison health staff gave thousands of medical consultations; over 500 people requiring specialized medical attention were referred to hospitals; and hospital fees for 42 destitute detainees with life-threatening illnesses were covered by the ICRC. Prison health workers received technical support for managing diseases, but training sessions for them were cancelled because of the Ebola outbreak.

To improve coordination amongst the parties concerned, the ICRC facilitated the signing of five cooperation contracts between prisons and referral hospitals, as well as dialogue between the Health and Justice Ministries on health care for detainees. The ministries were urged to reactivate a 2004 agreement defining their responsibilities in this regard, and to appoint a coordinator for related activities.

### **Detainees mitigate their risk of contracting diseases, including Ebola**

The authorities drew on ICRC support for measures to mitigate the spread of diseases. At ICRC-conducted sessions, which were adapted to include Ebola-prevention messages, some 200 key people – health workers, prison guards, restaurant staff, and detainees on health committees – boosted their ability to promote hygiene at eight central prisons, where over 2,800 detainees were held. To help ensure the continued implementation of Ebola-prevention measures, prison health workers received financial incentives and infrared thermometers. In 27 prisons, a pest-control campaign reduced the risk of diseases for some 2,800 inmates. Thousands of people received hygiene items, in some cases, alongside the above-mentioned initiatives.

The Justice Ministry/ICRC signed a memorandum of agreement regarding cooperation on prison maintenance/rehabilitation, but budget constraints hampered the authorities' ability to allocate resources to such projects. Nevertheless, dilapidated facilities at three prisons were upgraded, improving the living conditions of almost 530 people.

### **ACTORS OF INFLUENCE**

#### **Policemen/gendarmes deepen understanding of international norms applicable to their work**

Through dissemination sessions, the Guinean police/*gendarmérie* enhanced their understanding of international norms applicable to the maintenance of law and order, including those related to the proper use of force in arrest and detention (see *Civilians and People deprived of their freedom*). Guinean troops bound for peacekeeping missions learnt more about the importance of respecting health-care personnel and the Movement's emblems during National Society/ICRC dissemination sessions.

IHL instruction within the Guinean military continued, although its development was delayed by frequent turnover and the need

for further training among instructors; the final approval of IHL booklets produced with ICRC support was also deferred as a result.

### **Radio and television spots aim to increase acceptance of Guinean Red Cross volunteers**

Hostility against humanitarian workers (see *Context*) underscored the need to raise acceptance of Movement activities and facilitate humanitarian access during emergencies. Radio and television spots were produced in consultation with Movement partners, with a view to increasing public acceptance of Guinean Red Cross volunteers, and in turn, helping them carry out disease-prevention measures safely.

Among Islamic and academic circles in Guinea, the Movement's work was better known and accepted thanks to sustained dialogue with their representatives; with ICRC support, one of them enriched his understanding of IHL in Islamic contexts at a course in Beirut (see *Lebanon*). Guinean universities organized presentations on IHL with ICRC assistance.

### **The authorities draw on ICRC advice regarding justice and security sector reforms**

Dialogue with the Guinean authorities, which expanded to include high-level officials from the Ministry of Security and the National Gendarmerie, focused on the importance of integrating IHL provisions into national legislation and ratifying international treaties. A European Union-supported working group tasked with the revision of the code of criminal procedure, the penal code and the code of military justice as part of ongoing justice and security sector reforms drew on ICRC technical expertise in its work, notably the integration of IHL provisions in the latter two texts. In parallel, the authorities approved the national justice sector reform policy, which incorporated ICRC recommendations (see *People deprived of their freedom*).

With ICRC support, representatives from the Guinean and Sierra Leonean national commissions on the control of small arms and light weapons increased their awareness of regional anti-proliferation efforts at an Arms Trade Treaty conference abroad (see *Nairobi*).

## **RED CROSS AND RED CRESCENT MOVEMENT**

The Guinean and Sierra Leonean National Societies reinforced their operational capacities and organizational development with ICRC material, technical and financial assistance.

### **Guinean Red Cross teams respond to emergencies, including Ebola**

The Guinean Red Cross received financial support for its response to the Ebola outbreak, enabling it to hold public information sessions on communicable diseases and train over 280 volunteers in disease prevention, disinfection of homes and proper management of human remains. To help them carry out their activities securely, almost 250 volunteers attended a workshop on the Safer Access Framework. During ICRC dissemination sessions for the armed/security forces (see *Actors of influence*), the National Society co-organized modules on awareness/prevention of Ebola.

Material support, such as first-aid kits, stretchers and motorcycles, helped the Guinean Red Cross respond to violent incidents (see *Civilians*). It also trained 30 responders from referral hospitals, reinforcing cooperation during emergencies.

### **The Sierra Leone Red Cross incorporates family-links services into its contingency plans**

Guinean and Sierra Leonean National Society volunteers enhanced their abilities to provide family-links services through ICRC-supported workshops. Both National Societies continued the integration of family-links services into their emergency response plans; in late 2014, financial support to the Sierra Leone Red Cross in this regard was reduced because of its increased capacities.

The National Societies also boosted their communication and legal capacities through workshops for their communications personnel and through their legal advisers' participation in a Movement conference abroad. The Guinean Red Cross initiated a global audit of its finances with support from the Danish Red Cross and the ICRC, and drafted a strategic plan of action for 2014–18 with technical support from the Danish Red Cross.

Regular coordination among Movement partners and with other humanitarian agencies – notably in connection with the response to Ebola – helped maximize the impact of activities and prevent duplication of effort.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>Red Cross messages (RCMs)</b>					
			UAMs/SCs*		
RCMs collected	107				
RCMs distributed	138	1			
Phone calls facilitated between family members	215				
<b>Tracing requests, including cases of missing persons</b>					
		Women	Girls	Boys	
People for whom a tracing request was newly registered	28	9	5	9	
People located (tracing cases closed positively)	8				
Tracing cases still being handled at the end of the reporting period (people)	20	7	5	7	
<b>UAMs/SCs*, including unaccompanied demobilized child soldiers</b>					
		Girls		Demobilized children	
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	2	1			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>					
<b>ICRC visits</b>					
		Women	Minors		
Detainees visited	3,623	151	289		
		Women	Girls	Boys	
Detainees visited and monitored individually	72	2		3	
Detainees newly registered	34	1		3	
Number of visits carried out	151				
Number of places of detention visited	49				
<b>Restoring family links</b>					
RCMs collected	264				
RCMs distributed	91				
Phone calls made to families to inform them of the whereabouts of a detained relative	94				
People to whom a detention attestation was issued	3				

\* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Water and habitat activities	Beneficiaries	20,000	50%	30%
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection programme)</b>				
Essential household items	Beneficiaries	11,970		
Water and habitat activities	Beneficiaries	2,800		
<b>Health</b>				
Number of visits carried out by health staff		388		
Number of places of detention visited by health staff		30		

# LIBERIA



ICRC delegation ICRC sub-delegation

The ICRC has worked in Liberia since 1970, opening its delegation in 1990. As it winds down its activities protecting and assisting returnees (former IDPs and refugees) and residents, including children separated from their families, the ICRC focuses on carrying out multidisciplinary responses to emergencies and helping local actors do the same. In addition, it visits detainees and works with the authorities to improve conditions of detention. It also supports the Liberia National Red Cross Society and runs programmes to promote IHL among armed forces present in the country.

## KEY RESULTS/CONSTRAINTS

### In 2014:

- ▶ the ICRC adapted its operations to focus on helping respond to the consequences of the Ebola outbreak, in coordination with the authorities, the UN and other actors, and in the framework of the Movement response
- ▶ patients at Ebola treatment units benefited from support for 3 meals per day, which helped them improve their chances of recovery and allowed other actors to focus on providing medical care to them
- ▶ people began to obtain health services, including obstetric treatment at a maternity ward and free outpatient services at a major hospital, at facilities that were able to or about to reopen through ICRC support
- ▶ after administrative delays, some Ebola survivors and families of the deceased began to benefit from a mobile cash transfer programme carried out with the Liberia National Red Cross Society
- ▶ detainees benefited from support to the authorities for the implementation of disease-prevention measures – contributing to zero reports of Ebola in prisons – and supplementary food to help prevent malnutrition
- ▶ authorities drew on ICRC expertise to prepare draft laws reflecting the provisions of the 1949 Geneva Conventions and their Additional Protocols, the Rome Statute and the Arms Trade Treaty

EXPENDITURE (in KCHF)	
Protection	1,051
Assistance	4,201
Prevention	1,014
Cooperation with National Societies	994
General	-
	<b>7,260</b>

of which: Overheads 443

IMPLEMENTATION RATE	
Expenditure/yearly budget	<b>61%</b>

PERSONNEL	
Mobile staff	13
Resident staff (daily workers not included)	77

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

**MEDIUM**

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
<b>Red Cross messages (RCMs)</b>	
RCMs collected	284
RCMs distributed	213
Phone calls facilitated between family members	1,407
People located (tracing cases closed positively)	2
People reunited with their families	10
<i>of whom unaccompanied minors/separated children</i>	8
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
<b>ICRC visits</b>	
Detainees visited	2,059
Detainees visited and monitored individually	30
Number of visits carried out	82
Number of places of detention visited	18
<b>Restoring family links</b>	
RCMs collected	105
RCMs distributed	81
Phone calls made to families to inform them of the whereabouts of a detained relative	68

ASSISTANCE	2014 Targets (up to)	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>		
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>		
Food commodities <sup>1</sup>	Beneficiaries	1,762
Essential household items	Beneficiaries	2,365
Cash	Beneficiaries	622
Water and habitat activities <sup>1</sup>	Beneficiaries	8,000
		287,406
<b>Health</b>		
Health centres supported	Structures	2
<b>WOUNDED AND SICK</b>		
<b>Hospitals</b>		
Hospitals supported	Structures	1

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

## CONTEXT

In early 2014, Ebola broke out in Guinea, later spreading to Sierra Leone and Liberia. With its public services weakened by past conflicts, Liberia struggled to cope with the mid-year spike in cases, and thousands of deaths were reported. The international community's UN-led response scaled up in August, but preventive measures were hampered by: the precarious state of public health and water/sanitation systems, particularly in Monrovia; the lack of specialized equipment/training for medical workers; and local burial customs. Commerce and agriculture were disrupted, affecting the prices of essential goods.

The number of cases decreased by December, but major challenges remained: key infrastructure still required rehabilitation and many Ebola-affected people struggled to rebuild their lives. Progress on national reforms was stalled by the need to prioritize the Ebola response.

Tens of thousands of Ivorian refugees – displaced by the 2011 conflict and violence mainly linked to land tenure in Côte d'Ivoire (see *Abidjan*) – remained in camps or host communities, mainly in south-eastern Liberia. Thousands of them were voluntarily repatriated by the UNHCR, but the process was interrupted by the closure of the Ivorian-Liberian border in connection with the outbreak.

The United Nations Mission in Liberia (UNMIL) had its mandate extended until 2015.

## ICRC ACTION AND RESULTS

Given the evolution of the situation in Liberia, the ICRC refocused its activities in September, stepping up its response to the Ebola outbreak and its effects, in support of and in coordination with the authorities, the UN, and other actors, and in the framework of the Movement response. Where possible, its pre-existing activities were maintained or adapted. Through regular meetings, the ICRC actively liaised with and provided technical input to the above-mentioned actors, particularly regarding health care and water/sanitation.

Patients at Ebola treatment units (ETUs) improved their chances of recovery thanks to ICRC support for three daily meals based on a nutritional protocol it co-developed with Médecins Sans Frontières (MSF), which allowed MSF and other actors to focus on providing health care. Some discharged patients received one-month food rations to aid their recovery. After administrative delays, Ebola survivors and families of the deceased began to restore their livelihoods or replace belongings lost in connection with disinfection procedures, through a mobile cash transfer programme conducted with the Liberia National Red Cross Society. Victims of small-scale emergencies received essential items from the National Society/ICRC.

In Monrovia, people obtained/began to obtain health care – notably, obstetric treatment at a maternity ward and free outpatient services at a major hospital – at facilities that reopened/were about to reopen with ICRC support, including infrastructure rehabilitation and protective equipment, training, and financial incentives for health workers. The authorities also drew on ICRC advice regarding water/sanitation to mitigate the risk of cross-infection, particularly for waste decontamination procedures at ETUs. Plans to provide them with support for cremation were cancelled, owing to the evolution of the situation.

Through regular visits conducted according to its standard procedures, the ICRC monitored detainees' treatment and living conditions. Findings and recommendations based on these visits were shared confidentially with the authorities, who drew on ICRC material/technical support to improve detainees' access to health care and rehabilitate water/sanitation infrastructure in prisons. Following the outbreak, they were supported in developing/implementing preventive measures in prisons countrywide, including the construction of quarantine facilities; no cases of Ebola were recorded in prisons. Additionally, detainees benefited from supplementary rations to help prevent malnutrition.

In the south-east, communities reduced their risk of contracting diseases following training sessions conducted by ICRC-trained National Society staff/volunteers, which enhanced people's knowledge of hygiene practices and led them to build sanitation facilities. Work to rehabilitate water points was hampered by the outbreak and by administrative constraints.

Families separated by conflict, instability or detention restored/maintained contact through National Society/ICRC family-links services, in coordination with other actors; some unaccompanied children reunited with their relatives. The demand for family-links services had lessened following voluntary repatriations, but the border closure led to a renewed need for them, while also hindering cross-border tracing and reunifications.

The ICRC – together with the International Federation, which led the Movement response to Ebola – assisted the National Society in enhancing its emergency response, family-links services, communication and management. Notably, its personnel provided psychosocial support and spread disease-prevention messages thanks in part to ICRC training and other support. At the onset of the crisis, staff/volunteers also received some support for the management of human remains. A project to help victims of sexual violence was cancelled mid-year to focus on the Ebola response.

Prior to the outbreak, the authorities drew on ICRC technical/financial support as they worked towards integrating IHL treaties' provisions into domestic legislation, including the 1949 Geneva Conventions and their Additional Protocols, the Arms Trade Treaty and the Rome Statute. With ICRC support, the armed forces incorporated IHL into their training, notably, through an IHL manual. Incoming UNMIL officers learnt more about IHL and Movement activities at briefings.

## CIVILIANS

### **Ebola patients benefit from nutritional support, and affected families receive mobile money transfers**

The outbreak of cases initially overwhelmed existing ETUs. A nutritional protocol was co-developed with MSF, and starting September, an MSF-run ETU received support for three daily meals for patients. Following a decline in cases there, such support was expanded to two more ETUs in November. In all, some 630 people received meals, which improved their chances of recovery and allowed MSF and other organizations managing ETUs to focus on providing medical care. Around 430 discharged patients also received one-month food rations to further help them recover.

Families affected by Ebola had difficulty recovering from the loss of their livelihoods and, in connection with disinfection procedures, their belongings. Thus, in cooperation with the National Society, some 290 survivors and 330 relatives of the deceased received



mobile money transfers – instead of household items as initially planned, for flexibility – to help them cope with their situation, as part of a programme that began in November, after administrative and logistical delays. For instance, stigmatization in their communities had forced some relatives of the deceased to relocate; hence, a number of beneficiaries had to be traced by National Society volunteers before they could receive the support.

Throughout the year, over 2,300 people benefited from emergency stocks of essential items that were provided to the National Society for distribution during various small-scale emergencies, such as fires and floods.

### **People regain access to health care at ICRC-supported facilities**

The outbreak forced many clinics and hospitals to close. To restore people's access to health care, some facilities in Monrovia had their infrastructure repaired, including for medical waste and sewage disposal; to ensure their continuous operation, their staff also received financial incentives. Additionally, health workers were supported in controlling/preventing the spread of diseases through training and, in some cases, protective equipment.

Such assistance helped a hospital partially reopen its obstetric ward, enabling 354 women to benefit from antenatal consultations, and 48 babies to be delivered under safe conditions. Elsewhere, 4,085 patients obtained preventive/curative consultations at two health centres, where quarantining areas were built to facilitate the safe referral of suspected Ebola cases.

By year-end, another main hospital was ready to re-open its outpatient department, thanks in part to ICRC support for cleaning and decontaminating its premises.

### **Authorities draw on ICRC support to improve sanitation measures**

The authorities also drew on ICRC advice regarding water and sanitation to mitigate the risk of cross-infection for some 250,000 people in Monrovia. For example, some staff were trained in techniques to improve water safety.

At ETUs, procedures for waste decontamination were developed with ICRC input. Government and UN staff were trained in the assembly and safe operation of waste incinerators. Support for six ETUs in desludging contaminated liquid waste helped them continue operations.

After Ebola cases decreased and the mandatory cremation policy was withdrawn, plans to support the authorities in the cremation of human remains were cancelled.

### **Communities in south-eastern Liberia reduce their risk of contracting diseases, including Ebola**

In the southeast, communities continued to contend with the effects of the refugee influx from the 2011 Ivorian conflict. Through sessions conducted by ICRC/International Federation-trained National Society volunteers, over 9,400 people in Grand Gedeh, Maryland and River Gee – including a few Ivorian refugees living with host families – enhanced their knowledge of hygiene practices and, after being encouraged to do so, constructed bathhouses, garbage pits and other sanitation facilities, thereby reducing their risk of contracting diseases. Following a brief interruption triggered by the outbreak, the project resumed in October and

incorporated Ebola-related messages; over 36,000 people in five counties boosted their knowledge of disease-prevention measures as a result of house-to-house messaging campaigns. In parallel, water points were rehabilitated to improve communities' access to water. Owing to administrative constraints and the outbreak, only 1,200 people benefited from 6 water points that were rehabilitated by year-end; work on 9 was ongoing.

Some 160 women affected by or at risk of sexual violence benefited from psychosocial support and vocational training through an ICRC-funded National Society programme before it was cancelled mid-year to prioritize the Ebola response.

### **Ivorian refugees contact relatives across the border**

Ivorian refugees and Liberians restored/maintained contact with relatives through National Society/ICRC family-links services. Although the demand for these initially decreased following the return of thousands of Ivorian refugees, the border closure (see *Context*) led to a renewed need for phone calls, RCMs and other services; cross-border tracing and reunification efforts were, however, hindered. Nonetheless, prior to the travel restrictions, nine children and a vulnerable adult were reunited with their families. Alternative solutions were being sought for some children, for whom tracing efforts had been exhausted.

The National Society, the Red Cross Society of Côte d'Ivoire, UN agencies, the authorities, the ICRC and other humanitarian actors continued to coordinate family-links activities for Ivorian refugees, which resulted in more defined roles in cross-border tracing and reunification.

### **PEOPLE DEPRIVED OF THEIR FREEDOM**

Over 2,000 people held by the Justice Ministry at places of detention countrywide – including women, minors and those with other particular concerns – received visits conducted according to standard ICRC procedures. Delegates monitored detainees' treatment and living conditions. The ICRC continued to follow the cases of those arrested in connection with the situation in Côte d'Ivoire (see *Abidjan*).

Following these visits, the authorities received confidential feedback and recommendations to help them ensure that detainees' treatment and living conditions were in line with internationally recognized standards.

Detainees communicated with their families using National Society/ICRC family-links services.

### **No Ebola cases reported in prisons, thanks to the authorities' ICRC-supported preventive measures**

Detainees in overcrowded prisons were particularly vulnerable to cross-infection. Thus, the authorities and UNMIL drew on ICRC technical support for disease-prevention measures, including training for staff and inmates at four prisons. Notably, staff at Monrovia Central Prison (MCP), which held over half of Liberia's detainees, also received protective equipment and training on its use.

Sixteen prisons received material assistance to set up hand-washing stations. Quarantine facilities for newly arrived detainees were established in four prisons – including MCP, where staff assigned to such facilities received financial incentives to ensure the uninterrupted functioning of the set-up – and finalized in three more. Bathrooms there were also cleaned weekly using ICRC-donated materials, and detainees regularly received soap.

As a result of these preventive measures, no Ebola cases were reported in Liberian prisons in 2014.

### **Progress on improving conditions of detention stalled by the Ebola outbreak**

Before the outbreak forced a shift in priorities, the Justice and Health Ministries pursued efforts to develop penitentiary health care and apply the national health policy for detainees. The Justice Ministry's Bureau of Corrections and Rehabilitation (BCR) and the ICRC signed a memorandum of understanding outlining their respective responsibilities. At dissemination sessions, BCR officers acquainted themselves with the ICRC and its activities for detainees. MCP staff and representatives from the BCR, UNMIL and the ICRC met monthly to coordinate efforts to improve the living conditions at MCP. After the increase in Ebola cases, cooperation with the detaining authorities focused on disease-prevention efforts (see above).

The Health Ministry received technical support to help them plan improvements to prison health care, though progress was slowed by the workload of their focal point for such matters, who became involved in the Ebola response outside prisons. The ministry's district health teams were encouraged to support the provision of health care to detainees; however, they were unable to visit prisons regularly. Nevertheless, 40 detainees with TB, HIV or mental illnesses were individually followed up by the ICRC and treated by Health Ministry staff. Prison health centres also received donations of drugs and other supplies.

During the first semester, monitoring of detainees' body mass indices, as well as training for prison staff in this regard, were carried out in 16 prisons; 102 malnourished detainees in two prisons benefited from therapeutic feeding. Monitoring had to be cancelled, however, in connection with the disease-prevention measures mentioned above, which limited direct contact. To help prevent malnutrition and assist the penitentiary authorities in dealing with the outbreak's effects on food prices and the penitentiary budget, over 1,700 detainees in 15 prisons received, after some logistical delays, beans to supplement their diet. Furthermore, nearly 1,100 detainees in six prisons benefited from an additional distribution of multiple-nutrient powder in December.

### **Detainees benefit from improved prison infrastructure**

The detaining authorities were supported in constructing/rehabilitating prison facilities to improve detainees' living conditions. Almost 1,500 detainees in nine prisons enjoyed better living conditions following infrastructure improvement projects, such as the installation of solar pumps and the rehabilitation of wells. Staff at two prisons received tools and training for prison maintenance, to the benefit of the detainees in those facilities.

At MCP, detainees in one block accessed fresh air and sunlight after an outdoor area was constructed and an outing schedule was developed. Renovation/reorganization of the warehouse and training on food chain supply management helped reduce detainees' risk of contracting rodent-borne diseases.

## **ACTORS OF INFLUENCE**

### **Dialogue and coordination with the authorities and other key actors contribute to the Ebola response**

At meetings, the authorities – particularly the Health Ministry – and representatives of the international community, including officials of the UN and other international organizations working in the country, were provided with technical input and regularly briefed on Movement activities. This helped streamline

and coordinate the humanitarian response to the Ebola crisis (see above), while facilitating possible avenues of cooperation and promoting support for Movement activities.

### **National Society radio programmes help garner support for the Movement**

The wider public learnt more about Movement components and their activities through the National Society's public communication efforts, particularly six-month radio programmes supported by the ICRC; these were later expanded by the International Federation to other counties after it incorporated Ebola-prevention messages. Community radio journalists helped increase public awareness of humanitarian issues through reports on ICRC activities based on field trips. With ICRC support, two winners of a humanitarian reporting competition – launched by the ICRC last year – attended a radio workshop in Nairobi, Kenya.

### **National committees draft acts integrating provisions of IHL treaties into domestic legislation**

Before the Ebola crisis forced a shift in their priorities, the authorities continued to work on incorporating the provisions of IHL instruments that they had previously signed/ratified, into national legislation. With ICRC technical/financial support, the national IHL committee formulated a draft law on the 1949 Geneva Conventions and their Additional Protocols; the National Commission on Small Arms and Light Weapons completed a draft act on Firearms and Ammunition Control; and the Justice Ministry worked on amending judiciary law to incorporate provisions of the Rome Statute.

Parliamentarians and other national authorities developed their knowledge of IHL through bilateral meetings with the ICRC. They also participated in a regional meeting on the Arms Trade Treaty (see *Nigeria*).

### **Liberian armed forces finalize their IHL training manual**

The Liberian military drew on ICRC support to finalize their IHL manual, which was subsequently used by ICRC-trained instructors during army-wide IHL training in August.

Some 200 incoming UNMIL officers acquainted themselves with IHL and the Movement at ICRC briefings.

## **RED CROSS AND RED CRESCENT MOVEMENT**

In coordination with the International Federation – which led the Movement's Ebola response – and other Movement components, the Liberian Red Cross received technical/material/financial support for its operations, helping it respond to the Ebola outbreak and other emergencies and provide family-links services in line with the Safer Access Framework. Notably, such support helped it promote disease-prevention measures amongst communities (see *Civilians*) and operate a psychosocial support hotline to help Ebola-affected people cope with their situation. At the onset of the crisis, volunteers received special protective equipment and technical advice to help them manage human remains.

The National Society also received support for its communication efforts (see *Actors of influence*). Working to improve its governance, transparency and accountability, it approved a new five-year strategy at one of several statutory meetings held with ICRC support.

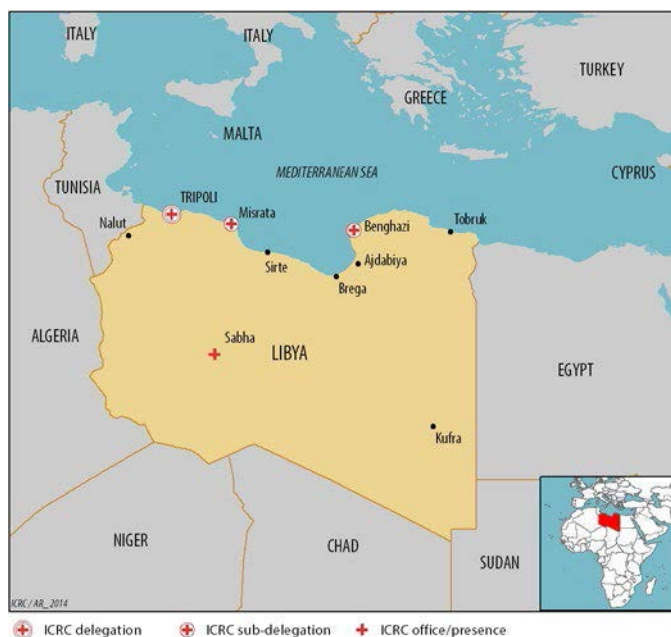
Movement components in Liberia regularly met to coordinate their activities.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>Red Cross messages (RCMs)</b>			<b>UAMs/SCs*</b>		
RCMs collected		284	19		
RCMs distributed		213	7		
Phone calls facilitated between family members		1,407			
<b>Reunifications, transfers and repatriations</b>					
People reunited with their families		10			
<b>Tracing requests, including cases of missing persons</b>			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered		4	2		1
	<i>including people for whom tracing requests were registered by another delegation</i>	1			
People located (tracing cases closed positively)		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)		30	9	8	6
	<i>including people for whom tracing requests were registered by another delegation</i>	8			
<b>UAMs/SCs*, including unaccompanied demobilized child soldiers</b>			<b>Girls</b>		<b>Demobilized children</b>
UAMs/SCs newly registered by the ICRC/National Society		12	6		
UAMs/SCs reunited with their families by the ICRC/National Society		8	4		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		21	12		
<b>Documents</b>					
People to whom travel documents were issued		10			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>					
<b>ICRC visits</b>			<b>Women</b>	<b>Minors</b>	
Detainees visited		2,059	66	42	
			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually		30			
Detainees newly registered		14			
Number of visits carried out		82			
Number of places of detention visited		18			
<b>Restoring family links</b>					
RCMs collected		105			
RCMs distributed		81			
Phone calls made to families to inform them of the whereabouts of a detained relative		68			

\* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Food commodities <sup>1</sup>	Beneficiaries	1,762	40%	27%
Essential household items	Beneficiaries	2,365	43%	36%
Cash	Beneficiaries	622	35%	19%
Water and habitat activities <sup>1</sup>	Beneficiaries	287,406	38%	35%
<b>Health</b>				
Health centres supported	Structures	2		
Average catchment population		79,400		
Consultations	Patients	5,064		
	<i>of which curative</i>		1,143	1,797
	<i>of which ante/post-natal</i>		981	
Immunizations	Doses	15,210		
	<i>of which for children aged five or under</i>	14,649		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection programme)</b>				
Food commodities <sup>1</sup>	Beneficiaries	489		
Water and habitat activities	Beneficiaries	1,548		
<b>Health</b>				
Number of visits carried out by health staff		59		
Number of places of detention visited by health staff		16		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	1		
	<i>of which provided data</i>	1		
Patients whose hospital treatment has been paid for by the ICRC	Patients	65		
Admissions	Patients	65	65	
	<i>of whom gynaecological/obstetric cases</i>	65		
Outpatient consultations	Patients	354		
	<i>of which gynaecological/obstetric</i>	354		
<b>Water and habitat</b>				
Water and habitat activities	Number of beds	100		

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



The ICRC opened a delegation in Libya in 2011 after social unrest escalated into armed conflict. It seeks to clarify the fate of missing persons and to address their families' needs. It also works to regain access to detainees. It supports the Libyan Red Crescent in developing its capacities and works alongside it to respond to the emergency needs of violence-affected people in terms of medical care, emergency relief, essential services and family contact. It also promotes IHL and humanitarian principles, by raising these rules with the authorities and providing expertise on their integration into the army/security forces' curricula.

## KEY RESULTS/CONSTRAINTS

### In 2014:

- ▶ the ICRC focused on emergency response and suspended several activities, following a review of its operations and changes in its set-up necessitated by security constraints, including the murder of a delegate
- ▶ the Libyan Red Crescent sustained its emergency response capacities – particularly in relief distribution, first aid and human remains management – with capacity-building support from the ICRC
- ▶ thousands of people wounded during clashes received treatment from 22 hospitals and 28 National Society branches/primary health care centres equipped with ICRC-provided medical supplies
- ▶ people who had fled or were living in areas prone to, or affected by, violence coped with the help of food rations and essential household items from the National Society and the ICRC
- ▶ public information campaigns and contact with influential actors, although limited, drew attention to humanitarian issues, the Movement's work and the goals of the Health Care in Danger project

### EXPENDITURE (in KCHF)

Protection	3,190
Assistance	5,808
Prevention	3,201
Cooperation with National Societies	1,553
General	-
	<b>13,752</b>

of which: Overheads 839

### IMPLEMENTATION RATE

Expenditure/yearly budget	<b>81%</b>
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### PERSONNEL

Mobile staff	26
Resident staff (daily workers not included)	140

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

**LOW**

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
<b>Red Cross messages (RCMs)</b>	
RCMs collected	9
RCMs distributed	21
Phone calls facilitated between family members	1,486
People located (tracing cases closed positively)	87
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
<b>ICRC visits</b>	
Detainees visited	6,789
Detainees visited and monitored individually	246
Number of visits carried out	30
Number of places of detention visited	22
<b>Restoring family links</b>	
RCMs collected	53
RCMs distributed	11
Phone calls made to families to inform them of the whereabouts of a detained relative	35

ASSISTANCE	2014 Targets (up to)	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>		
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>		
Food commodities	Beneficiaries 54,000	18,102
Essential household items	Beneficiaries 48,000	42,135
Work, services and training	Beneficiaries	16
Water and habitat activities	Beneficiaries 150,000	
<b>Health</b>		
Health centres supported	Structures	28
<b>WOUNDED AND SICK</b>		
<b>Hospitals</b>		
Hospitals supported	Structures	22
<b>Physical rehabilitation</b>		
Centres supported	Structures 1	1
Patients receiving services	Patients 100	



## CONTEXT

Security conditions were precarious in many parts of Libya, mainly as a result of clashes between brigades that were formed during the 2011 conflict and which continued to operate throughout the country. Opposing brigades in Benghazi had been engaged in armed conflict, characterized by heavy fighting in urban settings, since May 2014, as were brigades in Tripoli since July 2014. The conflict in Benghazi spread to Derna and other nearby areas. Attacks on State institutions/officials and on civilians and civilian infrastructure, including medical facilities, persisted – as did interethnic feuds and sporadic clashes in southern Libya.

The escalation in violence led to injuries, deaths and displacement among civilians, some of whom had already been displaced during past conflicts. Medical/humanitarian workers and the people they sought to assist were sometimes attacked by weapon bearers and refused passage; in June, the head of the ICRC sub-delegation in Misrata was murdered in Sirte. Foreigners increasingly came under threat amid widespread insecurity, prompting foreign embassies and organizations to evacuate their international staff from Libya.

Two parliaments/governments, both backed by armed groups, had been competing for power and legitimacy since September.

Thousands of families continued to await news of relatives missing since and before 2011.

## ICRC ACTION AND RESULTS

Midyear, the ICRC reviewed its operations in Libya following the deterioration of the security and political situation (see *Context*). It reconsidered its priorities, cut back its activities and relocated its international staff to Tunis, Tunisia.

Despite these adjustments and the difficult working conditions, the ICRC remained committed to helping people affected by the armed conflicts and other situations of violence in Libya. Through its staff in four sub-delegations/offices and in partnership with the Libyan Red Crescent, it focused on addressing the emergency humanitarian needs of injured and displaced people. The National Society consolidated its operational and institutional capacities with technical, material and financial ICRC support, including for managing human remains.

To help ensure that wounded and sick people, including those injured during clashes, received appropriate treatment, the ICRC donated medical supplies to hospitals and National Society branches and primary health care centres. It conducted first-aid training sessions for National Society volunteers and trauma-management/war-surgery seminars for doctors/surgeons, helping bolster national capacities. However, it reached fewer volunteers/medical personnel than planned, owing to difficulties in organizing courses amid the violence. Also because of security constraints, the ICRC cancelled its physical rehabilitation programme in the country and discontinued its support for local mine-risk education initiatives.

People living in or who had fled conflict-affected areas coped with their conditions, partly through the coordinated activities of the National Society and the ICRC. The National Society sustained its emergency response capacity by replenishing its stocks of food and essential household items, with ICRC support; volunteers/staff received training in assessing humanitarian needs. Tens of thousands of IDPs and residents received food and essential

household items. In Misrata and Sabha, vulnerable communities had access to water from infrastructure maintained by ICRC-trained water technicians. However, because of the prevailing situation and the changes in the ICRC's set-up, the planned distribution of Ramadan food parcels to some 48,000 people and a project to upgrade water infrastructure in Zintan City were cancelled.

Given the widespread insecurity and political uncertainty, the ICRC pursued efforts to raise awareness of humanitarian issues and enlist support for the Movement, including for the ICRC's neutral, impartial and independent approach. Contact with the authorities, weapon bearers and other parties of influence provided opportunities to encourage them to support National Society/ICRC activities. However, dialogue/networking with most of them was curtailed because of the prevailing situation. Public information campaigns – which mostly made use of social media and other Web-based channels – drew attention to humanitarian issues, the work of the National Society/ICRC and key messages of the Health Care in Danger project. Implementation of IHL-related activities was suspended as of July.

Owing to the changes in its set-up, and having lost its access to most places of detention because of the violence, the ICRC suspended its visits to detainees and other activities to benefit them. Visits to migrants at retention centres were also halted, but the ICRC continued to provide some material assistance for them.

Members of families dispersed by armed conflict, detention or other circumstances restored/maintained contact with relatives through National Society/ICRC family-links services. Interviews with the families of missing persons, part of a projected needs assessment, were not completed; the ICRC began to analyse available information, for use in future activities.

## CIVILIANS

### Prevailing situation curtails implementation of ICRC activities

Attacks on civilians, civilian infrastructure and medical workers/facilities were monitored and documented, as were obstructions to the delivery of humanitarian aid. Whenever possible, humanitarian concerns reported to ICRC delegates were shared with the pertinent parties. However, the prevailing security/political conditions (see *Context*) and the adjustments made by the ICRC to its set-up (see *Action and results*) hindered the development of dialogue with the authorities, weapon bearers and community leaders on the protection of civilians, wounded people and medical services. Discussions with the authorities on legal practices applicable to IDPs returning to their homes, and on people's access to State benefits, were similarly affected.

The uncertain security/political conditions also led the ICRC to suspend, in July, its activities to help improve people's access to water, address the needs of the families of missing persons, and support local mine-risk education initiatives (see below). Nonetheless, the ICRC continued, in partnership with the Libyan Red Crescent, to respond to the emergency humanitarian needs created by armed conflicts and other situations of violence.

### Conflict/violence-affected people meet their immediate needs

People who had fled conflict-affected areas, or were living there, withstood their displacement with the help of the National Society/ICRC. The National Society sustained its emergency response capacity by replenishing stocks at 14 branches with ICRC-donated



food and household items; it renovated its warehouse in Sabha, with ICRC material support, and upgraded facilities at one branch. Through training/practical exercises, 16 National Society volunteers and 2 State employees learnt how to assess humanitarian needs; some of them were also trained to instruct others.

Over 42,130 individuals (6,675 households) coped with difficult conditions using ICRC-donated essential household items and hygiene kits distributed by the National Society/ICRC in areas prone to or affected by violence. They included 2,500 IDPs (400 households) from Benghazi who were assisted directly by the ICRC's Misrata office.

More than 18,100 individuals (2,659 households) sustained themselves with the help of one-month food rations from the National Society/ICRC; rations were increased to cover the needs of bigger families. A planned distribution, during Ramadan, of food parcels to some 48,000 people did not push through, as the ICRC was at the time dealing with the repercussions of the security incident in June.

Some 2,000 Pakistani nationals stranded in Tripoli while awaiting repatriation received food/hygiene kits.

In Misrata and Sabha, residents and IDPs had access to water from facilities maintained by 30 technicians trained by water authorities from other areas and the ICRC. Training sessions that were planned for the second half of 2014 were cancelled, as was a project to help the water authorities in Zintan City upgrade facilities serving 50,000 residents.

#### **Families exchange news with relatives detained abroad**

Family members separated by armed conflict, detention or other circumstances restored/maintained contact through family-links services provided by the National Society/ICRC. Various instances of disappearance were reported, mainly by irregular migrants; 87 people were found and given the means to contact their relatives. Families in Libya exchanged news with relatives detained abroad or held at the US interment facility at Guantanamo Bay Naval Station in Cuba (see *Washington*) through phone/video calls, RCMs and short oral messages relayed by ICRC delegates. ICRC travel documents enabled 11 third-country nationals without proper identification papers to leave Libya after the violence intensified.

#### **National Society becomes more capable of managing human remains**

To help prevent disappearances during conflict/violence, the National Society drew on ICRC support to develop its family-links services, particularly in terms of human remains management. Through training/coaching, 38 volunteers learnt how to properly recover and transport human remains. National Society branches in violence-affected/prone areas also received body bags and similar supplies, and protective equipment for their personnel.

Acting as a neutral intermediary, the ICRC facilitated the exchange of human remains between opposing forces in Misrata. Contact was maintained with morgues in Benghazi and Misrata; they were given technical advice on forensic matters, as needed.

An assessment launched in 2013, to document the needs of the families of missing persons, was not completed. Information collected from 155 families during interviews conducted by ICRC delegates until July 2014 was being analysed, with a view to drafting a report that would guide future ICRC response, should

the situation allow for the resumption of activities in this regard. ICRC training/advice for the authorities focused on the proper management of gravesites allegedly containing human remains from both before and after 2011.

#### **Support for mine education halted**

As it focused its resources on other priorities, the ICRC discontinued its support for the National Society's risk-education initiatives. Prior to this, at an ICRC-organized workshop, 18 volunteers learnt more about developing risk-education materials and collecting weapon contamination data. Dialogue with the authorities on weapon contamination did not develop.

#### **PEOPLE DEPRIVED OF THEIR FREEDOM**

##### **Activities for people deprived of their freedom discontinued**

In July, ICRC visits to detainees, including migrants, and other related activities were terminated. This was owing to the relocation of ICRC mobile staff to Tunis and to the organization's loss of access to detention facilities because of the political instability and the increase in the number of facilities controlled by brigades, with whom the ICRC had limited dialogue on detention.

Between January and May, some 6,780 people at 18 places of detention received ICRC visits, carried out according to the organization's standard procedures. Over 200 detainees were monitored individually, among them people held in relation to the 2011 conflict and other particularly vulnerable detainees. The authorities received confidential findings and recommendations drawn from these visits; they were also alerted to the situation of severely ill/injured detainees, thereby helping ensure that these detainees could be treated by State services.

Some detainees contacted their families through Movement family-links services. Detained migrants called their relatives, and over 40 foreigners had their consular representatives informed of their situation, at their request.

The authorities made use of technical and direct support from the ICRC to improve living conditions at six migrant detention centres; 2,100 migrants received clothes, hygiene items, blankets and other essential items from the ICRC. At the Sabha retention centre, over 500 detained migrants had better access to water following upgrades to the facility's water system. Over 300 migrants at the Zliten retention centre had more hygienic living conditions after similar upgrades. Most retention centres were closed as of July 2014. At one of those still functioning, in Misrata, 820 migrants received clothes and hygiene kits distributed by the ICRC in August.

#### **WOUNDED AND SICK**

##### **Weapon-wounded victims receive suitable care**

Especially after the violence in the country escalated, people wounded during attacks/clashes received treatment from 22 hospitals and 28 Libyan Red Crescent branches and primary health care centres equipped with ICRC-donated medical supplies. One of the hospitals received technical advice for managing human remains.

To help ensure that wounded people had unimpeded access to medical treatment, weapon bearers were reminded of the respect due to civilians, including people seeking or providing medical aid. This was done mainly through public information campaigns (see *Actors of influence*) and, whenever possible, during contact with the parties concerned.

### **First-aiders and medical personnel boost their capacities**

Because of the difficulty of organizing courses amid the prevailing insecurity and the revised set-up of the ICRC, fewer people than planned benefited from initiatives to help develop national medical capacities.

Around 80 National Society first-aiders, from 16 branches serving areas prone to or affected by violence, honed their skills with the help of instructors trained/supervised by the ICRC. They also learnt how to safely conduct their work in volatile areas through briefings on the Safer Access Framework. Sixteen volunteers trained to become instructors, thereby increasing the National Society's capacity to conduct courses independently. Five branches received an ambulance each, helping them carry out medical evacuations.

Thirty-two doctors, surgeons and other medical professionals, including those working in eastern and southern Libya, upgraded their skills in trauma management, and 33 doctors in war surgery, during courses organized with local health authorities; five instructors refreshed their skills. Some of these courses were held in Tunis, Tunisia.

### **Physical rehabilitation activities suspended**

Projects with the University of Misrata and the University of Tripoli, where the ICRC helped establish a workshop, to help build national expertise in physical rehabilitation and enhance the quality of prosthetic/orthotic devices were cancelled, as ensuring the presence of an expatriate technician to support the initiatives was not feasible in light of the prevailing situation.

## **ACTORS OF INFLUENCE**

### **Public communication campaigns highlight humanitarian issues**

Given the widespread insecurity and political uncertainty, raising awareness of humanitarian issues and enlisting support for the Movement, including for the ICRC's neutral, impartial and independent approach, were crucial for facilitating activities for people in need.

Meetings, briefings and other means of contact with the authorities, weapon bearers and other influential actors served to encourage them to support Libyan Red Crescent/ICRC activities. Information sessions on the similarities between IHL and Islamic law helped religious leaders in Benghazi clarify their understanding of the ICRC's mandate; they also enabled the ICRC to take stock of local communities' perceptions of the organization. Networking with brigades and armed groups in Benghazi, Misrata, Sabha and Tripoli focused on securing their support for ICRC activities. Defence Ministry officials were briefed on ICRC activities during their visit to the organization's headquarters in Switzerland. Some professors, State officials and military personnel attended courses/events abroad (see *Lebanon* and *Pakistan*). These efforts were cut short in July because of the security/political environment.

Especially because contact with influential actors was limited, ICRC public communication initiatives were enhanced, mostly through social media and other Web-based channels. These particularly drew attention to humanitarian issues, the work of the National Society/ICRC and key messages of the Health Care in Danger project. Protection of people seeking/provide medical care was highlighted during workshops/courses for medical personnel (see *Wounded and sick*) and National Society volunteers.

The National Society was supported in developing its own activities, through training and other support for strengthening its public communication capacities. A workshop for journalists was cancelled.

### **IHL implementation stalls**

Over 110 army officers stationed in the south and the west added to their knowledge of IHL during information sessions. At similar sessions, *gendarmerie* officials from military prisons in Benghazi and Tripoli learnt about IHL norms applicable to their duties and ICRC activities for detainees.

With two government bodies competing for power (see *Context*), implementation of a four-year agreement with the Defence Ministry, on IHL implementation, was put on hold. Other activities in this regard were also affected: IHL information sessions for army officers stationed in the east did not take place; and senior officers slated to attend the IHL course in San Remo, Italy were unable to get visas.

## **RED CROSS AND RED CRESCENT MOVEMENT**

Partnership with the Libyan Red Crescent continued to develop, given the escalation of violence in the country and the repercussions of the prevailing situation on ICRC activities. Cooperation between the National Society and the ICRC helped ensure the delivery of emergency relief and medical services to conflict/violence-affected people (see *Civilians* and *Wounded and sick*). Besides ICRC support for capacity building, the National Society also received vehicles, generators and communication equipment to sustain its operations. It pursued efforts to enlist support for the Movement and promote volunteerism among the public.

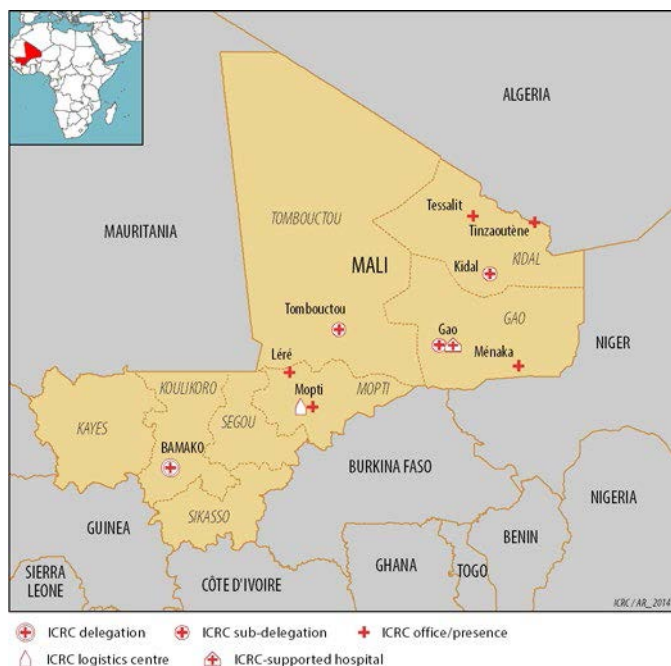
The National Society strengthened its organizational structure, by revising its statutes and attending Movement meetings abroad. It also discussed, with the authorities, its official status and role as an auxiliary to State services.

Coordination among Movement components continued, through meetings and other means. The National Society, the International Federation and the ICRC discussed possibilities for a common approach to addressing humanitarian needs; to this end, revision of the Movement coordination agreement in the country got under way.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>Red Cross messages (RCMs)</b>			<b>UAMs/SCs*</b>		
RCMs collected		9			
RCMs distributed		21			
Phone calls facilitated between family members		1,486			
<b>Tracing requests, including cases of missing persons</b>			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered		146	12	7	6
<i>including people for whom tracing requests were registered by another delegation</i>		11			
People located (tracing cases closed positively)		87			
<i>including people for whom tracing requests were registered by another delegation</i>		6			
Tracing cases still being handled at the end of the reporting period (people)		1,453	42	21	43
<i>including people for whom tracing requests were registered by another delegation</i>		45			
<b>UAMs/SCs*, including unaccompanied demobilized child soldiers</b>			<b>Girls</b>		<b>Demobilized children</b>
UAMs/SCs newly registered by the ICRC/National Society		3	2		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		2	1		
<b>Documents</b>					
People to whom travel documents were issued		11			
Official documents relayed between family members across borders/front lines		1			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>					
<b>ICRC visits</b>			<b>Women</b>	<b>Minors</b>	
Detainees visited		6,789	212	85	
			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually		246	6	2	2
Detainees newly registered		209	3	2	1
Number of visits carried out		30			
Number of places of detention visited		22			
<b>Restoring family links</b>					
RCMs collected		53			
RCMs distributed		11			
Phone calls made to families to inform them of the whereabouts of a detained relative		35			
People to whom a detention attestation was issued		23			

\* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Food commodities	Beneficiaries	18,102	27%	21%
	<i>of whom IDPs</i>	15,075		
Essential household items	Beneficiaries	42,135	29%	20%
	<i>of whom IDPs</i>	31,869		
Work, services and training	Beneficiaries	16	19%	
<b>Health</b>				
Health centres supported	Structures	28		
Average catchment population		215,543		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection programme)</b>				
Essential household items	Beneficiaries	2,920		
<b>Health</b>				
Number of visits carried out by health staff		6		
Number of places of detention visited by health staff		3		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	22		
<b>Physical rehabilitation</b>				
Centres supported	Structures	1		



## KEY RESULTS/CONSTRAINTS

### In 2014:

- ▶ despite security incidents limiting the ICRC's movements in rural areas, more IDPs, returnees and residents than initially planned met their food needs with rations distributed with/through the Mali Red Cross
- ▶ following briefings and discussions on IHL, some armed groups, the Malian authorities and international forces facilitated access for the ICRC to people wounded or detained in relation to the armed conflict
- ▶ weapon-wounded people evacuated by international forces, armed groups and the ICRC, eased their recovery through care at the regional hospital in Gao, supported by an ICRC medical team
- ▶ vulnerable households, including some headed by women, strengthened their livelihoods and resilience to the effects of violence via farming/veterinary support activities, and upgrades to community infrastructure
- ▶ newly displaced people, minors formerly associated with armed groups and detainees stayed in touch with their relatives through family-links services offered by the National Society/ICRC
- ▶ detainees stood to benefit from steps taken by the Malian authorities to improve their health, for example, through the preparation of balanced meals according to a standardized menu drafted with ICRC help

### EXPENDITURE (in KCHF)

Protection	4,223
Assistance	33,695
Prevention	3,005
Cooperation with National Societies	1,747
General	-
<b>Total</b>	<b>42,670</b>

of which: Overheads 2,590

### IMPLEMENTATION RATE

Expenditure/yearly budget	<b>94%</b>
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### PERSONNEL

Mobile staff	51
Resident staff (daily workers not included)	275

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 in Mali. It seeks to protect and assist conflict/violence-affected people who also often struggle with adverse climatic conditions, and visits detainees, providing them with aid where necessary. It promotes IHL among armed and security forces and other armed groups and encourages its implementation by the authorities of the country. It works closely with the Mali Red Cross and helps it develop its operational capacities.

## YEARLY RESULTS

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

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
Red Cross messages (RCMs)	
RCMs collected	666
RCMs distributed	244
Phone calls facilitated between family members	3,855
People located (tracing cases closed positively)	106
People reunited with their families	22
<i>of whom unaccompanied minors/separated children</i>	22
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
<b>ICRC visits</b>	
Detainees visited	4,156
Detainees visited and monitored individually	432
Number of visits carried out	124
Number of places of detention visited	30
<b>Restoring family links</b>	
RCMs collected	131
RCMs distributed	46
Phone calls made to families to inform them of the whereabouts of a detained relative	353

ASSISTANCE	2014 Targets (up to)	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>		
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>		
Food commodities	Beneficiaries 240,000	355,994
Essential household items	Beneficiaries 60,000	28,912
Productive inputs	Beneficiaries 180,000	287,208
Cash	Beneficiaries 30,000	19,404
Work, services and training	Beneficiaries 420,000	493,915
Water and habitat activities	Beneficiaries 348,600	237,716
<b>Health</b>		
Health centres supported	Structures 2	6
<b>WOUNDED AND SICK</b>		
<b>Hospitals</b>		
Hospitals supported	Structures 2	1
<b>Water and habitat</b>		
Water and habitat activities	Number of beds 133	130
<b>Physical rehabilitation</b>		
Centres supported	Structures 1	1
Patients receiving services	Patients 50	52



## CONTEXT

In the north, interethnic violence fuelled by the ongoing armed conflict, attacks by armed groups, banditry and military/security operations put people at risk of injury or death. The UN Multidimensional Integrated Support Mission in Mali (MINUSMA) awaited reinforcements; France had already withdrawn many of its troops.

In May, hostilities resumed between Malian forces and armed groups; the Mouvement National de Libération de l'Azawad (MNLA) and the Haut Conseil pour l'Unité de l'Azawad (HCUA) retook the town of Kidal and parts of the region. Reportedly, some people were detained by armed groups; thousands of others fled to the Gao region, southern Mali and neighbouring countries. The parties involved agreed to a ceasefire, but peace negotiations, in Algeria, had not been concluded at year's end.

Many people in the north remained dependent on humanitarian aid in light of poor harvests in 2013 and erratic rainfall. These included conflict-affected people recovering from past drought, new and long-time IDPs, and destitute returnees. Humanitarian actors struggled with limited funding and occasional attacks by armed elements: in April, an ICRC team abducted by an armed group in February fortuitously regained their freedom.

A limited outbreak of Ebola was reported.

## ICRC ACTION AND RESULTS

The ICRC delegation in Mali and the Mali Red Cross worked to assist vulnerable people in northern Mali: accordingly, the National Society developed its capacities with ICRC help. Thus, although the ICRC had to limit its movements in rural areas because of security constraints, vulnerable people nevertheless obtained aid from/through the National Society. In addition, around 50% more people – displaced people, vulnerable residents and farmers affected by erratic rainfall – than initially planned received food aid. To meet the increased costs, resources were reallocated from other assistance projects and, in late 2014, smaller rations were distributed.

Conflict-affected people met their urgent needs thanks to the ICRC's and National Society's multidisciplinary emergency response. Owing to the influx of returnees at the beginning of the year and renewed violence in Kidal, twice as many displaced people than initially planned received food. People who had sustained weapon wounds during the violence in Kidal – including some evacuated by MINUSMA, the MNLA and the ICRC – recovered at the Gao regional hospital, which was supported by ICRC medical specialists. After fighting had disrupted water services in Kidal town, residents regained access to water within days as a result of ad hoc repairs to water infrastructure by the National Society/ICRC.

Vulnerable people in Gao, Kidal, Mopti and Tombouctou built their resilience to the effects of violence and harsh climate with help from the National Society and the ICRC. Farmers boosted their harvests with ICRC-provided seed and tools, and saw the hunger gap period through in part by consuming ICRC-distributed food rations. Herders increased the productivity/market value of their livestock through free veterinary services, donations of fodder to them and destocking activities for helping them cull their weaker animals. Women heads of households increased their income by selling handicrafts and soap produced with ICRC material support. These people, along with IDPs, returnees and other vulnerable individuals, had sufficient clean water for drinking or watering

crops/livestock owing to ICRC upgrades to infrastructure. This, together with preventive care at six ICRC-supported centres, also helped them mitigate hygiene-related health risks.

Weapon bearers, government officials, civil society leaders and others were encouraged to respect IHL and neutral, impartial and independent humanitarian action through information sessions, dialogue, media messages and other means. Information provided by these actors helped the ICRC adapt its activities/security measures to the prevailing situation. After the fighting in Kidal, armed groups/Malian troops/international forces notified the ICRC of people who had been wounded or arrested. Parties concerned were informed of IHL violations and other abuses, including sexual violence, with a view to preventing their recurrence; cases of people missing in relation to the conflict were also brought to their attention.

Families separated by armed conflict, detention or other circumstances restored/maintained contact through the National Society's family-links network, with assistance from the ICRC. Children previously associated with armed groups were reunited with their families after their home environment was assessed to ensure that it met the conditions for successful social reintegration. Detainees sent RCMs or had their families informed of their situation.

People held by the Malian authorities and armed groups received visits from the ICRC; those held in connection with the conflict were registered and monitored individually. Confidential feedback and material/technical support helped detaining authorities improve detainee treatment and living conditions. The Malian authorities agreed to use a standardized menu, drafted with the ICRC, at all prisons and to increase the prison food budget in 2015, after the menu had been tested in two prisons.

## CIVILIANS

To prevent the recurrence of IHL and human rights violations, including sexual violence, allegations of abuse and cases of people who went missing in connection with the conflict were documented and shared with the parties concerned. During the resumption of hostilities in Kidal, weapon bearers were reminded of their responsibilities to people not/no longer fighting, particularly to facilitate their access to health/medical care and humanitarian aid (see *Actors of influence*). Where applicable, victims of abuses were referred to medical services and/or enrolled in the ICRC's family-links or assistance programmes.

### Children previously associated with armed groups rejoin their families

Families separated by armed conflict, detention or migration restored/maintained contact via the family-links network established by the Mali Red Cross and the ICRC, with the assistance of National Societies in countries hosting Malian refugees (see, for example, *Mauritania and Niger*).

People received news of relatives who went missing following the resolution of over 100 tracing requests. Some got back in touch with relatives in detention (see *People deprived of freedom*); and 16 children previously associated with armed groups were reunited with relatives after their communities were assessed for the risk of re-recruitment/other dangers, and their families briefed on their vulnerabilities.

Pending the resumption of the deportation of migrants from Algeria, related activities remained on hold.



## **IDPs and residents affected by violence in Kidal meet their needs with timely aid**

The National Society strengthened its operational capacity in the north with ICRC support, which included renovations to its Mopti office. Close coordination between the National Society and the ICRC helped ensure that vulnerable people received aid promptly during periods when the ICRC had to limit its movements.

Over 126,300 IDPs, returnees and vulnerable residents (20,860 households) in rural and urban areas in Gao, Kidal, Mopti and Tombouctou met their urgent needs following timely distributions of three-month food rations. Around 6,000 IDPs (1,000 households) who had fled Kidal after the violence in May received rations within days of their arrival in Gao. Some 28,900 destitute returnees (4,830 households) eased their resettlement with household essentials provided by the National Society/ICRC. Owing to an increase in the number of returnees in early 2014, twice as many conflict/violence-affected people as initially planned received food. Accordingly, resources were reallocated from assistance projects that had been delayed/reduced owing to security constraints, and, in late 2014, smaller rations were distributed.

During fighting in Kidal town, water infrastructure was damaged/stolen and maintenance personnel fled, causing the daily supply of water to fall sharply and sometimes stop completely. The supply of water was stabilized within a few days, though not fully restored, as a result of ad hoc repairs to pumps and generators by National Society volunteers and the ICRC. This helped ensure that the 25,000 townspeople could meet most of their daily water needs, and that the Kidal referral centre had enough clean water to maintain its activities, until water authorities were able to restore services.

People injured during the violence in Kidal were evacuated to the Gao hospital (see *Wounded and sick*).

## **Conflict/violence-affected people see the hunger gap period through**

Conflict-affected people in Gao, Kidal, Mopti and Tombouctou strengthened their resilience to the effects of violence and harsh climate through long-term assistance activities conducted by the National Society, local actors and the ICRC. Some activities were delayed or reduced because of security constraints; however, because of the erratic rainfall, more vulnerable farmers than originally foreseen were provided by the ICRC with food assistance.

Around 37,700 farming households (229,400 people), including those managing cereal and fodder banks, consumed/sold more produce after they had boosted their harvests, in part by using ICRC-provided seed and other agricultural supplies/equipment. Monthly distributions of food rations also helped ensure that they could keep planting and did not have to consume seed stock. Over 140 women's associations (6,560 people) reported having harvested twice as much vegetables from their market gardens. Some 2,900 vulnerable breadwinners (19,400 people) supplemented their income through cash-for-work projects to upgrade community infrastructure or small businesses set up with ICRC help. Among them, 84 heads of households, including women, sold handicrafts and soap in Gao and Kidal.

About 82,500 herding households (494,000 people) improved/maintained the health – and therefore the market value and productivity – of around 1,411,000 of their animals through free vaccinations/deworming carried out by local veterinary services; the ICRC

supported these services by providing storage equipment, such as freezers, and specialized training for 18 animal health workers, and by constructing 12 permanent vaccination parks. Among these herders, some 8,600 herding households (51,800 people) culled their herds by selling weaker animals to the ICRC at competitive prices, which supplemented their income and left them with more manageable herds. Around 167,100 vulnerable people (27,850 households) varied their diet with meat from the animals and some people made handicrafts out of the hides. Roughly 4,600 herding households (30,700 people) used ICRC-provided fodder to feed their livestock during the hunger gap period; afterwards, 26 herders' associations reported obtaining twice as much milk from their animals.

Nearly 240,000 IDPs and residents, including the farmers and herders mentioned above, obtained clean water for personal consumption and for livelihood purposes from water supply systems upgraded by the ICRC and maintained by 26 ICRC-trained technicians. Farmers/market gardeners sustained their crops through upgraded irrigation systems and newly constructed dikes; herders watered their livestock at ICRC-upgraded wells along herding routes, which spared them the effort of searching for watering holes.

## **Thousands of people have better access to health care and maintain their health**

Nearly 74,000 people in communities in Gao and Tombouctou, including children and pregnant women, had access to good-quality preventive/curative care at the Bourem referral centre and five other community facilities. These centres were supported by the ICRC with medical supplies, salary incentives for staff and technical advice; infrastructural upgrades helped three of them to increase – to 37 – the maximum number of patients they could treat per day.

By November, other aid agencies had taken over the task of assisting three centres; ICRC support was reduced gradually to ease the transition.

## **PEOPLE DEPRIVED OF THEIR FREEDOM**

### **In Kidal, people held by armed groups receive ICRC visits within days of being captured**

Nearly 4,160 detainees held by the Malian authorities and armed groups had their treatment and living conditions monitored by the ICRC during visits conducted according to its standard procedures. Some persons arrested were monitored while being transferred from international forces to Malian authorities, or, in the case of minors, to a special transit centre. Over 430 detainees held in connection with the conflict, and other vulnerable inmates, were registered and followed up individually. Within days of being captured – during the fighting in Kidal in May – 13 people held by the MNLA and 33 by the HCUA were visited; they supplemented their meals with ICRC-provided rations.

Detainees contacted their families through National Society/ICRC family-links services, including detainees whose families approached the ICRC directly (see *Civilians*). Foreign detainees had their consular representatives notified of their situation. Upon their release, some registered detainees travelled home with ICRC assistance.

### **Detainees at two prisons consume balanced meals prepared according to a standardized menu**

The Malian authorities took steps to improve detainees' treatment and living conditions, drawing on the ICRC's confidential feedback and technical input, and insights from joint projects with the ICRC at

the Bamako, Kati and Sikasso prisons, which housed half of the total prison population. At the Kati and Sikasso prisons, inmates had more balanced meals after prison management standardized the menu and used ICRC-provided kitchen equipment to prepare the food; after a three-month test period, the authorities agreed to extend the standardized menu to all prisons and increase the food budget in 2015.

Limited progress was made in incorporating health care for detainees in national programmes owing to administrative constraints. In the meantime, health/penitentiary authorities drew on ICRC support to ensure detainees' health. At the Bamako prison, inmates underwent systematic medical screening on arrival, with the sick among them being treated by health services supported by the ICRC with supplies, technical input and staff. Detainees and prison staff also reduced their risk of contracting contagious diseases, including Ebola: roughly 2,300 detainees at the Bamako, Kati and Sikasso prisons had more hygienic living conditions after water/sanitation infrastructure was upgraded and fumigation campaigns carried out. Some 100 detainees hastened their recovery from illness, injuries or severe malnourishment following treatment funded or provided by the ICRC.

Over 5,100 detainees at seven prisons and one temporary place of detention, including those mentioned above, eased their living conditions with ICRC-provided household items. Detainees at the re-opened Gao and Tombouctou prisons also benefited from such items, while the authorities were completing renovations at these prisons with technical advice from the ICRC.

## WOUNDED AND SICK

### People wounded during fighting in Kidal hasten their recovery from weapon wounds

Following the fighting in Kidal, fighters and other weapon-wounded people recovered at the Gao regional hospital. Some of them were evacuated by weapon bearers (see *Actors of influence*), and 78 were evacuated by the ICRC. Uninterrupted good-quality services at the hospital were made possible by infrastructural upgrades and ICRC-provided supplies and generator fuel; hospital staff worked and trained with 12 ICRC medical specialists.

From October, victims of sexual violence were able to receive psychosocial support from trained midwives at the same hospital; several people eased their emotional trauma through these services. At the Centre Père Bernard Verspieren in Bamako, over 50 disabled people, some because of punitive amputations, regained a measure of mobility through ICRC-funded physiotherapy and by using assistive devices made specifically to fit them.

## ACTORS OF INFLUENCE

### Armed groups facilitate ICRC access to detainees and wounded weapon bearers

Through dialogue and information sessions, weapon bearers learnt more about IHL and the need to facilitate access for conflict-affected people to health care and humanitarian aid. Some 850 MINUSMA soldiers and 3,350 Malian military/security personnel deployed in the north, including those training under a European Union programme or in the Bamako Peacekeeping School, furthered their understanding of their responsibilities under IHL. Around 430 members of various armed groups were also reminded, through similar sessions, of their obligation to respect IHL.

During the fighting in Kidal, troops and armed groups were reminded of these responsibilities and the ICRC's mandate through oral messages. Afterwards, the MNLA and the HCUA allowed the ICRC to visit people in their custody (see *People deprived of their freedom*); MINUSMA and the MNLA informed the ICRC of wounded soldiers' whereabouts and condition and/or evacuated the wounded themselves.

### Civil society actors help the ICRC adapt its security measures after the abduction of its staff members

Influential actors were urged to facilitate humanitarian action or to persuade others to do so, through briefings/discussions on IHL, the humanitarian needs arising from the conflict and the Movement's neutral, impartial and independent approach.

Community/religious leaders, and heads of youth groups in Kidal, learnt more about the use of the emblem. At a conference organized by the Mali Red Cross with support from the Qatar Red Crescent Society, religious scholars and Koranic teachers furthered their understanding of the common ground between Islam and IHL. Interaction with these actors helped the ICRC understand how it was perceived by communities, and adapt its activities and security measures accordingly. The media were kept abreast of Movement activities through press releases, interviews, workshops and public events. With their help, more people understood the ICRC's mandate and the circumstances surrounding the release of abducted ICRC staff, and were encouraged to report missing relatives to the ICRC.

Government officials, representatives of aid agencies, National Societies working in Mali and the ICRC met regularly to coordinate their activities. Participants discussed the implementation of measures to ensure the safety of humanitarian/health workers and Movement's components addressed neutrality/impartiality issues, for example in the delivery of aid to people in military camps.

PEOPLE DEPRIVED OF THEIR FREEDOM	FRENCH FORCES	MALI ARMED GROUPS	MALI AUTHORITIES
<b>ICRC visits</b>			
Detainees visited	29	80	4,047
			<i>of whom women</i>
			<i>of whom minors</i>
Detainees visited and monitored individually	29	80	323
			<i>of whom boys</i>
Detainees newly registered	29	79	193
			<i>of whom boys</i>
Number of visits carried out	23	17	84
Number of places of detention visited	2	2	26
<b>Restoring family links</b>			
RCMs collected			131
RCMs distributed			46
Phone calls made to families to inform them of the whereabouts of a detained relative			353

## State officials, military officers and teachers add to their IHL knowledge

The authorities drew on ICRC expertise to increase the knowledge of IHL among officials involved in ratifying and implementing IHL-related treaties. At workshops abroad (see, for example, *African Union, Dakar and Nigeria*), five Malian officials learnt more about the Arms Trade Treaty, the assistance due to victims of cluster munitions and good practices with regard to private military/security companies. One Malian official contributed to an experts' meeting in Montreux, Switzerland, and learnt more about the "Strengthening IHL" process, particularly the legal protection afforded to detainees during armed conflict. The authorities and the ICRC continued to discuss the subject of amending the penal code to include abuses committed during non-international armed conflict in the definition of war crimes.

Teachers of IHL honed their skills and developed teaching materials with ICRC help and technical advice. During their reorganization, Malian military forces strove to incorporate IHL in military doctrine and training; officers continued to work on a basic training manual, and two military instructors attended a teaching course in San Remo, Italy. At an advanced workshop in China (see *International law and policy*), two senior military officers learnt best practices in incorporating IHL in military operations. One instructor at a university, and another at a religious institution, were better equipped to teach IHL after attending courses abroad (see *Dakar and Lebanon*).

## RED CROSS AND RED CRESCENT MOVEMENT

As the organization's main partner in the country, the Mali Red Cross provided family-links services, first aid and material assistance to vulnerable people jointly with the ICRC, and developed its capacities accordingly. Trained volunteers monitored the availability and prices of basic goods, helping ensure that aid delivered by the National Society/ICRC met beneficiaries' needs. At workshops, National Society/ICRC staff/volunteers developed their ability to teach first aid to their colleagues in the north, conduct activities in violence-prone areas in line with the Safer Access Framework and foster support for Movement action and volunteerism among the public. The National Society also extended the reach of its operations and coordinated its activities more effectively in the field, using ICRC-provided communication equipment.

Movement components in Mali continued to coordinate their activities through the tripartite agreement between the National Society, the International Federation and the ICRC, thereby avoiding duplication of effort and maximizing impact.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>Red Cross messages (RCMs)</b>			<b>UAMs/SCs*</b>		
RCMs collected		666	28		
RCMs distributed		244	10		
Phone calls facilitated between family members		3,855			
<b>Reunifications, transfers and repatriations</b>					
People reunited with their families		22			
	<i>including people registered by another delegation</i>	3			
People transferred/repatriated		1			
<b>Tracing requests, including cases of missing persons</b>			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered		121	12	13	16
	<i>including people for whom tracing requests were registered by another delegation</i>	9			
People located (tracing cases closed positively)		106			
	<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)		252	28	19	27
	<i>including people for whom tracing requests were registered by another delegation</i>	87			
<b>UAMs/SCs*, including unaccompanied demobilized child soldiers</b>			<b>Girls</b>		<b>Demobilized children</b>
UAMs/SCs newly registered by the ICRC/National Society		15			6
UAMs/SCs reunited with their families by the ICRC/National Society		22	1		16
	<i>including UAMs/SCs registered by another delegation</i>	3			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		7			2
<b>Documents</b>					
Official documents relayed between family members across borders/front lines		1			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>					
<b>ICRC visits</b>			<b>Women</b>	<b>Minors</b>	
Detainees visited		4,156	52	203	
			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually		432			11
Detainees newly registered		301			9
Number of visits carried out		124			
Number of places of detention visited		30			
<b>Restoring family links</b>					
RCMs collected		131			
RCMs distributed		46			
Phone calls made to families to inform them of the whereabouts of a detained relative		353			

\* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Food commodities	Beneficiaries	355,994	33%	40%
	<i>of whom IDPs</i>	11,437		
Essential household items	Beneficiaries	28,912	26%	35%
	<i>of whom IDPs</i>	9,455		
Productive inputs	Beneficiaries	287,208	37%	31%
	<i>of whom IDPs</i>	839		
Cash	Beneficiaries	19,404	25%	22%
Work, services and training	Beneficiaries	493,915	28%	41%
Water and habitat activities	Beneficiaries	237,716	25%	50%
	<i>of whom IDPs</i>	59,462		
<b>Health</b>				
Health centres supported	Structures	6		
Average catchment population		73,738		
Consultations	Patients	32,703		
	<i>of which curative</i>		8,963	12,788
	<i>of which ante/post-natal</i>		2,858	
Immunizations	Doses	44,801		
	<i>of which for children aged five or under</i>	43,404		
Referrals to a second level of care	Patients	108		
Health education	Sessions	108		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection programme)</b>				
Food commodities	Beneficiaries	90		
Essential household items	Beneficiaries	5,164		
Water and habitat activities	Beneficiaries	5,375		
<b>Health</b>				
Number of visits carried out by health staff		107		
Number of places of detention visited by health staff		5		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	1		
	<i>of which provided data</i>	1		
Patients whose hospital treatment has been paid for by the ICRC	Patients	4		
Admissions	Patients	3,881	1,366	1,555
	<i>of whom weapon-wounded</i>	126	8	9
	<i>(including by mines or explosive remnants of war)</i>	13		
	<i>of whom other surgical cases</i>	511		
	<i>of whom medical cases</i>	2,638		
	<i>of whom gynaecological/obstetric cases</i>	606		
Operations performed		953		
Outpatient consultations	Patients	42,578		
	<i>of which surgical</i>	1,984		
	<i>of which medical</i>	32,201		
	<i>of which gynaecological/obstetric</i>	8,393		
<b>Water and habitat</b>				
Water and habitat activities	Number of beds	130		
<b>Physical rehabilitation</b>				
Centres supported	Structures	1		
Patients receiving services	Patients	52	2	6
Prostheses delivered	Units	44	4	2
	<i>of which for victims of mines or explosive remnants of war</i>	13		
Orthoses delivered	Units	2		
	<i>of which for victims of mines or explosive remnants of war</i>	2		
Patients receiving physiotherapy	Patients	17	2	1
Crutches delivered	Units	2		

# MAURITANIA



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

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

**MEDIUM**

## KEY RESULTS/CONSTRAINTS

In 2014:

- ▶ sick and injured inmates had better access to health care after the authorities, with the ICRC's backing, appointed additional health staff and made agreements with hospitals about free treatment for detainees
- ▶ troops stood to benefit from enhanced training in IHL and international human rights law following the training of 20 security force instructors and the completion of the military IHL manual at year-end
- ▶ thousands of residents and refugees in the town of Bassikounou obtained clean water from an ICRC-upgraded water network, though planned work in nearby villages areas had to be postponed
- ▶ people separated by armed conflict in Mali, detention or migration stayed in touch through the family-links network of the Mauritanian Red Crescent, with some 180 people sending RCMs to relatives

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
<b>Red Cross messages (RCMs)</b>	
RCMs collected	82
RCMs distributed	125
Phone calls facilitated between family members	6
People located (tracing cases closed positively)	10
People reunited with their families	1
<i>of whom unaccompanied minors/separated children</i>	1
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
<b>ICRC visits</b>	
Detainees visited	1,674
Detainees visited and monitored individually	42
Number of visits carried out	17
Number of places of detention visited	9
<b>Restoring family links</b>	
RCMs collected	4
RCMs distributed	27
Phone calls made to families to inform them of the whereabouts of a detained relative	22

EXPENDITURE (in KCHF)	
Protection	1,036
Assistance	1,652
Prevention	741
Cooperation with National Societies	703
General	-
	<b>4,131</b>

of which: Overheads 252

IMPLEMENTATION RATE	
Expenditure/yearly budget	<b>76%</b>

PERSONNEL	
Mobile staff	9
Resident staff (daily workers not included)	34

ASSISTANCE		2014 Targets (up to)	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>			
<b>Economic security, water and habitat</b> (in some cases provided within a protection or cooperation programme)			
Water and habitat activities	Beneficiaries	30,000	15,000
<b>Health</b>			
Health centres supported	Structures	1	1



## CONTEXT

Mauritanians felt the effects of regional insecurity, which, among other things, exacerbated political, religious and social differences. Thousands of armed/security forces personnel, stationed on Mauritania's borders with Mali, conducted operations against armed groups, which reportedly resulted in arrests. The government played a role in regional security dialogue: in May, Mauritania's president, in his capacity as chairman of the African Union, helped secure a ceasefire agreement between the Malian government and some armed groups.

Tens of thousands of Malian refugees remained in south-eastern Mauritania. Local resources came under pressure from those living outside the M'bera UNHCR camp, particularly herders who watered their livestock in Bassikounou and nearby villages. In the north-west, the town of Nouadhibou reportedly hosted thousands of foreigners, primarily migrants bound for Europe.

## ICRC ACTION AND RESULTS

The ICRC visited, in accordance with its standard procedures, over 1,600 detainees in Mauritania, including people held for security reasons. Afterwards, the authorities received confidential feedback based on observations made during these visits, helping them improve detainee treatment and living conditions. In addition, the ICRC helped the authorities gain insight on prison reform through an ICRC-organized study visit to Algeria, and about health care in detention during conferences abroad. Following such input, the authorities took steps to improve notably health/medical services. For instance, detainees in some prisons gained better access to care owing to the appointment of additional health/medical personnel, and agreements for hospitals to provide free treatment. At six prisons, health personnel, given financial incentives to keep regular working hours and equipped with ICRC-supplied materials, regularly monitored detainees' health and nutrition, and tended to the ailing and the injured. Hundreds of inmates had more hygienic living conditions following upgrades to water/sanitation infrastructure, fumigation campaigns and the distribution of hygiene items.

People separated by armed conflict, detention or migration, including Malian refugees, stayed in touch with their relatives through the family-links network maintained by the Mauritanian Red Crescent and the ICRC. In Bassikounou town, more residents and refugees had access to more water following the extension of the water network, thus alleviating pressure on limited resources. Some of these people were also spared the need to travel to the nearest hospital, 200 kilometers away, as the local health centre made use of ICRC-provided equipment to begin offering specialized laboratory services. National Society first-aiders, who had developed their skills with ICRC help, were on hand at major political and religious events.

Mauritania's military/security forces, aided by ICRC technical expertise, took steps to further incorporate IHL and international human rights law in their troops' training. The military finished drafting its IHL manual, and supplemented troops' training with ICRC-organized information sessions. Security force instructors honed their skills through train-the-trainer workshops and began to prepare a teaching manual. Some planned activities were cancelled owing to various constraints; nevertheless, some State officials and academics were able to add to their knowledge of IHL with ICRC help. State officials, academics, journalists and

humanitarian workers were exposed to specialized IHL topics during themed events abroad. Academics and religious leaders discussed the common ground between IHL and Islam at locally organized conferences.

## CIVILIANS

### Refugees stay in touch with their families in Mali

Malian refugees restored/maintained contact with their families at home through the Mauritanian Red Crescent, which had honed its skills with ICRC support, such as training abroad for volunteers (see *Dakar*). Refugees in the UNHCR camp or among host communities received family-links services from trained volunteers: some people sent RCMs to relatives.

An ICRC assessment confirmed that the National Society branch and other local structures in Nouadhibou were capable of handling the family-links needs of migrants, and thus did not require additional assistance in this regard.

### More people in Bassikounou triple their water supply

In Bassikounou town, the water network was expanded through the joint efforts of the water authorities and the ICRC; this enabled more people to benefit from a water supply that had been increased in 2013. In this way, some 15,000 more people had ready access to a stable supply of up to 20 litres of water a day – up from 7.7 litres – from upgraded public fountains, for example. Planned infrastructural upgrades and hygiene-promotion sessions in nearby villages were postponed to 2015, in light of work already done by another actor and changes in the priorities of the water authorities.

Bassikounou residents and Malian refugees protected themselves against illnesses or were treated for them at the local health centre, which had improved its services through staff training and material support from the ICRC. A donation of laboratory equipment meant that patients had access to specialized laboratory services, which spared some of them the 200-kilometre trip to the Nema referral hospital. The equipment was donated in lieu of planned upgrades to the X-ray room, which were cancelled because the X-ray machine was out of order.

## PEOPLE DEPRIVED OF THEIR FREEDOM

### Inmates have access to more health staff and hospitals after efforts by the authorities and the ICRC

Over 1,600 detainees at nine places of detention received visits from the ICRC, conducted according to its standard procedures. Security detainees in prisons, such as several transferred from a remote place of detention, and vulnerable inmates, such as minors and foreigners, were paid special attention. These detainees made use of family-links services to contact their relatives and inform them of their situation; some also received photos of their families.

Afterwards, the authorities received confidential feedback, helping them improve detainee treatment and living conditions. The authorities also drew on the ICRC's technical expertise to revise penal policy and plan the construction of new prisons, and to assess the prison food supply chain; they learnt more about penitentiary reform from their counterparts in Algeria during a study visit (see *Algeria*); and through seminars abroad (see *Jordan* and *Nigeria*), they acquired a broader knowledge of health care provision in detention.

With encouragement from the ICRC and the abovementioned input, the penitentiary authorities and Health and Justice Ministries took steps to improve penitentiary services in general. Detainees

had better access to health care within and outside prisons following the appointment of additional personnel – three nurses, a doctor and a dentist – in three prisons, and regular visits by a mental-health specialist; and agreements between four prisons and nearby hospitals to provide free treatment to over 150 detainees, bringing to six the total number of prisons that have secured such agreements with ICRC help. The authorities established a dedicated service to maintain infrastructure by creating official posts and contracting a local company. Though the food budget was not increased, the authorities reviewed internal practices to ensure better management of the food supply. Weapon bearers with detention duties reinforced their knowledge of international standards in detention (see *Actors of influence*).

Some planned activities were postponed: the creation of a pool of civilian guards was delayed despite ICRC technical assistance, and as a result, so too was training for them.

### **Hundreds of detainees in six prisons have more hygienic conditions and regular access to health care**

Health staff at six prisons, given financial incentives for keeping regular working hours and provided with medical supplies, monitored health and nutrition among detainees, including newcomers. Staff and management strengthened coordination and disease-prevention measures during a workshop organized with the Health Ministry. Some 140 malnourished detainees recovered their health more easily through an ICRC nutritional programme in which they were enrolled after body mass index checks. Another seven detainees recovered from severe burns sustained in a fire at one prison.

Nearly 1,500 detainees at six prisons had better access to clean water and more hygienic conditions following upgrades to water/sanitation systems and fumigation campaigns. Repairs to other infrastructure further improved living conditions: detainees had better access to fresh air in two prisons and at another, a more stable power supply and better fire safety and sleeping conditions. Upgrades to rented prison infrastructure, in view of the authorities' plans to construct new prisons, was cancelled. As the authorities had yet to open a new centre for minors, planned work was put on hold.

Nearly 800 inmates at 12 prisons protected their health more effectively by applying good hygiene practices learnt at information sessions and by using ICRC-distributed soap and garbage bins. Some detainees made use of prison libraries, which were stocked with reading material supplied by the ICRC.

## **ACTORS OF INFLUENCE**

### **Military/security forces take steps to further incorporate IHL/human rights in training**

As part of the effort to further incorporate international human rights law in their training for their personnel, 20 instructors from the *gendarmerie*, highway patrol, National Guard and the police honed their teaching skills through train-the-trainer workshops; in December, 10 of them began to draft a teaching manual. Military forces stood to benefit from more standardized IHL training following the completion of their IHL manual at year's end.

Some 720 military and security troops, including new recruits, supplemented their training in IHL/human rights principles with ICRC information sessions. Units with detention duties were briefed on norms applicable to their work and on the ICRC's activities for detainees; 140 members of the National Guard deploying

to Côte d'Ivoire and 50 troops deploying to the Central African Republic learnt more about IHL applicable to peacekeeping. Three military officers furthered their understanding of IHL through advanced courses in China (see *International law and policy*) and in San Remo, Italy.

### **State officials and academics expand their knowledge of IHL during training abroad**

Influential actors were encouraged – through dialogue, information sessions, first-aid training and other means – to support humanitarian action or to urge others to do so. Nearly 40 religious leaders and scholars discussed the common ground between IHL and Islam at a seminar organized with a partner university in Aioun. A seminar and ICRC-provided reference materials in Arabic were of particular help to students at the university, especially those enrolled in its IHL programme. Media professionals and members of NGOs discussed specific IHL issues at roundtables and regional events (see *Dakar* and *Egypt*), where journalists were urged to report accurately on humanitarian affairs and humanitarian workers to conduct their activities in a neutral, impartial and independent manner.

Two State officials and three academics, including from the university in Aioun, enriched their knowledge of IHL at a course abroad (see *Lebanon*), thereby adding to the pool of experts on IHL ratification/implementation. State representatives also exchanged good practices concerning private military/security companies, and the implementation of IHL treaties, with their counterparts at regional events (see *Dakar* and *Algeria*). The Mauritanian Red Crescent drew on ICRC technical expertise for drafting a law protecting Movement emblems; the law was to be submitted to the parliament.

An assessment of institutions of higher education revealed that few of them had the resources to support programmes devoted to IHL; as a result, efforts to spread the teaching of IHL throughout the country were cancelled. Planned information sessions for parliamentarians were postponed because of electoral proceedings and coordination constraints with the national human rights committee.

## **RED CROSS AND RED CRESCENT MOVEMENT**

The Mauritanian Red Crescent enhanced its capacities with ICRC support. National Society volunteers prepared for emergencies by using, in their training, a manual drafted with ICRC technical support, and with the help of first-aid instructors who had attended train-the-trainer sessions locally and abroad (see *Abidjan*). In this way, the number of National Society first responders who could provide first aid, and were familiar with the Safer Access Framework, increased: 120 volunteers were on hand at major political and religious events.

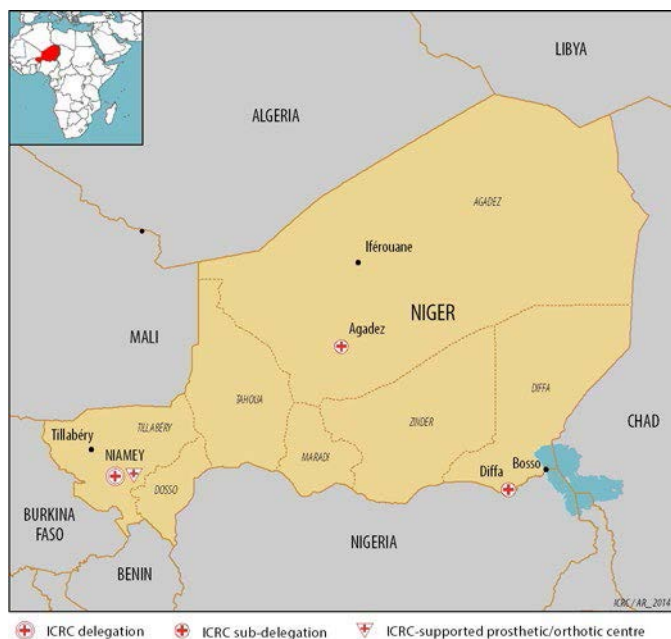
The National Society took steps to revise its statutes and policies, and reviewed the compatibility of its legal base with a future law on the emblem (see *Actors of influence*).

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>Red Cross messages (RCMs)</b>			UAMs/SCs*		
RCMs collected		82	4		
RCMs distributed		125	1		
Phone calls facilitated between family members		6			
<b>Reunifications, transfers and repatriations</b>					
People reunited with their families		1			
<b>Tracing requests, including cases of missing persons</b>			Women	Girls	Boys
People for whom a tracing request was newly registered		20	3		1
<i>including people for whom tracing requests were registered by another delegation</i>		5			
People located (tracing cases closed positively)		10			
<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)		67	7	10	5
<i>including people for whom tracing requests were registered by another delegation</i>		15			
<b>UAMs/SCs*, including unaccompanied demobilized child soldiers</b>			Girls		Demobilized children
UAMs/SCs newly registered by the ICRC/National Society		3	2		
UAMs/SCs reunited with their families by the ICRC/National Society		1			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		3	2		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>					
<b>ICRC visits</b>			Women	Minors	
Detainees visited		1,674	25	69	
			Women	Girls	Boys
Detainees visited and monitored individually		42			
Detainees newly registered		5			
Number of visits carried out		17			
Number of places of detention visited		9			
<b>Restoring family links</b>					
RCMs collected		4			
RCMs distributed		27			
Phone calls made to families to inform them of the whereabouts of a detained relative		22			

\* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Water and habitat activities	Beneficiaries	15,000	30%	40%
<b>Health</b>				
Health centres supported	Structures	1		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection programme)</b>				
Essential household items <sup>1</sup>	Beneficiaries			
Water and habitat activities	Beneficiaries	1,485		
<b>Health</b>				
Number of visits carried out by health staff		74		
Number of places of detention visited by health staff		6		

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



## KEY RESULTS/CONSTRAINTS

### In 2014:

- ▶ in the Diffa region, tens of thousands of people fleeing armed conflict in Nigeria – 20,000 during a surge in violence at year's end – met their urgent food needs through the ICRC/Red Cross Society of Niger
- ▶ in the Agadez and Tillabery regions, herders maintained the market value and productivity of over 2.4 million livestock with the help of free veterinary services and feed from ICRC-supported fodder banks
- ▶ even during the hunger gap period, vulnerable farmers and market gardeners in Diffa, Tahua and Tillabery boosted their yields using seed and water infrastructure provided and upgraded by the ICRC respectively
- ▶ over 3,200 migrants called their relatives back home at National Society branches along the migration route or in the transit centre in Agadez which also provided hot meals, showers and temporary accommodation
- ▶ people held in relation to regional insecurity or for other security reasons in prisons and some temporary places of detention received visits from ICRC delegates
- ▶ over 3,200 troops and 1,550 religious/traditional leaders were encouraged to support neutral, independent and impartial action during information sessions on IHL and Movement activities in Niger

EXPENDITURE (in KCHF)	
Protection	1,558
Assistance	8,376
Prevention	1,279
Cooperation with National Societies	908
General	-

**12,121**  
of which: Overheads 734

IMPLEMENTATION RATE	
Expenditure/yearly budget	<b>97%</b>

PERSONNEL	
Mobile staff	16
Resident staff (daily workers not included)	126

The ICRC has been present in Niger since 1982; beginning in 2013, the Niamey delegation began covering only operations in the country. It seeks to protect and assist people affected by intercommunal violence and adverse climatic conditions, including migrants and others suffering the consequences of the fighting in neighbouring countries. It visits detainees, providing them with aid where necessary; promotes IHL among armed and security forces and other weapon bearers; and encourages its implementation by the national authorities. It works closely with and helps the Red Cross Society of Niger develop its operational capacities.

## YEARLY RESULTS

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

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
Red Cross messages (RCMs)	
RCMs collected	89
RCMs distributed	84
Phone calls facilitated between family members	2,134
People located (tracing cases closed positively)	60
People reunited with their families	9
<i>of whom unaccompanied minors/separated children</i>	
	9
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
ICRC visits	
Detainees visited	3,025
Detainees visited and monitored individually	171
Number of visits carried out	36
Number of places of detention visited	13
Restoring family links	
RCMs collected	91
RCMs distributed	45
Phone calls made to families to inform them of the whereabouts of a detained relative	54

ASSISTANCE	2014 Targets (up to)	Achieved	
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>			
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)			
Food commodities	Beneficiaries	64,800	89,902
Essential household items	Beneficiaries	12,000	18,535
Productive inputs <sup>1</sup>	Beneficiaries	361,500	33,865
Cash	Beneficiaries	13,800	2,580
Work, services and training <sup>1</sup>	Beneficiaries		856,788
Water and habitat activities	Beneficiaries	52,000	49,355
<b>Health</b>			
Health centres supported	Structures	5	6
<b>WOUNDED AND SICK</b>			
<b>Hospitals</b>			
Hospitals supported	Structures		3
<b>Physical rehabilitation</b>			
Centres supported	Structures	1	1
Patients receiving services	Patients	348	475

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



## CONTEXT

Military/security operations, conducted by Nigerien troops to secure Niger's borders, reportedly resulted in casualties and arrests. People in border areas felt the effects of regional insecurity most. Perceptions of collusion with armed groups aggravated intercommunal tensions; communities hosting displaced people struggled with the scarcity of resources, notably in Tahua and Tillabery, where many Malian refugees lived outside UNHCR camps to tend to their herds. In Diffa, including islands in Lake Chad, host communities and State/humanitarian actors risked being overwhelmed by growing numbers of displaced Nigerians and Nigeriens (see *Nigeria*). A sudden surge in violence at year's end caused a mass influx of thousands of people into Diffa; many of them left all their belongings behind in their haste.

Erratic rainfall in 2014 and in past years caused droughts and floods, seriously undermining food production. Hardest hit were farmers and herders recovering from past drought and the 2009 conflict, and communities hosting displaced people. State/humanitarian actors working in their behalf were less of a presence in remote or violence-afflicted border areas.

Migrants travelled through isolated frontier regions to go further north or to leave neighbouring countries, such as Libya. Algeria began to repatriate Nigerien migrants (see *Algeria*).

## ICRC ACTION AND RESULTS

The ICRC, together with the Red Cross Society of Niger, focused its emergency assistance on people fleeing violence in Nigeria and the communities hosting them. In Diffa, the ICRC upgraded its presence to a sub-delegation and helped the National Society expand its operational capacities; this enabled close monitoring and timely response to changes in the humanitarian situation, such as influxes of people following surges in violence in Nigeria. In this way, tens of thousands of new arrivals in Diffa communities, including 20,000 people who entered Diffa *en masse* at year's end, received food and household essentials with the least possible delay, which helped tide them over until they found a stable source of food/income.

In Agadez, Tillabery and, to a lesser extent, Diffa and Tahua, the ICRC and the National Society helped vulnerable people recover from past drought/armed conflict and maintain food production during the hunger gap period. Herders and farmers, including those managing cereal and fodder banks, protected their livelihoods with the help of free veterinary services, agricultural supplies/equipment and rations; more people than initially planned received food, owing to erratic rainfall. Vulnerable people earned income by: selling products cultivated in ICRC-supported market gardens or processed using ICRC-supplied mills; or by participating in cash-for-work projects. Because of ICRC-upgraded water infrastructure in all four regions, these people and others had access to enough clean water for their livestock and crops, as well as for personal consumption.

Dozens of people wounded during violence in Nigeria hastened their recovery through specialized treatment at three health facilities in Diffa and Zinder, which received ICRC support in the form of medical supplies, staff training, and, in the Diffa regional hospital, short-term staffing support. Those disabled by mines/explosive remnants of war (ERW) or in other circumstances regained some mobility through physiotherapy services at

Niamey National Hospital. In Agadez, Diffa, Tahua and Tillabery, five health centres and ICRC-supported vaccination campaigns helped protect the health of thousands of people, including young children displaced from Nigeria.

People who had fled violence or armed conflict, as well as vulnerable migrants, reported abuses to the ICRC; whenever possible, these allegations were then shared with the parties concerned, with a view to preventing recurrence. Members of families dispersed by violence/armed conflict regained/maintained contact with each other through Movement family-links services, available at National Society branches along the migration route and at a National Society-run transit centre in Agadez. Detainees also used these services to contact their relatives or inform their consular representatives of their situation.

Security detainees and other inmates held by the Nigerien authorities received ICRC visits, conducted according to the organization's standard procedures. The Nigerien authorities drew on the ICRC's confidential findings and recommendations and, in selected prisons, on infrastructural, material and technical support, to improve detainees' treatment and living conditions. Progress was made in dialogue with the Nigerien authorities on concluding a formal agreement permitting access to all detainees: the ICRC was allowed to access people held at certain places of temporary detention.

The authorities and military commands advanced IHL implementation and its incorporation in the armed/security forces' training and doctrine. Parliamentarians worked on incorporating sanctions against IHL violations in the penal code, penal procedures and the military justice code and also reviewed draft legislation on regulating the trade in arms. The Defence Ministry approved an IHL manual drafted with ICRC technical expertise. Thousands of Nigerien troops, and members of civil society, such as religious/traditional leaders, learnt more about IHL and the Movement through first-aid training and information sessions, and through the media.

The ICRC coordinated its activities with government bodies, Movement partners, UN agencies and other humanitarian actors, to maximize impact, identify unmet needs and avoid duplication.

## CIVILIANS

People who had fled violence or armed conflict in Mali and Nigeria, as well as vulnerable migrants, reported abuses committed against them, and the arrest of their relatives to ICRC delegates. To prevent their recurrence, abuses were documented and where possible, shared with the parties concerned (see also *Actors of influence*). Nigerien migrants repatriated from Algeria also had their situation monitored.

### **Thousands of vulnerable migrants contact their relatives from National Society facilities**

Families separated by armed conflict, migration or other circumstances had access to family-links services, such as phone calls, RCMs and tracing, through the Red Cross Society of Niger's countrywide network, maintained with ICRC help. Vulnerable people in Diffa and other border regions, and in remote areas – including three children previously associated with armed groups – stayed in touch with their families; following the resolution of some 60 tracing requests, people received news of family members who had gone missing. Nine unaccompanied minors rejoined their relatives in Niger and had their reintegration monitored by ICRC delegates.



Migrants, including minors, called their relatives from National Society branches along the migration route and from a National Society-run transit centre in Agadez. At this centre, around 3,230 migrants, many of whom had fled Libya, were provided showers and temporary lodgings; hot meals were supplied by another actor. Some 1,750 migrants also sped their recovery from injuries/illnesses and psychological trauma with treatment financed by the French Red Cross. Around 90 of them, including some minors, travelled home with ICRC assistance.

### **In Diffa, over 20,700 people fleeing a sudden surge of violence in Nigeria meet their urgent needs**

In Diffa, including islands in Lake Chad, over 44,000 people (some 7,330 households) – recent arrivals from Nigeria and some residents hosting them – consumed food rations from the National Society/ICRC to tide them over until they could find a stable source of food/income. Nearly 2,460 destitute households (over 14,750 people) improved their living conditions/set up shelters with ICRC-provided household essentials. Despite the rapidly changing humanitarian situation, aid reached those who needed it most: new arrivals, including over 20,700 people (3,455 households) who had come in at year's end (see *Context*), were assisted with the least possible delay; and 490 particularly vulnerable households received rations for a second time. Around 17,500 people (3,000 households) also obtained clean water for personal consumption from ICRC-upgraded/installed water points and the water network in Bosso repaired by the ICRC. Over 5,500 people (1,000 households) were also encouraged to take measures to safeguard themselves from water-borne illnesses during hygiene-promotion sessions.

The timely response in Diffa was facilitated by the National Society's greater operational reach, extended with ICRC infrastructural and logistical support, and the ICRC's upgrade of its presence in Diffa to a sub-delegation. Close coordination with other actors maximized efficiency: the ICRC assisted primarily new arrivals, while WFP focused on providing food to people displaced for longer periods of time, as per an agreement between the organizations in May. Funding from the Finnish Red Cross helped the ICRC cover the costs of the doubled food distributions.

People who had fled violence in Mali endured their displacement with ICRC help: nearly 400 people (66 households) received food rations shortly after their arrival in Tillabery, and around 290 households (1,700 people) set up temporary shelters in Tahua using ICRC-provided household essentials. Some people whose homes and farms were damaged by floods received similar assistance: over 230 households (1,350 people) made use of household essentials, and 2,600 people (170 households) consumed ICRC-provided rations.

### **Vulnerable agro-pastoralist families maintain food production during the hunger gap**

In rural Agadez and Tillabery, some 142,800 herding households (856,788 people) maintained/improved the health, and therefore the productivity and market value, of over 2.4 million livestock with the help of free vaccination/deworming services provided by the authorities and 12 animal health workers equipped by the ICRC. Twice as many people as initially planned benefited from these services because local partners took greater charge of deworming treatment, and that subsequently allowed the ICRC to fund more vaccinations. The 12 animal health workers mentioned above were trained in a specialized school, like 24 others since 2012.

Over 3,000 households (19,000 individuals), mostly farmers in Tillabery, and some 3,800 households (22,900 people) managing 40 seed banks boosted their crop yields with ICRC-supplied seed; the distribution of rations helped ensure that seed stock was planted and not consumed as food. With ICRC-provided equipment, technical support and seed sourced partly from previous beneficiaries, seed and fodder banks in Agadez and Tillabery maintained/increased their stocks, ensuring that people had access to seed and livestock feed even during the hunger gap period. Cereal banks supported in 2013 reported stocking up to 10 tonnes of seed. Five fodder banks representing 250 households (1,500 people) produced enough fodder to feed up to 12,000 animals.

In Agadez, Diffa and Tillabery, more than 1,800 households (11,500 people) displaced from Nigeria and/or headed by women consumed or sold produce from ICRC-supported market gardens. These gardens were irrigated more efficiently with ICRC-provided motorized pumps, which reduced people's dependence on erratic rainfall. Market gardeners who had had their irrigation systems upgraded by the ICRC in 2013 spent less money on fuel and planted 20-30% more land. Another 180 households, including those headed by women, (1,050 people) consumed/sold flour, fodder and pepper ground in ICRC-provided mills.

The construction/upgrade of water points, particularly near farms and herding routes, supported these food-production projects and helped ensure adequate access to enough drinking water for over 31,600 vulnerable people (5,200 households) in Agadez, Tahua and Tillabery. In addition, around 430 households (2,580 people) supplemented their income by working on these water points and other communal infrastructure, such as dirt roads in Agadez and dikes in Diffa. Some resources were reallocated to help breadwinners boost/set up food-production activities (see above).

### **Over 31,000 children, including many displaced from Nigeria, protect themselves against diseases**

People received government-approved levels of preventive and curative care at five health centres in Agadez, Tahua and Tillabery, and one in Diffa (see *Wounded and sick*), regularly provided by the ICRC with medical supplies and training, and infrastructural upgrades. The centre in Tillabery began operating without ICRC support by year's end. In addition, over 29,500 children in Diffa, most of whom displaced from Nigeria, and 1,300 children in Agadez better protected themselves against common diseases, thanks to vaccination campaigns conducted by ICRC-supported local staff. In Agadez and Tillabery, expectant mothers, as well as victims of sexual violence, could obtain on-site care from 80 community health workers equipped and trained by the ICRC to provide reproductive-health and mother-and-child care.

## **PEOPLE DEPRIVED OF THEIR FREEDOM**

### **Security detainees, including some held at places of temporary detention, receive ICRC visits**

Some 3,000 detainees at 13 places of detention received visits from the ICRC, conducted according to its standard procedures; over 110 people held in relation to regional insecurity, and other security detainees, had their presence registered. Around 171 inmates were followed up individually by ICRC delegates. Dialogue on expanding access to all detainees progressed. While a formal agreement on detention visits had yet to be finalized, the authorities had already granted the ICRC access to people held at certain places of temporary detention.

Nearly 140 detainees contacted their families through Movement family-links services and 41 foreign detainees had their consular representatives notified of their situation. After their release, several particularly vulnerable detainees travelled home with ICRC assistance.

The authorities took steps to improve penitentiary services, based on confidential reports of detainee treatment and living conditions and insights gathered from joint projects at seven prisons, which included upgrades to water/sanitation infrastructure and, in five prisons, the implementation of disease-prevention measures implemented by hygiene committees supported by a partner NGO. In this way, around 1,880 detainees became less prone to hygiene-related illnesses. The construction of additional sanitation facilities also helped ensure that women and minors were separated from other detainees. The project to support the Maradi prison's vegetable garden did not increase yields, as planting was delayed.

## WOUNDED AND SICK

### People wounded in relation to events in Nigeria hasten their recovery with ICRC help

More than 70 weapon-wounded people, including soldiers, were evacuated with ICRC help to the Bosso health centre, the Diffa regional hospital and the Zinder hospital, where they received specialized treatment. Staff coped with surges in the influx of wounded people partly through ad hoc training and supplies from the ICRC. The Diffa regional hospital had help from an ICRC medical team for a month, and sent a surgeon to a war-surgery course abroad.

To help ensure that wounded people could be treated on site or stabilized until they could receive hospital care, the Red Cross Society of Niger, with help from the ICRC, expanded the pool of potential first-responders: emergency brigades composed of community-based volunteers were formed, and support provided for the creation of Red Cross clubs in schools.

### Hundreds of disabled people regain a measure of mobility

Over 470 people received treatment at the ICRC-supported physical rehabilitation centre in Niamey National Hospital; some were fitted with assistive devices modified specifically for them. Around 40 mine/ERW-disabled patients obtained care more easily, as their expenses – accommodations, food and transport – were covered by the centre and the ICRC.

The centre continued to develop national physiotherapy capacities: a specialist from another centre completed training there, and one orthotic/prosthetic specialist resumed his duties after ICRC-sponsored studies abroad. ICRC-supported sports events on the International Day of Persons with Disabilities raised awareness of the needs of disabled people.

## ACTORS OF INFLUENCE

### Over 3,400 troops learn more about their duty to facilitate people's access to health care

Through information sessions, over 1,500 military/security officers deployed in Agadez, Diffa, Tahua and Tillabery furthered their understanding of IHL, particularly provisions granting safe access to health care and protection under Movement emblems. At similar sessions, some 140 security officers learnt more about international norms on arrest and detention, and were briefed on the specific vulnerabilities of migrants. Another 1,700 military personnel deploying to Côte d'Ivoire and Mali were briefed specifically on

IHL applicable to peacekeeping missions, and informed about the Movement and its activities, encouraging them to facilitate neutral, impartial and independent humanitarian action in their places of deployment. Selected military/security officers attended advanced IHL training abroad (see *International law and policy*).

Troops in training stood to benefit from an IHL manual drafted by their own officers – four of whom applied what they had learnt from advanced IHL courses in San Remo, Italy – and already approved by the Defence Ministry. Over 400 officers studying at two military institutions, some of whom were from other African countries, learnt more about basic IHL, human rights norms and the ICRC's mandate at information sessions.

### Religious/traditional leaders discuss the common ground between IHL and Islam

Through information sessions and other means, influential members of civil society learnt more about humanitarian issues of specific interest to them, and were urged to facilitate people's access to health care and other humanitarian aid. Nearly 1,550 religious and community leaders discussed the common ground between IHL and Islam during sessions organized with university lecturers who had attended IHL training abroad (see *Lebanon*), thereby learning more about the protection due to civilians during armed conflict. Close contact with beneficiaries, including detainees' families, enabled the ICRC to inform them of changes in assistance strategies and to learn how they viewed the organization. State institutions, UN agencies, faith-based NGOs and the ICRC coordinated their activities and discussed contemporary challenges to humanitarian work regularly at meetings and at regional events, such as an ICRC-organized seminar for humanitarian workers (see *Dakar*). A national moot-court competition, an advanced course abroad (see *Dakar*) and first-aid training helped students and lecturers to expand their knowledge of IHL and the Movement.

The media covered assistance activities and public events organized by the Red Cross Society of Niger/ICRC: an ICRC-produced film was used to draw attention to the plight of irregular migrants and the humanitarian actors working in their behalf. The media raised awareness of and support for Movement action in Niger, as well as in Mali and Nigeria, among the public and the international community, and among influential actors inaccessible for security reasons.

### Nigerien authorities move to advance legislation on regulating arms

The authorities and the ICRC discussed the situation of vulnerable people, particularly migrants, security detainees and those who had fled violence in Mali and Nigeria. With ICRC input, parliamentarians worked on ratifying/implementing IHL treaties and on incorporating sanctions against IHL violations and ill-treatment of detainees in the penal code, penal procedures, and the military justice code. The authorities also drew on ICRC expertise to review draft legislation pertaining to arms regulation – particularly laws prohibiting or regulating the use of anti-personnel mines, cluster munitions and small arms – and its compliance with relevant regional and international conventions. Justice Ministry representatives exchanged good practices for implementing the Arms Trade Treaty and for using private military/security companies with their counterparts at conferences abroad (see *Nigeria* and *Dakar*, respectively).

Some workshops did not take place owing to internal constraints.

## RED CROSS AND RED CRESCENT MOVEMENT

As the ICRC's main partner in the country, the Red Cross Society of Niger drew on ICRC support to administer first aid, conduct economic-security projects and restore family links, and also to increase the availability of these services in remote areas (see *Civilians* and *Wounded and sick*). For example, National Society branches across the country supplemented their contingency stock with kits of household essentials, to ensure that volunteers had emergency aid at hand. In Agadez, this was put to use: some 50 families whose homes had been damaged by fire promptly received materials for building temporary shelters. The National Society also raised support for neutral, impartial and independent humanitarian action, and for volunteerism, through events commemorating Movement milestones.

Movement components operating in Niger signed a memorandum of understanding on humanitarian operations in Diffa; they met regularly to coordinate their efforts and thereby maximize impact, identify unmet needs and avoid duplication.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>Red Cross messages (RCMs)</b>			<b>UAMs/SCs*</b>		
RCMs collected		89	3		
RCMs distributed		84			
Phone calls facilitated between family members		2,134			
<b>Reunifications, transfers and repatriations</b>					
People reunited with their families		9			
	<i>including people registered by another delegation</i>	1			
People transferred/repatriated		88			
<b>Tracing requests, including cases of missing persons</b>			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered		91		23	8
	<i>including people for whom tracing requests were registered by another delegation</i>	8			
People located (tracing cases closed positively)		60			
	<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)		106	11	19	13
	<i>including people for whom tracing requests were registered by another delegation</i>	18			
<b>UAMs/SCs*, including unaccompanied demobilized child soldiers</b>			<b>Girls</b>		<b>Demobilized children</b>
UAMs/SCs newly registered by the ICRC/National Society		45	11		2
UAMs/SCs reunited with their families by the ICRC/National Society		9	4		1
	<i>including UAMs/SCs registered by another delegation</i>	1			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		21	8		1
<b>Documents</b>					
Official documents relayed between family members across borders/front lines		2			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>					
<b>ICRC visits</b>			<b>Women</b>	<b>Minors</b>	
Detainees visited		3,025	157	173	
			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually		171	1		3
Detainees newly registered		114	1		3
Number of visits carried out		36			
Number of places of detention visited		13			
<b>Restoring family links</b>					
RCMs collected		91			
RCMs distributed		45			
Phone calls made to families to inform them of the whereabouts of a detained relative		54			

\* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Food commodities	Beneficiaries	89,902	27%	47%
	<i>of whom IDPs</i>	34,651		
Essential household items	Beneficiaries	18,535	25%	48%
	<i>of whom IDPs</i>	15,600		
Productive inputs <sup>1</sup>	Beneficiaries	33,865	26%	46%
	<i>of whom IDPs</i>	307		
Cash	Beneficiaries	2,580	37%	38%
Work, services and training <sup>1</sup>	Beneficiaries	856,788	27%	48%
	<i>of whom IDPs</i>	156,520		
Water and habitat activities	Beneficiaries	49,355	25%	35%
<b>Health</b>				
Health centres supported	Structures	6		
Average catchment population		68,013		
Consultations	Patients	51,107		
	<i>of which curative</i>		8,413	28,625
	<i>of which ante/post-natal</i>		8,216	
Immunizations	Doses	22,967		
	<i>of which for children aged five or under</i>	20,435		
Referrals to a second level of care	Patients	343		
Health education	Sessions	957		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection programme)</b>				
Essential household items <sup>1</sup>	Beneficiaries	438		
Productive inputs	Beneficiaries	341		
Water and habitat activities	Beneficiaries	1,880		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	3		
<b>Physical rehabilitation</b>				
Centres supported	Structures	1		
Patients receiving services	Patients	475	102	149
New patients fitted with prostheses	Patients	149	27	8
Prostheses delivered	Units	108	22	7
	<i>of which for victims of mines or explosive remnants of war</i>	33		
New patients fitted with orthoses	Patients	223	51	110
Orthoses delivered	Units	163	33	101
Patients receiving physiotherapy	Patients	154	32	22
Crutches delivered	Units	176		
Wheelchairs delivered	Units	3		

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

# NIGERIA



ICRC delegation ICRC sub-delegation ICRC office/presence

## KEY RESULTS/CONSTRAINTS

### In 2014:

- discussions with the authorities facilitated some access to conflict/violence-affected people, but activities in the north-east were limited by insecurity and by constraints in relation to dialogue with armed groups
- as the conflict in the north-east escalated, more IDPs benefited from food distributions than had been planned, while farmers/herders in Plateau state received support to restore their livelihoods
- people in Maiduguri obtained health care at a clinic that received ICRC support, though plans to support four other facilities were scaled back to focus on the Maiduguri clinic
- victims of violence were given first aid/evacuated by Nigerian Red Cross Society/ICRC-trained responders and treated at hospitals supported by the ICRC with a mobile surgical team, supplies and staff training
- detainees – including, for the first time, people at military-run facilities – received ICRC visits and essential items to help ease their situation, but projects to improve their living conditions had not materialized yet
- amid the escalation of the conflict in the north-east, members of the armed/security forces familiarized themselves with IHL and other applicable norms at ICRC dissemination sessions

### EXPENDITURE (in KCHF)

Protection	2,464
Assistance	10,780
Prevention	2,807
Cooperation with National Societies	1,012
General	-
<b>Total</b>	<b>17,064</b>

of which: Overheads 1,041

### IMPLEMENTATION RATE

Expenditure/yearly budget	<b>114%</b>
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### PERSONNEL

Mobile staff	30
Resident staff (daily workers not included)	112

Active in Nigeria during the Biafran war (1966–70), the ICRC established a delegation in Lagos in 1988, relocating to Abuja in 2003. It seeks to protect and assist conflict/violence-affected people, visits detainees, and works with the Nigerian Red Cross Society and local health services to respond to emergencies throughout the country. It supports the National Society's capacity-building efforts for its emergency preparedness and family-links services. Working with the authorities, the armed forces/police, civil society and the Economic Community of West African States, the ICRC promotes awareness of IHL and its implementation at national level.

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

**MEDIUM**

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
<b>Red Cross messages (RCMs)</b>	
RCMs collected	57
RCMs distributed	18
People located (tracing cases closed positively)	10
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
<b>ICRC visits</b>	
Detainees visited	14,404
Detainees visited and monitored individually	2,414
Number of visits carried out	58
Number of places of detention visited	30

ASSISTANCE	2014 Targets (up to)	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)<sup>1</sup></b>		
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>		
Food commodities	Beneficiaries 18,000	70,194
Essential household items	Beneficiaries 18,000	49,954
Productive inputs	Beneficiaries 31,800	
Cash	Beneficiaries	251
Vouchers	Beneficiaries 9,000	45,233
Water and habitat activities	Beneficiaries 45,000	68,334
<b>Health</b>		
Health centres supported	Structures 5	
<b>WOUNDED AND SICK</b>		
<b>Hospitals</b>		
Hospitals supported	Structures 5	29

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



## CONTEXT

The conflict between Nigerian forces and armed groups continued in the north-eastern states (mainly Adamawa, Borno and Yobe), where a state of emergency remained in place. Clashes occurred as several cities were overrun by armed groups, particularly during the second half of the year. Reportedly, thousands of people were killed and hundreds, abducted. Several hundred thousand people fled to host communities and IDP camps, where resources were stretched. Tens of thousands sought refuge elsewhere (see *Chad, Niger and Yaoundé*); among them were people returning to neighbouring countries.

Bombings and attacks – some, reportedly connected to the conflict – led to hundreds of casualties in Abuja, Bauchi, Jos, Kano and other areas.

Intercommunal clashes fuelled by disputes over access to land/water persisted in the Middle Belt states (mainly Bauchi, Kaduna and Plateau), resulting in injuries, deaths, disrupted livelihoods and displacement.

Kidnapping, crude oil theft and sea piracy were reported in the Niger Delta, where a government amnesty for former fighters remained in effect.

Nigeria remained a key player in addressing regional peace and security issues through the Economic Community of West African States (ECOWAS), and contributed troops to international peace-keeping operations. Preparations began for the 2015 general elections.

## ICRC ACTION AND RESULTS

In 2014, the ICRC significantly stepped up its response to the growing humanitarian needs of people affected by the conflict in the north-east and violence in the Middle Belt. However, security constraints still hindered its work; notably, in the north-eastern states, activities were limited to major cities.

Nigerian Red Cross Society/ICRC teams provided aid to people in areas they were able to reach. They helped people affected by intercommunal violence in the Middle Belt meet their needs by distributing one-month food rations and essential items. Following the escalation of the conflict, they conducted large-scale relief operations for IDPs in the north-east, who also benefited from the construction of water/sanitation facilities in IDP camps. In Maiduguri, households headed by widows received food vouchers, which helped many of them reduce their expenses and have three meals daily; some of them went on to run small businesses with ICRC support. In cooperation with the Agriculture Ministry, the ICRC helped farmers/herders in Plateau state regain some self-sufficiency through material/technical input for their livelihood activities. Communities hosting IDPs had access to essential services after water pumps and primary-health-care facilities were rehabilitated by the ICRC. However, plans to provide these facilities with staff training and material support were scaled back; the ICRC concentrated on supporting one clinic in Maiduguri. At the ICRC's recommendation, the authorities also provided this clinic with equipment/supplies; they were also encouraged to provide an additional doctor.

Efforts to build a countrywide network of emergency responders via first-aid training courses continued, contributing to the likelihood of casualties receiving timely treatment. People wounded in relation to conflict/violence benefited from first aid and medical

evacuations carried out by National Society/ICRC-trained first-responders, and from treatment at ICRC-supported hospitals, some of which received donations of supplies following mass-casualty influxes. An ICRC mobile surgical team also helped some hospitals treat patients during emergencies, and trained staff at those hospitals. Emergency responders were trained in the management of human remains to increase the likelihood that the deceased were properly identified and their next-of-kin notified of their fate.

As a result of dialogue with the authorities, the ICRC gained increased access to detainees, including, for the first time, people in some military-run facilities. Delegates monitored detainees' treatment and living conditions, and subsequently shared confidential feedback with the detaining authorities, including recommendations for improvement when necessary. The ICRC provided detainees with essential items, but projects to improve their living conditions – particularly in terms of health care and water access – had not materialized yet. Supplementary feeding helped alleviate severe malnutrition for some detainees; during discussions, the authorities and the ICRC explored mid/long-term solutions.

Amid the ongoing conflict and despite some constraints – particularly, in relation to dialogue with some armed groups – the ICRC sought to remind all parties concerned of their responsibilities under IHL to respect and protect people not/no longer participating in the fighting, and to allow medical/humanitarian personnel to safely reach people in need.

ICRC dissemination sessions helped the armed/security forces learn more about IHL and other internationally recognized standards relevant to their operations. Contact with and events for the authorities and civil society actors such as community/religious leaders and the media helped raise their awareness of IHL and humanitarian issues, and facilitated the ICRC's work. The ICRC continued to work with the Nigerian authorities and international bodies such as ECOWAS to secure support for IHL and its implementation.

The ICRC supported the National Society in strengthening its capacities at headquarters and branch levels, particularly in terms of emergency preparedness/response, public communication and organization.

## CIVILIANS

Amid the ongoing conflict (see *Context*), the ICRC sought to remind all parties concerned of their responsibilities under IHL to respect and protect people not/no longer participating in the fighting, and to allow medical/humanitarian personnel to safely reach people in need. Such issues were raised during dialogue with the authorities, particularly during IHL dissemination sessions and meetings (see *Actors of influence*). While this enabled the ICRC to step up its assistance to conflict/violence-affected people, security constraints hindered a few activities, notably in the north-east, where they were limited to major cities.

### **IDPs alleviate their situation through emergency relief distributions in Maiduguri and elsewhere**

Emergency relief distributed together with the National Society helped conflict/violence-affected people meet some of their needs and cope with their displacement. Over 90,000 people (15,000 households) in the north-east and in the Middle Belt received one-month food rations and essential items. Among them were

some 51,000 people (8,500 households) in Maiduguri and some 12,000 people in Yola (2,000 households) who benefited from aid distributions that were conducted in the last quarter of the year in response to the acute deterioration of the situation in the north-east (see *Context*). Some of them also obtained access to water/sanitation facilities (see below).

Through a programme implemented with local widows' associations in Maiduguri, nearly 900 households (over 5,400 people) whose breadwinners were killed during conflict or other violence regularly received food vouchers for six months, enabling many of them to reduce their expenses and have three meals daily.

### **Farmers and herders in Plateau state begin to restore their livelihoods with ICRC support**

People were supported in undertaking livelihood activities to help them regain self-sufficiency.

In cooperation with the Ministry of Agriculture, nearly 2,000 IDP/returnee households (24,000 persons) in Plateau state with access to land – some of whom had negotiated such access with their host families – received maize seed and fertilizer, and training in effective use of the latter. This helped most of them to raise their yields to more than 40% of pre-crisis levels, and, in turn, have four to six months' worth of food. Moreover, some 2,000 IDP/returnee households (12,000 persons) had over 112,000 animals vaccinated against disease, which helped reduce their livestock's mortality rate.

With the help of the National Society, some 120 households headed by women (720 people in all) in Maiduguri – some of whom had savings as a result of the food voucher programme – received support for micro-economic initiatives, enabling more than half of them to increase their income by at least 30% and cover at least 70% of their living expenses.

### **IDPs and their host communities gain access to essential services**

Over 62,000 IDPs and residents of host communities – mainly in Kaduna and Plateau states – had access to water after the rehabilitation of hand pumps and other infrastructure by the ICRC. Furthermore, almost 5,300 people benefited from water/sanitation initiatives in response to acute emergencies: at a school in Kaduna that was being used as a temporary camp, around 2,000 people benefited from trucked-in water until a borehole was completed; at some IDP camps in Maiduguri and Yola, people had access to water/sanitation facilities after the ICRC finished constructing latrines and water points in December.

People in violence-prone areas had access to primary health care at five facilities that were improved by the ICRC. In Maiduguri, two clinics had their water/sanitation facilities rehabilitated. Medical waste incinerators were installed at clinics in Kaduna and Plateau, and patients at facilities in Bauchi and Jos had access to water after the construction of a water tank and a solar pump, respectively. However, plans to provide the clinics with training and material support were scaled back to focus on a clinic in Maiduguri. Through on-the-job training, the staff improved their knowledge of topics such as hygiene promotion and the management of common diseases. Community members were advised on the formation and operation of a maintenance committee. The clinic also received some material support. At the ICRC's recommendation, the authorities provided it with equipment/supplies; furthermore, they were encouraged to assign an additional doctor.

Around 60 National Society volunteers prepared for emergencies by learning how to rapidly install/construct water and sanitation facilities, and how to promote good hygiene practices in communities hosting IDPs.

### **Unaccompanied minors/separated children in the north-east are registered**

A few people maintained contact with their relatives through RCMs. In November, despite security and administrative constraints, the National Society/ICRC began taking steps to scale up their family-links services for people affected by the conflict in the north-east, focusing on the registration of unaccompanied minors/separated children and on tracing requests. National Society staff/volunteers boosted their ability to provide such services through on-job-training and an ICRC workshop for focal points from priority branches.

Elsewhere, similar efforts were underway for people who had fled from the north-east to neighbouring countries (see *Niger* and *Yaoundé*).

### **Volunteers assist in managing human remains after emergencies**

To help ensure that the deceased were properly identified and their next-of-kin notified of their fate, emergency responders received training in human remains management. The topic was tackled during all ICRC-conducted first-aid training sessions (see *Wounded and sick*); furthermore, over 800 Nigerian peacekeepers and some 200 National Society staff improved their knowledge of the subject at a pre-deployment lecture and at a one-day training session, respectively. National Society volunteers received body bags and protective clothing. At an event conducted by a regional association, African forensic scientists added to their expertise after members of the ICRC medical team shared best practices and experiences related to human remains management.

## **PEOPLE DEPRIVED OF THEIR FREEDOM**

### **Detainees held by the army in connection with the conflict in the north-east receive visits**

Through dialogue with different arresting and detaining authorities, the ICRC continued seeking access to all detainees within its purview, including those held in connection with the conflict in the north-eastern states. As a result, it was able to visit people in some additional places of detention, including some military-run facilities, for the first time.

Over 14,400 people countrywide – including those held by the police, the army, and the Ministry of the Interior – received visits to monitor their treatment and living conditions, conducted according to standard ICRC procedures. Among them, some 2,400 detainees were registered and followed up individually. Following these visits, the authorities concerned received confidential feedback from the ICRC, including recommendations where necessary, with a view to supporting them in their efforts to ensure detainees' well-being.

Though detainees' access to health care was assessed by delegates and discussed during meetings, projects to improve their living conditions – particularly in terms of health care and water access – had not materialized yet. Nevertheless, some 13,600 detainees eased their situation following the distribution of food and essential items such as hygiene kits and mats.

Several hundred severely malnourished detainees received supplementary rations to alleviate their condition; during discussions,

the authorities and the ICRC explored mid/long-term solutions. Detainees at one facility benefited from a general cleaning and hygiene campaign implemented by the authorities at the ICRC's recommendation.

## **WOUNDED AND SICK**

The volatile situations in the north-east and the Middle Belt generated large numbers of casualties, who were treated by first-responders and hospitals supported by the ICRC.

### **Wounded people receive life-saving care from National Society/ICRC-trained emergency responders**

Following bomb blasts and other violence (see *Context*), hundreds of wounded people benefited from first aid/medical evacuations carried out by National Society/ICRC-trained responders, who also helped manage several hundred sets of human remains (see *Civilians*).

To help increase the likelihood of wounded people receiving timely care, the National Society/ICRC trained people in first aid. At three-day training courses, some 2,000 civilians from various communities, around 130 military personnel and over 100 other weapon bearers in the Niger Delta boosted their first-aid and emergency-preparedness capacities, while learning about the Movement's neutral, impartial and independent approach (see *Actors of influence*).

Follow-up visits to some communities showed that previously trained volunteers continued to provide first aid during emergencies.

### **Nurses and surgeons hone their skills with the help of an ICRC mobile surgical team**

Thousands of people, hundreds of whom were weapon-wounded, were treated at ICRC-supported hospitals. During emergencies, ad hoc donations of supplies helped some facilities cope with mass-casualty influxes; furthermore, over 80 people were operated on by the ICRC surgical team, which consisted of a surgeon, an anaesthetist, an operating theatre/ward nurse, and a physiotherapist. The team was based in three ICRC-supported hospitals in Bauchi, Jos, and Kaduna, where they provided doctors and nurses with on-the-job training to help them hone their skills in weapon-wound and trauma management, and in post-surgical care and injury management, respectively. A seminar helped over 80 surgeons add to their knowledge of war surgery.

## **ACTORS OF INFLUENCE**

The ICRC sought to gain acceptance of/support for its work from key actors, including weapon bearers. Despite some constraints, particularly, in relation to dialogue with some armed groups, discussions with the authorities enabled the ICRC to gain some access to certain groups of people within its purview (see *Civilians* and *People deprived of their freedom*).

### **Military personnel enhance their knowledge of IHL and its relevance to their operations**

The situation in the north-east (see *Context*) underscored the need to promote respect for IHL and other applicable norms among all parties concerned.

Over 3,000 military personnel, including peacekeepers, learnt more about IHL and the Movement's work from ICRC presentations, which occasionally took place alongside training in first aid and human remains management (see *Wounded and sick* and *Civilians*). Via a seminar conducted by the ICRC at the National Defence College's request, 130 senior military officers from Nigeria

and abroad furthered their knowledge of IHL. During a seminar co-organized by the Justice Ministry and the national security adviser, government officials drew on ICRC expertise to increase their understanding of IHL, particularly as relevant to the conflict in the north-eastern states. At meetings and workshops, military officials and the ICRC discussed how IHL could be better integrated into the armed forces' doctrine, training and operations.

### **Nigerian security forces learn more about internationally recognized law enforcement standards**

At training sessions, hundreds of members of Nigerian security forces, including police at some military-run detention facilities and 50 instructors working with security/counter-terrorism personnel, learnt more about the ICRC's work – particularly its activities for detainees – and international norms on the proper use of force.

A team of police officers, academics and NGO representatives integrated ICRC input, including information on rules relating to detainee treatment and living conditions, into the police forces' draft manual on human rights.

### **Contact with key actors helps facilitate the Movement's work**

Developing contacts with various actors during meetings and other events remained vital in promoting acceptance of Movement activities. For instance, hundreds of people – among them, community/religious leaders and weapon bearers in the Niger Delta – learnt more about IHL and the ICRC during first-aid training (see *Wounded and sick*). Through dissemination sessions, 120 members of religious organizations became acquainted with the Movement and its emblems, the Fundamental Principles, and the compatibility of IHL and Islam.

Local/international media made use of ICRC informational materials – some of which were in the Hausa language, and therefore more accessible to parties concerned – to report on humanitarian affairs, such as the ICRC's response to the situation in the north-east and the work of the surgical team. At a workshop on humanitarian reporting, 26 journalists added to their knowledge of IHL and the Movement, as well as first aid.

### **Students familiarize themselves with IHL and the ICRC**

Cooperation with universities helped cultivate interest in IHL among young people. Over 580 students acquainted themselves with the ICRC and its work, including the goals of the Health Care in Danger project, during dissemination sessions. Students joined an ICRC-organized national moot court competition, whose winners went on to join a regional competition (see *Nairobi*). IHL discourse was encouraged through a national workshop for teachers; university libraries received relevant publications.

The national IHL committee's efforts to advance IHL implementation were slowed by administrative/financial constraints. Legal advisers enhanced their drafting capacities at an ICRC-organized workshop.

### **ECOWAS member States review progress in ratifying/ implementing the Arms Trade Treaty**

Regional bodies and national authorities worked with the ICRC to foster long-term adherence to IHL. At an ECOWAS/ICRC-organized seminar in Abuja, representatives of 14 West African States discussed the provisions of the Arms Trade Treaty and reviewed their countries' progress in ratifying it, or in implementing it through domestic legislation. The ICRC shared its expertise in these matters.

## RED CROSS AND RED CRESCENT MOVEMENT

The Nigerian Red Cross Society received financial/logistical/material/technical support at headquarters and branch levels, helping it bolster its operational capacities (see *Civilians and Wounded and sick*). During simulation exercises, nearly 1,100 volunteers from the National Society, as well as from various communities, enhanced their ability to respond to mass-casualty situations. National Society personnel underwent basic/refresher courses on first aid and received kits; in the north-eastern states, some of them trained to become instructors, and five of them went on to become trainers. Ahead of the 2015 elections, some staff/volunteers also attended a seminar on the Safer Access Framework. Furthermore, the National Society's facilities in Bauchi, Jos and Plateau were improved through a newly furnished training hall and new perimeter fences.

The National Society boosted its communication capacities through advice on internal/public communication and training to improve materials in this regard. ICRC support also helped it organize internal workshops/meetings on the Movement and the Fundamental Principles. Its communication head, its legal adviser, and its focal point for the Health Care in Danger project attended seminars abroad.

Movement partners met to coordinate their activities.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>Red Cross messages (RCMs)</b>			<b>UAMs/SCs*</b>		
RCMs collected		57	48		
RCMs distributed		18			
<b>Tracing requests, including cases of missing persons</b>			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered		103	19	16	34
<i>including people for whom tracing requests were registered by another delegation</i>		2			
People located (tracing cases closed positively)		10			
<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)		86	10	12	29
<i>including people for whom tracing requests were registered by another delegation</i>		11			
<b>UAMs/SCs*, including unaccompanied demobilized child soldiers</b>			<b>Girls</b>		<b>Demobilized children</b>
UAMs/SCs newly registered by the ICRC/National Society		69	16		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		66	15		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>					
<b>ICRC visits</b>			<b>Women</b>	<b>Minors</b>	
Detainees visited		14,404	413	166	
			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually		2,414	29	7	159
Detainees newly registered		2,401	29	7	157
Number of visits carried out		58			
Number of places of detention visited		30			

\* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE			Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)<sup>1</sup></b>					
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>					
Food commodities		Beneficiaries	70,194	20%	60%
	<i>of whom IDPs</i>	Beneficiaries	70,194		
Essential household items		Beneficiaries	49,954	16%	47%
	<i>of whom IDPs</i>	Beneficiaries	49,954		
Cash		Beneficiaries	251	40%	60%
	<i>of whom IDPs</i>	Beneficiaries			
Vouchers		Beneficiaries	45,233	32%	58%
	<i>of whom IDPs</i>	Beneficiaries	27,458		
Water and habitat activities		Beneficiaries	68,334	40%	50%
	<i>of whom IDPs</i>	Beneficiaries	51,250		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>					
<b>Economic security, water and habitat (in some cases provided within a protection programme)</b>					
Essential household items		Beneficiaries	13,654		
<b>Health</b>					
Number of visits carried out by health staff			22		
Number of places of detention visited by health staff			14		
<b>WOUNDED AND SICK</b>					
<b>Hospitals</b>					
Hospitals supported		Structures	29		
	<i>of which provided data</i>	Structures	3		
Admissions		Patients	28,702	10,701	10,500
	<i>of whom weapon-wounded</i>	Patients	322	58	67
	<i>(including by mines or explosive remnants of war)</i>	Patients	79		
	<i>of whom other surgical cases</i>	Patients	5,734		
	<i>of whom medical cases</i>	Patients	17,290		
	<i>of whom gynaecological/obstetric cases</i>	Patients	5,356		
Operations performed			3,056		
Outpatient consultations		Patients	69,061		
	<i>of which surgical</i>	Patients	21,197		
	<i>of which medical</i>	Patients	39,513		
	<i>of which gynaecological/obstetric</i>	Patients	8,351		

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



# RWANDA



Having worked in the country since 1960, the ICRC opened a delegation in Rwanda in 1990. It visits detainees held in central prisons and places of temporary detention such as police stations and military facilities, while supporting the authorities in improving detainees' living conditions. It helps reunite children and their families who were separated in relation to the genocide and its aftermath or the conflicts in the Democratic Republic of the Congo. The ICRC works with the authorities to incorporate IHL into domestic legislation. It supports the development of the Rwandan Red Cross.

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

**MEDIUM**

## KEY RESULTS/CONSTRAINTS

In 2014:

- ▶ detainees held in prisons and military/police facilities received visits from the ICRC, which continued to engage the authorities in dialogue about access to all detainees within its purview
- ▶ prison authorities dealt with emergencies with ICRC support, enabling 96 wounded former fighters interned in Rwanda to receive treatment, and helping inmates at prisons partly gutted by fire cope with their situation
- ▶ detainees gained more sustainable access to water and fuel and enjoyed better hygiene conditions, thanks to water treatment, soap production and biogas systems that were built/maintained with ICRC support
- ▶ minors, including those formerly associated with armed groups, rejoined their relatives, thanks to family-links services, and had their welfare monitored following their reunification
- ▶ the Rwandan Red Cross expanded its network of first-aiders to 10 districts by training over 600 new volunteers with ICRC support

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
<b>Red Cross messages (RCMs)</b>	
RCMs collected	3,691
RCMs distributed	2,778
Phone calls facilitated between family members	95
People located (tracing cases closed positively)	110
People reunited with their families	75
<i>of whom unaccompanied minors/separated children</i>	67
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
<b>ICRC visits</b>	
Detainees visited	61,321
Detainees visited and monitored individually	508
Number of visits carried out	87
Number of places of detention visited	26
<b>Restoring family links</b>	
RCMs collected	209
RCMs distributed	107
Phone calls made to families to inform them of the whereabouts of a detained relative	3

## EXPENDITURE (in KCHF)

Protection	2,521
Assistance	1,795
Prevention	505
Cooperation with National Societies	599
General	-

**5,420**

*of which: Overheads 331*

## IMPLEMENTATION RATE

Expenditure/yearly budget	<b>96%</b>
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## PERSONNEL

Mobile staff	11
Resident staff (daily workers not included)	70

## CONTEXT

Persistent insecurity in the eastern Democratic Republic of the Congo (hereafter DRC) continued to cause people to flee to Rwanda. As part of the process of demobilization in the DRC (see *Congo, Democratic Republic of the*), former weapon bearers of Rwandan origin, including children, were repatriated. Former fighters of the M23 armed group continued to be interned in facilities run by the Ministry of Disaster Management and Refugee Affairs (MIDIMAR).

Rwanda contributed troops to various peace-support missions in the Central African Republic, Haiti, Mali and Sudan. It led efforts to prepare the Eastern Africa Standby Force – composed of military, police and civilian components from 10 countries – for deployment as part of the African Standby Force.

Twenty years after the 1994 genocide in Rwanda, events honouring its victims were held throughout the country.

## ICRC ACTION AND RESULTS

The ICRC maintained its focus on: visiting detainees and working with the authorities to improve detainees' treatment and living conditions; restoring family links, together with the Rwandan Red Cross; and helping the latter strengthen its operational capacities.

The ICRC engaged in dialogue with the authorities to gain/maintain access to all detainees within its purview. Detainees held in prisons, and at military and police facilities, received ICRC visits, during which their treatment and living conditions were monitored. Inmates detained on security-related charges, Special Court for Sierra Leone (SCSL) convicts serving their sentences in the country, former weapon bearers, including minors, and former M23 fighters interned in Rwanda were among those regularly visited by delegates. After the visits, the ICRC communicated its findings and recommendations confidentially to the authorities. Detainees kept in touch with their families through Movement family-links services; foreign inmates notified their consular representatives of their situation via the ICRC. At the authorities' request, the ICRC issued attestations of detention for over 1,000 detainees, which made it possible to review their detention status.

The Rwanda Correctional Service (RCS) and the ICRC carried out joint efforts to improve detainees' living conditions. For instance, detainees gained more sustainable access to water and enjoyed better hygiene conditions with the help of water treatment, soap production and biogas systems that were built/maintained with ICRC support. Wounded ex-M23 fighters received medical treatment from an ICRC surgical team or local health teams equipped with ICRC medical supplies. After fires partly gutted two prisons, the detainees affected received blankets and clothing; some of them were sheltered temporarily in ICRC-provided tents. During an annual round-table organized by the RCS and the ICRC, representatives of various government bodies, including the RCS and the Ministries of Health, Internal Security and Justice, drew up standards for prison health services.

Members of families separated by past and ongoing conflicts, such as those fleeing hostilities in the DRC as well as former weapon bearers and returnees, contacted their relatives through National Society/ICRC family-links services. As for unaccompanied minors, their welfare was monitored while their families were

being traced; where possible and appropriate, they were reunited with their relatives. Particular attention was paid to those previously associated with armed groups. The ICRC checked, through follow-up visits, the well-being of those who were reunited with their relatives. Such efforts were carried out in coordination with the local authorities, other organizations involved in child protection and other National Societies/ICRC delegations concerned.

Dialogue with the authorities and dissemination sessions for military and police officers sought to promote further support for IHL and international norms applicable to law enforcement and detention. At ICRC briefings prior to their deployment abroad, Rwanda Defence Force (RDF) and Rwanda National Police (RNP) officers furthered their knowledge of IHL and international human rights law. The Rwanda Law Reform Commission, with the ICRC's encouragement, commissioned an initial study for a project to harmonize Rwandan legislation with IHL. To reinforce such efforts in the long term, ICRC-organized conferences kept teachers and students of law abreast of IHL-related issues. The ICRC continued to work with the National Society to spread understanding of IHL and the Movement's work among a wider audience through public events, radio programmes and press releases.

The National Society, with ICRC support, continued to boost its capacities to respond to emergencies and promote the Fundamental Principles. Movement components coordinated their activities with each other, and with other humanitarian agencies, to maximize impact and avoid duplication.

## CIVILIANS

### Members of dispersed families re-establish contact

Members of families dispersed by the 1994 genocide in Rwanda, the ongoing hostilities in the DRC, migration, or other circumstances used National Society/ICRC family-links services – such as tracing, RCMs and phone calls – to restore/maintain contact within Rwanda or abroad. Among them were Rwandan returnees, including those expelled from the United Republic of Tanzania, and former weapon bearers, including children, repatriated to Rwanda (see *People deprived of their freedom*). Some families had the names of their missing relatives (208 people) broadcast over national radio.

Tracing services enabled the whereabouts of 110 people to be made known to their relatives.

### Children formerly associated with weapon bearers rejoin their families

With National Society/ICRC support, 67 children were reunited with their relatives; 20 of them were previously connected with fighting forces. Along with 35 others who were reunited with their families by other agencies, they received follow-up visits from the ICRC, which evaluated the progress of their reintegration. Most of them benefited from food, transportation and accommodation for their journey home, and received household items, food and/or cash to ease their transition back into family life.

By year-end, the cases of 151 unaccompanied minors were still being monitored and their families traced. Special attention was paid to 37 of them, who were formerly associated with weapon bearers.

The adoption in late 2013 of a law supporting repatriation and/or family reunification for unaccompanied minors/separated children paved the way for increased efforts to ensure the minors'

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welfare. Close coordination with MIDIMAR and humanitarian agencies involved in child protection helped ensure that unaccompanied children received proper attention and support for their particular needs. Over 200 children at the Rusayo Centre for Unaccompanied Children – including those referred by the ICRC and awaiting family reunification – were able to participate in educational activities and sports with materials and equipment provided to them through a partnership between the centre, Joint Aid Management and the ICRC. They also received hygiene items.

The Rwandan Red Cross continued to boost its ability to restore family links, with the help of ICRC material support and training, including during joint visits to refugee camps. It incorporated family-links services in its emergency response approach, and had these services promoted through the ICRC's family-links website ([familylinks.icrc.org](http://familylinks.icrc.org)). It continued to coordinate such activities with the local authorities, National Societies in neighbouring countries, and other humanitarian organizations.

the Huye central prison, enabling the RCS to produce enough soap for all its detainees.

## **ACTORS OF INFLUENCE**

### **Military academies enhance peacekeepers' understanding of their obligations under IHL**

The ICRC engaged the authorities, including police and military officials, in dialogue to promote further awareness of IHL and international norms applicable to law enforcement and detention (see *People deprived of their freedom*).

The RDF welcomed the ICRC's support for incorporating IHL in its troops' training. To foster compliance with IHL among Rwandan peacekeepers, the commanders of RDF military academies agreed to plan their 2015 training for peace-support operations in consultation with the ICRC. At briefings before their deployment abroad, some 140 RDF commanders and 800 troops learnt more about IHL, and around 300 RNP officers, about IHL and international human rights norms, including those applicable to arrest and detention. RDF and RNP personnel acquainted themselves with the ICRC's work during these dissemination sessions.

The Eastern Africa Standby Force, composed of troops from various countries in the region, conducted a training exercise with IHL-related guidance from the ICRC. At an ICRC presentation, 60 senior police officers from various African countries, who were attending a year-long senior command course in Rwanda, learnt about the ICRC's activities to protect people affected by armed conflict.

### **Authorities take steps to harmonize Rwandan legislation with IHL**

The authorities received legal advice, through regular dialogue and at regional conferences, for taking further steps to ratify the Arms Trade Treaty (see *Nairobi*) and the Convention on Cluster Munitions, which have both been signed by Rwanda, and for implementing IHL-related instruments to which Rwanda was already party, including the African Union Convention on IDPs and the Anti-Personnel Mine Ban Convention. The Rwanda Law Reform Commission and the ICRC agreed, under a memorandum of understanding, to cooperate in a project to harmonize Rwandan legislation with IHL. In December, the commission hired a consultant to conduct an initial study for this project.

To ensure that the Rwandan Red Cross had a strong legal basis for its humanitarian work, the ICRC provided guidance for drafting a revised law recognizing the National Society as an auxiliary to the government, and for finalizing a draft law regulating the use of the emblem.

### **Students and teachers of law keep abreast of issues linked to IHL**

University instructors became more adept at teaching IHL, and students refined their knowledge of the subject, by participating in ICRC-organized events and by making use of ICRC-provided IHL reference materials. During a national IHL round-table, lecturers from private and State-run universities exchanged views on a number of subjects: developments in the classification of armed conflicts; new technologies in warfare; the status of combatants; multinational forces; detention; and other issues of humanitarian concern. Over 100 law students from the University of Rwanda learnt more, during a conference, about IHL-related issues, mainly with regard to the classification of conflicts. With financial assistance from the ICRC, selected university lecturers participated

in an annual regional academics' round-table (see *Nairobi*), and student teams demonstrated their knowledge of IHL at a moot court competition abroad. A local NGO, with ICRC support, organized a similar competition for students from Burundi, the DRC and Rwanda.

With ICRC support, the National Society continued to raise awareness of humanitarian concerns and the Movement's activities, through public events, radio programmes, press releases and other means.

## **RED CROSS AND RED CRESCENT MOVEMENT**

### **Rwandan Red Cross trains volunteers in emergency care, including psychological first aid**

With ICRC financial, technical and material assistance, the Rwandan Red Cross continued to develop its capacities to restore family links, respond to emergencies and promote support for the Movement (see above). Movement partners met regularly to coordinate their activities.

Over 600 volunteers acquired skills in first aid and received basic equipment at ICRC-supported training sessions, thereby extending the national first-aiders' network to 10 districts. National Society trainers organized their own first-aid courses countrywide. Young people became certified first-aiders and learnt about the Fundamental Principles through these courses. Following training sessions supported by the Health Ministry, 149 volunteers stood ready to lend emergency assistance and handle cases of psychological trauma during events marking the 20th anniversary of the genocide in Rwanda (see *Context*).

Also in line with the commemoration of the 1994 genocide, the National Society built houses for 12 particularly vulnerable families of survivors with the help of construction materials provided by the ICRC. Plans to build a new logistics centre for the National Society were cancelled, as it was not possible to obtain a construction permit in the area initially identified.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>Red Cross messages (RCMs)</b>			<b>UAMs/SCs*</b>		
RCMs collected		3,691	54		
RCMs distributed		2,778	28		
Phone calls facilitated between family members		95			
Names published in the media		208			
<b>Reunifications, transfers and repatriations</b>					
People reunited with their families		75			
	<i>including people registered by another delegation</i>	43			
People transferred/repatriated		7			
<b>Tracing requests, including cases of missing persons</b>			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered		179	38	26	35
	<i>including people for whom tracing requests were registered by another delegation</i>	58			
People located (tracing cases closed positively)		110			
	<i>including people for whom tracing requests were registered by another delegation</i>	20			
Tracing cases still being handled at the end of the reporting period (people)		255	24	56	77
	<i>including people for whom tracing requests were registered by another delegation</i>	96			
<b>UAMs/SCs*, including unaccompanied demobilized child soldiers</b>			<b>Girls</b>		<b>Demobilized children</b>
UAMs/SCs newly registered by the ICRC/National Society		48	21		11
UAMs/SCs reunited with their families by the ICRC/National Society		67	25		20
	<i>including UAMs/SCs registered by another delegation</i>	42			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		151	62		37
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>					
<b>ICRC visits</b>			<b>Women</b>	<b>Minors</b>	
Detainees visited		61,321	2,758	87	
			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually		508	56	1	5
Detainees newly registered		256	48	1	5
Number of visits carried out		87			
Number of places of detention visited		26			
<b>Restoring family links</b>					
RCMs collected		209			
RCMs distributed		107			
Phone calls made to families to inform them of the whereabouts of a detained relative		3			
People to whom a detention attestation was issued		1,018			

\* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Food commodities	Beneficiaries	60		100%
	<i>of whom IDPs</i>	15		
Essential household items	Beneficiaries	215		100%
	<i>of whom IDPs</i>	71		
Cash	Beneficiaries	93	6%	40%
	<i>of whom IDPs</i>	4		
Work, services and training	Beneficiaries	61		100%
	<i>of whom IDPs</i>	11		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection programme)</b>				
Essential household items <sup>1</sup>	Beneficiaries			
Water and habitat activities	Beneficiaries	50,250		
<b>Health</b>				
Number of visits carried out by health staff		9		
Number of places of detention visited by health staff		5		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	3		
Patients whose hospital treatment has been paid for by the ICRC	Patients	40		

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



# 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 focuses on providing emergency aid to people directly affected by armed conflict, runs an extensive first-aid, medical and basic health care programme and supports projects to help restore or improve livelihoods in communities weakened by crises. It visits detainees and endeavours to promote respect for IHL, particularly the protection of civilians and medical staff and infrastructure. It supports the National Society's development.

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

**HIGH**

## KEY RESULTS/CONSTRAINTS

### In 2014:

- ▶ dialogue with the authorities and weapon bearers, and regular contact with community leaders, enabled the ICRC to assist people in areas to which few or no other actors had access
- ▶ people affected by fighting and/or climate shocks met their immediate needs with food and water rations, household/hygiene items and short-term income assistance
- ▶ communities worked towards self-sufficiency with the help of agricultural supplies and equipment, livestock, animal-health services, livelihood grants and water-infrastructure improvements
- ▶ amid restrictions on Somali Red Crescent Society health activities, vulnerable people, including the weapon-wounded, received medical care at ICRC-supported first-aid posts, clinics and hospitals
- ▶ detainees, including those in National Intelligence and Security Agency facilities, received ICRC visits, and ailing or malnourished detainees benefited from ICRC-supported prison health services
- ▶ with ICRC input, the African Union Peace and Security Council drafted and adopted a set of standard procedures for the treatment of detainees held by its peace-support troops in Somalia

EXPENDITURE (in KCHF)	
Protection	3,586
Assistance	51,985
Prevention	3,854
Cooperation with National Societies	1,298
General	-

**60,722**

of which: Overheads 3,683

IMPLEMENTATION RATE	
Expenditure/yearly budget	<b>89%</b>

PERSONNEL	
Mobile staff	38
Resident staff (daily workers not included)	90

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
Red Cross messages (RCMs)	
RCMs collected	13,939
RCMs distributed	17,294
Phone calls facilitated between family members	26,973
People located (tracing cases closed positively)	176
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
ICRC visits	
Detainees visited	4,636
Detainees visited and monitored individually	80
Number of visits carried out	66
Number of places of detention visited	26
Restoring family links	
RCMs collected	43
RCMs distributed	6
Phone calls made to families to inform them of the whereabouts of a detained relative	138

ASSISTANCE	2014 Targets (up to)	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>		
Economic security <sup>1</sup> , water and habitat (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 60,000	182,610
Essential household items	Beneficiaries 120,000	68,834
Productive inputs	Beneficiaries 312,000	941,214
Cash	Beneficiaries 3,000	56,383
Vouchers	Beneficiaries 60,000	
Work, services and training	Beneficiaries 45,000	272,034
Water and habitat activities	Beneficiaries 320,100	297,620
<b>Health</b>		
Health centres supported	Structures 40	46
<b>WOUNDED AND SICK</b>		
<b>Hospitals</b>		
Hospitals supported	Structures 3	12
<b>Water and habitat</b>		
Water and habitat activities	Number of beds 514	240

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

## CONTEXT

Fighting intensified between military forces supporting the Somali authorities and the Harakat al-Shabaab al-Mujahideen, better known as al-Shabaab. While the African Union (AU) Mission in Somalia (AMISOM) seized control of several strategic towns, al-Shabaab continued to control parts of southern and central Somalia. Intercommunal violence, mainly over land/political control, also persisted in these areas. In the north, lingering tensions in the disputed areas between the semi-autonomous region of Puntland and the self-declared Republic of Somaliland frequently led to clashes between forces.

The escalation of hostilities caused displacement, disrupted livelihoods already affected by climate shocks and below-average harvests, and exacerbated chronic food insecurity. Thousands of civilians and weapon bearers injured in the fighting had limited access to treatment; the general population continued to suffer from the scarcity of primary health care. The number of persons arrested and detained rose significantly, putting further strain on judicial and custodial services.

Increasing difficulty in maintaining humanitarian supply lines, and the limited capacity of most humanitarian actors to operate in the prevailing environment, severely hampered the delivery of assistance to vulnerable communities.

## ICRC ACTION AND RESULTS

The ICRC, in cooperation with the Somali Red Crescent Society, continued to address the humanitarian needs of conflict-affected people across Somalia, adapting to security and access constraints (see *Context*) and working with community leaders to implement assistance activities. As the ICRC's main partner, the National Society received support for strengthening its capacities to assist vulnerable communities and promote the Movement's work.

Dialogue with the authorities and weapon bearers, and regular contact with community leaders and other humanitarian agencies, promoted better understanding of and acceptance for the ICRC's mandate and work. This enabled it to assist, together with the National Society, communities accessible to few or no other organizations. While maintaining a base in Nairobi, Kenya, the ICRC increased its staff presence in Somalia, allowing it to extend its reach in the southern and central regions, with the agreement of the local authorities.

The ICRC reminded the authorities and weapon bearers of their responsibility to protect those not or no longer taking part in hostilities and to facilitate their access to essential services. Dissemination sessions for military and police forces sought to strengthen compliance with IHL and other relevant norms.

To monitor their treatment and living conditions, the ICRC visited detainees across Somalia, including, for the first time, people held in National Intelligence and Security Agency (NISA) facilities and in Galkayo South and Kismayo prisons. It shared its findings confidentially with the authorities and, where necessary, helped them improve detainees' living conditions and health through infrastructure upgrades and capacity-building support for prison health staff. With ICRC input, the AU Peace and Security Council drafted and adopted a set of standard procedures for the treatment of detainees held by AMISOM.

The ICRC focused on building people's resilience to the effects of conflict and climate shocks by providing households with seed and tools, livestock, vocational training and animal-health services. With ICRC support, local cooperatives produced most of the seed distributed to flood-affected farmers. Through cash-for-work initiatives, community members supplemented their income by helping local authorities improve water infrastructure. Fishing communities improved their techniques through training, increasing their food supply and income.

The ICRC continued to assist emergency-affected communities. People displaced by fighting and climate shocks received food and water rations and household/shelter items. Drought-affected pastoralists covered their basic expenses after selling animals to the ICRC at prices above market rates; the meat from these animals helped vulnerable households cope with food shortages. Families restored contact through National Society/ICRC family-links services, including RCMs, phone/video calls and tracing.

Of the 46 ICRC-supported clinics run by the National Society during the year, some facilities were closed and others scaled down their operations owing to security and access constraints. While the ICRC supported the construction of new clinics, only 31 were operational by end-2014. With ICRC financial, material and technical support, these clinics delivered primary health care to conflict-affected people, including victims of mines or other explosive remnants of war (ERW) and of sexual violence. Malnourished children and pregnant/lactating women received treatment. The National Society/ICRC conducted immunizations, but many children remained at risk of communicable diseases owing to the difficulty of delivering supplies and obtaining the local authorities' consent for vaccination campaigns.

The ICRC maintained comprehensive support to three hospitals in Lower Juba and Mogadishu, and began similar support to another in Bay, thereby enabling them to treat the wounded and sick. Medical supplies were delivered as needed to other facilities in southern and central Somalia.

To maximize their effectiveness, the National Society and the ICRC coordinated their activities with other humanitarian and international organizations in Kenya and Somalia.

## CIVILIANS

### Dialogue facilitates humanitarian access

Security and access constraints continued to limit the ICRC's ability to monitor the situation of civilians first hand. On the basis of allegations of abuses, the ICRC made representations to the parties to the conflict, including foreign troops deployed in Somalia, reminding them of their obligations under IHL to protect people not or no longer taking part in hostilities and to facilitate their access to medical or other humanitarian aid.

Dialogue with the authorities and all weapon bearers enabled the National Society/ICRC to assist communities accessible to few or no other organizations. With the agreement of the local authorities, and having increased its staff presence in Mogadishu, the ICRC extended its reach in southern and central Somalia. However, restrictions on assistance activities, including health care, persisted in many areas. In February, five National Society health personnel held by an armed group since December 2013 were released.

### **Vulnerable Somalis receive health care**

Owing to the prevailing situation, some of the fixed and mobile clinics run by the National Society were closed; others scaled down their operations. With ICRC support, the National Society opened new clinics in Middle Shabelle and Mogadishu, and upgraded the facilities of existing clinics in Lower and Middle Shabelle. The ICRC supported a total of 46 clinics providing free health care to some 557,900 residents and IDPs on average during the year; owing to security and access constraints, only 31 clinics were operational by end-2014.

Vulnerable women and victims of sexual violence availed themselves of specialized care from midwives who had received training in counselling them and addressing their health concerns. At National Society clinics, nearly 31,000 severely malnourished children and 8,700 pregnant/lactating women improved their nutritional status through therapeutic feeding, which included high-energy biscuits. At an ICRC-supported nutrition stabilization centre in Kismayo, some 1,800 children received treatment for complicated severe malnutrition; their caregivers also received food. The recruitment and training of staff for a second centre in Baidoa, scheduled to open in 2015, were completed in December.

Where possible, National Society clinics administered immunizations to children and pregnant women, but many children remained at risk of vaccine-preventable diseases because of restrictions imposed by local authorities and the difficulty of delivering supplies. Children affected by a measles outbreak, many of them from Middle Juba, received treatment in Kismayo.

With ICRC support, the National Society responded to an outbreak of acute diarrhoea in IDP camps in Kismayo; it tackled a similar outbreak in Mandheere in coordination with an international NGO. The National Society, the International Federation and the ICRC also began to draft Ebola-preparedness plans. ICRC-supported National Society health centres documented injuries related to mines/ERW.

### **Communities work towards self-sufficiency**

People suffering the effects of armed conflict, compounded in some cases by climate shocks, worked, with ICRC support, to regain/maintain economic self-sufficiency.

Across Somalia, nearly 256,800 people and their livestock benefited from long-term measures to improve their access to water. Among them were around 186,700 people who had more water after boreholes and wells in their communities were repaired, and some 70,100 people in various regions who harvested rainwater more efficiently following improvements to their infrastructure. Community technicians received training in operating and maintaining water points.

Around 12,700 flood-affected households (76,300 people) in Middle Shabelle resumed farming with donated seed and tools. Nearly 51,700 households (310,000 people) protected their farmland from floods using ICRC-supplied sandbags. Some 20,100 households (120,700 people) irrigated their land more efficiently with ICRC-provided pumps. With ICRC support, communities established or restarted their own agricultural cooperatives, helping around 10,300 households (61,900 people) boost their agricultural productivity with donated tractors and irrigation systems. Four cooperatives produced good-quality seed and increased their maize yield per hectare to five times higher than

average production; they produced most of the seed distributed by the ICRC to Middle Shabelle farmers.

Some 42,500 pastoralist/agro-pastoralist households (255,000 people) maintained the health of their herds through ICRC-supported animal-health services, including 8 government veterinary clinics and 13 veterinary pharmacies. Around 22,800 households (136,900 people) had their diseased livestock treated with ICRC-provided medicine and supplies.

In Lower Shabelle, nearly 3,200 households (19,000 people) returning from IDP camps to their home villages resumed their livelihoods following the provision of 10 goats per household; this activity was scaled down to enable the ICRC to assist displaced, drought-affected pastoralists in Galgadud and Gedo (see below). In Sanag, some 1,100 pastoralist households (6,600 people) started an alternative means of livelihood using ICRC-provided date-palm seedlings.

Vulnerable households started small businesses with ICRC vocational training (around 1,080 households; 6,480 people) and cash grants (some 300 households; 1,800 people). Around 27,100 pastoralist and agro-pastoralist households (162,900 people) had more water for their farming activities after their irrigation canals and rainwater harvesting systems were repaired. Some 11,500 breadwinners contributed to these projects by participating in cash-for-work initiatives, earning enough money to cover their families' needs for two months and benefiting around 31,000 people.

After receiving training, some 1,500 men and women in Lower Juba and Lower Shabelle learnt fishing techniques, repaired fishing boats and/or made fishnets; around 9,000 people benefited from the resulting increase in food supply or income.

### **Displaced people meet their immediate needs**

People coped with the immediate effects of conflict/violence and climate shocks with ICRC assistance. In Puntland, nearly 2,000 pastoralist households (11,800 people) affected by a cyclone in November 2013 received food rations, allowing them to keep their livestock instead of selling them to buy food. Some 27,800 households (166,000 people) across Somalia, most of them displaced by conflict and/or drought, also met their basic needs with food rations.

Nearly 4,600 displaced pastoralist households (27,300 people) in drought-affected parts of Galgadud and Gedo covered their basic expenses and saved on the costs of maintaining their herds after the ICRC purchased their livestock at prices higher than the depressed market rates. The meat from these animals helped alleviate food shortages for around 28,000 vulnerable households (168,000 people), many of them displaced.

In Gedo and Lower Juba, some 19,800 people affected by delayed rains stored water using jerrycans and tanks. Around 11,250 people displaced by floods or violence in Middle Shabelle benefited from water rations and the construction of latrines. In Kismayo, some 9,500 people had access to clean water after their water sources, contaminated by flooding, underwent chlorination treatment.

In Lower Juba and Middle Shabelle, around 8,400 households (50,400 people) rebuilt their flood-damaged houses using donated materials; some 2,500 households (15,000 people) in Lower Shabelle improved their living conditions following the provision of essential household items.

## Separated family members restore contact

Thousands of people exchanged news with their relatives in Somalia and abroad, including those detained, through family-links services run by the National Society/ICRC. They included IDPs at a camp in Mogadishu who used ICRC-facilitated telephone services to speak with their relatives.

Ten people resettled in third countries using ICRC travel documents issued in coordination with the relevant embassies and UNHCR.

Families seeking news of missing relatives had 8,635 names read out on the BBC Somali service's "Missing Persons" radio programme, and/or consulted the list of missing persons registered by the Movement's Family Links Network on the ICRC's family-links website ([familylinks.icrc.org](http://familylinks.icrc.org)).

The National Society continued to build its tracing capacities with financial/material/training support from the ICRC; however, Movement coordination meetings were hampered by security and access constraints.

## PEOPLE DEPRIVED OF THEIR FREEDOM

### People held in NISA facilities receive ICRC visits for the first time

Dialogue with the authorities expanded the ICRC's access to people held in detention facilities across Somalia, and led to first visits to people held in NISA facilities in Belet Weyne and Mogadishu and in prisons in Galkayo South and Kismayo. Detainees in central prisons under the jurisdiction of the Ministry of Justice, and in Criminal Investigation Department facilities in Bossaso, Hargeisa and Mogadishu, continued to receive visits. Detainees in Puntland and Somaliland were visited as well. The Puntland authorities signed an agreement formalizing the ICRC's access to detainees. The ICRC pursued dialogue with the Somali authorities on a similar agreement.

Some 4,600 detainees received visits, carried out according to the ICRC's standard procedures, during which delegates monitored detainees' treatment and living conditions. The authorities received confidential feedback and, where necessary, recommendations for improvement.

At their request, 22 foreign detainees had their embassies/consulates notified of their detention; some detainees restored contact with their relatives through RCMs or short oral messages relayed by ICRC delegates.

## African Union adopts standard operating procedures for handling of AMISOM detainees

Through bilateral talks and an ICRC presentation at a conference in Addis Ababa, Ethiopia, AMISOM officials learnt more about the obligations of peacekeeping troops regarding the treatment of detainees and armed-group defectors under IHL and other applicable law. In June, the AU Peace and Security Council adopted a set of standard procedures to align the treatment of people held by AMISOM with IHL and international human rights law (see *African Union*); the procedures had been drafted with ICRC input. These procedures were introduced to troops at a workshop in July, organized jointly by AMISOM and the ICRC.

### Detainees receive appropriate health care

Prison authorities in Mogadishu contained an outbreak of acute diarrhoea with ICRC-supported measures, including technical assistance and training, water trucking for 1,300 detainees, installation of hand-washing points and a hygiene campaign; 33 affected detainees received medicines and rehydration salts. Over 2,800 detainees received visits from ICRC health staff. Following meetings with ICRC delegates, Ministry of Health officials strengthened their involvement in the care of detainees with TB, providing them with diagnostic services and medicines.

In Baidoa and Mogadishu central prisons, infirmary staff underwent training in outpatient consultations, pharmacy management and treatment of malnourished detainees; the prison clinics received supplies and equipment. Detainees availed themselves of nearly 2,700 outpatient consultations; malnourished detainees improved their nutritional status through a therapeutic feeding programme.

### Inmates improve their hygiene practices

Some 4,000 detainees in 16 facilities across Somalia, including Puntland and Somaliland, protected themselves better from health risks following vector-control and hygiene-promotion activities, the distribution of hygiene kits, and maintenance training for prison staff. Among them were 1,000 detainees who also benefited from structural improvements to prison facilities, including kitchen and sanitation upgrades in Baidoa and Belet Weyne, the drilling of a new borehole in Garowe and the building of a new outdoor recreation area in Galkayo North.

Around 3,000 detainees observed Ramadan with ICRC-donated traditional foods; some 5,000 detainees received essential household items.

PEOPLE DEPRIVED OF THEIR FREEDOM	PUNTLAND	SOMALILAND	SOUTHERN AND CENTRAL SOMALIA
<b>ICRC visits</b>			
Detainees visited	1,129	1,153	2,354
<i>of whom women</i>			95
<i>of whom minors</i>			106
Detainees visited and monitored individually	9	40	31
<i>of whom women</i>		1	
<i>of whom girls</i>		1	
<i>of whom boys</i>			15
Detainees newly registered	3	21	34
<i>of whom women</i>			1
<i>of whom boys</i>			14
Number of visits carried out	19	25	22
Number of places of detention visited	9	7	10
<b>Restoring family links</b>			
RCMs collected			43
RCMs distributed			6
Phone calls made to families to inform them of the whereabouts of a detained relative			138



In Bossaso, Puntland, 120 detainees prepared for life after prison through vocational training; access constraints prevented the ICRC from offering the programme to detainees in other facilities. The Somaliland authorities signed an agreement to establish a similar programme in two of their prisons.

## WOUNDED AND SICK

### Weapon-wounded people receive treatment

Over 15,500 people, including those injured in the fighting, received life-saving care at ICRC-supported hospitals, including four that benefited from regular assistance. Keysaney and Medina hospitals in Mogadishu, and Kismayo hospital in Lower Juba, continued to operate with comprehensive ICRC support, including infrastructure improvements, staff training, funds and equipment. Kismayo hospital, in particular, benefited from extensive structural upgrades, including the provision of two new generators, the repair of a well and the construction of sanitation facilities. Staff from all three hospitals strengthened their capacities through training in various areas, including emergency-room and surgical training with an ICRC mobile surgical team. Similar comprehensive support to Baidoa hospital in Bay began in March. Badhan hospital in Sanag received supplies and equipment on an ad hoc basis to augment its existing capacities.

In Mogadishu, a facility previously supported by an international NGO remained operational, as the ICRC provided it with supplies until a new organization could take over. Other hospitals in southern and central Somalia also received medical materials.

### National Society boosts emergency preparedness

National Society-run clinics and first-aid posts strengthened their ability to respond to upsurges of violence with ICRC-donated supplies. The National Society established, with ICRC guidance, a task force to improve coordination with its different branches and strengthen its first-aid response across Somalia.

With support from the Danish Red Cross and the ICRC, the National Society drafted a national strategy for first aid and the management of human remains.

## ACTORS OF INFLUENCE

### Weapon bearers learn more about their responsibilities under IHL

Meetings with and dissemination sessions for the authorities and weapon bearers emphasized their obligations under IHL (see *Civilians*). Regular dialogue with all parties to the conflict also helped generate further support for the ICRC's neutral, impartial and independent humanitarian action.

During training sessions, troops supporting the Somali military learnt more about IHL and other relevant norms. During a training exercise, 50 senior officers from AMISOM and the US armed forces increased their familiarity with IHL and the ICRC's work in Somalia. Fifteen Kenya Defence Force (KDF) officers qualified as IHL trainers, focusing on teaching KDF troops deployed with AMISOM. Twelve AMISOM officers strengthened their ability to teach IHL to Somali troops following the provision of teaching materials. Predeployment IHL training continued in the countries contributing troops to AMISOM (see, for example, *Ethiopia* and *Nairobi*).

The ICRC developed a training package for senior officials working in places of detention in Somaliland.

During bilateral meetings, Somali government officials and ICRC delegates discussed the importance of ratifying the Arms Trade Treaty.

### Dialogue with civil society members strengthens acceptance for humanitarian work

Briefings with community leaders, academics and representatives of embassies and international organizations present in Somalia fostered their acceptance for the ICRC's mandate and work. Regular contact with beneficiary communities, for example, through mobile devices, helped the ICRC assess their needs.

Somali academics discussed developments in IHL teaching with their peers from four other African countries at a regional roundtable (see *Nairobi*). Students had better access to IHL-related information at universities in Mogadishu, Puntland and Somaliland, which received publications in Arabic, English and Somali.

On the basis of ICRC media releases, local/regional/international media reported on Movement activities. Communication materials produced in Arabic, English and Somali raised public awareness of humanitarian concerns. Nine radio stations in Mogadishu and Mudug aired programmes on the respect due to civilians during armed conflict; some broadcasts drew parallels with traditional Somali rules of warfare to increase acceptance for IHL among weapon bearers.

## RED CROSS AND RED CRESCENT MOVEMENT

### National Society teams strengthen their capacities

The Somali Red Crescent remained the ICRC's primary partner in delivering humanitarian services to people affected (see *Civilians*), and in promoting IHL (see above). It continued to enhance its capacities with support from the ICRC, such as training for key personnel, assistance in covering their salaries, and infrastructure upgrades for branch offices.

The National Society pursued institutional reforms and developed a strategic plan for 2015–19. Efforts to improve transparency and accountability continued with the hiring of new finance personnel.

Interaction with Movement partners based in Mogadishu was limited by security constraints, but regular information sharing continued.



MAIN FIGURES AND INDICATORS: PROTECTION		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>Red Cross messages (RCMs)</b>			<b>UAMs/SCs*</b>		
RCMs collected		13,939			
RCMs distributed		17,294			
Phone calls facilitated between family members		26,973			
Names published in the media		8,635			
Names published on the ICRC family-links website		25,347			
<b>Tracing requests, including cases of missing persons</b>			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered		672	152	215	160
<i>including people for whom tracing requests were registered by another delegation</i>		59			
People located (tracing cases closed positively)		176			
<i>including people for whom tracing requests were registered by another delegation</i>		11			
Tracing cases still being handled at the end of the reporting period (people)		1,156	255	340	226
<i>including people for whom tracing requests were registered by another delegation</i>		129			
<b>Documents</b>					
People to whom travel documents were issued		10			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>					
<b>ICRC visits</b>			<b>Women</b>	<b>Minors</b>	
Detainees visited		4,636	95	106	
			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually		80	1	1	15
Detainees newly registered		58	1		14
Number of visits carried out		66			
Number of places of detention visited		26			
<b>Restoring family links</b>					
RCMs collected		43			
RCMs distributed		6			
Phone calls made to families to inform them of the whereabouts of a detained relative		138			

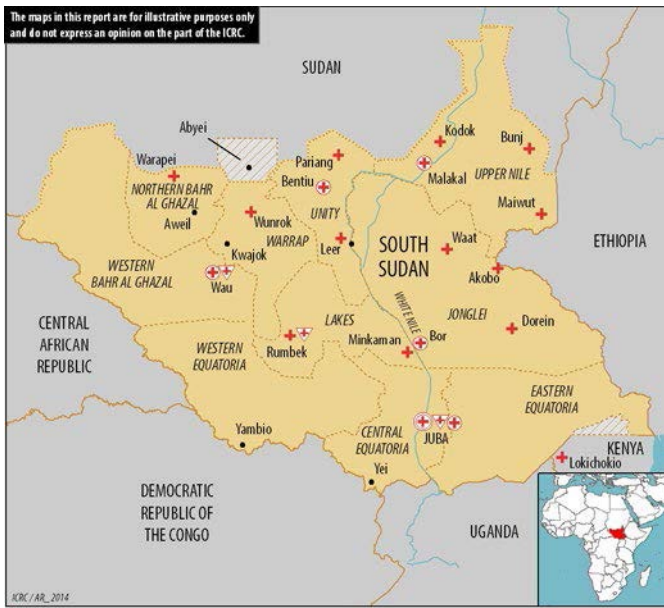
\* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security<sup>1</sup>, water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Food commodities	Beneficiaries	182,610	17%	64%
	<i>of whom IDPs</i>	29,522		
Essential household items	Beneficiaries	68,834	16%	61%
	<i>of whom IDPs</i>	50,400		
Productive inputs	Beneficiaries	941,214	17%	66%
Cash	Beneficiaries	56,383	17%	66%
Work, services and training	Beneficiaries	272,034	17%	65%
Water and habitat activities	Beneficiaries	297,620	20%	60%
	<i>of whom IDPs</i>	11,607		
<b>Health</b>				
Health centres supported	Structures	46		
Average catchment population		557,917		
Consultations	Patients	404,879		
	<i>of which curative</i>		120,821	170,890
	<i>of which ante/post-natal</i>		51,015	
Immunizations	Doses	183,068		
	<i>of which for children aged five or under</i>	170,672		
Referrals to a second level of care	Patients	3,003		
Health education	Sessions	2,791		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection programme)</b>				
Food commodities	Beneficiaries	3,200		
Essential household items	Beneficiaries	5,770		
Work, services and training	Beneficiaries	120		
Water and habitat activities	Beneficiaries	4,000		
<b>Health</b>				
Number of visits carried out by health staff		75		
Number of places of detention visited by health staff		7		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	12		
	<i>of which provided data</i>	9		
Admissions	Patients	15,529	6,394	2,027
	<i>of whom weapon-wounded</i>	3,689	872	239
	<i>(including by mines or explosive remnants of war)</i>	390		
	<i>of whom other surgical cases</i>	6,178		
	<i>of whom medical cases</i>	2,117		
	<i>of whom gynaecological/obstetric cases</i>	3,545		
Operations performed		21,791		
Outpatient consultations	Patients	45,904		
	<i>of which surgical</i>	18,683		
	<i>of which medical</i>	18,726		
	<i>of which gynaecological/obstetric</i>	8,495		
<b>First aid</b>				
First-aid posts supported	Structures	9		
	<i>of which provided data</i>	5		
Wounded patients treated	Patients	120		
<b>Water and habitat</b>				
Water and habitat activities	Number of beds	240		

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

# SOUTH SUDAN

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



ICRC/AR\_2014

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

## KEY RESULTS/CONSTRAINTS

### In 2014:

- ▶ all parties to the conflict received confidential representations on reported abuses and were reminded of their obligation under IHL to protect people not/no longer fighting and to facilitate their access to aid
- ▶ health-care services were hampered by insecurity, but wounded and sick people in government/opposition-controlled areas received timely care from trained first-aiders/ICRC surgical teams
- ▶ thousands of people displaced or at risk of malnutrition received one-off or monthly food rations (up to 5 rounds) and, where possible, engaged in agricultural production with donated supplies/tools
- ▶ communities gained access to clean water and contained the spread of cholera through ICRC-installed emergency water treatment units and sanitation facilities
- ▶ people held by the government and by the opposition, and those temporarily in the custody of the UN Mission in South Sudan, had their treatment and living conditions monitored during ICRC visits
- ▶ logistical difficulties necessitated large-scale airdrops to bring food/other supplies to remote areas, where National Society/ICRC staff collected the goods before distributing them to communities

## EXPENDITURE (in KCHF)

Protection	13,993
Assistance	92,311
Prevention	6,443
Cooperation with National Societies	6,247
General	-
<b>Total</b>	<b>118,994</b>

of which: Overheads 7,244

## IMPLEMENTATION RATE

Expenditure/yearly budget	<b>91%</b>
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## PERSONNEL

Mobile staff	138
Resident staff (daily workers not included)	576

Present in Juba since 1980, the ICRC opened a delegation in newly independent South Sudan in mid-2011. It works to ensure that people affected by non-international and international armed conflicts, including between South Sudan and Sudan, are protected in accordance with IHL, have access to medical/surgical care, physical rehabilitation and safe water, receive emergency relief and livelihood support, and can restore contact with relatives. It visits POWs and other detainees and seeks to increase knowledge of IHL among the authorities, armed forces and other weapon bearers. It works with and supports the South Sudan Red Cross.

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

**HIGH**

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
<b>Red Cross messages (RCMs)</b>	
RCMs collected	870
RCMs distributed	243
Phone calls facilitated between family members	13,916
People located (tracing cases closed positively)	198
People reunited with their families	42
<i>of whom unaccompanied minors/separated children</i>	34
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
<b>ICRC visits</b>	
Detainees visited	4,444
Detainees visited and monitored individually	130
Number of visits carried out	67
Number of places of detention visited	26
<b>Restoring family links</b>	
RCMs collected	62
RCMs distributed	16
Phone calls made to families to inform them of the whereabouts of a detained relative	38

ASSISTANCE	2014 Targets (up to)	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>		
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>		
Food commodities	Beneficiaries 540,000	884,017
Essential household items	Beneficiaries 512,000	528,658
Productive inputs	Beneficiaries 645,960	671,201
Cash	Beneficiaries	3
Work, services and training	Beneficiaries	317
Water and habitat activities	Beneficiaries 420,000	422,088
<b>Health</b>		
Health centres supported	Structures	4
<b>WOUNDED AND SICK</b>		
<b>Hospitals</b>		
Hospitals supported	Structures 5	46
<b>Water and habitat</b>		
Water and habitat activities	Number of beds 978	620
<b>Physical rehabilitation</b>		
Centres supported	Structures 3	3
Patients receiving services	Patients 1,800	1,937

## CONTEXT

Despite the signing of ceasefire agreements, clashes between government and opposition forces, linked to the armed conflict that broke out in December 2013, continued. The armed conflict fuelled intercommunal tensions and spread rapidly from the capital, Juba, to other parts of the country. Fighting in the states of Upper Nile, Unity and Jonglei intensified again in the last quarter of 2014.

Tens of thousands of people were killed or injured. Targeted killings, sexual violence and the destruction/looting of property were reportedly widespread. Victims were allegedly targeted because of their ethnicity.

Around 1.5 million people were reportedly displaced, in addition to roughly 500,000 people who fled to neighbouring countries. About 100,000 IDPs stayed in camps and at “protection-of-civilians sites” of the UN Mission in South Sudan (UNMISS), whose mandate was renewed in November. Food shortages, harsh living conditions and the inaccessibility of health care put many IDPs at risk of malnutrition and diseases such as cholera.

Insecurity and logistical constraints limited humanitarian agencies’ access to vulnerable people. Attacks against aid/medical workers and infrastructure were reported.

Relations between South Sudan and Sudan were relatively stable despite unresolved points of contention, such as the dispute over the Abyei region.

## ICRC ACTION AND RESULTS

The ICRC scaled up its activities in response to the drastic increase in humanitarian needs since the outbreak of armed conflict in December 2013. The budget extensions launched in May and September enabled the ICRC to overcome logistical hurdles and address the needs of IDPs, especially in remote areas. Together with the South Sudan Red Cross, it employed a multidisciplinary approach to help vulnerable people meet urgent needs and build their resilience to the effects of the conflict, and to promote respect for their protection under IHL.

The ICRC’s dialogue with all parties to the conflict enabled it to assist people accessible to few/no other agencies. Maintaining its neutral, impartial and independent stance, the ICRC reminded them of their responsibilities under IHL and other relevant norms to respect and protect those not/no longer involved in the fighting and to facilitate their access to basic services, including medical care. Through dissemination sessions, weapon bearers on both sides learnt more about IHL and the Movement’s work.

The ICRC increased its proximity to conflict-affected people by setting up bases in Akobo, Kodok, Leer, Maiwut, Minkaman, Rumbek, Waat, Warapei and Wunrok; in Bunj, Dorein and Pariang, offices were established in 2013. As it shifted its focus towards populations in other areas, the ICRC eventually closed its bases in Dorein and Minkaman.

Amid security and logistical difficulties, the ICRC adjusted its working methods so that it could ensure staff safety while also providing timely humanitarian response. As the fighting spread, ICRC staff were temporarily evacuated from three (out of four) sub-delegations, which were subsequently looted. When roads became impassable because of the fighting and the rains, food/

household items were airdropped in isolated regions, with National Society/ICRC staff collecting the supplies at drop-off points before distributing them to communities. A temporary logistics hub in Lokichokio, Kenya, contributed to the efficiency of these operations.

As malnutrition levels among vulnerable people increased, one-off or monthly (up to five rounds) food rations were distributed to around 884,000 people. Communities further strengthened their food security through agricultural production, using ICRC-provided agricultural/fishing supplies and tools. The installation/renovation of water and sanitation infrastructure ensured IDPs’/residents’ access to water and helped prevent the spread of cholera. Members of dispersed families re-established contact through National Society/ICRC-facilitated phone services and RCMs.

As attacks on medical personnel/facilities reduced people’s access to health care, the ICRC increased its support for the delivery of life-saving care to the wounded/sick, and developed measures to promote the safety of patients/staff in cooperation with health-care workers and local authorities. National Society volunteers administered first aid and brought casualties to hospitals. Four ICRC surgical teams and doctors/staff at 46 ICRC-supported medical facilities treated wounded/sick people in both government- and opposition-controlled areas. The ICRC began providing support for several clinics to fill gaps left by the closure of other medical facilities; these clinics provided primary health care services such as immunization and therapeutic feeding. People with disabilities accessed good-quality services at physical rehabilitation centres.

The ICRC sought access to all detainees within its purview to monitor their treatment and living conditions. It visited, in accordance with its standard procedures, people held in government-run prisons and military facilities. Some people held by the opposition were also visited, as were people temporarily in UNMISS custody. Detainees benefited from donations of hygiene/household items and used family-links services to reconnect with relatives.

As the ICRC’s main partner, the National Society received financial, material and technical support to strengthen its capacities. The ICRC coordinated its activities with those of Movement partners, UN agencies and other humanitarian actors to maximize efforts and avoid duplication.

## CIVILIANS

### Dialogue with the authorities and weapon bearers seeks to increase respect for IHL

Displaced people and residents reported abuses committed by weapon bearers from all parties to the conflict, such as direct attacks against civilians and their property, sexual violence and the recruitment of minors into fighting forces. On the basis of documented allegations and its delegates’ observations, the ICRC made confidential representations to the parties concerned, making recommendations on promoting respect for IHL among their troops. The authorities, military forces and armed groups received reminders – through phone calls, meetings and written communication – of their obligation to respect and protect people not/no longer participating in hostilities and to facilitate their access to medical and other humanitarian assistance.

A multidisciplinary assessment conducted in April confirmed the need to address the medical, psychological and economic consequences of sexual violence for its victims. Women’s groups

and local committees helped the ICRC identify victims of sexual violence and other abuses and refer them to the appropriate facilities/organizations for medical/psychological care and/or other assistance. Some of the victims received financial assistance for meeting their needs. Following the distribution of essential supplies and the installation of water points, vulnerable people reduced their need to walk long distances to find food or water, thereby lessening their exposure to risks.

In February, the National Mine Action Authority allowed the ICRC to survey weapon contamination until 31 May. ICRC experts visited hospitals in Bor and Malakal, where they found neither mines nor explosive remnants of war.

### **IDPs and residents receive emergency aid despite security and logistical difficulties**

As fighting and the rains made roads and airstrips impassable, goods and staff were transported by boat, cargo planes equipped for airdrops, and smaller aircraft that could land on difficult terrain. Food assistance reached people in remote areas through airdrops, with ICRC staff (often aided by National Society volunteers) conducting assessments and collecting supplies at designated locations before distributing them to communities. A temporary logistics hub in Lokichokio helped transport goods/staff efficiently.

Over 884,000 vulnerable people in eight states (Central and Eastern Equatoria, Jonglei, Lakes, Northern Bahr al-Ghazal, Unity, Upper Nile and Warrap) received food supplies. Among them, some 145,500 people in Leer (Unity) and Waat (Jonglei) received up to five rounds of monthly rations, and over 93,600 in Minkaman (Lakes) received rations twice. Because of the rise in the number of IDPs, and the need to help farming households (119,200 people) avoid having to consume seed meant for planting, food supplies were distributed to more people than initially planned.

Over 528,600 people (88,100 households) built temporary shelters and/or improved their living conditions with the help of household items distributed in cooperation with the National Society and other organizations.

### **Better access to water and sanitation facilities helps communities contain the spread of cholera**

Over 422,000 people, including some 33,000 IDPs in two UNMISS camps, had better access to water after water systems were installed/ repaired in towns and remote areas hosting IDPs. Local committees, with ICRC technical/material support, strengthened their capacities to maintain these systems. The installation of emergency water and sanitation facilities in response to a cholera outbreak increased the availability of clean water and helped prevent further contamination of water sources. National Society volunteers promoted good sanitation practices; community members treated their drinking water and built latrines with ICRC-provided supplies.

### **Families boost their resilience to the effects of conflict**

Insecurity prevented many families from resuming livelihood activities, but some produced/increased their own food supply or generated income with ICRC assistance.

Over 22,000 households (137,000 people) supplemented their diet with fish caught using National Society/ICRC-distributed fishing kits, which they could easily carry if they had to flee for their safety. In light of assessments, some resources intended for

fishing kit distributions were reallocated to support communities' farming activities.

About 63,000 households (378,200 people) with access to land harvested staple and/or vegetable crops and increased their food supply with the help of ICRC-donated seed/tools. Farmers confirmed in post-harvest interviews that the provision of seed helped them improve their food security; in some areas, however, floods/pests damaged crops.

Pastoralists (34,300 households/205,000 people) preserved the quality of their livestock (some 442,000 animals) through animal vaccination campaigns organized with the Ministry of Animal Resources and Fisheries. Some 200 animal health workers were trained to prevent and treat livestock disease; 106 of them received veterinary drugs/equipment.

Community members (354 people) earned cash by building vital infrastructure, such as flood-control structures and livestock ponds.

Through group discussions, community representatives kept the ICRC abreast of their situation and identified ways of improving their livelihoods and their safety. People learnt how to cope with the cholera outbreak and other emergencies through National Society/ICRC radio programmes; in remote areas, these were broadcast via portable sound systems.

### **Separated family members make phone calls to restore contact**

The National Society responded to mass displacement by strengthening, with ICRC support, its capacity to deliver family-links services. In early 2014, these services were limited by security and logistical constraints; the National Society/ICRC eventually resumed their activities in both government- and opposition-controlled areas.

Family members separated by conflict – including those who fled to neighbouring countries such as Ethiopia, Kenya and Uganda – reconnected with relatives, mainly through phone services. A limited number of RCMs were collected/distributed. In coordination with UNICEF and other organizations, 89 unaccompanied minors in South Sudan were registered and monitored. Thanks to tracing services, 42 people, including 34 minors/children, rejoined their families within South Sudan or elsewhere.

Local authorities and National Society teams, trained and equipped by the ICRC, managed human remains in a manner that could facilitate future identification.

## **PEOPLE DEPRIVED OF THEIR FREEDOM**

### **People held by the government and by the opposition receive ICRC visits**

The ICRC engaged the authorities and weapon bearers in dialogue; it followed up documented allegations of arrest with the relevant parties, and sought access to all persons held in relation to the ongoing conflict.

Prisons in Bentiu, Bor and Malakal were closed because of heavy fighting in these areas. The National Prisons Service allowed the ICRC to visit inmates in prisons that were still functioning or had resumed operations, such as those in Aweil, Bor, Juba, Rumbek, Torit, Wau and Yambio. ICRC delegates also visited people held in three military facilities, those temporarily in UNMISS custody, and those transferred by the UNMISS to the South Sudanese authorities.



Some people held in four facilities – one in Unity and three in Jonglei – by the armed opposition also received ICRC visits. Upon his release and with his consent, a minor was handed over to national authorities under ICRC auspices.

After being released, three Sudanese POWs returned to their families by their own means. Two remaining POWs continued to receive ICRC visits; at their request, their embassy was notified of their detention.

During the visits mentioned above, which were conducted in accordance with the ICRC's standard procedures, delegates checked detainees' treatment and living conditions; afterwards, they reported their findings confidentially to the authorities concerned. The nutritional status of detainees in prisons in Aweil, Juba and Rumbek was assessed, and officials of the National Prisons Service were apprised of the results.

Through meetings and workshops, detaining authorities were reminded of their responsibilities under IHL and other internationally recognized standards, particularly with regard to the principle of *non-refoulement*, and enhanced their understanding of the ICRC's standard procedures. Drawing on IHL-related input from the ICRC, the UNMISS issued guidelines on the treatment of people temporarily within its custody.

Detainees re-established contact with relatives through oral messages and RCMs, while 24 foreign inmates informed their embassies of their situation through the ICRC.

#### **Detainees benefit from emergency assistance**

Penitentiary authorities received support to maintain humane conditions for detainees. Over 2,800 detainees regained access to clean water following infrastructure repairs, and over 2,400 improved their living conditions with ICRC-provided household/hygiene products.

Detainees and staff in two prisons contained the spread of cholera through ICRC-supported measures, such as hygiene-promotion sessions, installation of hand-washing points, distribution of cleaning/hygiene products and water chlorination.

### **WOUNDED AND SICK**

#### **Attacks lead to the closure of medical facilities**

Widespread insecurity owing to the armed conflict and intercommunal tensions prevented many wounded and sick people from accessing treatment. Patients and medical personnel/infrastructure reportedly suffered deliberate attacks. During clashes in Malakal in February, several patients at the Malakal Teaching Hospital (MTH) were killed, supplies were stolen and a therapeutic feeding centre was burnt. Before the attack, the MTH had served a catchment population of 3 million people with ICRC support. At year-end, only a small outpatient unit at MTH, run by the Health Ministry, had resumed its operations.

Through confidential dialogue and public communication, the ICRC urged all parties concerned to facilitate the safe delivery of health services. Measures to promote the safety of patients and staff were developed in cooperation with health-care workers and local authorities. For example, staff and patients at two hospitals in Wau stood to benefit from plans to install solar-powered lighting systems that would help people identify the hospitals more easily at night.

#### **Wounded and sick people evacuated safely to medical facilities**

Where security conditions allowed, casualties received first aid from ICRC-trained National Society teams. Volunteers helped transport casualties to hospitals and assisted in dressing injuries. The ICRC facilitated the evacuation of some casualties after obtaining security guarantees from all parties concerned. Equipped with ICRC materials/training, weapon bearers administered emergency care.

#### **Casualties from both sides receive treatment**

Staff at 23 hospitals, 23 clinics and 6 first-aid posts treated wounded/sick people with ICRC support in the form of supplies, deployment of surgical staff and/or infrastructural improvements. At the 14 hospitals that provided data, 2,575 weapon-wounded people received care.

Four ICRC surgical teams worked, under difficult conditions, in both government- and opposition-controlled areas, including remote locations. Wounded/sick people in Waat had access to surgical treatment after a new emergency inpatient facility (80 beds) was set up; with financial assistance from the ICRC, a women's association helped maintain the facility. A new surgical unit was established at Maiwut County Hospital (66 beds), part of a four-year plan to strengthen its capacities. A 500-bed hospital in Juba was better placed to handle the large influx of casualties after its facilities were renovated; doctors from the hospital honed their war-surgery skills at training sessions. Support for these facilities also included food for patients and staff incentives.

#### **Local clinics boost their capacity to curb epidemics and treat malnutrition**

Increased support for primary health care services, including obstetric care and immunization, aimed to fill gaps left by the closure of health-care facilities and to contain outbreaks of diseases such as cholera. People who had fled from Malakal to nearby Kodok obtained these services at a health-care centre (40 beds) that began to receive ICRC material/technical assistance. Every week, up to 500 children at the centre received care from an ICRC pediatric team. Malnourished patients benefited from therapeutic feeding. Three clinics improved their services with ICRC-provided furnishings/equipment.

#### **People with disabilities undergo physical rehabilitation**

A total of 1,938 people with disabilities availed themselves of services at ICRC-supported physical rehabilitation centres in Juba and Rumbek, and at a prosthetic/orthotic workshop in Wau. Over 3,000 crutches were delivered to people without access to physical rehabilitation services due to insecurity.

The Ministry of Gender, Child and Social Welfare worked with the ICRC towards enhancing the quality of physical rehabilitation services at the centres in Juba and Rumbek. Out of four prosthetic/orthotic students trained abroad, one began working at the centre in Juba.

Plans to support the development of a policy for assisting people with disabilities and activities to promote their reintegration into society were put on hold because of constraints faced by the authorities.

### **ACTORS OF INFLUENCE**

#### **Dialogue with all sides facilitate access to people in need**

Regular dialogue with the authorities and weapon bearers on both sides, combined with interaction with community, religious and other civil society leaders, enabled National Society/ICRC teams

to deliver assistance to vulnerable populations, including those accessible to few/no other aid agencies. Such interaction, as well as media coverage of National Society/ICRC activities and dissemination sessions for community members, fostered awareness of humanitarian concerns (including those covered by the Health Care in Danger project) and acceptance of the ICRC's mandate and work among all relevant stakeholders. Meetings with other humanitarian actors in South Sudan facilitated better understanding of the population's needs and the organizations' respective capacities, resulting in effective coordination.

### **Military instructors prepare to teach IHL norms to front-line troops**

Although limits in access initially posed difficulties in providing IHL and first-aid training for armed groups, over 1,900 members, including high-ranking commanders, of government and opposition forces learnt more about IHL and the Movement's work through dissemination sessions, often combined with first-aid training. The need to prevent sexual violence and ensure safe access to health care was highlighted during these sessions. With ICRC support, the South Sudan's armed forces, Sudan People's Liberation Army (SPLA), organized a workshop for 25 instructors assigned to teach IHL to front-line troops, while four military officers attended an IHL course in San Remo, Italy.

Regular ICRC contact with UNMISS provided opportunities for discussing humanitarian concerns and organizing assistance activities for IDPs hosted in UNMISS compounds (see *Civilians*).

A military officer assigned as the national focal point on small arms and light weapons participated in a seminar promoting the ratification of the Arms Trade Treaty (see *Nairobi*). In view of the rapidly evolving situation, other activities aimed at encouraging the ratification and implementation of IHL-related instruments were put on hold.

## **RED CROSS AND RED CRESCENT MOVEMENT**

### **The National Society boosts its ability to respond to emergencies safely**

The South Sudan Red Cross remained the ICRC's main partner in assisting conflict-affected people (see above). It enhanced its managerial and operational capacities with ICRC support, which included donations of vehicles, protective gear and materials to facilitate better identification of structures/staff. Work began on establishing a countrywide radio network to improve internal communication. Twelve new emergency action teams were trained in conducting emergency response/family-links/communication activities and in applying the Safer Access Framework; 22 teams took refresher courses. With ICRC funds, the Kenya Red Cross Society lent peer-to-peer support to the South Sudan Red Cross.

Regular meetings with Movement partners in South Sudan ensured proper coordination of activities. To maximize the Movement's overall impact, National Societies working in South Sudan contributed staff and other resources to support the activities of the ICRC, which, in turn, shared its expertise in assessment, communication, logistics and security management.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>Red Cross messages (RCMs)</b>			<b>UAMs/SCs*</b>		
RCMs collected		870	25		
RCMs distributed		243	40		
Phone calls facilitated between family members		13,916			
<b>Reunifications, transfers and repatriations</b>					
People reunited with their families		42			
	<i>including people registered by another delegation</i>	17			
<b>Tracing requests, including cases of missing persons</b>			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered		663	198	110	36
	<i>including people for whom tracing requests were registered by another delegation</i>	300			
People located (tracing cases closed positively)		198			
	<i>including people for whom tracing requests were registered by another delegation</i>	65			
Tracing cases still being handled at the end of the reporting period (people)		579	102	100	29
	<i>including people for whom tracing requests were registered by another delegation</i>	146			
<b>UAMs/SCs*, including unaccompanied demobilized child soldiers</b>			<b>Girls</b>		<b>Demobilized children</b>
UAMs/SCs newly registered by the ICRC/National Society		89	38		8
UAMs/SCs reunited with their families by the ICRC/National Society		34	6		6
	<i>including UAMs/SCs registered by another delegation</i>	17			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		67	27		3
<b>Documents</b>					
Official documents relayed between family members across borders/front lines		2			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>					
<b>ICRC visits</b>			<b>Women</b>	<b>Minors</b>	
Detainees visited		4,444	359	267	
			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually		130	1	1	15
Detainees newly registered		126	1	1	15
Number of visits carried out		67			
Number of places of detention visited		26			
<b>Restoring family links</b>					
RCMs collected		62			
RCMs distributed		16			
Phone calls made to families to inform them of the whereabouts of a detained relative		38			
Detainees released and transferred/repatriated by/via the ICRC		1			

\* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Food commodities	Beneficiaries	884,017	34%	42%
	<i>of whom IDPs</i>	Beneficiaries		
		871,174		
Essential household items	Beneficiaries	528,658	32%	47%
	<i>of whom IDPs</i>	Beneficiaries		
		496,175		
Productive inputs	Beneficiaries	671,201	32%	40%
	<i>of whom IDPs</i>	Beneficiaries		
		338,569		
Cash	Beneficiaries	3	40%	20%
	<i>of whom IDPs</i>	Beneficiaries		
		3		
Work, services and training	Beneficiaries	317	26%	7%
	<i>of whom IDPs</i>	Beneficiaries		
		11		
Water and habitat activities	Beneficiaries	422,088	48%	50%
	<i>of whom IDPs</i>	Beneficiaries		
		164,614		
<b>Health</b>				
Health centres supported	Structures	4		
Average catchment population		226,298		
Consultations	Patients	17,713		
	<i>of which curative</i>	Patients	4,003	6,523
	<i>of which ante/post-natal</i>	Patients	2,202	
Immunizations	Doses	34,352		
	<i>of which for children aged five or under</i>	Doses	30,519	
Referrals to a second level of care	Patients	91		
Health education	Sessions	39		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection programme)</b>				
Essential household items	Beneficiaries	2,446		
Productive inputs	Beneficiaries	1,256		
Cash	Beneficiaries	2		
Water and habitat activities	Beneficiaries	2,814		
<b>Health</b>				
Number of visits carried out by health staff		63		
Number of places of detention visited by health staff		10		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	46		
	<i>of which provided data</i>	Structures	14	
Admissions	Patients	5,059	880	1,395
	<i>of whom weapon-wounded</i>	Patients	2,575	148
	<i>(including by mines or explosive remnants of war)</i>	Patients	28	61
	<i>of whom other surgical cases</i>	Patients	504	
	<i>of whom medical cases</i>	Patients	1,849	
	<i>of whom gynaecological/obstetric cases</i>	Patients	131	
Operations performed		3,899		
Outpatient consultations	Patients	37,491		
	<i>of which surgical</i>	Patients	13,230	
	<i>of which medical</i>	Patients	23,309	
	<i>of which gynaecological/obstetric</i>	Patients	952	
<b>First aid</b>				
First-aid posts supported	Structures	6		
<b>Water and habitat</b>				
Water and habitat activities	Number of beds	620		
<b>Physical rehabilitation</b>				
Centres supported	Structures	3		
Patients receiving services	Patients	1,937	399	115
New patients fitted with prostheses	Patients	140	28	4
Prostheses delivered	Units	324	55	9
	<i>of which for victims of mines or explosive remnants of war</i>	Units	25	
New patients fitted with orthoses	Patients	60	13	23
Orthoses delivered	Units	118	32	46
	<i>of which for victims of mines or explosive remnants of war</i>	Units	1	
Patients receiving physiotherapy	Patients	556	128	46
Crutches delivered	Units	3,034		
Wheelchairs delivered	Units	159		

# SUDAN



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

The ICRC has been present in Sudan since 1978. It focuses on addressing the consequences of armed conflicts in Darfur and between South Sudan and Sudan. Based on an agreement with the authorities, it pursues discussions on the requirements/procedures necessary to fully resume its work addressing needs arising from conflicts in the country – particularly ensuring that conflict-affected people are protected in accordance with IHL and other internationally recognized standard; receive emergency aid, livelihood support and medical care; and can restore family contact. When operational, the ICRC works in close cooperation with and supports the Sudanese Red Crescent Society.

## KEY RESULTS/CONSTRAINTS

### In 2014:

- ▶ the ICRC’s humanitarian activities in Sudan were suspended from February to September, in accordance with a governmental directive citing technical and administrative reasons
- ▶ dialogue between the authorities and the ICRC led to the signing of agreements recognizing the ICRC’s mandate and clarifying its working procedures, which allowed it to resume working in late 2014
- ▶ 3 soldiers released by an armed group in Darfur were safely handed over to the Sudanese authorities in January, with the ICRC acting as a neutral intermediary
- ▶ 24 people severely wounded by clashes in December received timely medical care after being evacuated to hospital by the authorities with the assistance of the Sudanese Red Crescent Society and the ICRC
- ▶ in January and late 2014, some Darfur communities coped with the effects of armed conflict with the help of donated food supplies and household items, and improvements to water systems

EXPENDITURE (in KCHF)	
Protection	3,038
Assistance	12,254
Prevention	2,533
Cooperation with National Societies	1,545
General	-
<b>Total</b>	<b>19,370</b>

of which: Overheads 1,182

IMPLEMENTATION RATE	
Expenditure/yearly budget	100%

PERSONNEL	
Mobile staff	21
Resident staff (daily workers not included)	544

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

LOW

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
Red Cross messages (RCMs)	
RCMs collected	508
RCMs distributed	329
Phone calls facilitated between family members	9
People located (tracing cases closed positively)	41
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
ICRC visits	
Detainees visited	3
Detainees visited and monitored individually	3
Number of visits carried out	1
Number of places of detention visited	1

ASSISTANCE	2014 Targets (up to)	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 198,000	16,812
Essential household items	Beneficiaries 84,000	12,294
Productive inputs	Beneficiaries 525,000	12,294
Vouchers	Beneficiaries 36,000	
Work, services and training	Beneficiaries 1,190	
Water and habitat activities	Beneficiaries 650,000	108,365
<b>Health</b>		
Health centres supported	Structures 7	6
<b>WOUNDED AND SICK</b>		
<b>Hospitals</b>		
Hospitals supported	Structures	4
<b>Physical rehabilitation</b>		
Centres supported	Structures 9	10
Patients receiving services	Patients 5,190	2,683



## CONTEXT

The armed conflict between government troops and armed groups in Darfur, and in Blue Nile and South Kordofan, continued. According to reports, the escalation of fighting in Darfur resulted in the displacement of over 350,000 people; this is in addition to the two million who had been displaced for some time. Only about 131,000 people had been able to return to their homes at the time of writing. Intercommunal violence took place sporadically throughout Sudan and in Abyei, an area disputed by South Sudan and Sudan.

The arrival of tens of thousands of refugees from South Sudan (see *South Sudan*) strained the meagre resources of host communities. The decrease in oil transit revenues, caused by the fighting in South Sudan, weakened Sudan's economy further and exacerbated the hardship of conflict-affected people. Relations between South Sudan and Sudan remained tenuous.

International organizations had limited access to conflict-affected people in large parts of Darfur and to newly arrived refugees in areas bordering South Sudan; access to conflict-affected people in Blue Nile and South Kordofan was, however, considerably more restricted. In compliance with government directives, humanitarian assistance was usually channelled through the Sudanese authorities and local NGOs.

## ICRC ACTION AND RESULTS

The ICRC engaged in dialogue with the national authorities, in order to regain their acceptance of its humanitarian work in favour of people affected by armed conflict in Sudan. Citing technical and administrative reasons, the Humanitarian Aid Commission (HAC), the government body in charge of regulating the activities of humanitarian organizations, asked the ICRC to suspend its activities from 1 February. The authorities also requested that the previous headquarters agreement, signed in 1984, be revised in order to reflect the ICRC's diplomatic status and regulate its activities in the country in light of their current guidelines. Constructive discussions between the authorities and the ICRC led to the signing of agreements that enabled the ICRC to gradually resume its operations.

The ICRC held several meetings with the authorities to discuss its mandate and work, as well as ways to ensure effective coordination with government bodies while adhering to its neutral, impartial and independent approach. These discussions led to the signing in August of a revised headquarters agreement recognizing the ICRC's mandate to assist victims of armed conflict and other situations of violence, and defining the ICRC's status in Sudan. In September, the ICRC received notice that the suspension had been lifted; discussions were then held with the HAC on various practical matters related to the resumption of ICRC activities. In November, the HAC signed an agreement with the ICRC, setting out how it was to coordinate its humanitarian activities with the authorities; the ICRC then took up its work in Sudan again.

Following the signing of these agreements and its staff's return to the field, the ICRC sought to re-establish contact with all parties involved in armed conflict to secure their support for the resumption of its work. In cooperation with local authorities and the Sudanese Red Crescent, it began to assess humanitarian needs in Darfur and to provide urgently needed assistance (see below).

Owing to the suspension of its operations, the ICRC was unable to implement many planned activities; however, conflict-affected people in Darfur benefited from ICRC support in January and late 2014. The ICRC remained without access to Blue Nile and South Kordofan states throughout the year.

In January, before the suspension of its activities, the ICRC facilitated the safe handover of three members of the Sudanese Armed Forces (SAF) who had been released by an armed group. In remote and violence-prone areas, people availed themselves of health-care services, including immunizations at clinics and hospitals that the ICRC supported with supplies and other assistance. People with disabilities received prostheses/orthoses and physiotherapy at ICRC-supported physical rehabilitation centres.

In January and December, displaced people and their host communities coped with their situation with the help of National Society/ICRC-distributed food and household items. Communities improved their access to water after the construction/rehabilitation of water infrastructure. In December, a number of people, severely wounded during clashes in West Kordofan, were evacuated by the National Society and the ICRC to an airport, from where the authorities flew them to Khartoum for treatment. The suspension of ICRC support from February to September brought the physical rehabilitation centres' services to a halt; these services resumed in October, when the ICRC began supplying raw materials again. A limited number of people separated from their relatives benefited from family-links services in January and December.

Bilateral talks with Sudanese authorities, on humanitarian issues and the ICRC's work, were reinforced by dissemination sessions for community members, law students and other sections of civil society. Dialogue with the Sudanese Red Crescent, the ICRC's main partner, led to the renewal of a partnership agreement, and the commencement of their joint planning for 2015.

## CIVILIANS

### Sudanese authorities lift suspension of ICRC activities

After its activities were suspended (see *ICRC action and results*), the ICRC – in consultation with the Sudanese Red Crescent, its main partner – engaged in dialogue with the authorities to regain their acceptance for its mandate and working methods. This led to the signing in August of a new headquarters agreement defining the ICRC's status and, in September, the lifting of the suspension of ICRC activities in the country (see *Actors of influence*).

On 4 November, the HAC signed a cooperation agreement with the ICRC, allowing ICRC staff to return to the field. As the ICRC had been unable to monitor the humanitarian situation in conflict-affected regions from February to October, ICRC personnel began to assess humanitarian needs in cooperation with local authorities and the National Society, and also provided some emergency assistance (see below).

The ICRC remained without access to vulnerable populations in Blue Nile and South Kordofan states.

### Some communities receive essential supplies and have better access to water

In January and December, conflict-affected communities in Darfur benefited from emergency and longer-term activities carried out by the ICRC in cooperation with local authorities and the National Society.

Over 108,000 people had better access to water following the construction/rehabilitation of water supply systems by local technicians, National Society volunteers and the ICRC. Such infrastructural improvements eased the strain on villages' resources caused by the presence of refugees and their livestock. Thanks to ICRC training and donated equipment/materials, community members were able to maintain these structures to ensure their long-term access to water.

In January, more than 1,000 people (187 households) from South Sudan, who were taking refuge in Muglad, West Kordofan coped with their situation with the help of household items, shelter materials and tools provided by the National Society/ICRC. In December, over 11,100 people (1,862 households), who had fled to Tulu and surrounding areas in North Darfur because of clashes in East Darfur, met their immediate needs with ICRC-distributed food and shelter/household items. They also received agricultural tools. About 5,600 people (925 households) from the communities hosting them also received food supplies. In addition, 90 people in Central Darfur benefited from food rations to tide them over until harvest.

Because of the suspension of operations, plans to aid households in strengthening their livelihoods could not be implemented.

#### **Health centres serving remote communities benefit from limited support**

There was a pause in cooperation between the Ministry of Health and the ICRC owing to the suspension of ICRC activities. After the suspension was lifted, Ministry of Health officials in Darfur met with the ICRC in December to discuss gaps in the provision of primary health care and the status of health-care programmes that had been supported by the ICRC before the suspension (see below). They reported that the programmes had had a positive impact on beneficiaries.

Because preparations for restoring ICRC support for primary health care were still in progress at year's end, all the health-care-related activities mentioned below were conducted only until the end of January 2014.

Six primary health care centres received support for providing communities in Darfur with adequate medical services. Five out of the six centres received regular, comprehensive support (medical supplies, infrastructural maintenance, and training). When government-imposed restrictions limited the ICRC's access to and ability to support a clinic serving 17,500 people in Golol in Jebel Mara, the clinic's staff were given financial incentives to provide basic services. A clinic in Guildo – which had received ICRC support in 2013, and had ceased functioning after being looted during clashes that year – remained closed.

Local teams at ICRC-supported health centres curbed disease outbreaks by carrying out 7,294 consultations and 28,339 vaccinations, mainly for children. During an accelerated vaccination campaign – conducted by the Ministry of Health with ICRC-provided supplies – people in Central and South Darfur had their children immunized against polio; over 25,000 doses of vaccine were administered. Meetings with community representatives allowed the ICRC to monitor the progress of the campaign. Communities learnt – through information sessions conducted at health centres – about the importance of vaccination, clean water and prevention of malnutrition.

People requiring specialized treatment – children, victims of sexual violence, women with gynaecological complications, and others – were referred/transported to hospitals where they received further care. To boost the availability of adequate care for vulnerable women in isolated regions, 15 women continued studying midwifery; they received financial incentives.

#### **Family-links services reach fewer people than expected**

Because of the suspension of ICRC operations, National Society/ICRC family-links services were provided only in January and December, which limited the number of people who benefited from these services. Only 9 calls between relatives were facilitated; 508 RCMs were collected, and 329 distributed. The ICRC continued to follow up the situation of unaccompanied minors.

Families seeking information on relatives who had allegedly been arrested/captured, or were missing in relation to conflict, continued to approach the ICRC for help. An ICRC-facilitated video call enabled one family to exchange news with a relative detained in Afghanistan.

### **PEOPLE DEPRIVED OF THEIR FREEDOM**

#### **Three soldiers held by an armed group safely handed over to the authorities**

In January, three SAF personnel released by an armed group in Darfur were handed over to the Sudanese authorities, with the ICRC acting as a neutral intermediary between the two sides. At the request of the families concerned, the ICRC asked the armed group's representatives for information, if they had any, on the whereabouts of eight combatants reported missing.

As dialogue with the authorities focused on regaining their acceptance for the ICRC's mandate and working methods (see *Actors of influence*), the issue of access to people detained in connection with the conflicts was set aside temporarily.

### **WOUNDED AND SICK**

Some local hospitals and physical rehabilitation facilities received ICRC support in January and December, but most of the capacity-building activities planned for them could not be implemented during the suspension of ICRC operations.

#### **Some wounded and sick combatants and civilians receive life-saving care**

In December, following intercommunal fighting in West Kordofan, the Sudanese Red Crescent and the ICRC helped to evacuate 24 severely injured persons to the Muglad airport, from where the authorities flew them to Khartoum for specialized care.

Wounded and sick people accessed medical services at four hospitals that had received supplies from the ICRC in January. In Central Darfur and West Kordofan, at the two hospitals that provided data for January, 559 people, including 17 weapon-wounded persons, were admitted for treatment, and 625 people availed themselves of outpatient consultations.

Paramilitary troops of the Popular Defence Forces (PDF) learnt to administer first aid at a four-day training course conducted jointly with the National Society in January (see *Actors of influence*).

#### **Local physical rehabilitation centres resume operations**

When its activities were suspended, the ICRC temporarily halted its support for the National Authority for Prosthetics and Orthotics

(NAPO); however, NAPO continued to function at a reduced capacity until late May, when a lack of resources brought its operations to a standstill. NAPO was able to resume its services in October after the ICRC began to provide it with raw materials again.

Nearly 2,700 patients, including 547 women and 819 children, received prostheses/orthoses and physiotherapy at centres in Khartoum and Nyala, which were run by NAPO with ICRC material/technical support. Transport, food and accommodation costs for particularly vulnerable patients were covered during their treatment. People also benefited from such services at five satellite centres in Damazin, Dongola, Gedaref, Kadugli and Kassala, and at a mobile clinic that went on outreach missions to al-Obaid and Port Sudan. An association of disabled people in al-Fashir, with ICRC support, facilitated the referral of patients.

### **Physical rehabilitation centre for disabled children opens a new prosthetic/orthotic workshop**

Children were fitted with orthoses at the Khartoum Cheshire Home's limb-fitting workshop, which the ICRC supplied with raw materials. In December, the Cheshire Home furnished its new prosthetic/orthotic workshop with ICRC-donated equipment.

NAPO staff worked with ICRC specialists to enhance service provision, notably by improving the centres' facilities, clarifying the roles of technical staff and considering better management practices. A technician from Nyala returned to Sudan after completing his ICRC-sponsored studies at a prosthetics and orthotics school in India. Two other technicians from Khartoum continued their studies at the same school.

In cooperation with a local university and with ICRC encouragement, NAPO secured the approval of the Ministry of Higher Education for establishing a prosthetics and orthotics school in Sudan.

## **ACTORS OF INFLUENCE**

### **Dialogue with the authorities leads to further acceptance for the ICRC's work**

The ICRC engaged in dialogue with the authorities to regain their acceptance for its efforts to provide humanitarian assistance to all victims of armed conflict in a neutral, impartial and independent manner. The authorities requested the ICRC to revise the previous headquarters agreement that was signed in 1984, which defined the ICRC's status and regulated its work in Sudan. Following talks in Khartoum and at the Permanent Missions of Sudan in Geneva, Switzerland, and New York, United States of America, a new headquarters agreement – which recognizes the ICRC's mandate to assist all victims of armed conflict and other situations of violence without discrimination – was signed by the Ministry of Foreign Affairs and the ICRC on 28 August. Subsequently, after discussions about the ICRC's working procedures, the HAC formally lifted the suspension of ICRC activities. In November, the HAC and the ICRC signed an agreement clarifying the responsibilities of both parties in coordinating humanitarian work, in line with governmental standards and the ICRC's neutral, impartial and independent approach.

When the ICRC was allowed to resume working, the government began to issue visas for new ICRC delegates. Following the conclusion of the agreement with the HAC, travel permits were issued for several delegates, allowing them to return to work at the ICRC's sub-delegations in Darfur. In cooperation with local authorities and the Sudanese Red Crescent, ICRC personnel assessed humanitarian needs in key areas and began implementing assistance

activities (see *Civilians* and *Wounded and sick*). The ICRC sought to renew contact with the authorities and weapon bearers involved in the armed conflicts in Sudan to secure their support for the resumption of its work.

### **Weapon bearers familiarize themselves with their responsibilities under IHL**

Before the suspension of ICRC operations, some weapon bearers learnt about IHL through National Society/ICRC dissemination sessions. At a first-aid course in January, 17 PDF officers acquainted themselves with basic IHL norms, the significance of the emblem and the ICRC's mandate and work (see *Wounded and sick*). Ten Central Reserve Police officers learnt about IHL during a training session.

### **Communication efforts aim at drawing attention to humanitarian issues**

Press releases and information materials sought to raise awareness of humanitarian issues, such as those raised by the Health Care in Danger project, and to generate support for ICRC activities among national authorities, community leaders and the general public. Media coverage of the handover of SAF personnel to the Sudanese authorities (see *People deprived of their freedom*) drew public attention to the ICRC's role as a neutral intermediary between parties to armed conflict. Community members learnt about the activities of the National Society and the ICRC during briefings conducted in relation to assistance activities (see *Civilians*). Over 100 law students deepened their knowledge of IHL and the ICRC at a seminar in Khartoum in January.

### **Government officials study the incorporation of IHL-related instruments in domestic law**

In May, government representatives attended a regional conference in the United Republic of Tanzania on the Arms Trade Treaty. It was jointly organized by the Regional Centre on Small Arms, and the ICRC (see *Nairobi*).

In November, representatives of the Ministry of Justice and the national IHL committee participated in a regional experts' meeting on the implementation of IHL; this was organized in cooperation with the League of Arab States and attended by government officials from 18 countries (see *Algeria*).

## **RED CROSS AND RED CRESCENT MOVEMENT**

### **Sudanese Red Crescent renews partnership agreement with the ICRC**

Before the suspension of ICRC activities, the Sudanese Red Crescent and the ICRC jointly carried out several assistance and IHL dissemination activities. The National Society received funds, training and material support to help it strengthen its capacities. Because of the suspension, the ICRC was unable to provide such support from February to October.

When the ICRC resumed operations, it signed a new partnership framework agreement with the National Society in early December. Subsequently, the two organizations began cooperating again in restoring family links and assisting casualties of clashes (see *Civilians* and *Wounded and sick*). In light of initial assessments, they began working on a joint plan of action for 2015.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>Red Cross messages (RCMs)</b>			<b>UAMs/SCs*</b>		
RCMs collected		508			
RCMs distributed		329			
Phone calls facilitated between family members		9			
<b>Tracing requests, including cases of missing persons</b>			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered		136	33	16	22
<i>including people for whom tracing requests were registered by another delegation</i>		52			
People located (tracing cases closed positively)		41			
<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)		759	86	70	64
<i>including people for whom tracing requests were registered by another delegation</i>		176			
<b>UAMs/SCs*, including unaccompanied demobilized child soldiers</b>			<b>Girls</b>		<b>Demobilized children</b>
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		57	14		
<b>Documents</b>					
Official documents relayed between family members across borders/front lines		9			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>					
<b>ICRC visits</b>			<b>Women</b>	<b>Minors</b>	
Detainees visited		3		1	
			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually		3			1
Detainees newly registered		3			1
Number of visits carried out		1			
Number of places of detention visited		1			
<b>Restoring family links</b>					
Detainees released and transferred/repatriated by/via the ICRC		3			
People to whom a detention attestation was issued		3			

\* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Food commodities	Beneficiaries	16,812	21%	60%
	<i>of whom IDPs</i>	11,172		
Essential household items	Beneficiaries	12,294	21%	60%
	<i>of whom IDPs</i>	12,294		
Productive inputs	Beneficiaries	12,294	21%	60%
	<i>of whom IDPs</i>	12,294		
Water and habitat activities	Beneficiaries	108,365	30%	30%
<b>Health</b>				
Health centres supported	Structures	6		
Average catchment population		118,500		
Consultations	Patients	7,294		
	<i>of which curative</i>		1,231	3,849
	<i>of which ante/post-natal</i>		824	
Immunizations	Doses	28,339		
	<i>of which for children aged five or under</i>	28,110		
Referrals to a second level of care	Patients	21		
Health education	Sessions	17		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	4		
	<i>of which provided data</i>	2		
Admissions	Patients	559	293	139
	<i>of whom weapon-wounded</i>	17		1
	<i>of whom other surgical cases</i>	164		
	<i>of whom medical cases</i>	200		
	<i>of whom gynaecological/obstetric cases</i>	178		
Operations performed		103		
Outpatient consultations	Patients	625		
	<i>of which surgical</i>	126		
	<i>of which medical</i>	280		
	<i>of which gynaecological/obstetric</i>	219		
<b>Physical rehabilitation</b>				
Centres supported	Structures	10		
Patients receiving services	Patients	2,683	547	819
New patients fitted with prostheses	Patients	288	59	7
Prostheses delivered	Units	672	152	19
	<i>of which for victims of mines or explosive remnants of war</i>	5		
New patients fitted with orthoses	Patients	193	41	106
Orthoses delivered	Units	1,026	109	829
Patients receiving physiotherapy	Patients	565	182	57
Crutches delivered	Units	358		



# UGANDA



ICRC delegation

The ICRC has been present in Uganda since 1979. Given the progress towards peace in the north of the country, ICRC assistance activities, many of which are implemented in partnership with the Uganda Red Cross Society and State institutions, have been adapted to decreasing humanitarian needs. In parallel, the ICRC continues to monitor the treatment of detainees and strives to raise awareness of IHL and humanitarian principles among the armed and police forces.

## KEY RESULTS/CONSTRAINTS

### In 2014:

- ▶ detainees who had been sentenced to death, and had not seen their families for several years, received visits – facilitated by the ICRC – from their relatives
- ▶ over 350 relatives of people who went missing during past conflict in northern Uganda helped one another cope with their situation by sharing their experiences at ICRC-organized peer-support sessions
- ▶ thousands of refugees from the Democratic Republic of the Congo and South Sudan, and other violence-affected people, restored contact with their relatives through phone calls and RCMs
- ▶ military and police instructors discussed ways to ensure respect for civilians during law enforcement operations involving both armed forces and police personnel
- ▶ the Uganda Red Cross Society, which was experiencing an administrative/financial crisis, worked towards structural reforms in order to function in a more sustainable and accountable manner

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

**MEDIUM**

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
<b>Red Cross messages (RCMs)</b>	
RCMs collected	2,899
RCMs distributed	2,148
Phone calls facilitated between family members	8,801
People located (tracing cases closed positively)	15
People reunited with their families	57
<i>of whom unaccompanied minors/separated children</i>	57
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
<b>ICRC visits</b>	
Detainees visited	14,533
Detainees visited and monitored individually	183
Number of visits carried out	106
Number of places of detention visited	53
<b>Restoring family links</b>	
RCMs collected	653
RCMs distributed	458
Phone calls made to families to inform them of the whereabouts of a detained relative	121

## EXPENDITURE (in KCHF)

Protection	2,018
Assistance	-
Prevention	953
Cooperation with National Societies	615
General	-

**3,586**

*of which: Overheads 219*

## IMPLEMENTATION RATE

Expenditure/yearly budget	<b>85%</b>
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## PERSONNEL

Mobile staff	8
Resident staff (daily workers not included)	31

## CONTEXT

The Uganda People's Defence Force (UPDF) continued its military operations against the Lord's Resistance Army in the Central African Republic, and contributed troops to several African Union and UN peacekeeping missions in the region, including in Somalia. UPDF forces were also deployed on operations in South Sudan.

The armed conflict in South Sudan caused more people to cross the border into Uganda, which had already been hosting a sizeable population of refugees from the Democratic Republic of the Congo (hereafter DRC) and South Sudan. Some of them returned voluntarily to the DRC.

Political demonstrations linked to the 2016 elections led to sporadic clashes between government forces and the opposition in some parts of the country. In July, violence linked to intercommunal tensions in western Uganda reportedly resulted in nearly 100 casualties. In Karamoja, northern Uganda, the situation was generally calm, partly owing to disarmament operations by the UPDF. Arrests were made in connection with the situations of violence mentioned above, and with the UPDF's disarmament operations.

Socio-economic problems hampered the delivery of public services, including those related to prison administration.

## ICRC ACTION AND RESULTS

The ICRC supported the authorities' efforts to ensure the well-being of detainees and people who had fled armed conflict in neighbouring countries, and sought to address the lingering effects of past conflict, particularly on the families of missing people.

The ICRC continued to visit security detainees in accordance with its standard procedures. These detainees included people arrested on charges of armed rebellion or "terrorism" as well as people held in relation to the armed conflict in the DRC and to the disarmament operations in Karamoja. ICRC delegates assessed inmates' treatment and living conditions, and afterwards shared their findings confidentially with the authorities. The ICRC sought access to all detainees within its purview, including those held at police-run facilities.

The authorities, with technical guidance from the ICRC, continued to implement a project – which they had taken over in 2012 – to contain the spread of HIV/AIDS, TB and malaria at three prisons; they also received advice on replicating the project at other detention facilities. Inmates benefited from better living conditions following distributions of hygiene and cleaning items and improvements to prison facilities. Family-links services helped detainees stay in touch with their relatives. For instance, inmates who had been sentenced to death received visits from their relatives for the first time in several years.

Refugees from the DRC and South Sudan, and other violence-affected people, re-established contact with their relatives through family-links services, including phone calls and RCMs. Minors, including those formerly associated with armed groups, were reunited with their families in Uganda or elsewhere. Relatives of people who remained without news of relatives who went missing during the 1986–2006 non-international armed conflict in northern Uganda eased their sense of isolation with the help of a peer-support programme.

In the Karamoja region, two communities eased the tensions between them by jointly cultivating land using ICRC-provided seed and tools. By using energy-saving stoves, vulnerable families reduced the need to walk long distances to collect firewood, thus mitigating the risks associated with sexual violence. In light of the communities' effective self-protection mechanisms and the increasingly stable security situation in the area, the ICRC decided to conclude its assistance activities in Karamoja.

The ICRC promoted support for humanitarian principles and IHL among authorities, weapon bearers and other actors of influence. UPDF and Uganda Police Force (UPF) personnel, slated for deployment within the country or abroad, familiarized themselves with their responsibilities under IHL and international human rights law during ICRC-organized dissemination sessions, sometimes combined with first-aid training. Because of the violence in south-western Uganda and in preparation for any election-related disturbances, army and police instructors learnt ways to ensure respect for civilians during law enforcement operations involving both police and military troops. Seminars for journalists, academics and other members of civil society sought to raise awareness of humanitarian matters.

As the ICRC's main partner in restoring family links and promoting support for IHL and the Movement, the Uganda Red Cross Society received financial, material and technical assistance. To resolve an administrative/financial crisis that began in late 2013, the National Society underwent a restructuring process. Progress in this matter was slow; consequently, Movement partners, including the ICRC, decided to suspend funding and material support for the organization from 1 October, and until the necessary measures were taken to ensure that it could implement humanitarian activities in a sustainable and accountable manner. The ICRC took steps to ensure the continued provision of family-links services and met with Movement partners to help the National Society resolve its internal issues.

## CIVILIANS

### People who fled armed conflict in the DRC and South Sudan share their concerns with the ICRC

Information gathered during visits conducted by Uganda Red Cross Society/ICRC teams to refugee settlements was used in the ICRC's dialogue with the relevant authorities and weapon bearers on alleged abuses and other humanitarian concerns in the refugees' countries of origin (see *Congo, Democratic Republic of the*, and *South Sudan*). Foreign nationals who expressed apprehensions about their security had their situation monitored, after they were registered by the ICRC. Where appropriate, they were referred to UNHCR for registration as asylum seekers or to other organizations for psychosocial support.

Following clashes in south-western Uganda, police and military officers in the region learnt – at an ICRC-facilitated session – about international rules applicable to the use of force in such situations of violence (see *Actors of influence*).

### People separated by conflict or violence restore contact

The National Society rendered family-links services with ICRC technical/material/financial support from January to September. Following the suspension of Movement partners' support for the National Society from 1 October (see *Red Cross and Red Crescent Movement*), the ICRC took steps to ensure the continuous provision of such services, until the National Society completed its internal restructuring.

Thousands of refugees from the DRC and South Sudan re-established contact through family-links services such as RCMs and phone calls. These services were rendered in cooperation with National Societies in neighbouring countries.

Families were informed through RCMs of the whereabouts of relatives arrested in connection with the violence in south-western Uganda (see *People deprived of their freedom*). The authorities concerned were requested to provide any information they had about people who could not be located by their relatives.

### **Minors formerly associated with armed groups rejoin their families**

Thanks to National Society/ICRC tracing services, 57 people, including minors/children formerly associated with armed groups, were reunited with their relatives. Minors/children who rejoin their families in Uganda or in neighbouring countries received food and clothes for their journey home. In 2014, over 200 unaccompanied minors from South Sudan were newly registered and followed up by the National Society/ICRC.

Following their return home, the children received visits from the ICRC, which checked on the progress of their reintegration into family life. Some of them had their medical condition monitored. The authorities concerned were reminded of the need to ensure the protection of demobilized children.

### **Families of missing persons help each other cope with their situation**

In northern Uganda, hundreds of families continued to live without news of relatives who went missing during the 1986–2006 non-international armed conflict. At sessions led by ICRC-trained facilitators, over 350 relatives of missing persons participated in a peer-support programme that allowed them to share their difficulties. Thirty support groups met regularly over a period of four months, from July to October. An evaluation of the programme found that the programme helped participants deal with their distress in a positive manner and eased their sense of isolation. Commemoration ceremonies enabled the families' communities to reach a better understanding of the families' suffering. Some of these families availed themselves of health-care services during a two-day medical mission implemented in coordination with a local health centre. Several people, including two suffering from mental illness, were referred to local hospitals for treatment.

### **Karamoja residents mitigate risks associated with sexual violence**

Two previously disputing communities in the Moroto district of the Karamoja region eased the tensions between them by jointly cultivating land that had once been inaccessible owing to security concerns. Following dialogue facilitated by the ICRC, some 500 households (1,059 people) improved their food security by farming these plots of land with ICRC-provided seed and tools.

Over 970 households that used energy-saving stoves – built by women trained in 2013 by an NGO, Welthungerhilfe, with ICRC support – reduced their need to walk long distances to collect firewood, mitigating risks related to sexual violence.

Discussions with ICRC beneficiaries confirmed that the problems faced by Karamojong communities in 2014 owed more to climatic conditions than to security concerns. The ICRC's regular monitoring of their situation reinforced these findings. For instance, it was

observed that women moved freely and no longer reported incidents of violence. Moreover, the local population demonstrated effective self-protection measures and improved income-generating capacities.

In light of these positive developments, by the middle of the year, the ICRC had concluded its activities in the area. With technical guidance from the ICRC, Welthungerhilfe gradually took over the provision of support for agricultural activities.

## **PEOPLE DEPRIVED OF THEIR FREEDOM**

Through regular dialogue with the authorities, the ICRC sought to gain/maintain access to all detainees within its purview, including those at police-run detention facilities, and to visit them in accordance with its standard procedures.

Over 14,000 detainees held by the Ministries of Defence and Internal Affairs in Kampala, in the Karamoja region and in south-western Uganda received ICRC visits. They included people arrested on charges of armed rebellion or “terrorism” as well as people held in relation to the armed conflict in the DRC and to the disarmament operations in Karamoja.

During their visits, delegates – in accordance with the ICRC's standard procedures – assessed detainees' treatment and living conditions; afterwards, they shared their findings and recommendations confidentially with the authorities. Dialogue with the authorities also covered the need to hold detainees in gazetted (officially recognized) places of detention, to ensure humane treatment and adequate living conditions for detainees, and to respect judicial guarantees, including *non-refoulement* of foreign detainees.

### **Prison authorities take steps to improve the management of detainees' case files**

Penitentiary officials, particularly in Luzira Upper Prison, drew on ICRC advice to improve the management of detainees' case files and prevent delays in judicial processes. Some 30 detainees who had been sentenced to death stood to benefit from the review of their case files, which sought to facilitate the commutation of their sentences. The authorities traced these files with technical guidance from the Centre for Capital Punishment Studies, the African Prisons Project and the ICRC.

Officials from Luzira Upper Prison and the ICRC also had in-depth discussions to identify ways to address overcrowding.

### **Inmates under sentence of death are visited by relatives**

Inmates stayed in touch with their relatives through family-links services. At Luzira Upper Prison, 63 detainees who had been sentenced to death, and had not seen their families for several years, met their relatives through ICRC-facilitated visits. RCMs enabled people arrested in relation to clashes in western Uganda to inform their families of their situation, and other detainees to maintain contact with their families (see *Civilians*). The families of 121 inmates were informed by phone of their relatives' arrest or transfer to some other place of detention; foreign detainees who so wished informed their embassies/consulates or UNHCR of their detention via the ICRC. Upon their release, 5 detainees had their transport costs home covered by the ICRC.

### **Prison authorities remain committed to curbing HIV/AIDS, TB and malaria**

An ICRC pilot project for tackling HIV/AIDS, TB and malaria at three detention facilities was turned over to the authorities in 2012.

An evaluation by an independent external reviewer revealed that, although the prison population continued to grow, the authorities remained committed to preventing the spread of these diseases and to treating sick inmates, in spite of financial and human-resource constraints; the ICRC gave them technical advice on replicating the project at prisons throughout the country.

Inmates at the detention facilities visited eased their living conditions with clothes and recreational items. Cleaning materials, such as brooms and detergents, helped the authorities and detainees maintain sanitary conditions. The authorities at Luzira Upper Prison used ICRC-provided materials to improve the kitchen area, and installed mosquito nets on all windows and vents. An ad hoc donation of sugar added to the food supply of over 3,000 inmates.

## **ACTORS OF INFLUENCE**

### **Military and police officers discuss ways to ensure respect for civilians during joint operations**

In light of the UPDF's and UPF's involvement in operations abroad, over 6,400 officers and troops enhanced their knowledge of IHL and international human rights law during ICRC pre-deployment briefings and training sessions. Over 350 senior officers from other African countries attended IHL dissemination sessions conducted in cooperation with the UPDF. At an ICRC-facilitated seminar, UPF officers slated for deployment in support of the African Union Mission in Somalia made a commitment to pass on their knowledge of international human rights law to their Somali counterparts. Selected instructors and commanders, in charge of efforts to incorporate IHL in the training and operations of security forces, attended an advanced IHL course abroad (see *International law and policy*).

In view of the violence in south-western Uganda, and to prepare for potential unrest in connection with the 2016 elections, the armed forces and police furthered – at ICRC-organized sessions – their understanding of international human rights law and humanitarian principles applicable to law enforcement. Over 130 army and police instructors discussed ways to mitigate risks arising from army involvement in law enforcement operations. Some of these instructors were responsible for monitoring police compliance with international human rights law. A draft set of standards for joint operations was submitted for UPDF and UPF approval.

At training sessions organized by the National Society/ICRC, police personnel learnt first aid in addition to refining their knowledge of the proper use of force.

### **National IHL committee advances incorporation of IHL in domestic law**

The national IHL committee drew on ICRC expertise for technical advice on facilitating the implementation of the Red Cross Act and the adoption of IHL-related legislation, including a revised Geneva Conventions Bill, the Anti-Personnel Mine Ban Bill and the Toxic Chemicals Prohibition and Control Bill. Uganda was in the final stages of ratifying the Cluster Munitions Convention. Government officials participated in regional workshops on promoting support for the Arms Trade Treaty (see *Nairobi*) and on assistance for victims of weapon contamination (see *African Union*).

### **Journalists draw attention to the concerns of families dispersed by conflict**

The National Society worked with the ICRC to further understanding, among local authorities and the wider public, of humanitarian concerns – including those covered by the Health Care in Danger

project – and of the Movement's work. To help raise public awareness of National Society/ICRC activities in Uganda, international media, as well as the ICRC's website and its social media page, featured the reunification of minors with their families in the DRC and the peer-support programme for the families of missing persons in northern Uganda (see *Civilians*). A dozen journalists took part in an ICRC-organized seminar aimed at encouraging accurate reporting of humanitarian issues during situations of violence.

### **Young people and government leaders discuss ways to protect victims of armed conflict**

At a panel discussion at a local university, over 100 academics, students and army and judicial officials discussed the roles of judicial systems, socio-cultural traditions and religion in increasing the protection for victims of armed conflicts throughout Africa. Students tested their knowledge of IHL in a regional essay competition and at national and regional moot court competitions.

Researchers and other visitors found pertinent information on humanitarian issues and the law at the IHL resource centre on the premises of the UPDF Court Martial's Court of Appeal in Kampala. The centre, which opened in December 2013, was equipped with ICRC-donated computers and managed with ICRC support.

## **RED CROSS AND RED CRESCENT MOVEMENT**

### **Ugandan Red Cross volunteers carry out emergency response activities**

The National Society worked with the ICRC from January to September to restore family links, train security forces in first aid and foster support for the Movement's work. With ICRC financial/material support and technical advice on the application of the Safer Access Framework and other matters, it responded to the urgent needs of people affected by floods and landslides in eastern and northern Uganda.

### **National Society undergoes restructuring to address management issues**

In response to an administrative/financial crisis that began in late 2013, the Ugandan Red Cross began working toward structural reforms to restore its integrity and increase its capacity to deliver humanitarian assistance in a sustainable and accountable way. However, as little progress was made in this regard, Movement partners, including the ICRC, decided to suspend financial and material support for the National Society until it took the measures necessary to resolve the crisis. The suspension took effect on 1 October.

Regular meetings with Movement partners were held in order to strengthen coordination and to help the National Society resolve its internal issues.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>Red Cross messages (RCMs)</b>					
			UAMs/SCs*		
RCMs collected	2,899	234			
RCMs distributed	2,148	91			
Phone calls facilitated between family members	8,801				
<b>Reunifications, transfers and repatriations</b>					
People reunited with their families	57				
	<i>including people registered by another delegation</i>	14			
<b>Tracing requests, including cases of missing persons</b>					
		Women	Girls	Boys	
People for whom a tracing request was newly registered	49	4	13	23	
	<i>including people for whom tracing requests were registered by another delegation</i>				
People located (tracing cases closed positively)	15				
	<i>including people for whom tracing requests were registered by another delegation</i>				
Tracing cases still being handled at the end of the reporting period (people)	50	3	12	24	
	<i>including people for whom tracing requests were registered by another delegation</i>	27			
<b>UAMs/SCs*, including unaccompanied demobilized child soldiers</b>					
		Girls		Demobilized children	
UAMs/SCs newly registered by the ICRC/National Society	269	108		2	
UAMs/SCs reunited with their families by the ICRC/National Society	57	11		29	
	<i>including UAMs/SCs registered by another delegation</i>	14			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	162	32		50	
<b>Documents</b>					
People to whom travel documents were issued	3				
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>					
<b>ICRC visits</b>					
		Women	Minors		
Detainees visited	14,533	642	36		
		Women	Girls	Boys	
Detainees visited and monitored individually	183	2		8	
Detainees newly registered	96	1		8	
Number of visits carried out	106				
Number of places of detention visited	53				
<b>Restoring family links</b>					
RCMs collected	653				
RCMs distributed	458				
Phone calls made to families to inform them of the whereabouts of a detained relative	121				
Detainees visited by their relatives with ICRC/National Society support	63				
People to whom a detention attestation was issued	3				

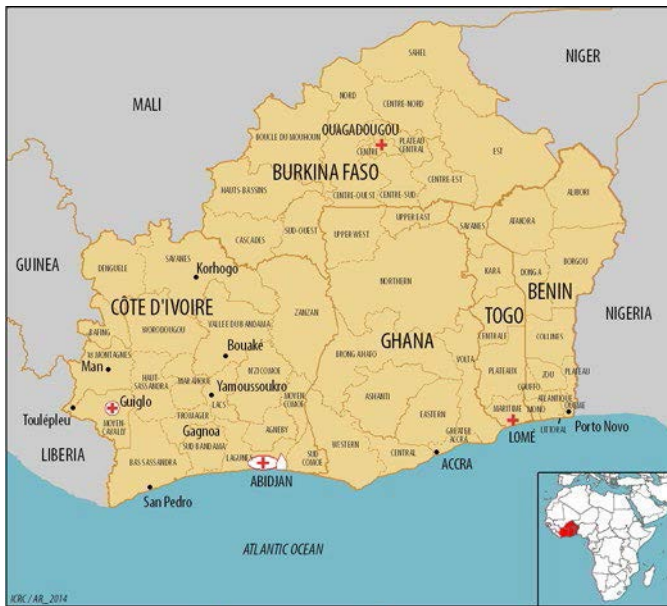
\* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Food commodities	Beneficiaries	52		2%
Essential household items	Beneficiaries	7,508	8%	2%
Productive inputs	Beneficiaries	1,059	27%	38%
Cash	Beneficiaries	4	11%	11%
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection programme)</b>				
Food commodities	Beneficiaries	3,179		
Essential household items	Beneficiaries	24,611		
Cash	Beneficiaries	5		



# ABIDJAN (regional)

COVERING: Benin, Burkina Faso, Côte d'Ivoire, Ghana, Togo



ICRC / AR\_2014  
 ◻ ICRC regional delegation ◻ ICRC sub-delegation ◻ ICRC office/presence  
 △ ICRC regional logistics centre

In the countries covered by the delegation, established in 1992, the ICRC supports the authorities in implementing IHL, encourages armed/security forces to respect that law and visits detainees. It works with and supports the development of the region's National Societies. The delegation focuses on responding to the protection and assistance needs of people, including refugees, affected by the lasting consequences of the crisis in Côte d'Ivoire that began in 2002 and the 2011 post-elections conflict, and by the consequences of armed conflict/other situations of violence in the greater region.

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

**HIGH**

## KEY RESULTS/CONSTRAINTS

### In 2014:

- ▶ thousands of detainees had improved living conditions after the completion of infrastructural upgrades in Ivorian prisons, one in Burkina Faso, and a Togolese prison where work had been put off since 2013
- ▶ in western Côte d'Ivoire, people hastened their recovery from illnesses with treatment in 6 ICRC-supported health facilities, including basic psychological care for those suffering emotional distress
- ▶ tens of thousands of Malian refugees in Burkina Faso, and vulnerable people in western Côte d'Ivoire, obtained enough water for personal consumption and livelihood purposes at upgraded water points
- ▶ about 10,000 people, including 7,000 military/security troops, were urged, through information sessions and workshops, to support IHL and neutral, impartial and independent humanitarian action
- ▶ IDPs in Côte d'Ivoire and people wounded during unrest in Burkina Faso met their urgent needs through timely aid by the Red Cross Society of Côte d'Ivoire and the Burkinabé Red Cross Society, respectively

EXPENDITURE (in KCHF)	
Protection	2,733
Assistance	5,316
Prevention	1,896
Cooperation with National Societies	1,270
General	-
<b>Total</b>	<b>11,215</b>

of which: Overheads 684

IMPLEMENTATION RATE	
Expenditure/yearly budget	<b>97%</b>

PERSONNEL	
Mobile staff	34
Resident staff (daily workers not included)	185

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
<b>Red Cross messages (RCMs)</b>	
RCMs collected	343
RCMs distributed	311
Phone calls facilitated between family members	1,937
People located (tracing cases closed positively)	40
People reunited with their families	10
<i>of whom unaccompanied minors/separated children</i>	9
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
<b>ICRC visits</b>	
Detainees visited	14,849
Detainees visited and monitored individually	445
Number of visits carried out	204
Number of places of detention visited	60
<b>Restoring family links</b>	
RCMs collected	137
RCMs distributed	111
Phone calls made to families to inform them of the whereabouts of a detained relative	401

ASSISTANCE	2014 Targets (up to)	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>		
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)<sup>1</sup></b>		
Food commodities	Beneficiaries 6,000	1,346
Essential household items	Beneficiaries 6,000	1,079
Productive inputs	Beneficiaries 36,000	570
Cash	Beneficiaries 900	
Work, services and training	Beneficiaries	13,668
Water and habitat activities	Beneficiaries 87,720	88,514
<b>Health</b>		
Health centres supported	Structures 5	6
<b>WOUNDED AND SICK</b>		
<b>Hospitals</b>		
Hospitals supported	Structures 2	2

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

## CONTEXT

In Côte d'Ivoire, the government took steps to calm the political situation. It transferred security detainees – including those held in connection with the 2011 post-electoral conflict – from temporary detention facilities to permanent places of detention, and granted other detainees provisional releases. The president pardoned several thousand detainees. However, tensions remained high owing to the forthcoming presidential elections and the trials of political figures; some detainees protested judicial proceedings through hunger strikes. Many prisons remained overcrowded.

The Ivorian truth and reconciliation commission shared its completed findings with the government. However, many weapon bearers had yet to be demobilized or reintegrated into the military, and arms still proliferated. In western Côte d'Ivoire, armed elements attacked villages, causing deaths and displacing hundreds of people.

Political protests across the region sometimes ended in violence. In Burkina Faso, hundreds were wounded – some suffered gunshot wounds – during clashes between security forces and protesters. A transitional government was put in place after the president left office. Some 30,000 Malian refugees reportedly remained in northern Burkina Faso, putting pressure on scarce resources. Thousands of Ivorian refugees remained in Ghana.

No cases of Ebola were reported in the five countries covered.

## ICRC ACTION AND RESULTS

The ICRC, with the region's National Societies, pursued efforts to help vulnerable people recover from past conflict or withstand prolonged displacement. Malian refugees and communities hosting them in northern Burkina Faso, and vulnerable people in western Côte d'Ivoire, including IDPs, obtained sufficient water for their personal consumption and livelihood activities at upgraded water points. In these areas, with ICRC support: herders maintained their livestock's health and productivity through free vaccination services; widows supported their families more easily with income from small businesses; and returnees rebuilt/repared their homes. In western Côte d'Ivoire, people recovered from/protected themselves against illnesses through care in six ICRC-supported health structures. Those suffering psychological trauma, including in relation to the 2011 conflict and/or to sexual violence, could ease their distress through basic psychological care in these structures and with help from community support groups.

Families separated by armed conflict, detention or other circumstances restored/maintained contact through Movement family-links services. Hundreds of Malian refugees in Burkina Faso called/sent RCMs to their relatives in Mali. In Côte d'Ivoire, people received news of relatives who went missing during the 2011 conflict: unaccompanied minors located their families through poster and radio campaigns and tracing services; the national medico-legal institute, which assists in exhuming and identifying human remains in unmarked gravesites, drew on ICRC material/technical support. Families sent parcels to detained relatives.

Detainees throughout the region received visits from the ICRC, conducted according to its standard procedures. People held in connection with past conflict, political unrest, incidents of violence in western Côte d'Ivoire, and other security reasons were paid special attention. Confidential feedback, based on these visits,

helped the penitentiary authorities improve detainee treatment and living conditions. Ivorian penitentiary authorities drew on ICRC technical expertise to make system-wide improvements to prison services, notably by: redefining minimum penitentiary standards; incorporating health care for detainees in national health policies; and organizing workshops that facilitated coordination and the sharing of best practices between prison directors and health and other penitentiary staff. Malnourished/sick inmates at selected prisons, identified through an ICRC-supported monitoring system, recovered their health more easily with ICRC-provided food supplements and medicines. Inmates at Burkinabé, Ivorian and Togolese prisons had better living conditions and better access to clean water after upgrades to water/sanitation infrastructure and ventilation systems carried out with the ICRC's direct support.

The region's authorities and military/security commands, the ICRC and other parties concerned maintained dialogue on pressing issues: allegations of abuse, the treatment of detainees, and IHL ratification/implementation. The authorities, aided by ICRC technical expertise, advanced ratification of weapon-related treaties; thousands of military/security officers, students and members of civil society added to their knowledge of IHL through information sessions. In line with the goals of the Health Care in Danger project, troops in western Côte d'Ivoire were reminded of their responsibility to facilitate access to health care; people were also informed of the protection due to medical personnel during armed conflict.

National Societies, particularly the Burkinabé Red Cross Society and the Red Cross Society of Côte d'Ivoire, were key partners in implementing the activities mentioned above, and strengthened their capacities with ICRC help. In addition, they responded to emergencies, notably: in Burkina Faso, people wounded during protests had on-site treatment or were evacuated to hospital by volunteers; in Côte d'Ivoire, people were briefed on methods for preventing the spread of Ebola fever.

Coordination with government bodies, Movement partners, UN agencies and other humanitarian organizations helped maximize impact and avoid duplication.

### CIVILIANS

In western Côte d'Ivoire, people reported abuses, including sexual violence, to the ICRC. These allegations – related to roadblocks hindering access to health care, attacks on villages, and military operations, for example – were shared with parties concerned to prevent recurrence (see also *Actors of influence*). Coordination with UN agencies and the Red Cross Society of Côte d'Ivoire ensured better monitoring of communities.

### Conflict-affected minors in Côte d'Ivoire and Malian refugees restore contact with relatives

The region's National Societies reinforced their capacities with ICRC training and supervision. All five enhanced, through a regional workshop, their family-links services linked to natural disasters and migration.

In Burkina Faso, the National Society extended its network with ICRC logistical/technical support and carried out family-links activities with the ICRC. In this way, some 1,900 refugees in Burkina Faso phoned or sent RCMs to their relatives in Mali. In the wake of protests, National Society volunteers helped over 40 people locate their companions and 9 children rejoin their families.

CIVILIANS	BURKINA FASO	CÔTE D'IVOIRE	GHANA	TOGO
<b>Red Cross messages (RCMs)</b>				
RCMs collected	171	168		4
<i>including from UAMs/SCs*</i>	55	18		
RCMs distributed	102	206		3
<i>including from UAMs/SCs*</i>	13	14		
Phone calls facilitated between family members	1,936	1		
Names published in the media		18		
Names published on the ICRC family-links website		21		
<b>Reunifications, transfers and repatriations</b>				
People reunited with their families		10		
<i>including people registered by another delegation</i>		10		
<b>Tracing requests, including cases of missing persons</b>				
People for whom a tracing request was newly registered	13	64		3
<i>of whom women</i>	4	21		
<i>of whom minors at the time of disappearance - girls</i>	1	14		
<i>of whom minors at the time of disappearance - boys</i>	2	12		1
<i>including people for whom tracing requests were registered by another delegation</i>		25		
People located (tracing cases closed positively)	24	16		
<i>including people for whom tracing requests were registered by another delegation</i>		6		
Tracing cases still being handled at the end of the reporting period (people)	77	160		4
<i>of whom women</i>	11	26		
<i>of whom minors at the time of disappearance - girls</i>	3	21		
<i>of whom minors at the time of disappearance - boys</i>	2	15		1
<i>including people for whom tracing requests were registered by another delegation</i>		35		
<b>UAMs/SCs*, including unaccompanied demobilized child soldiers</b>				
UAMs/SCs newly registered by the ICRC/National Society	29	1		
<i>of whom girls</i>	15			
UAMs/SCs reunited with their families by the ICRC/National Society		9		
<i>of whom girls</i>		5		
including UAMs/SCs registered by another delegation		9		
UAM/SC cases still being handled at the end of the reporting period	17	2	7	1
<i>of whom girls</i>	10	1	2	
<b>Documents</b>				
Official documents relayed between family members across borders/front lines		2		

\* Unaccompanied minors/separated children

CIVILIANS		BURKINA FASO	CÔTE D'IVOIRE
<b>Economic security, water and habitat<sup>1</sup></b>			
Food commodities	Beneficiaries	746	600
	<i>of whom IDPs</i>		600
Essential household items	Beneficiaries	746	333
Productive inputs	Beneficiaries	570	
Work, services and training	Beneficiaries	13,668	
Water and habitat activities	Beneficiaries	8,110	80,404
	<i>of whom IDPs</i>		28,197
<b>Health</b>			
Health centres supported	Structures	2	6
Average catchment population		230,892	
Consultations	Patients	66,434	
	<i>of which curative</i>	49,390	
	<i>of which ante/post-natal</i>	12,272	
Immunizations	Doses	130,202	
	<i>of which for children aged five or under</i>	125,946	
Referrals to a second level of care	Patients	638	
Health education	Sessions	123	

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

In Côte d'Ivoire, members of some families continued to use National Society/ICRC family-links services to maintain/restore contact with each other or for news of relatives missing since the 2011 conflict. Some unaccompanied minors located their families: through a poster campaign, a radio campaign and tracing services; unresolved cases were put on the family-links website (familylinks.icrc.org). However, reunifications had to be put on hold because of the Ebola epidemic (see *Liberia*) and the government's temporary suspension of repatriations. In the west, following attacks on villages, IDPs and those who fled to Liberia phoned/sent RCMs to their families.

The medico-legal institute in Côte d'Ivoire maintained – with ICRC material/technical support – its efforts to exhume and identify the remains of people who died during the 2011 conflict; one member of its staff supplemented his training in 2013 with skills learnt at a regional workshop on managing human remains (see *Nigeria*). Based on the findings of a needs assessment, the ICRC urged the authorities to provide assistance to families of missing people (see *Actors of influence*).

### **Refugees in Burkina Faso and vulnerable people in Côte d'Ivoire improve their living conditions**

In northern Burkina Faso, some 2,280 herding households (13,668 people), including Malian refugees, maintained/boosted the health and productivity of nearly 370,000 of their livestock through free vaccination services provided by livestock authorities, the National Society and the ICRC. These people and others benefited from improved infrastructure: roughly 6,500 people had access to water for themselves and their livestock, and some 900 made use of latrines and showers upgraded/constructed by the National Society/ICRC; over 1,600 were also encouraged to practice good hygiene through information sessions. Such efforts helped reduce pressure on resources and the risk of disease for people and their livestock. However, administrative constraints greatly limited planned activities, as did some security constraints following political instability.

In western Côte d'Ivoire, nearly 16,200 people in rural areas, including IDPs and families hosting them, obtained clean water at water points constructed, upgraded or chlorinated by the ICRC and maintained by ICRC-supported water committees. These people and others – some 64,200 in total – were encouraged to apply good hygiene practices and water treatment techniques at information sessions conducted with the National Society.

Conflict-affected people eased their recovery with ICRC help: some 1,500 returning refugees rebuilt/repared their homes with ICRC-provided roofing materials; and 120 widows supplemented their income through small businesses established with cash grants and management training, which helped them support their households (720 people).

### **People in western Côte d'Ivoire cope with common illnesses and psychological distress**

People protected themselves or recovered from illnesses, thanks to improved preventive and curative care in four health centres and two hospitals provided by the ICRC with medical supplies and supervision, including in applying Ebola-prevention measures. In the areas covered by the four community health centres, 50,000 young children and pregnant women were vaccinated by local ICRC-supported health teams. Patients needing specialized treatment travelled to more advanced facilities with ICRC help. A fifth ICRC-supported health centre made preparations to begin

serving people in isolated areas in northern Bloléquin that were underserved by health services.

With ICRC supervision and technical support, staff in the six abovementioned structures integrated mental health into their consultations. Thus, 130 patients eased their emotional distress – arising from post-conflict stress or violence, including sexual violence – through basic psychological care and/or were referred to specialized institutions. Five communities also set up psychosocial support groups with ICRC help, giving these people the opportunity to share their experiences with peers in similar positions. Over 16,000 people in 14 villages were encouraged to refer potential patients to the abovementioned services or other available care through group and door-to-door sessions by community workers.

### **People wounded during protests and attacks receive aid promptly from National Societies**

In western Côte d'Ivoire, following attacks on their villages, over 2,170 IDPs from Ancien Prozi and Fetai sheltered in a camp set up with the French Red Cross and the Ivorian National Society. There, they maintained their hygiene thanks to tents, showers and latrines installed by the ICRC. Some also used ICRC material assistance to cope with their difficult situation: 600 IDPs received food, and 45 households (270 people) were given food and household essentials. A dozen households (63 people) fleeing violence in the Central African Republic set up temporary shelters with household essentials.

In Burkina Faso, nearly 350 people wounded during protests were treated on site by the Burkinabé Red Cross; about 50 of them were evacuated to hospital. In Ouagadougou, volunteers made use of ICRC vehicles and communication equipment. The National Society and two referral hospitals drew on ICRC supplies to maintain their medical stocks. In the north, some 70 returnee households (750 people) who had fled intercommunal violence met their urgent food and shelter needs with food rations and household essentials from the National Society.

## **PEOPLE DEPRIVED OF THEIR FREEDOM**

### **Security detainees in Côte d'Ivoire improve their situation following ICRC feedback to the authorities**

Some 14,850 detainees throughout the region received visits from the ICRC, conducted according to its standard procedures. Nearly 450 security detainees and vulnerable inmates were monitored individually. In Côte d'Ivoire, they included: people in solitary confinement; those held in connection with the 2011 conflict and with attacks in the west; people extradited from Liberia; and others held by intelligence services, the military and the police/*gendarmérie*. People detained in Togo in connection with the 2009 coup attempt or market fires in 2013 were also visited. In Burkina Faso, soldiers detained for alleged participation in the 2011 mutiny attempt, and with the 2013 attack on the presidential palace, received visits; the ICRC was granted access to people arrested during protests in 2014.

Detainees made use of the ICRC's family-links services to contact their relatives; some received parcels from their families. Foreign detainees notified their consular representatives of their situation.

The authorities drew on the ICRC's confidential feedback to improve detainees' treatment and living conditions. In Côte d'Ivoire, this contributed to changes in the situation of security detainees (see *Context*). Staff were also briefed on medical ethics applicable to people on hunger strike.



## Ivorian penitentiary authorities strive to improve and standardize penitentiary services

Ivorian penitentiary authorities and the Health and Justice Ministries drew on ICRC expertise to make system-wide improvements to prison services, notably by standardizing the prison menu and re-defining minimum standards for penitentiary infrastructure and equipment. A special committee began to revise the penitentiary health information system with a view to incorporating it in the national system; the ICRC provided technical advice. At workshops organized by the Health and Justice Ministries, the penitentiary authorities and the ICRC, prison directors and ministry officials shared best practices in providing food and health care, maintaining prison infrastructure and planning the 2015 budget; the workshops also helped some 30 prison health personnel coordinate their efforts.

The penitentiary authorities, with ICRC help, maintained a system for monitoring the food supply chain and detainees' nutritional status. Over 800 detainees found to be acutely malnourished following body mass index checks benefited from therapeutic and supplementary feeding programmes. Around 1,000 inmates were treated for vitamin-deficiency illnesses; another 2,200 inmates were given vitamin/mineral supplements. Detainees also recovered from other illnesses or injuries through care in infirmaries supported by the ICRC with ad hoc technical advice and medical supplies; some 20 had hospital treatment.

Nearly 8,400 detainees improved their living condition using ICRC-provided items, such as sleeping mats, cups, plates and hygiene items; some also made use of the books and other recreational materials provided. Over 11,500 detainees had more hygienic living conditions after infrastructural upgrades, fumigation campaigns and measures taken by hygiene committees; the ICRC provided support for these efforts. Upgrades delayed by the rains will be completed in 2015.

In Burkina Faso, nearly 730 detainees at the Ouagadougou prison had better access to fresh air after ventilation systems were upgraded; at the military prison, ICRC-supported upgrades by the authorities ensured that inmates were better protected from the sun when they went outdoors. The authorities requested and received the ICRC's assessment of a new high-security prison. ICRC-supplied medical materials were used to treat injuries for several detainees. In Togo, around 2,420 detainees at the Lomé prison had better access to clean water after the completion of upgrades put off since 2013.

## ACTORS OF INFLUENCE

### Over 7,000 officers further their understanding of IHL and human rights norms

Some 1,700 military officers and 800 among the *gendarmérie* in Côte d'Ivoire, and 2,500 military and 1,200 security officers in Burkina Faso and Togo reinforced their knowledge of IHL through information sessions and advanced IHL courses in San Remo, Italy for three senior officers; personnel deploying abroad were briefed on provisions applicable to peacekeeping. Troops stationed in western Côte d'Ivoire, particularly those manning roadblocks, were reminded of their responsibility to facilitate access to health care. Nearly 800 Ivorian and 370 Togolese police officers learnt more about international norms on the use of force. Troops were also encouraged to facilitate ICRC action in Côte d'Ivoire, Guinea-Bissau, Mali, Sudan and elsewhere.

Some 60 Beninese, Burkinabé, Ivorian and Togolese military IHL instructors participated in train-the-trainer workshops; one Burkinabé IHL instructor attended an advanced course in France, thereby enlarging regional capacity to teach student officers. The Ivorian military reviewed its IHL teaching programme with help from an ICRC assessment of its training institutions.

PEOPLE DEPRIVED OF THEIR FREEDOM	BURKINA FASO	CÔTE D'IVOIRE	TOGO
<b>ICRC visits</b>			
Detainees visited	8	12,144	2,697
<i>of whom women</i>		324	116
<i>of whom minors</i>		315	1
Detainees visited and monitored individually	8	419	18
<i>of whom women</i>		7	
<i>of whom boys</i>		5	
Detainees newly registered	7	137	4
<i>of whom women</i>		2	
<i>of whom boys</i>		2	
Number of visits carried out	6	188	10
Number of places of detention visited	3	49	8
<b>Restoring family links</b>			
RCMs collected		135	2
RCMs distributed		110	1
Phone calls made to families to inform them of the whereabouts of a detained relative		401	

PEOPLE DEPRIVED OF THEIR FREEDOM	BURKINA FASO	CÔTE D'IVOIRE	TOGO
<b>Economic security, water and habitat</b>			
Food commodities	Beneficiaries	540	
Essential household items <sup>1</sup>	Beneficiaries	4,009	
Water and habitat activities	Beneficiaries	726	2,423
<b>Health</b>			
Number of visits carried out by health staff		165	
Number of places of detention visited by health staff		35	

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



### **Ivorian medical personnel learn more about the protection due to them during armed conflict**

People capable of facilitating humanitarian action, or of encouraging others to do so, gained a better grasp of humanitarian principles and the Movement's neutral, impartial and independent approach through information sessions, regular meetings and regional events (see *Dakar*). Over 900 representatives of civil society – including members of faith-based NGOs, local authorities, armed groups and youth groups – were briefed on the Movement's activities and the use of its emblems. Around 1,000 students of law or political science discussed IHL topics at similar sessions; some students at an Ivorian university furthered their IHL research using ICRC-provided reference materials.

During an ICRC-organized workshop in Côte d'Ivoire, 30 medical professionals, legislators, military/security officers and humanitarian workers discussed issues covered by the Health Care in Danger project and exchanged best practices in ensuring the protection of health services during armed conflict. This information became more widely available after the distribution of 5,000 copies of a document outlining best practices for medical staff in uncertain security conditions; the document was prepared in 2013 and printed in 2014 by the Ivorian Order of Physicians with ICRC support.

The media helped broaden support for the Movement by covering assistance activities and events commemorating Movement milestones. In Côte d'Ivoire, the media, via radio shows in particular, helped promote family-links services and the ICRC's mental-health programme (see *Civilians*) to people in remote areas. Journalists were urged to report accurately on humanitarian matters at two ICRC-organized workshops.

### **State authorities advance IHL implementation, with Burkina Faso ratifying the Arms Trade Treaty**

The region's authorities made use of ICRC expertise in ratifying IHL and weapon-related treaties – such as the Arms Trade Treaty and a regional convention on small arms – and in incorporating them in domestic legislation. Burkina Faso authorities ratified the Arms Trade Treaty, reviewed IHL provisions in the draft penal code, and sent officials from the Justice Ministry and other bodies involved in arms regulation to a regional workshop (see *Nigeria*). The Ivorian authorities composed a draft bill on the protection of the emblem, and considered including families of the missing in another bill that provided compensation for victims of armed conflict. The region's authorities and the ICRC also discussed issues of concern for the organization, particularly the proper treatment of detainees.

With ICRC technical support, State bodies boosted their capacity to facilitate IHL ratification/implementation. Following briefings on IHL, new members of Togo's national IHL committee assumed their duties more easily, and Ivorian parliamentarians and the Burkina Faso national IHL committee reinforced their IHL expertise. A representative of the Ivorian Justice Ministry attended an experts' workshop on issues covered by the Health Care in Danger project (see *Brussels*).

At a conference abroad, State representatives discussed good practices regarding private military/security companies (see *Dakar*).

### **RED CROSS AND RED CRESCENT MOVEMENT**

The region's National Societies, with ICRC support, increased their capacities to provide assistance, restore family links and respond to emergencies. National Society volunteers from across Africa honed their first-aid skills at a workshop in Burkina Faso organized with ICRC backing. The Burkina Faso and Ivorian National Societies conducted joint activities with the ICRC, and drew on its support to respond to incidents of violence (see *Civilians*). The Togolese Red Cross was on hand at political protests and updated its contingency plan for the elections in Togo in 2015.

All five National Societies fostered support for the Movement and stimulated interest in voluntary service among the public through events linked to important Movement occasions, the Burkina Faso, Ivorian and Togolese National Societies drawing on ICRC technical support. The Red Cross Society of Côte d'Ivoire raised public awareness of health risks connected to the Ebola epidemic.

The Benin Red Cross carried out structural reforms and appointed new leadership.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)<sup>1</sup></b>					
<b>Red Cross messages (RCMs)</b>			<b>UAMs/SCs*</b>		
RCMs collected		343	73		
RCMs distributed		311	27		
Phone calls facilitated between family members		1,937			
Names published in the media		18			
Names published on the ICRC family-links website		21			
<b>Reunifications, transfers and repatriations</b>					
People reunited with their families		10			
	<i>including people registered by another delegation</i>	10			
<b>Tracing requests, including cases of missing persons</b>			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered		80	25	15	15
	<i>including people for whom tracing requests were registered by another delegation</i>	25			
People located (tracing cases closed positively)		40			
	<i>including people for whom tracing requests were registered by another delegation</i>	6			
Tracing cases still being handled at the end of the reporting period (people)		241	37	24	18
	<i>including people for whom tracing requests were registered by another delegation</i>	35			
<b>UAMs/SCs*, including unaccompanied demobilized child soldiers</b>			<b>Girls</b>		<b>Demobilized children</b>
UAMs/SCs newly registered by the ICRC/National Society		30	15		
UAMs/SCs reunited with their families by the ICRC/National Society		9	5		
	<i>including UAMs/SCs registered by another delegation</i>	9			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		27	13		
<b>Documents</b>					
Official documents relayed between family members across borders/front lines		2			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)<sup>2</sup></b>					
<b>ICRC visits</b>			<b>Women</b>	<b>Minors</b>	
Detainees visited		14,849	440	316	
			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually		445	7		5
Detainees newly registered		148	2		2
Number of visits carried out		204			
Number of places of detention visited		60			
<b>Restoring family links</b>					
RCMs collected		137			
RCMs distributed		111			
Phone calls made to families to inform them of the whereabouts of a detained relative		401			

\* Unaccompanied minors/separated children

1. Burkina Faso, Côte d'Ivoire, Ghana, Togo

2. Burkina Faso, Côte d'Ivoire, Togo

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)<sup>1,2</sup></b>				
Food commodities	Beneficiaries	1,346	23%	36%
	<i>of whom IDPs</i>	600		
Essential household items	Beneficiaries	1,079	8%	12%
Productive inputs	Beneficiaries	570	80%	20%
Work, services and training	Beneficiaries	13,668	30%	50%
Water and habitat activities	Beneficiaries	88,514	30%	40%
	<i>of whom IDPs</i>	28,197		
<b>Health<sup>4</sup></b>				
Health centres supported	Structures	6		
Average catchment population		230,892		
Consultations	Patients	66,434		
	<i>of which curative</i>		11,187	38,203
	<i>of which ante/post-natal</i>		12,272	
Immunizations	Doses	130,202		
	<i>of which for children aged five or under</i>	125,946		
Referrals to a second level of care	Patients	638		
Health education	Sessions	123		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)<sup>3</sup></b>				
<b>Economic security, water and habitat (in some cases provided within a protection programme)</b>				
Food commodities	Beneficiaries	540		
Essential household items <sup>1</sup>	Beneficiaries	4,009		
Water and habitat activities	Beneficiaries	14,665		
<b>Health<sup>4</sup></b>				
Number of visits carried out by health staff		165		
Number of places of detention visited by health staff		35		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported <sup>5</sup>	Structures	2		

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

2. Burkina Faso, Côte d'Ivoire

3. Burkina Faso, Côte d'Ivoire, Togo

4. Côte d'Ivoire

5. Burkina Faso

# ANTANANARIVO (regional)

COVERING: Comoros, Madagascar, Mauritius, Seychelles



 ICRC regional delegation

Having worked in Madagascar intermittently during the 1990s, the ICRC has been permanently present in the country since 2002. In 2011, it opened its regional delegation for the Indian Ocean in Antananarivo. The ICRC visits detainees in the Comoros and Madagascar, working closely with the 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 RESULTS

Level of achievement of ICRC yearly objectives/plans of action

**HIGH**

## KEY RESULTS/CONSTRAINTS

### In 2014:

- ▶ detainees in the Comoros and Madagascar had better hygiene/living conditions after the authorities concerned, with ICRC support, took measures such as vector-control campaigns/infrastructural repairs
- ▶ in Madagascar, some 3,800 malnourished detainees in underserved prisons recovered their health through an ICRC-supported nutritional programme implemented with a local partner
- ▶ over 300 officers from the police and the *gendarmierie* in the Comoros and Madagascar learnt more, during ICRC dissemination sessions, about human rights norms applicable to law enforcement
- ▶ the region's national IHL committees discussed IHL-related treaties at workshops organized by the ICRC at their request
- ▶ the Comoros Red Crescent and the Malagasy Red Cross Society assisted victims of violence and natural disaster, as well as vulnerable migrants, with ICRC support

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
<b>Red Cross messages (RCMs)</b>	
RCMs collected	5
RCMs distributed	33
People located (tracing cases closed positively)	3
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
<b>ICRC visits</b>	
Detainees visited	14,681
Detainees visited and monitored individually	69
Number of visits carried out	84
Number of places of detention visited	26
<b>Restoring family links</b>	
RCMs collected	82
RCMs distributed	12
Phone calls made to families to inform them of the whereabouts of a detained relative	111

## EXPENDITURE (in KCHF)

Protection	1,069
Assistance	1,522
Prevention	390
Cooperation with National Societies	425
General	-

**3,406**

of which: Overheads 208

## IMPLEMENTATION RATE

Expenditure/yearly budget	<b>98%</b>
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## PERSONNEL

Mobile staff	7
Resident staff (daily workers not included)	26

## CONTEXT

Madagascar's newly elected president took office in January, the prime minister and the cabinet in April. These events marked the end of the country's transitional government, and led gradually to the return of international recognition and external aid. Madagascar was also readmitted to the African Union. However, long-standing deficiencies in the delivery of basic services, including in prisons, remained. In the south, intercommunal and crime-related violence displaced over a thousand people. As part of the effort towards national reconciliation, a number of people detained for their alleged involvement in previous attempts to destabilize the government were released under an amnesty by the president.

In the Comoros, the postponement of legislative and municipal elections created tensions, leading to demonstrations that sometimes turned violent. The expulsion of Comoran migrants from the French department of Mayotte, and their return to Comoros, continued.

Natural disasters of varying scale affected the region: tropical storms and floods displaced thousands of people in the Comoros and northern Madagascar.

## ICRC ACTION AND RESULTS

The regional delegation in Antananarivo continued to focus on assisting detainees in the Comoros and Madagascar, and on supporting the efforts of the region's National Societies to strengthen their emergency preparedness/disaster-management capacities and their ability to promote IHL/other relevant norms and humanitarian principles.

The ICRC visited detainees in prisons under the Malagasy Justice Ministry's authority, and others held at the Koki and Moroni detention centres in the Comoros, to monitor their treatment and living conditions. Security detainees and other vulnerable inmates were paid special attention. Findings from these visits were communicated to the newly elected president; this also enabled the ICRC to draw more attention to detainees' needs. The Comoran authorities and the ICRC signed an agreement formalizing visits to detainees.

With ICRC support, the Comoran and Malagasy authorities endeavoured to advance longer-term penitentiary reform. In Madagascar, technical committees working on health issues in detention and on ensuring respect for detainees' judicial guarantees relied on ICRC expertise for advising the pertinent authorities. The health committee sought to improve detainees' access to health care through follow-up work on the national prison health charter. During a workshop organized at the recommendation of the committee on ensuring respect for judicial guarantees, prosecutors and judges from across the country explored various proposals to reduce prison overcrowding and to streamline the management of detainees' cases, including alternatives to pre-trial detention.

In Madagascar, the prison administration's lack of resources directly affected inmates' living conditions, and the ICRC stepped in at selected prisons to meet the urgent health, sanitation and dietary needs of detainees. Malnourished detainees recovered their health with the help of an ICRC-supported nutritional programme, implemented with a local partner, which provided supplementary food rations and monitored their nutritional status. Upgrades to water/sanitation systems and prison infrastructure resulted in better access to safe drinking water and cleaner living

quarters for inmates. With assistance from the Pasteur Institute and the ICRC, the authorities strove to improve prison hygiene, including through pest-control campaigns and support for newly established hygiene committees in certain prisons; this helped stave off disease. In the Comoros, the authorities drew on ICRC support to find solutions for two pressing issues: overcrowding in prisons and deteriorating prison infrastructure.

Dissemination sessions furthered understanding, among Malagasy and Comoran police/*gendarmérie*, of international human rights norms applicable to law enforcement; a representative from Seychelles attended a meeting on the Arms Trade Treaty abroad. Members of national IHL committees, and other officials in the four countries covered, discussed IHL-related treaties of pertinence to their countries and enhanced their knowledge of IHL during ICRC-organized workshops and seminars, some of which took place abroad. Events such as photo exhibits, press conferences and information sessions for community members and journalists added to the public's knowledge of humanitarian principles and broadened acceptance for the Movement.

With ICRC technical/material support, the region's National Societies boosted their emergency preparedness and response capacities, assisted people affected by violence or natural disasters and promoted Movement principles. At a workshop organized by the Indian Ocean Regional Intervention Platform, to which the ICRC is a member, disaster management teams from the region's National Societies learnt more about human remains management in situations of violence and natural disasters. The Malagasy Red Cross Society aided people displaced/wounded during violence, and the Comoros Red Crescent helped vulnerable returnees deported from Mayotte and people affected by heavy floods.

Throughout the year, the ICRC coordinated its activities with those of Movement partners and other humanitarian actors in order to maximize impact and prevent duplication.

### PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees in Madagascar held under the authority of the Justice Ministry – including people in prisons no longer benefiting from external support – and detainees at the Koki and Moroni detention centres in the Comoros were visited regularly, in accordance with the ICRC's standard procedures. Delegates monitored their treatment and living conditions, paying particular attention to vulnerable inmates such as security detainees, women, children, the elderly and foreigners. Inmates exchanged news with their relatives through RCMs, letters, phone calls or short oral messages relayed by the ICRC.

#### Comoran authorities and the ICRC sign agreement formalizing visits to detainees

After their visits, delegates discussed their findings and recommendations confidentially with the authorities concerned. Following an ICRC review of their rules and regulations, 11 prisons in Madagascar were better prepared to ensure that detainees' rights were respected. Dialogue with the pertinent authorities in Madagascar tackled detainees' judicial guarantees and the prison administration's lack of resources, which directly affected detainees' food supply and living conditions (see below). The ICRC's findings on the state of Madagascar's prisons and to the need to allocate sufficient resources were shared with the Malagasy authorities, including the President. In the Comoros, the authorities and the ICRC signed an agreement formalizing visits to detainees.



### Detainees in Madagascar reduce their risk of malnutrition and receive suitable medical care

Detainees at 19 underserved prisons met their dietary needs through supplementary high-energy food rations, distributed directly and via a local partner organization. Some 3,800 malnourished inmates who received a daily ration of rice, beans, oil and salt through this programme, including some 800 who received food rations directly from the ICRC, improved their nutritional status, which reduced the mortality rate in the facilities covered. ICRC training for prison health staff and members of the partner organization helped ensure efficient food distributions and proper monitoring of the detainees' nutritional status.

The Malagasy prison administration, with ICRC training/technical support, refined its nutrition monitoring system, which covered the country's 42 central prisons. Better data on the prevalence of malnutrition, and on mortality rates and prison food stocks, enabled the authorities to monitor/detect acute malnutrition among inmates more effectively.

ICRC health staff followed the management of TB at 17 prisons, and facilitated dialogue between local health and prison authorities, with a view to enabling ailing detainees to be referred to external health facilities for treatment unavailable at their prisons. ICRC support made it possible for 50 detainees to receive emergency medical care. Seven prisons received donations of medical drugs/supplies/equipment for treating some 3,780 inmates, including malnourished detainees.

Joint visits with the central prison administration's chief medical officer enhanced the coaching of prison health personnel and the monitoring of health issues within the prison system.

A technical committee tackling the issue of health in detention continued to work on improving detainees' access to medical care; the ICRC facilitated coordination/discussions between the prison administration and the health sector.

### Detainees in the Comoros and Madagascar have better access to water and sanitary conditions

About 11,000 inmates in the Comoros and Madagascar enjoyed improved conditions and avoided the spread of disease, thanks to ICRC-supplied soap and cleaning materials, infrastructure rehabilitation, hygiene awareness-raising sessions, vector-control campaigns or other measures taken by the authorities with ICRC support.

In Madagascar, 4,675 inmates at six detention facilities had better living conditions after the renovation of water/sanitation infrastructure, and of kitchens, food storage rooms and sleeping quarters; this was carried out in coordination with the authorities. At the country's biggest prison, the daily water rations for about half of the male inmates increased from 8 to 40 litres – double the recommended amount – and some 300 women benefited from refurbished dormitories, kitchen areas, showers and latrines.

Health risks were mitigated by the disinfection of prison cells, which took place during vector-control campaigns carried out by the authorities with support from the Pasteur Institute and the ICRC. Recognizing the need for hygiene promotion in prisons, local prison authorities set up hygiene committees, in line with a national decree passed in 2013. Fifteen prison personnel from five prisons in the Analamanga region in central Madagascar, mainly nurses and specialist staff, were trained on their responsibilities as committee focal points with the support of the ICRC and technical staff from the central prison's administration.

In the Comoros, government officials, technical personnel and members of civil society attended a round-table organized by the Justice Ministry and the ICRC; there they tackled issues related to overcrowding and deteriorating prison infrastructure, and discussed internationally recognized standards for detention and recommendations for the construction of detention facilities.

PEOPLE DEPRIVED OF THEIR FREEDOM		COMOROS	MADAGASCAR
<b>ICRC visits</b>			
Detainees visited		340	14,341
	<i>of whom women</i>	17	757
	<i>of whom minors</i>	13	512
Detainees visited and monitored individually		15	54
	<i>of whom women</i>		1
	<i>of whom boys</i>		3
Detainees newly registered		3	27
	<i>of whom women</i>		1
	<i>of whom boys</i>		3
Number of visits carried out		6	78
Number of places of detention visited		2	24
<b>Restoring family links</b>			
RCMs collected		4	78
RCMs distributed		1	11
Phone calls made to families to inform them of the whereabouts of a detained relative		2	109

PEOPLE DEPRIVED OF THEIR FREEDOM		COMOROS	MADAGASCAR
<b>Economic security, water and habitat</b>			
Food commodities	Beneficiaries		884
Essential household items	Beneficiaries	343	10,820
Cash	Beneficiaries		2,969
Water and habitat activities	Beneficiaries	283	10,890
<b>Health</b>			
Number of visits carried out by health staff			45
Number of places of detention visited by health staff			17

At the Koki and Moroni detention centres, detainees had better sanitary conditions and access to water following urgently needed renovations, and distributions of hygiene items, undertaken by the ICRC in cooperation with the Comoros Red Crescent. A newly built visiting room enabled detainees and their families to meet in a more comfortable setting. The centres also received donations of medical supplies and equipment.

### **Malagasy authorities take steps to foster respect for detainees' judicial guarantees**

In Madagascar, ICRC support enabled the local authorities to manage detainee registers and individual case files more efficiently; the ICRC drew their attention to 40 cases of irregular detention observed during visits. ICRC material/technical support also helped legal officers at 13 prisons to manage the cases of over 10,200 detainees.

Following the recommendations of a technical committee working on ensuring respect for judicial guarantees, 40 prosecutors and judges from across Madagascar discussed how to reduce prison overcrowding, and streamline the management of detainees' cases, at a workshop organized by the Justice Ministry and the ICRC. Participants presented alternatives to pre-trial detention, including the use of probation orders.

At the national prison administration school, 70 students and 140 prison guards learnt more about detainees' rights, internationally recognized standards for detention and the ICRC's activities.

### **ACTORS OF INFLUENCE**

#### **Police and *gendarmerie* further their understanding of the rules applicable to law enforcement**

In preparation for the forthcoming elections (see *Context*), 92 members of the Comoran police and *gendarmerie* added to their knowledge of international human rights norms applicable to law enforcement, and learnt more about best practices in the use of force and firearms, at training sessions organized by the national human rights committee and the ICRC at the authorities' request. In Madagascar, over 200 members of the *gendarmerie* and police participated in similar sessions conducted by the ICRC at their training establishments.

The working group charged with implementing an agreement between the Malagasy Interior Security Ministry and the ICRC – to update security policies/manuals and train various forces – set up two sub-committees to review doctrine and training issues. Owing to the replacement of officers on the committees and other factors, some activities under the agreement progressed slowly. Preparations continued for concluding a similar agreement with the *gendarmerie*.

Over 2,000 people learnt more about IHL through a photo exhibit on “150 years of humanitarian action” organized in cooperation with the University of Fianarantsoa and the Swiss embassy in Antananarivo. Some 100 law students from two universities, one in Antananarivo and the other in Fianarantsoa, attended lectures and debates on IHL; one university professor attended a training course abroad for IHL teachers (see *Dakar*).

Media coverage of an ICRC film on pest-control campaigns in Malagasy prisons raised awareness among the wider public of humanitarian issues in prisons. Journalists in the four countries covered drew on ICRC-provided materials to produce several

news items for print and broadcast media, which helped raise the public's awareness of IHL and the ICRC's activities. At a workshop organized with Movement partners, 10 Malagasy journalists discussed regional humanitarian issues.

### **National IHL committees in the region promote IHL and the Arms Trade Treaty**

In the Seychelles, members of the Humanitarian Affairs Committee and other parties concerned discussed the pertinence of the Arms Trade Treaty, and its implementation, including the steps needed to comply with its obligations; this took place during a workshop facilitated by the ICRC at the government's request. At a meeting on the Arms Trade Treaty (see *Nairobi*), an official from the Seychelles police learnt more about regional efforts to regulate the proliferation of small arms and light weapons. In Mauritius, over 70 people – government officials, police officers, teachers and young people – discussed new weapons and their pertinence to the African context, as well as ways to sensitize various audiences to the relevance of IHL, at a workshop organized by the national IHL committee in which the ICRC participated. Using ICRC materials, the committee also put together a travelling photo exhibit to draw attention throughout the country to the importance of IHL. Members of the Comoran and Malagasy national IHL committees furthered their knowledge of IHL at workshops; two officers from the Comoran and Malagasy armed forces did the same at advanced seminars abroad. Members of the national IHL committees also exchanged experiences during an IHL seminar abroad (see *Pretoria*).

### **RED CROSS AND RED CRESCENT MOVEMENT**

The region's National Societies continued, with ICRC support, to reinforce their emergency preparedness and response capacities. At a workshop organized by the Indian Ocean Regional Intervention Platform, that featured presentations by a local forensics expert and the ICRC, disaster-management specialists from the region's National Societies furthered their understanding of human remains management – its importance and the challenges it presented – during natural disasters and situations of violence.

#### **National Societies aid victims of violence and natural disasters**

ICRC-trained Malagasy Red Cross Society teams evacuated around 50 people to hospital after they were injured by an explosion at the president's inauguration; the donation of a war-surgery kit supported the authorities' and first-aid providers' efforts to treat all the wounded. The National Society, with ICRC support, also provided over 1,600 people displaced by intercommunal and crime-related violence with relief kits containing shelter materials and hygiene/medical items, supplementing the aid provided by the authorities, and with food distributed in coordination with the WFP. Comoros Red Crescent emergency teams rescued and aided people after a tropical storm, including some 3,300 displaced by floods.

#### **Comoros Red Crescent assists returning migrants**

With ICRC support, the Comoros Red Crescent assisted – with food, water and clothes – over 1,500 vulnerable returnees deported from Mayotte. National Society family-links services enabled 849 returnees to re-establish contact with their families on arrival, and facilitated the return of 261 people to their villages. Public awareness campaigns on the island of Anjouan drew people's attention to the dangers of using unseaworthy vessels as a mean of transport on the open sea. The National Society, with the French Red Cross, also explored ways to improve health facilities in Comoros, to help check the flow, for medical purposes, of irregular migrants to Mayotte.

## National Societies strengthen their dissemination capacities and programmes

Through dissemination sessions on the Fundamental Principles in Comoros and Madagascar, and an induction course for newly elected council members in Mauritius, National Society volunteers, students and other members of the public learnt more about the Movement's humanitarian activities, which helped to increase acceptance for it. Activities on World Red Cross Red Crescent Day further supported these efforts: public television in the Comoros aired a feature programme on the Movement. In Madagascar, parliamentarians furthered their understanding of the importance of protecting – through legislation and other means – the Movement's emblems; some 4,000 people in remote areas did the same during 60 public awareness campaigns. The Seychelles Red Cross Society celebrated its 25th anniversary and promoted its activities, especially among young people.

Movement partners coordinated their activities, among each other and with other humanitarian actors working in the region, to maximize their impact and prevent duplication.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>Red Cross messages (RCMs)</b>			UAMs/SCs*		
RCMs collected		5			
RCMs distributed		33			
<b>Tracing requests, including cases of missing persons</b>			Women	Girls	Boys
People for whom a tracing request was newly registered		7	2	3	1
People located (tracing cases closed positively)		3			
Tracing cases still being handled at the end of the reporting period (people)		3	2		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)<sup>1</sup></b>					
<b>ICRC visits</b>			Women	Minors	
Detainees visited		14,681	774	525	
			Women	Girls	Boys
Detainees visited and monitored individually		69	1		3
Detainees newly registered		30	1		3
Number of visits carried out		84			
Number of places of detention visited		26			
<b>Restoring family links</b>					
RCMs collected		82			
RCMs distributed		12			
Phone calls made to families to inform them of the whereabouts of a detained relative		111			

\* Unaccompanied minors/separated children

1. Comoros, Madagascar

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)<sup>1</sup></b>				
<b>Economic security, water and habitat (in some cases provided within a protection programme)</b>				
Food commodities	Beneficiaries	884		
Essential household items	Beneficiaries	11,163		
Cash	Beneficiaries	2,969		
Water and habitat activities	Beneficiaries	11,173		
<b>Health</b>				
Number of visits carried out by health staff		45		
Number of places of detention visited by health staff		17		

1. Comoros, Madagascar

# DAKAR (regional)

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



## KEY RESULTS/CONSTRAINTS

In 2014:

- ▶ people in Casamance, Senegal and Guinea-Bissau recovered their health through care in 8 ICRC-supported health centres, with the São Domingos facility beginning to operate independently at year-end
- ▶ women in Casamance reduced their exposure to abuses, including sexual violence, mines and other risks by pursuing ICRC-supported projects – such as market gardens and cereal milling – within their villages
- ▶ in Senegal, families of missing migrants accessed ICRC tracing services and eased their distress with psychosocial aid provided with Senegalese Red Cross Society volunteers and local associations
- ▶ Senegalese military troops learnt more about their duties under IHL, for example facilitating access to health care, through information sessions led by ICRC-trained Senegalese military instructors
- ▶ drawing on insight gained during regional IHL workshops and the ICRC's technical input, the region's authorities advanced implementation of IHL treaties, with Senegal ratifying the Arms Trade Treaty

EXPENDITURE (in KCHF)	
Protection	1,491
Assistance	4,228
Prevention	2,284
Cooperation with National Societies	1,052
General	274
<b>Total</b>	<b>9,328</b>

of which: Overheads 569

IMPLEMENTATION RATE	
Expenditure/yearly budget	95%

PERSONNEL	
Mobile staff	20
Resident staff (daily workers not included)	134

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

## YEARLY RESULTS

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

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
<b>Red Cross messages (RCMs)</b>	
RCMs collected	20
RCMs distributed	5
Phone calls facilitated between family members	519
People located (tracing cases closed positively)	8
People reunited with their families	2
<i>of whom unaccompanied minors/separated children</i>	1
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
<b>ICRC visits</b>	
Detainees visited	631
Detainees visited and monitored individually	14
Number of visits carried out	8
Number of places of detention visited	5
<b>Restoring family links</b>	
RCMs collected	2
RCMs distributed	2
Phone calls made to families to inform them of the whereabouts of a detained relative	38

ASSISTANCE	2014 Targets (up to)	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>		
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)<sup>1</sup></b>		
Food commodities	Beneficiaries 900	1,595
Essential household items	Beneficiaries 900	780
Productive inputs	Beneficiaries 52,200	21,033
Cash	Beneficiaries 300	2,183
Work, services and training	Beneficiaries	17,248
Water and habitat activities	Beneficiaries 23,500	26,967
<b>Health</b>		
Health centres supported	Structures 8	8
<b>WOUNDED AND SICK</b>		
<b>Physical rehabilitation</b>		
Centres supported	Structures 1	1
Patients receiving services	Patients 1,500	1,595

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

## CONTEXT

Peace talks and dialogue on demining, between the Mouvement des forces démocratiques de Casamance (MFDC) and the Senegalese government, progressed little. However, only few encounters between the Senegalese armed forces and MFDC units in the Casamance region of Senegal were reported. Insecurity remained widespread, and mines – some newly laid – and explosive remnants of war (ERW) claimed lives and restricted movement. They also obstructed returning IDPs and refugees, and kept them out of the reach of most humanitarian actors and assistance. Limited demining activities continued along the construction route of a national highway. Senegal hosted several international conferences and contributed troops to peacekeeping missions abroad.

In Guinea-Bissau, the mandate of international troops was extended to June 2015, and the newly elected government began to carry out reforms. Access to State services in the north-west was very limited; people also felt the effects of the security situation in Casamance. In Gambia, several people were reportedly detained following a coup attempt at year's end. A volcanic eruption in Cabo Verde displaced hundreds of people. The Ebola outbreak left the countries in the region largely untouched.

Migrants traveling to Europe or elsewhere passed through or began their journey in the four countries in the region.

## ICRC ACTION AND RESULTS

The ICRC delegation in Dakar sought to address the needs of conflict-afflicted people in the Casamance region of Senegal and underserved communities in northern Guinea-Bissau. As part of its multidisciplinary approach, the ICRC: documented abuses, including sexual violence, and shared these allegations with parties concerned, with a view to preventing their recurrence; incorporated these protection concerns and the security situation of women and girls in assistance activities; maintained dialogue with all MFDC factions and other parties, which facilitated access to conflict-affected communities in Casamance for Senegalese Red Cross Society volunteers and State health workers.

In this way, vulnerable people – with help from the Senegalese Red Cross and the Red Cross Society of Guinea-Bissau – built their resilience and lowered their risk of abuse, including sexual violence, and the threat posed by anti-personnel mines. Female heads of households reduced their need to leave their villages – and thereby expose themselves to risks outside – by taking part in ICRC-supported projects within their villages. IDPs adapted to new surroundings or resettled in communities with ICRC material assistance; free vaccination/deworming services enabled vulnerable herders to improve the health and the productivity/market value of their livestock. Upgrades to water infrastructure helped ensure that people had enough water for personal consumption or agro-pastoral activities. On-site treatment from community workers, and care at nine ICRC-supported facilities, including a physiotherapy centre, enabled communities to protect/recover their health. The São Domingos facility in Guinea-Bissau began operating independently at year's end.

The ICRC encouraged influential actors to facilitate neutral, impartial and independent humanitarian action. Senegalese military/security officers and some MFDC units reinforced their knowledge of IHL and human rights principles through information sessions and other events; some sessions for Senegalese officers were led by ICRC-trained Senegalese military instructors. In Casamance,

radio programmes helped inform people of National Society/ICRC activities for them; they also reminded weapon bearers not to hinder access to health care and humanitarian aid. Religious leaders, humanitarian workers and members of the international community discussed humanitarian concerns, such as sexual violence, and issues covered by the Health Care in Danger project during themed events and on international fora, notably the launch of the French selection of the *International Review of the Red Cross* during the 15th annual summit of the Organisation internationale de la Francophonie.

The region's authorities drew on knowledge acquired at regional workshops, and on the ICRC's technical expertise, to review domestic legislation governing the use of arms, and to advance implementation of IHL treaties. Senegal ratified the Arms Trade Treaty in September, and the authorities moved to establish a national IHL committee. The Bissau-Guinean and Senegalese authorities also received the ICRC's confidential feedback based on its visits to detainees, helping them improve detainees' treatment and living conditions. Detainees at a few prisons in Casamance benefited from efforts by the Senegalese authorities with ICRC support, to bolster the food supply and upgrade infrastructure.

Families dispersed by armed conflict, detention or migration restored contact through Movement family-links services. The region's National Societies developed their family-links capacities with ICRC help and coordinated their activities. In Guinea-Bissau and Senegal, hundreds of minors contacted relatives separated from them during crowded public events. In Senegal, families made use of tracing services to search for missing migrant breadwinners and eased their distress somewhat with psychosocial support from trained National Society volunteers and ICRC-supported local associations.

The region's National Societies also strengthened their management, and their capacities to respond to emergencies, with ICRC help. In Guinea-Bissau, volunteers prepared for possible electoral violence, while National Societies and health authorities practiced Ebola-prevention measures. Movement components met regularly to coordinate their activities, thereby avoiding duplication and maximizing impact.

## CIVILIANS

People in Casamance reported IHL violations, sexual violence and mine-related incidents to the ICRC. These allegations were documented and shared with the parties concerned, with a view to preventing their reoccurrence. As part of the ICRC's multidisciplinary approach, these protection concerns, and the findings of an assessment of the security situation of women and girls in 46 villages, were incorporated in assistance activities.

Dialogue with all MFDC factions and other parties concerned facilitated access to conflict-affected communities in Casamance for Senegalese Red Cross/ICRC teams, State health workers accompanied by ICRC staff and some third-party mediators. By the middle of the year, health workers reported having easier access to conflict-affected areas; help for them was reduced to logistical support.

### **Expectant mothers, including those suffering from complications, obtain specialized care**

More than 55,000 people had access to preventive and curative care of government-approved standard, and family-planning services



at five centres in Casamance and three in north-western Guinea-Bissau supported by the ICRC with supplies and infrastructural upgrades, and on-site treatment from community workers and State health teams accompanied by ICRC delegates. Pregnant women were cared for by health workers trained in ante/post-natal care – in the São Domingos facility in Guinea-Bissau, staff practised emergency surgical procedures for pregnant women experiencing complications – or were referred/evacuated to hospital. The São Domingos facility began to operate independently at year's end, the ICRC having completed its three-year support project.

Around 8,000 people – even in areas not covered by health centres – learnt how to avoid sexually transmitted diseases, such as HIV/AIDS, through health education sessions conducted by some 60 community workers/National Society volunteers with ICRC support. In August, health authorities took over this project, incorporating it in the national health programme.

### People in Casamance build up their resilience to violence and the threat of anti-personnel mines

In Casamance and north-western Guinea-Bissau, IDPs, returnees and other conflict-affected people pursued National Society/ICRC-supported livelihood activities that helped them build up their resilience or reduce their exposure to sexual violence and the threat of anti-personnel mines.

In Casamance, economic-security projects made it less necessary for people to expose themselves to risks outside their villages. Over 500 households, notably those headed by women (2,170 people) consumed/sold vegetables they had cultivated in market gardens using ICRC-provided agricultural inputs and solar-powered pumps; some 110 women hulled grain using ICRC-provided cereal mills, easing their manual labour. Another 600 rice farmers boosted their yields following the construction/upgrade of dikes for collecting rain water and protecting crops against saltwater. Over 200 returnee households (1,400 people) established stable sources of food/income and repaired damaged homes, with ICRC-provided seed/goats and roofing material. In Ziguinchor, more than 50 long-time IDP households (430 people) set up small businesses, through which they earned money during their prolonged displacement. Another 1,600 people, of whom over 1,000 were

returnees, resettled in communities or coped with the loss of their homes with ICRC food rations, with nearly 90 disaster-affected households (780 people) setting up temporary shelters using ICRC-provided household essentials.

Some 3,600 herding households in Casamance and 705 households in underserved areas in northern Guinea-Bissau (30,135 people) improved the health, and the productivity/market value, of their livestock with the help of free vaccination/deworming services and technical advice from animal health workers supported by the ICRC with supplies, training and, in Guinea-Bissau, four motor-cycles to extend the range of their activities. However, mines and administrative constraints greatly limited veterinary activities in Casamance and Guinea-Bissau, respectively.

Over 19,900 people in Casamance, including the abovementioned rice farmers, and 7,000 in northern Guinea-Bissau made use of ICRC-upgraded water/farming infrastructure. The upgrades helped ensure that they had enough water for personal consumption and for agro-pastoral activities, including those backed by the ICRC, and helped some 1,400 people in Casamance supplement their income through cash-for-work projects. Local teams, drawing on ICRC support, maintained the upgraded infrastructure and promoted good hygiene practices. In Guinea-Bissau, the National Society took over hygiene-promotion activities.

### Families in Senegal relieve the emotional strain caused by separation from their breadwinners

National Societies throughout West Africa, including from States hosting refugees, developed their family-links services through training activities in Senegal, organized with ICRC support. At two regional workshops, representatives exchanged good practices in restoring family links during emergencies, assessing needs and strengthening coordination.

In Guinea-Bissau and Senegal, over 1,400 children and vulnerable people contacted relatives separated from them during crowded public events; some 30 particularly vulnerable people also received money for travelling home or getting medical attention. During a religious festival in Senegal, 8,000 children wore National Society-issued wristbands with their contact details, which facilitated

CIVILIANS			GUINEA-BISSAU	SENEGAL
<b>Economic security, water and habitat<sup>1</sup></b>				
Food commodities		Beneficiaries		1,595
	<i>of whom IDPs</i>	Beneficiaries		216
Essential household items		Beneficiaries	7	773
Productive inputs		Beneficiaries	11,365	9,693
	<i>of whom IDPs</i>	Beneficiaries		216
Cash		Beneficiaries		2,183
	<i>of whom IDPs</i>	Beneficiaries		919
Work, services and training		Beneficiaries	17,168	80
Water and habitat activities		Beneficiaries	19,901	7,066
<b>Health</b>				
Health centres supported		Structures	3	5
Average catchment population			39,004	16,102
Consultations		Patients	9,969	13,515
	<i>of which curative</i>	Patients	6,829	11,854
	<i>of which ante/post-natal</i>	Patients	3,140	1,661
Immunizations		Doses	12,904	11,138
	<i>of which for children aged five or under</i>	Doses	10,663	12,158
Referrals to a second level of care		Patients	67	130
Health education		Sessions	433	202

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

reunification and helped prevent separation. National Society volunteers enabled some 300 students at Senegalese religious schools to contact their families.

In northern Senegal, families of missing migrants made nearly 200 tracing requests; these were collected by National Society volunteers, who, drawing on an assessment made by an ICRC mental-health specialist, also provided families with some psychosocial support. To find these missing people, requests – some 120 – were forwarded to other countries through the Movement's worldwide family-links network (see *Europe*). In the meantime, the families eased their distress somewhat with the help of ICRC-supported associations of families of missing migrants, for example by sharing experiences at meetings and organizing commemorative events. The families learnt, through ICRC-designed brochures, about the legal aspects of disappearance, which helped them tackle/avoid legal obstacles. Families' economic needs were also assessed by ICRC specialists, with a view to encouraging/facilitating support from other actors.

### PEOPLE DEPRIVED OF THEIR FREEDOM

In Casamance, some 630 detainees held by the Senegalese authorities, including at a place of temporary detention under *gendarmerie* jurisdiction, received visits from ICRC delegates, conducted according to the organization's standard procedures; about a dozen security detainees were followed up individually. In Guinea-Bissau, nine people monitored by the ICRC were released. Afterwards, the detaining authorities received confidential feedback, helping them improve detainee treatment and living conditions. Dialogue on resuming visits to detainees in Gambia stalled.

Through Movement family-links services, over 110 detainees informed their families of their situation, and the consular representatives of around a dozen foreign detainees were notified of their detention. As MFDC units detained in Gambia were released in 2013, no further family visits were organized for them.

### Casamance prisons authorities take steps to improve food supply

In Casamance, the authorities were alerted to cases of people in prolonged preventive detention, to set up judicial proceedings. To improve food supply management, the authorities drew on ICRC expertise to: organize meetings at which prison directors and staff discussed obstacles to improvement and good practices in overcoming them; and set up a committee to follow up the implementation of recommendations, such as the standardization of food portions, made at a round-table in 2013. With the authorities' consent, the findings of the round-table were compiled into a report and presented to the Justice Ministry and others, with a view to persuading them to increase their support.

Two prisons supplemented their food supply with vegetables cultivated in prison market gardens by 25 detainees equipped with ICRC-provided agricultural supplies/tools and training. At the Ziguinchor prison, detainees with vitamin-deficiency illnesses had access to vitamin supplements, after prison management was able, with the ICRC's help, to obtain them.

### WOUNDED AND SICK

In Casamance, comparatively few people sought treatment for weapon wounds. Five victims of violence recovered from their injuries following treatment and surgery at the Ziguinchor hospital; the ICRC covered the costs.

### Guinea-Bissau adds to its pool of physiotherapy specialists

In Guinea-Bissau, nearly 1,600 people regained some mobility through treatment at the physiotherapy centre in Bissau; some used assistive devices made specifically for them. To ensure the quality of these services, the centre continued to draw on ICRC financial/technical/material support. Two technicians pursued ICRC-financed training abroad; one was already back at work. Physiotherapy professionals, including from other institutions, practised working with polypropylene technology at the centre in

CIVILIANS	GAMBIA	GUINEA-BISSAU	SENEGAL
<b>Red Cross messages (RCMs)</b>			
RCMs collected	2	6	12
<i>including from UAMs/SCs*</i>			3
RCMs distributed	1	1	3
<i>including from UAMs/SCs*</i>			2
Phone calls facilitated between family members			519
<b>Reunifications, transfers and repatriations</b>			
People reunited with their families			2
<b>Tracing requests, including cases of missing persons</b>			
People for whom a tracing request was newly registered	1		194
<i>of whom women</i>	1		3
<i>of whom minors at the time of disappearance - girls</i>			2
<i>of whom minors at the time of disappearance - boys</i>			7
<i>including people for whom tracing requests were registered by another delegation</i>			4
People located (tracing cases closed positively)	1		7
<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)	7		202
<i>of whom women</i>	2		5
<i>of whom minors at the time of disappearance - girls</i>			2
<i>of whom minors at the time of disappearance - boys</i>			9
<i>including people for whom tracing requests were registered by another delegation</i>			1
<b>UAMs/SCs*, including unaccompanied demobilized child soldiers</b>			
UAMs/SCs newly registered by the ICRC/National Society			1
UAMs/SCs reunited with their families by the ICRC/National Society			1
UAM/SC cases still being handled at the end of the reporting period			1

\* Unaccompanied minors/separated children

Bissau. Regular contacts with associations of disabled persons and field visits to distribute crutches and wheelchairs helped ensure that as many people as possible benefited from physiotherapy services. Some 40 potential patients were identified through these efforts; 20 were referred to the centre.

During a workshop abroad (see *African Union*), a representative of the centre learnt how to encourage further State support for people disabled by mines/ERW and cluster munitions. ICRC-sponsored sports events during the International Day of Persons with Disabilities helped raise public awareness of the needs of disabled people.

## ACTORS OF INFLUENCE

### Weapon bearers in Casamance, including some MFDC units, learn more about IHL

At information sessions in Senegal, over 2,000 weapon bearers – including Senegalese troops deploying abroad or stationed in Casamance, and 20 MFDC units – learnt more about IHL, particularly the need to facilitate people's access to health care. A dozen military instructors honed their teaching skills at train-the-trainer workshops; some of them led the abovementioned information sessions. Two officers attended specialized training abroad (see *International law and policy* and *Brussels*); one drew on information acquired at a Health Care in Danger workshop to help military commands review and adapt policies on respecting health workers, and revise the curriculum of Senegal's military medical school.

Dialogue on establishing an IHL training unit within the military continued. Administrative constraints limited the carrying out of planned training activities.

During information sessions and first-aid training conducted by the National Societies concerned, nearly 400 police/*gendarmerie* units – among them, 140 Senegalese police units deploying to the Central African Republic and Nigerian police units stationed in Guinea-Bissau – added to what they knew of international norms applicable to law enforcement and the ICRC's activities for detainees.

### Influential actors gain insight into IHL and humanitarian concerns during international events in Dakar

Influential people were briefed on humanitarian issues, for example sexual violence and access to health care, and encouraged to facilitate neutral, impartial and independent humanitarian action through information sessions, events at the ICRC's IHL documentation centre in Dakar and other means. In Casamance, religious leaders and academics learnt of ICRC action at briefings in religious schools, and discussed the common ground between IHL and Islam at events organized by the Senegalese Red Cross and a conference abroad (see *Pakistan*). Around 20 humanitarian workers across the region learnt more about legal frameworks applicable to humanitarian action during an ICRC-organized workshop. Journalists, encouraged to accurately report on humanitarian issues through field trips and workshops, raised public awareness of the Movement and IHL. Radio programmes helped inform people of National Society/ICRC activities for them and encourage weapon bearers to facilitate access to people's health care and humanitarian aid.

Humanitarian organizations, the international community, universities and the ICRC discussed the situation in Casamance, and other humanitarian issues, at regional events in Senegal, notably the launch of the French selection of the *International Review of the Red Cross* during the 15th annual summit of the Organisation internationale

de la Francophonie (see *Paris*). At a human rights conference abroad (see *Yaoundé*), participants learnt of the ICRC's concerns regarding migrants and detainees.

Students and lecturers familiarized themselves with IHL and humanitarian issues by participating in some of the events mentioned above. Over a dozen university lecturers from francophone Africa bolstered their IHL expertise at an advanced course; students used the reference materials in the delegation's library to further their IHL-related research.

### The region's authorities take steps to regulate arms, with Senegal ratifying the Arms Trade Treaty

Representatives from Cabo Verde, Guinea-Bissau and Senegal exchanged insights on the Arms Trade Treaty at a regional conference (see *Nigeria*); Senegalese officials discussed the challenges to IHL implementation at another workshop abroad (See *New Delhi*). The Senegalese arms regulation commission reviewed domestic legislation pertaining to the use/trade of weapons, particularly chemical weapons and small arms. Senegal ratified the Arms Trade Treaty in September. The Senegalese Justice Ministry also began the process of creating an IHL sub-committee within the national human rights committee: at year's end, the official decree had not yet been approved.

Guinea-Bissau ratified the Optional Protocol to the Convention on the Rights of the Child; the Cabo Verde authorities revised legislation protecting the red cross emblem and recognizing the National Society. At an ICRC-organized conference, State representatives from throughout Africa discussed obstacles to and good practices in implementing the Montreux document on private military and security companies.

## RED CROSS AND RED CRESCENT MOVEMENT

The Bissau-Guinean and Senegalese National Societies, drawing on ICRC support to develop their skills and apply the Safer Access Framework, conducted joint activities with the ICRC (see *Civilians*) and strengthened their emergency response. Thus, volunteers in areas bordering Guinea and Mali, and those at hand during electoral proceedings in Guinea-Bissau were better prepared to administer first aid to ill/injured people. In Gambia, volunteers and health authorities from throughout the region simulated the implementation of contingency plans against Ebola.

The region's National Societies raised support for Movement action and volunteerism, drawing on ICRC support and knowledge acquired at a regional communications workshop. In Casamance, volunteers continued informing health practitioners of the proper use of the emblem.

National Societies strengthened their statutes, management and legal bases, including by participating in meetings abroad, with Movement help. The Bissau-Guinean National Society reviewed its organizational structure with the help of an external auditor.

Movement components met regularly to coordinate their activities, thereby avoiding duplication and maximizing impact.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)<sup>1</sup></b>					
<b>Red Cross messages (RCMs)</b>			<b>UAMs/SCs*</b>		
RCMs collected		20	3		
RCMs distributed		5	2		
Phone calls facilitated between family members		519			
<b>Reunifications, transfers and repatriations</b>					
People reunited with their families		2			
<b>Tracing requests, including cases of missing persons</b>			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered		195	4	2	7
<i>including people for whom tracing requests were registered by another delegation</i>		4			
People located (tracing cases closed positively)		8			
<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)		209	7	2	9
<i>including people for whom tracing requests were registered by another delegation</i>		1			
<b>UAMs/SCs*, including unaccompanied demobilized child soldiers</b>			<b>Girls</b>		<b>Demobilized children</b>
UAMs/SCs newly registered by the ICRC/National Society		1			
UAMs/SCs reunited with their families by the ICRC/National Society		1			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		1			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)<sup>2</sup></b>					
<b>ICRC visits</b>			<b>Women</b>	<b>Minors</b>	
Detainees visited		631	7	8	
			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually		14			
Detainees newly registered		8			
Number of visits carried out		8			
Number of places of detention visited		5			
<b>Restoring family links</b>					
RCMs collected		2			
RCMs distributed		2			
Phone calls made to families to inform them of the whereabouts of a detained relative		38			

\* Unaccompanied minors/separated children

1. Gambia, Guinea-Bissau and Senegal

2. Senegal

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)<sup>1</sup></b>				
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)<sup>2</sup></b>				
Food commodities	Beneficiaries	1,595	31%	41%
	<i>of whom IDPs</i>	216		
Essential household items	Beneficiaries	780	28%	44%
Productive inputs	Beneficiaries	21,033	42%	29%
	<i>of whom IDPs</i>	216		
Cash	Beneficiaries	2,183	35%	35%
	<i>of whom IDPs</i>	919		
Work, services and training	Beneficiaries	17,248	39%	33%
Water and habitat activities	Beneficiaries	26,967	30%	40%
<b>Health</b>				
Health centres supported	Structures	8		
Average catchment population		55,106		
Consultations	Patients	23,484		
	<i>of which curative</i>		5,298	9,276
	<i>of which ante/post-natal</i>		4,801	
Immunizations	Doses	24,042		
	<i>of which for children aged five or under</i>	22,821		
Referrals to a second level of care	Patients	197		
Health education	Sessions	635		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)<sup>3</sup></b>				
<b>Economic security, water and habitat (in some cases provided within a protection programme)</b>				
Productive inputs	Beneficiaries	25		
<b>Health</b>				
Number of visits carried out by health staff		2		
Number of places of detention visited by health staff		2		
<b>WOUNDED AND SICK</b>				
<b>Hospitals<sup>3</sup></b>				
Patients whose hospital treatment has been paid for by the ICRC	Patients	5		
<b>Physical rehabilitation<sup>4</sup></b>				
Centres supported	Structures	1		
Patients receiving services	Patients	1,595	551	284
New patients fitted with prostheses	Patients	46	16	5
Prostheses delivered	Units	54	16	7
	<i>of which for victims of mines or explosive remnants of war</i>	11		
New patients fitted with orthoses	Patients	41	12	17
Orthoses delivered	Units	53	12	24
Patients receiving physiotherapy	Patients	1,423	486	262
Crutches delivered	Units	123		
Wheelchairs delivered	Units	66		

1. Guinea-Bissau and Senegal

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

3. Senegal

4. Guinea-Bissau



# HARARE (regional)

COVERING: Malawi, Mozambique, Namibia, Zambia, Zimbabwe



ICRC regional delegation ICRC presence

The Harare regional delegation has existed in its current form since 1981, although the ICRC has been present in some of the countries for much longer. It visits detainees throughout the region, working closely with Zimbabwe's authorities to improve detainees' conditions. Also in Zimbabwe, it assists the country's Mine Action Centre in strengthening its capacities. Throughout the region, it helps refugees and relatives separated by armed conflict/other situations of violence restore contact; raises awareness of IHL and international human rights law among the authorities and armed and security forces; and helps National Societies develop their operational capacities.

## KEY RESULTS/CONSTRAINTS

### In 2014:

- ▶ in Zimbabwe, over 70% more detainees than in 2013 enriched their meals with vegetables and other staples produced in prison farms, with the malnourished regaining weight via therapeutic feeding programmes
- ▶ detainees in Zimbabwe and people held for security reasons in Namibia received visits from the ICRC, with some availing themselves of family-links services to maintain contact with their families
- ▶ Zimbabwe passed a bill prohibiting the use of biological agents and toxic gases as weapons, and requested an extension to its deadline for completing its demining obligations under an international treaty
- ▶ the Mozambique Red Cross Society – despite an internal crisis – and other National Societies in the region provided assistance/ family-links services to people affected by violence

EXPENDITURE (in KCHF)	
Protection	1,248
Assistance	3,379
Prevention	1,482
Cooperation with National Societies	1,066
General	-
	<b>7,176</b>

of which: Overheads 438

IMPLEMENTATION RATE	
Expenditure/yearly budget	<b>101%</b>

PERSONNEL	
Mobile staff	9
Resident staff (daily workers not included)	72

## YEARLY RESULTS

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

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
<b>Red Cross messages (RCMs)</b>	
RCMs collected	266
RCMs distributed	186
Phone calls facilitated between family members	2
People located (tracing cases closed positively)	14
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
<b>ICRC visits</b>	
Detainees visited	16,736
Detainees visited and monitored individually	70
Number of visits carried out	55
Number of places of detention visited	30
<b>Restoring family links</b>	
Phone calls made to families to inform them of the whereabouts of a detained relative	28

ASSISTANCE	2014 Targets (up to)	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>		
<b>Economic security, water and habitat</b>		
<b>(in some cases provided within a protection or cooperation programme)</b>		
Essential household items <sup>1</sup>	Beneficiaries	
Water and habitat activities	Beneficiaries	582

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

## CONTEXT

The region remained generally calm, with the exception of Mozambique where tensions and skirmishes between the government and the Mozambican National Resistance (RENAMO) continued despite ongoing negotiations. Confrontations – which caused some casualties and displacement, and hampered access to public services – stopped after a cease-fire agreement in August. Contested election results revived tensions in October.

Economic constraints continued to affect Zimbabwe's employment rate and the government's ability to provide adequate services, including within the penitentiary system. Elections in Malawi and Namibia proceeded peacefully.

The region continued to host thousands of refugees, for example from the Democratic Republic of the Congo (hereafter DRC); most of them found shelter in UNHCR camps.

## ICRC ACTION AND RESULTS

The ICRC worked with the authorities and National Societies throughout the region to meet the needs of vulnerable people. As a matter of priority, the ICRC visited detainees in Zimbabwean prisons and some police stations, and in Namibia, people held in relation to the 1999 Caprivi Strip uprising. Following visits, the detaining authorities received the ICRC's confidential feedback and technical input, helping them improve detainee treatment and living conditions. By year's end, following a revision of the progress of its detention-related activities, the ICRC decided to no longer visit detainees in the custody of the police forces.

The Zimbabwe Prison and Correctional Service (ZPCS) drew on technical expertise as well as direct support from the ICRC to enhance penitentiary services and overcome budgetary constraints linked to the economic situation. Detainees supplemented and varied their diets with fresh or dried vegetables from ICRC-supported prison farms, and with food rations delivered with logistical assistance from the ICRC. Inmates who remained malnourished or who were sick were diagnosed during regular health checks; subsequently, they received treatment from the Health Ministry and the ZPCS, and/or from prison clinics regularly supplied with medicines by the ICRC and other actors. Upgrades to infrastructure and distribution of hygiene items and essentials, such as blankets and clothes, improved living conditions – hygiene, for instance – for people held in prisons and police stations.

Members of families dispersed by armed conflict in the wider region, detention or migration restored/maintained contact through family-links services provided by the ICRC and National Societies. In Mozambique, people displaced by violence met their urgent needs and set up shelters with help from the Mozambique Red Cross Society.

To mitigate the consequences of weapon contamination, the ICRC maintained its support to the Zimbabwe Mine Action Centre (ZIMAC), and helped it to bolster its capacities to manage the national mine-action programme. Together, the ICRC and ZIMAC enhanced local demining operations, trained demining instructors in the proper disposal of mines/explosive remnants of war (ERW) and facilitated mine-risk education activities for communities affected by weapon contamination.

The ICRC maintained relations with the authorities and members of civil society throughout the region, primarily through bilateral

dialogue, dissemination sessions and regional events, such as the Third Review Conference of the Anti-Personnel Mine Ban Convention. In Mozambique, government officials, RENAMO representatives and the ICRC discussed the need to respect civilians during hostilities and to allow humanitarian assistance/medical services to reach the people affected. Zimbabwe passed a bill implementing the Biological Weapons Convention and a 1925 international protocol restricting the use of toxic gases as a weapon.

Movement partners continued to meet regularly to coordinate their activities.

## CIVILIANS

### ZIMAC's efforts minimize the impact of mines/ERW for thousands of people

Local demining bodies continued, with ICRC support, to implement the National Mine Action Standards, in compliance with international norms.

ZIMAC built up its capacity to manage the national mine-action programme, and developed a joint support strategy with the Zimbabwean government and the ICRC, pursuant to a 2012 cooperation agreement that was extended to the end of 2014. Through ICRC-organized workshops, dozens of ZIMAC staff members honed their skills, for example in assuring the quality of services, conducting risk-education sessions and managing information. Ten people became qualified to train others in demining after attending a course in the proper clearance and disposal of mines/ERW. Although still located within military premises, the centre's mine-clearance unit benefited from donations of basic equipment.

Aided by ICRC expertise, ZIMAC drew up a plan of action to enhance its demining operations along the border with Mozambique. However, a cooperation agreement on cross-border demining – drafted by the Mozambican and Zimbabwean authorities with ICRC support – had not yet been finalized. In the meantime, over 5,300 children and other residents of communities along Zimbabwe's north-eastern border with Mozambique learnt to reduce their exposure to mines/ERW in the area following risk-education sessions and the distribution of information material.

Dialogue and information sessions, including during a conference on anti-personnel mines in Mozambique, helped raise support for ZIMAC (see *Actors of influence*). At a conference abroad (see *African Union*), Zimbabwean officials learnt more about assisting mine-affected people.

### IDPs in Mozambique cover their basic needs with help from the National Society/ICRC

In light of the ongoing tensions in Mozambique (see *Context*), government officials, RENAMO representatives and the ICRC discussed the need to protect civilians and to secure access for humanitarian workers/medical personnel to people affected.

Approximately 600 IDPs (130 households) met their daily needs with household essentials, including energy-saving stoves and charcoal, provided by the Mozambican Red Cross, with ICRC support. Health campaigns and the renovation of a borehole by trained National Society technicians and/or volunteers helped displaced people maintain their health. In October, IDP households moved from tents into traditional mud houses built with National Society/ICRC support, and had better shelter during the rainy season. These

activities were carried out despite an internal crisis at the National Society (see *Red Cross and Red Crescent Movement*).

### Members of dispersed families exchange news through the regional family-links network

Families separated by armed conflict, detention or other circumstances – particularly IDPs, migrants and refugees – restored/maintained contact through RCMs and other means. The Zimbabwe Red Cross Society extended family-links services to people attending public events – which resulted in 50 children rejoining their families within a day of being separated from them – and the Malawi Red Cross Society provided tracing/ first-aid services at rallies and at over 100 polling stations during the campaign/electoral period. These activities also increased public awareness of the National Societies. The Zambia Red Cross Society began to take over family-links activities at the Meheba refugee camp.

The region's National Societies enhanced family-links services with ICRC material/technical support: for example, support was provided for assessing the needs of refugees at camps in Malawi, Namibia, Zambia and Zimbabwe. During a regional workshop in Zimbabwe, representatives of seven southern African National Societies exchanged best practices in coordinating activities and restoring family links during emergencies, thereby strengthening the regional family-links network. Owing to other priorities, training in human remains management for the Malawian and Mozambican National Societies, though planned, did not take place.

### PEOPLE DEPRIVED OF THEIR FREEDOM

Over 16,600 people held by the ZPCS and the police received visits from the ICRC. Afterwards, the detaining authorities received the ICRC's confidential feedback and recommendations with a view to improving detainee treatment and living conditions: for example, discussions between the ICRC and the authorities contributed to 166 mentally ill inmates being discharged and returning to their families. By year's end, following a revision of the progress of its

detention-related activities, the ICRC decided to no longer visit detainees in the custody of the police forces.

Some detainees visited, notably foreigners, made use of family-links services to stay in touch with their families in Zimbabwe or abroad: 28 foreign detainees returned home with support from their families.

### 70% more detainees in Zimbabwe supplement their diet with vegetables from prison farms

The ZPCS drew on the ICRC's technical expertise to improve prison services and work around budgetary constraints: for example, it produced a manual of guidelines for managing prison infrastructure and making the best use of available resources. During ICRC-sponsored workshops, some 100 prison directors, farm managers and nurses discussed how to meet the annual food requirements of detainees, while health staff learnt more about diagnosing and treating malnutrition. Two prison officials honed their prison-management skills at an advanced course in Geneva, Switzerland.

Prison farms boosted their yields with ICRC-supplied seed/fertilizer/equipment; recommendations from an ICRC-supported economic study completed in 2013 were also used to this end. More than 17,000 detainees, 70% more than in 2013, improved their diet – both its quantity and its quality – with vegetables and other staples; produce was available throughout the year, and consumed fresh or dried. However, full daily rations could still not be guaranteed for the whole of 2014 given the limited resources of public services. Detainees thus further supplemented their diet with food items provided by the ICRC.

In most of the prisons visited by the ICRC, detainees who were sick or malnourished were diagnosed on their arrival and, afterwards, examined on a monthly basis. The Health Ministry took charge of the severely malnourished; moderately malnourished inmates – over 1,550 in 26 prisons – regained weight through ZPCS/ICRC supplementary feeding programmes. Sick detainees

CIVILIANS	MALAWI	MOZAMBIQUE	NAMIBIA	ZAMBIA	ZIMBABWE
<b>Red Cross messages (RCMs)</b>					
RCMs collected			107		159
					<i>including from UAMs/SCs*</i> 12
RCMs distributed			58		128
Phone calls facilitated between family members			2		
<b>Tracing requests, including cases of missing persons</b>					
People for whom a tracing request was newly registered	18		20	6	34
					<i>of whom women</i> 7
					<i>of whom minors at the time of disappearance - girls</i> 2
					<i>of whom minors at the time of disappearance - boys</i> 1
					<i>including people for whom tracing requests were registered by another delegation</i> 6
People located (tracing cases closed positively)	10			3	1
					<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)	24	2	21	24	25
					<i>of whom women</i> 11
					<i>of whom minors at the time of disappearance - girls</i> 4
					<i>of whom minors at the time of disappearance - boys</i> 4
					<i>including people for whom tracing requests were registered by another delegation</i> 2
<b>UAMs/SCs*, including unaccompanied demobilized child soldiers</b>					
UAMs/SCs newly registered by the ICRC/National Society	3		6		13
					<i>of whom girls</i> 2
UAM/SC cases still being handled at the end of the reporting period	40		6	4	53
					<i>of whom girls</i> 21
<b>Documents</b>					
People to whom travel documents were issued					1

\* Unaccompanied minors/separated children

recovered their health through care at prison clinics regularly supplied with medicines by the National Pharmaceutical Company of Zimbabwe up to mid-year, UNICEF and the ICRC. Good coordination between all parties concerned, and provision of health care in accordance with national guidelines, helped keep mortality levels low.

In prisons and police stations, almost 17,400 detainees improved their living conditions and reduced their exposure to health risks, using ICRC-provided hygiene items and household essentials such as blankets and clothing and, in nine prisons, clean water from upgraded infrastructure. Some inmates also made use of recreational materials donated by the ICRC.

In main prisons, prison farms and satellite sites, inmates consumed food prepared in 45 rehabilitated kitchens that had enhanced cooking capacities and sanitary conditions. Plans to refurbish prison farms' irrigation systems were put on hold to carry out the abovementioned upgrades.

### Security detainees in Namibia keep in touch with relatives

In Namibia, 77 people arrested in connection with the 1999 Caprivi Strip uprising were visited by the ICRC according to its standard procedures. Twice a year, these people spent time with their relatives during visits facilitated by the Namibia Red Cross/ICRC. With ICRC input, confidential feedback and other support, the authorities worked on improving detainee treatment and living conditions. After their release, over 40 security detainees were given the opportunity to make use of agricultural equipment/training provided by the National Society/ICRC, and speed up their social reintegration.

## ACTORS OF INFLUENCE

### Over 1,200 troops and penitentiary staff across the region further their understanding of IHL

Military officers throughout the region added to their knowledge of IHL through information sessions, including some conducted during military exercises. Some 850 Malawian troops deploying to the DRC, and nearly 100 prison officers studying at the South African Development Community (SADC) Regional Peacekeeping Training Centre in Zimbabwe, learnt more about IHL norms applicable to peacekeeping.

During their annual general meeting, the SADC's military health services committee received technical advice from the ICRC, in connection with developing and implementing policies for making health personnel, facilities and equipment safer during armed conflict.

### Zimbabwe passes bill prohibiting the use of biological agents and toxic gases as weapons of war

The region's authorities continued to draw on the ICRC's technical expertise to advance IHL ratification/implementation: for example, representatives of the Namibian and Zimbabwean IHL committees and their counterparts in other countries shared good practices and discussed opportunities for cooperation during a meeting in South Africa (see *Pretoria*). At an ICRC-supported workshop, some 20 Zimbabwean parliamentarians worked on drafting legislation implementing the Biological Weapons Convention and a 1925 international protocol restricting the use of toxic gases as a weapon: the bill was passed within the year. Zimbabwe also made use of ICRC technical expertise for requesting an extension to the deadline for its demining obligations under the Anti-Personnel Mine Ban Convention.

Mozambique hosted the Third Review Conference of the Anti-Personnel Mine Ban Convention, at which hundreds of high-level representatives of States and humanitarian organizations – including the ICRC's vice-president – discussed progress in implementation and good practices in overcoming related obstacles. Participants were made more aware of the continuing impact of mines and ERW on people by an ICRC-organized photo gallery and by live testimony from survivors and landmine laying personnel.

At an annual conference on penitentiary affairs in Namibia, ICRC officials, including the president, informed participants of the ICRC's activities for detainees.

### Students across the region become more aware of the importance of IHL in their future careers

Through dialogue, dissemination activities conducted with National Societies and regional IHL training events (see, for example, *Pretoria*), national authorities and members of civil society learnt more about, and were encouraged to support, IHL and the Movement's neutral, impartial and independent activities. Over 175 students of law, international relations, media and medicine in Mozambique, Zambia and Zimbabwe furthered their understanding of IHL and its relevance to their careers. Zimbabwean law students demonstrated their grasp of IHL at national and international competitions: the University of Zimbabwe placed second in a regional moot court competition. The University of Malawi included IHL in its syllabus for international law.

The region's National Societies, through their ICRC-trained communication staff, pursued efforts to raise acceptance for the Movement and encourage volunteerism among the general public.

PEOPLE DEPRIVED OF THEIR FREEDOM	NAMIBIA	ZIMBABWE
<b>ICRC visits</b>		
Detainees visited	77	16,659
		<i>of whom women</i>
		421
		<i>of whom minors</i>
		72
Detainees visited and monitored individually	70	
Number of visits carried out	1	54
Number of places of detention visited	1	29
<b>Restoring family links</b>		
Phone calls made to families to inform them of the whereabouts of a detained relative		28
Detainees visited by their relatives with ICRC/National Society support	74	

## RED CROSS AND RED CRESCENT MOVEMENT

The region's National Societies drew on ICRC support to enhance their capacities and apply the Safer Access Framework; they conducted joint activities with the ICRC (see *Civilians and Actors of influence*), and prepared and responded to emergencies, including in relation to elections.

With support from the Movement, National Societies also strengthened their legal bases and organizational structure, and tackled issues such as the high turnover of staff. The Mozambican

Red Cross elected an interim executive team after it dismissed senior staff for alleged financial mismanagement. Legal advisers from the Malawian and Zimbabwean National Societies participated in an annual meeting in Switzerland. The Namibia Red Cross reviewed the country's Red Cross Act, with a view to proposing amendments to parliament.

Regular dialogue and regional meetings (see also *Pretoria*) strengthened coordination among the region's National Societies; they also helped prevent duplication and address unmet needs.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>Red Cross messages (RCMs)</b>			UAMs/SCs*		
RCMs collected		266	12		
RCMs distributed		186			
Phone calls facilitated between family members		2			
<b>Tracing requests, including cases of missing persons</b>			Women	Girls	Boys
People for whom a tracing request was newly registered		78	18	18	14
	<i>including people for whom tracing requests were registered by another delegation</i>	6			
People located (tracing cases closed positively)		14			
	<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)		96	21	20	13
	<i>including people for whom tracing requests were registered by another delegation</i>	6			
<b>UAMs/SCs*, including unaccompanied demobilized child soldiers</b>			Girls		Demobilized children
UAMs/SCs newly registered by the ICRC/National Society		22	6		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		103	48		
<b>Documents</b>					
People to whom travel documents were issued		1			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)<sup>1</sup></b>					
<b>ICRC visits</b>			Women	Minors	
Detainees visited		16,736	421	72	
			Women	Girls	Boys
Detainees visited and monitored individually		70			
Number of visits carried out		55			
Number of places of detention visited		30			
<b>Restoring family links</b>					
Phone calls made to families to inform them of the whereabouts of a detained relative		28			
Detainees visited by their relatives with ICRC/National Society support		74			

\* Unaccompanied minors/separated children

1. Malawi, Mozambique, Namibia, Zambia and Zimbabwe

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)<sup>1</sup></b>				
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Essential household items <sup>2</sup>	Beneficiaries			
Water and habitat activities	Beneficiaries	582	5%	1%
	<i>of whom IDPs</i>	582		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)<sup>1</sup></b>				
<b>Economic security, water and habitat (in some cases provided within a protection programme)</b>				
Food commodities	Beneficiaries	18,921		
Essential household items	Beneficiaries	18,484		
Productive inputs <sup>2</sup>	Beneficiaries	26,798		
Water and habitat activities	Beneficiaries	17,397		
<b>Health</b>				
Number of visits carried out by health staff		238		
Number of places of detention visited by health staff		38		

1. Zimbabwe

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



# NAIROBI (regional)

COVERING: Djibouti, Kenya, United Republic of Tanzania



The ICRC's regional delegation in Nairobi was set up in 1974 and has a dual purpose: first, to promote IHL and carry out operations in the countries covered, namely restoring contact between refugees and their families, protecting and assisting people injured, displaced or otherwise affected by armed conflict or other situations of violence, visiting detainees falling within its mandate, and supporting the development of the National Societies; and second, to provide relief supplies and other support services for ICRC operations in neighbouring countries in the Horn of Africa and Great Lakes regions, as well as further afield.

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

**MEDIUM**

## KEY RESULTS/CONSTRAINTS

In 2014:

- ▶ refugees, including a growing number of people who had fled the conflict in South Sudan, kept in touch with relatives via family-links services offered by the region's National Societies and the ICRC
- ▶ dialogue with the Kenyan authorities concerned on possible visits to detainees within the ICRC's purview and, on the need to help families of missing persons ascertain the fate of their relatives, remained stalled
- ▶ officials from Kenya, the United Republic of Tanzania and other African countries discussed their progress in domestic IHL implementation at regional seminars that aimed to foster long-term respect for IHL
- ▶ members of the Kenyan and Tanzanian security forces, including officers working in violence-prone areas, boosted their knowledge of internationally recognized standards related to their duties
- ▶ the region's National Societies boosted their capacities with ICRC support, which helped the Kenya Red Cross Society deploy some staff to South Sudan to bolster the operations of the South Sudan Red Cross Society

## EXPENDITURE (in KCHF)

Protection	1,645
Assistance	125
Prevention	2,224
Cooperation with National Societies	1,761
General	790

**6,545**

of which: Overheads 399

## IMPLEMENTATION RATE

Expenditure/yearly budget	<b>90%</b>
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## PERSONNEL

Mobile staff	37
Resident staff (daily workers not included)	309

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
<b>Red Cross messages (RCMs)</b>	
RCMs collected	14,691
RCMs distributed	13,980
Phone calls facilitated between family members	314,047
People located (tracing cases closed positively)	134
People reunited with their families	18
<i>of whom unaccompanied minors/separated children</i>	18
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
<b>ICRC visits</b>	
Detainees visited	920
Detainees visited and monitored individually	59
Number of visits carried out	11
Number of places of detention visited	4
<b>Restoring family links</b>	
RCMs collected	157
RCMs distributed	117

## CONTEXT

The three countries covered hosted refugees from neighbouring countries, mainly Somalia; Kenya experienced a spike in the number of people entering the country to flee the conflict in South Sudan.

Djibouti and Kenya participated in the African Union Mission in Somalia's (AMISOM) military operations against the Harakat al-Shabaab al-Mujahideen (better known as al-Shabaab), which reportedly conducted retaliatory attacks in those two countries, leading to injuries and deaths.

In Kenya, the authorities launched security operations against people allegedly involved in these incidents, which included attacks and bombings in Mandera and Nairobi, and in coastal areas such as the city of Mombasa. Political tensions and disputes over boundaries and resources led to intercommunal clashes in north-eastern Kenya and elsewhere, displacing thousands.

Following months of protests, which in some cases led to arrests, the Djiboutian government and the opposition reached an agreement on the allocation of parliamentary seats. Relations between Djibouti and Eritrea remained strained over their disputed border area (see *Eritrea*).

In the United Republic of Tanzania (hereafter Tanzania), a constitutional referendum and general elections were scheduled for 2015. Tanzanian forces participated in peacekeeping missions abroad.

The Mechanism for International Criminal Tribunals (MICT) assumed responsibility for people sentenced by the International Criminal Tribunal for Rwanda (ICTR) and held at the UN detention facility in Arusha, Tanzania.

## ICRC ACTION AND RESULTS

In 2014, the Nairobi delegation continued to foster the protection of people affected by armed conflict and other situations of violence – including people deprived of their freedom – and to promote respect for humanitarian principles and IHL.

Refugees and migrants in the countries covered exchanged news with family members via National Society/ICRC family-links services, particularly mobile phone calls and RCMs. The ICRC maintained its efforts to help people in Djibouti and in Kenya ascertain the fate or whereabouts of relatives missing in connection with past conflict and with violence, respectively, but no progress was made. Mobilizing financial/psychosocial support for Djiboutian families was found to be unnecessary, but they received some material support. To facilitate future identification of human remains, the ICRC trained forensic professionals in Kenya and provided some material support for the Red Crescent Society of Djibouti. It also helped medical staff prepare for violence-related emergencies by conducting training seminars in cooperation with the Kenyan Health Ministry and the Kenya Red Cross Society.

Detainees received visits to monitor their treatment and living conditions, in accordance with standard ICRC procedures; in Djibouti, they included POWs from Eritrea, and in Tanzania, Congolese detainees and people under the MICT's jurisdiction. After their visits, delegates communicated their findings confidentially to the detaining authorities. Inmates kept in touch with relatives through family-links services. In Djibouti, ICRC-donated hygiene kits/cleaning materials improved living conditions for detainees.

In parallel, the ICRC continued seeking access to all detainees within its purview. However, in Kenya, limited dialogue with the authorities concerned did not elicit approval for ICRC visits. In Tanzania, the resumption of such discussions led to permission for a visit to detainees in Zanzibar in 2015.

To further promote respect for IHL and other relevant law and to safeguard access to humanitarian aid/health care for those in need, the ICRC maintained dialogue with the authorities, weapon bearers and civil society actors. Training courses sought to encourage compliance with international human rights law among members of the Kenyan and Tanzanian security forces, and adherence to IHL among Tanzanian peacekeepers to be sent abroad. Regional seminars aimed to promote long-term respect for IHL by facilitating its implementation. Local and international events – such as a round-table for IHL lecturers from across the region, seminars for journalists, and a forum on sexual violence – helped raise awareness of and support for IHL, the Movement, and humanitarian issues.

The ICRC worked with the region's National Societies to restore family links and promote IHL, while supporting them in boosting their capacities thereon. It also helped them enhance their emergency response capacities: notably, the Kenyan Red Cross deployed some staff to South Sudan to bolster the operations of the South Sudan Red Cross Society.

ICRC delegations in and beyond the region, notably in South Sudan, continued to receive relief and other supplies procured and delivered by the ICRC's Nairobi-based logistics centre. They also benefited from courses, advice and field support provided by the regional training and assistance units.

## CIVILIANS

### In Kenya, refugees fleeing violence in South Sudan contact relatives

Migrants and refugees, among them unaccompanied minors, re-established/maintained contact with their relatives through family-links services provided by the Djiboutian, Kenyan and Tanzanian National Societies together with the ICRC; collectively, they sent 14,691 RCMs and received 13,980. Refugees in six camps in the three countries spoke to relatives in Somalia or elsewhere by making a total of 314,047 calls via a mobile phone service. In May, the Tanzania Red Cross Society ended its family-links services in two out of the three camps it was supporting, as refugees there had already integrated into society.

Fifteen South Sudanese and two Rwandan children were reunited with their families in their countries of origin; one child from South Sudan was reunited with his family in Kenya. Sixteen people who were in Kenya resettled in a third country using ICRC travel documents issued in coordination with the pertinent embassy and UNHCR.

The three National Societies bolstered their RCM-delivery/collection and tracing capacities with ICRC support (see *Red Cross and Red Crescent Movement*); regular coordination among the National Societies and ICRC delegations in the wider region further enhanced the provision of family-links services. In Kenya, National Society/ICRC trips to refugee camps enabled follow-up of pending cases and helped tracing volunteers streamline their services.

During meetings, local stakeholders and representatives of international organizations involved in child protection initiatives

in the countries covered furthered their understanding of the services provided by, and the working procedures of, the National Societies/ICRC.

### Families in Djibouti and Kenya remain without news of missing relatives

Requests for information submitted to the Eritrean authorities regarding the Djiboutian soldiers reported as missing after the 2008 Djibouti-Eritrea conflict remained unanswered (see *Eritrea*). Plans to mobilize other organizations to provide assistance to the families of the missing – particularly, financial/psychosocial support – were found to be unnecessary, as they had already established their own referral network. Nevertheless, several families received water tanks in view of their difficult conditions.

Despite efforts to follow-up with the authorities concerned, no progress was made on helping families in Kenya ascertain the fate/whereabouts of relatives missing in relation to past violence in the Mt. Elgon region and in relation to the 2007–08 post-election violence.

With a view to facilitating the identification of human remains during future emergencies, staff from the Kenyan Health Ministry's forensic service, as well as the Kenyan Red Cross, enhanced their knowledge of human remains management at ICRC-supported seminars. The Djiboutian Red Crescent received material support in this regard (see *Red Cross and Red Crescent Movement*).

## PEOPLE DEPRIVED OF THEIR FREEDOM

### Detainees within ICRC purview in Kenya do not receive visits

To ensure that the treatment and living conditions of people held in relation to armed conflict or other situations of violence complied with IHL and other internationally recognized standards, detainees received ICRC visits conducted according to its standard procedures. In Djibouti, they included 19 POWs from Eritrea; in Tanzania, they included detainees under the MICT's jurisdiction, and eight detainees of Congolese origin, who were released by mid-year. Foreign detainees kept in touch with relatives through phone calls or RCMs.

During meetings, the detaining authorities and ICRC delegates confidentially discussed delegates' findings and recommendations, notably, regarding respect for judicial guarantees and the principle of *non-refoulement* for foreign detainees. Dialogue with the MICT tackled the well-being of people under their jurisdiction who were serving their sentences in Benin and Mali, as well as the social reintegration of acquitted or released inmates.

In Kenya, dialogue resumed between the ICRC and the authorities on a limited basis, regarding access to people arrested in relation to security operations (see *Context*). However, approval for ICRC visits was not granted. Nevertheless, the ICRC strove to collect information from and/or follow up – with the authorities, organizations, media, community leaders and families – allegations of capture, detention or extradition of people held in relation to “terrorism”. In Tanzania, the Zanzibari authorities and the ICRC

CIVILIANS	DJIBOUTI	KENYA	UNITED REPUBLIC OF TANZANIA
<b>Red Cross messages (RCMs)</b>			
RCMs collected	542	13,051	1,098
		<i>including from UAMs/SCs*</i>	8
RCMs distributed	806	11,751	1,423
		<i>including from UAMs/SCs*</i>	5
Phone calls facilitated between family members	22,933	207,593	83,521
<b>Reunifications, transfers and repatriations</b>			
People reunited with their families		18	
		<i>including people registered by another delegation</i>	6
<b>Tracing requests, including cases of missing persons</b>			
People for whom a tracing request was newly registered		492	4
		<i>of whom women</i>	98
		<i>of whom minors at the time of disappearance - girls</i>	135
		<i>of whom minors at the time of disappearance - boys</i>	51
		<i>including people for whom tracing requests were registered by another delegation</i>	56
People located (tracing cases closed positively)		133	1
		<i>including people for whom tracing requests were registered by another delegation</i>	37
Tracing cases still being handled at the end of the reporting period (people)	17	622	22
		<i>of whom women</i>	121
		<i>of whom minors at the time of disappearance - girls</i>	160
		<i>of whom minors at the time of disappearance - boys</i>	43
		<i>including people for whom tracing requests were registered by another delegation</i>	113
<b>UAMs/SCs*, including unaccompanied demobilized child soldiers</b>			
UAMs/SCs newly registered by the ICRC/National Society		62	2
		<i>of whom girls</i>	8
UAMs/SCs reunited with their families by the ICRC/National Society		18	
		<i>of whom girls</i>	2
		<i>including UAMs/SCs registered by another delegation</i>	6
UAM/SC cases still being handled at the end of the reporting period		55	19
		<i>of whom girls</i>	7
<b>Documents</b>			
People to whom travel documents were issued		16	
Official documents relayed between family members across borders/front lines		1	

\* Unaccompanied minors/separated children

resumed discussions regarding ICRC visits, which led to approval for a visit in 2015.

### POWs in Djibouti receive regular medical visits

In Djibouti, POWs as well as other detainees in Gabode prison maintained sanitary conditions with the help of ICRC-donated hygiene kits and cleaning products; the POWs also received food. The authorities received technical advice and some material assistance, such as drain cleaning rods and ovens, to help them improve detainees' living conditions; support for infrastructural rehabilitation was found to be unnecessary.

The detaining authorities, with encouragement from the ICRC, facilitated medical visits to POWs at least twice a week; one POW had the cost of his medical treatment paid for by the ICRC throughout the year.

### WOUNDED AND SICK

In Kenya, training initiatives for medical staff aimed to help them prepare for emergencies. At a Health Emergencies in Large Populations course run by the Kenyan Red Cross/ICRC, 24 representatives of four African countries, including Kenya, refined their abilities to manage medical interventions during armed conflict and other situations of violence. In cooperation with the Kenyan Health Ministry and the National Society, 41 doctors boosted their emergency trauma care skills at courses conducted by Kenyan instructors with ICRC supervision. At another seminar, 31 surgeons learnt more about treating weapon-wounded patients. A formal agreement among the Health Ministry, National Society and the ICRC regarding further training initiatives – including the inclusion of a trauma management course in a medical school's curriculum – was discussed.

### ACTORS OF INFLUENCE

#### Kenyan and Tanzanian security forces better understand internationally recognized policing standards

The authorities and weapon bearers throughout the region participated in activities aimed at building respect for IHL and other relevant law, and at promoting safe access to humanitarian aid/health care for vulnerable populations.

Over 2,200 Kenyan and 200 Tanzanian police officers/recruits, including some assigned to violence-prone areas, added to their knowledge of international human rights law and internationally recognized standards applicable to law enforcement during training sessions, which, in Kenya, were co-organized with the National Society.

At ICRC lectures during courses organized by the International Peace Support Training Centre in Kenya, about 250 people from the armed/security forces, the judiciary, and civil society furthered their understanding of IHL, including provisions on protection for women and children. Kenyan government officials stationed along the border with Uganda familiarized themselves with the activities of the ICRC's logistics centre in Nairobi, which helped facilitate its work.

To support the integration of IHL and other relevant law into the Kenyan Defence Forces' training, 17 instructors and two senior officers trained at an ICRC workshop in Kenya and at a course in San Remo, respectively. The Kenyan National Defence College enriched its library with IHL publications from the ICRC.

Some 800 Tanzanian peacekeepers attended IHL briefings before leaving for the Democratic Republic of the Congo and Somalia.

#### African nations discuss ways to facilitate IHL implementation

Regional events aimed to promote long-term respect for IHL by facilitating its implementation. At a seminar in Kenya, representatives from Djibouti, Ethiopia, Kenya, Somalia, South Africa, Uganda, Tanzania, and for the first time, Eritrea, discussed their countries' headway and plans in this regard. At a workshop co-organized with the Regional Centre for Small Arms, government officials from Kenya, Tanzania and eight other African countries discussed their progress in signing or ratifying the Arms Trade Treaty and ways to expedite the process.

Tanzanian government ministries and the ICRC continued to discuss the formation of a national IHL committee; however, the country's constitutional review stalled the drafting of a Geneva Conventions Act and the revision of the Red Cross Act.

#### Academics enhance their knowledge of IHL at regional events

ICRC-organized events helped generate awareness of and support for IHL, the Movement and humanitarian issues among the general public.

Students demonstrated their IHL knowledge at a regional essay-writing contest, and at national and regional moot court competitions in Kenya and Tanzania. Lecturers from across the region participated in a round-table in Nairobi, where they discussed the latest IHL-related developments and challenges; seminars in Kenyan and Tanzanian universities presented further opportunities for students/instructors to learn more about the topic.

PEOPLE DEPRIVED OF THEIR FREEDOM	DJIBOUTI	ICTR/MICT	UNITED REPUBLIC OF TANZANIA
<b>ICRC visits</b>			
Detainees visited	899	13	8
	<i>of whom women</i>	1	
	<i>of whom minors</i>		
Detainees visited and monitored individually	38	13	8
	<i>of whom women</i>	1	
Detainees newly registered	17		
	<i>of whom women</i>		
Number of visits carried out	9	1	1
Number of places of detention visited	2	1	1
<b>Restoring family links</b>			
RCMs collected	4		153
RCMs distributed	7		110

Some 130 Kenyan and Tanzanian journalists bolstered their ability to relay key humanitarian messages, through seminars on conflict reporting and the Movement co-organized by the respective National Societies/ICRC. Likewise, journalism lecturers in Nairobi increased their understanding of IHL in relation to “terrorism” and of the role of media in covering such situations.

At a forum organized jointly with a Kenyan media association to mark International Women’s Day, women from violence-prone areas discussed ways to address/prevent sexual violence, for instance, with the help of existing legislation. Humanitarian workers from various countries attended an IHL training course in Kenya. Community leaders in Tanzania learnt more about the Movement at a Tanzanian Red Cross/ICRC seminar. Some contact was maintained with members of religious circles, including participants of a 2013 seminar on IHL and Islam.

The ICRC’s documentation centre in Nairobi continued to provide reference materials on IHL for public use.

## RED CROSS AND RED CRESCENT MOVEMENT

Independently or alongside the ICRC, the region’s National Societies responded to emergencies, helped restore family links (see *Civilians*) and promoted understanding of and support for IHL and the Movement and its Fundamental Principles (see *Actors of influence*), while strengthening their capabilities to do so with financial, material and technical support from the ICRC. The Kenyan and Tanzanian National Societies received particular

backing for policy development and volunteer training, respectively, on the Safer Access Framework.

## The Kenyan Red Cross supports the South Sudan Red Cross’s emergency operations in South Sudan

With ICRC support, the Kenyan Red Cross deployed four staff members to South Sudan for nine months to boost the South Sudan Red Cross’s emergency operations in terms of disaster management, psychosocial support and logistics. Red Crescent Society of Djibouti volunteers assisted disaster victims, and, with some ICRC material support, helped in the management of some migrants’ remains after a boat accident. The Tanzanian Red Cross provided first-aid and family-links services to flood-affected people.

National Societies within the wider region enhanced their disaster preparedness at a workshop organized by the Kenyan Red Cross. The Djiboutian and Tanzanian National Societies reinforced their contingency plans with support from Movement partners.

To improve their management capacities and strengthen Movement coordination, National Society staff from the wider region attended a governance/leadership course conducted by the Kenyan Red Cross with ICRC support. Key personnel attended meetings abroad; for instance, legal advisers of the three National Societies participated in an annual meeting, and a Kenyan representative participated in a session on the Health Care in Danger project. Movement components regularly discussed their activities at local and regional levels.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>Red Cross messages (RCMs)</b>			<b>UAMs/SCs*</b>		
RCMs collected		14,691	9		
RCMs distributed		13,980	5		
Phone calls facilitated between family members		314,047			
<b>Reunifications, transfers and repatriations</b>					
People reunited with their families		18			
	<i>including people registered by another delegation</i>	6			
<b>Tracing requests, including cases of missing persons</b>			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered		496	98	136	51
	<i>including people for whom tracing requests were registered by another delegation</i>	56			
People located (tracing cases closed positively)		134			
	<i>including people for whom tracing requests were registered by another delegation</i>	37			
Tracing cases still being handled at the end of the reporting period (people)		661	122	164	48
	<i>including people for whom tracing requests were registered by another delegation</i>	113			
<b>UAMs/SCs*, including unaccompanied demobilized child soldiers</b>			<b>Girls</b>		<b>Demobilized children</b>
UAMs/SCs newly registered by the ICRC/National Society		64	10		
UAMs/SCs reunited with their families by the ICRC/National Society		18	2		
	<i>including UAMs/SCs registered by another delegation</i>	6			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		74	17		
<b>Documents</b>					
People to whom travel documents were issued		16			
Official documents relayed between family members across borders/front lines		1			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>					
<b>ICRC visits</b>			<b>Women</b>	<b>Minors</b>	
Detainees visited		920	31	24	
			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually		59	4		
Detainees newly registered		17	3		
Number of visits carried out		11			
Number of places of detention visited		4			
<b>Restoring family links</b>					
RCMs collected		157			
RCMs distributed		117			

\* Unaccompanied minors/separated children



# PRETORIA (regional)

COVERING: Botswana, Lesotho, South Africa, Swaziland



ICRC regional delegation

The ICRC has worked in South Africa since the early 1960s, opening a regional delegation in Pretoria in 1978. It visits detainees of particular concern in Lesotho, South Africa and Swaziland, monitoring their conditions; and helps refugees, asylum seekers and other migrants to restore contact with relatives. It also works with local actors to address urban violence among South African youth. It promotes IHL treaty ratification and national implementation and supports the incorporation of IHL into military training and university curricula, particularly in South Africa given its regional influence. The ICRC supports the region's National Societies in building their capacities.

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

**MEDIUM**

## KEY RESULTS/CONSTRAINTS

In 2014:

- ▶ health experts from some 15 countries discussed ways to secure health-care facilities in armed conflict and other emergencies at a workshop hosted by the South African government and the ICRC
- ▶ inmates in selected places of detention in Lesotho, South Africa and Swaziland – including, for the first time, 3 Swazi police facilities – received ICRC visits
- ▶ migrants restored/maintained contact with relatives through National Society/ICRC family-links and tracing services and sought legal assistance/protection through ICRC referrals to relevant organizations
- ▶ South African peacekeepers bound for missions abroad and Swazi police enhanced their understanding of IHL/international human rights norms specific to their duties through briefings/workshops
- ▶ in December, South Africa ratified the Arms Trade Treaty

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
<b>Red Cross messages (RCMs)</b>	
RCMs collected	137
RCMs distributed	191
Phone calls facilitated between family members	989
People located (tracing cases closed positively)	16
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
<b>ICRC visits</b>	
Detainees visited	11,358
Detainees visited and monitored individually	39
Number of visits carried out	11
Number of places of detention visited	7
<b>Restoring family links</b>	
RCMs collected	16
RCMs distributed	5
Phone calls made to families to inform them of the whereabouts of a detained relative	10

## EXPENDITURE (in KCHF)

Protection	580
Assistance	-
Prevention	1,051
Cooperation with National Societies	449
General	-

**2,080**

of which: Overheads 127

## IMPLEMENTATION RATE

Expenditure/yearly budget	<b>76%</b>
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## PERSONNEL

Mobile staff	6
Resident staff (daily workers not included)	23

## CONTEXT

South Africa remained influential, politically and economically, within the region and in Africa more generally. It regularly participated in diplomatic initiatives and contributed troops to peacekeeping missions abroad. The country continued to host the Pan-African Parliament (PAP) and other regional organizations, as well as an extensive diplomatic community, regional offices of the UN and other humanitarian agencies, think-tanks and major media agencies.

Socio-economic issues persisted in the region, such as migration and, particularly in South Africa, urban violence and labour strikes. In Swaziland, protests against government policies and limited public services took place occasionally, with the police/military in attendance; there were reports of pre-emptive arrests.

In Lesotho, political tensions in the third quarter of the year resulted in minimal humanitarian consequences. Talks mediated by the South African Development Community (SADC) led to a decision by all parties to hold elections in early 2015.

Botswana held national elections in October.

## ICRC ACTION AND RESULTS

The Pretoria delegation focused on reinforcing the ICRC's position as a reference organization on IHL for political/military authorities and other influential actors in the region, as well as promoting broader understanding of humanitarian principles/concerns. It visited inmates in selected places of detention and supported family-links services for migrants.

South African National Defence Force (SANDF) troops and South African Police Service (SAPS) personnel bound for peacekeeping missions abroad were reminded of IHL/international human rights norms, including those related to respect for health services, during predeployment briefings. Discussions continued with the SANDF and SAPS on further efforts to incorporate IHL/international human rights law into their training programmes. Through workshops/dialogue with the ICRC, Swazi police officers deepened their understanding of international human rights norms applicable to their work.

Detainees in Lesotho, South Africa and Swaziland received visits conducted according to the ICRC's standard procedures. As a result of dialogue between Swazi authorities and the ICRC, people held in three police-run facilities in Swaziland were visited for the first time. Following a first visit to migrants at a South African immigration detention centre in 2013, the ICRC conducted a follow-up visit in November 2014. Twenty Congolese detainees from the Democratic Republic of the Congo (hereafter DRC) were visited at Pretoria Correctional Centre; following their release, 15 of them covered their basic needs with ICRC financial assistance. Foreign detainees in Lesotho improved their well-being with ICRC-distributed food/hygiene items and made monthly phone calls to their relatives. To alleviate the effects of overcrowding, the Swazi Correctional Services constructed space-saving beds with ICRC-supplied materials.

Migrants restored/maintained contact with relatives using family-links services, including a newly established phone service at a refugee camp in Swaziland; some benefited from assistance through ICRC referrals to appropriate organizations.

Sustained dialogue with the authorities encouraged their work towards ratifying and implementing IHL-related instruments. In December, South Africa ratified the Arms Trade Treaty. Botswana's parliament passed a bill prohibiting chemical weapons, and continued working on legislation for implementing the Rome Statute. Swaziland began drafting laws on small arms and light weapons and on military firearms/ammunition, applying selected provisions of the Arms Trade Treaty. At a regional meeting, national IHL committees discussed the challenges of IHL implementation.

Networking with diplomatic representatives and regional/international organizations, such as the PAP, enabled the ICRC to promote region-wide efforts to address humanitarian issues. Health experts from some 15 countries discussed recommendations for safeguarding health-care facilities during armed conflict and other emergencies at a workshop in Pretoria hosted by the Department of International Relations and Cooperation (DIRCO) and the ICRC. Discussions took place with the SADC Organ on Politics, Defence and Security Cooperation on signing an agreement on cooperation in promoting regional prison management reform and respect for IHL in peacekeeping operations. The Institute for Security Studies (ISS), the International Law and Policy Institute (ILPI) and the ICRC hosted a round-table at which 18 African government representatives prepared a guidance document for composing national statements supporting nuclear disarmament, which were presented at an international conference in Vienna, Austria.

Public awareness of IHL/humanitarian issues grew with lecturers'/students' participation in conferences/competitions and media coverage of ICRC activities. With ICRC support, a South African NGO helped mitigate risks related to youth violence through football and training in leadership and other life skills. Lower crime rates were reported in project catchment areas.

The region's National Societies strengthened their capacities in emergency response and family-links services with ICRC support. Movement components met regularly to coordinate their activities.

## CIVILIANS

### Swazi authorities deepen their understanding of IHL/ human rights norms concerning law enforcement

Dialogue with the Swazi police emphasized their responsibility to respect civilians' safety and to uphold humanitarian principles during law enforcement operations. Royal Swaziland Police Service officers advanced their understanding of IHL/international human rights norms applicable to their work through ICRC workshops (see *Actors of influence*).

### Separated migrant families restore/maintain contact through phone services

Migrants in the region re-established contact with relatives through tracing, RCM and phone services provided by the National Societies/ICRC. Coordination among the region's National Societies and the ICRC remained essential for delivering these services. To enhance their capacities, the National Societies fostered peer-to-peer support and developed initiatives to enhance family-links activities at a regional workshop (see *Harare*).

In Swaziland, migrants and refugees exchanged news with family members in their countries of origin or elsewhere through a newly launched phone service at the Malinza refugee camp; the initiative was welcomed by the authorities and beneficiaries. Nearly 800 calls between relatives were facilitated at the camp.

With ICRC support, the Lesotho Red Cross Society assessed family-links needs in eight border districts where migration to South Africa frequently occurred; activities to address them were planned. Some migrants (89 people in South Africa, 2 in Lesotho) were able to resettle/reunite with their families with travel documents issued by the delegation, as requested by diplomatic missions and other organizations.

In South Africa, the ICRC took over the management of family-links services while also providing support for the National Society's efforts to resolve a financial and managerial crisis (see *Red Cross and Red Crescent Movement*). Plans to hire and train a coordinator for these services were delayed, owing to the National Society's focus on restructuring processes.

### Vulnerable migrants referred to pertinent organizations for assistance

Vulnerable migrants in South Africa benefited from referrals to organizations providing legal and/or other forms of assistance. Humanitarian organizations, including the ICRC, met regularly to discuss the migrants' concerns, with a view to lobbying for measures to ensure that unaccompanied minors, women and other vulnerable migrants receive aid. An ICRC study on the challenges faced by Somali migrant women in South Africa confirmed the need to help them address their economic/psychological difficulties.

## PEOPLE DEPRIVED OF THEIR FREEDOM

### People held in three police-run facilities in Swaziland receive ICRC visits for the first time

Inmates in selected places of detention in Lesotho, South Africa and Swaziland received ICRC visits, conducted according to standard ICRC procedures, to monitor their treatment and living conditions.

Dialogue with the Swazi authorities on the ICRC's mandate and standard procedures, as well as workshops for police officers (see *Actors of influence*), helped increase acceptance of the organization's activities for detainees. As a result, people held in three police-run facilities received ICRC visits for the first time.

Following its first visit to an immigration detention centre in South Africa in 2013, the ICRC conducted a second visit to migrants held

at the centre in November. After discussions with the ICRC, the DIRCO approved a preliminary draft of a memorandum of understanding for formalizing the ICRC's access to the centre; it was then submitted to the Department of Home Affairs for consideration.

Twenty asylum seekers from the DRC held at the Pretoria Correctional Centre in relation to the Regulation of Foreign Military Assistance Act also received ICRC visits. The detaining authorities were reminded of their responsibilities under relevant laws and standards, which included respecting the principle of *non-refoulement*. Of the asylum seekers, 15 were released; they received financial assistance from the ICRC to cover their basic needs. The situation of the remaining asylum seekers who were still detained continued to be monitored by the ICRC.

After prison visits, the ICRC shared its findings and recommendations confidentially with the authorities concerned.

Detainees exchanged news with their relatives through ICRC-relayed RCMs or oral messages. In Lesotho, foreign detainees in Maseru, whose families were unable to visit them, spoke with their relatives on a monthly basis through phone calls facilitated by the National Society. Two Congolese detainees returned from Lesotho to their country of origin, using travel documents issued by the ICRC in coordination with the pertinent authorities.

### Authorities take steps to improve detainees' living conditions

The Swazi Correctional Services took note of the findings reported by the ICRC, and pursued measures to alleviate the effects of overcrowding on its detainees. A correctional centre constructed bunk beds with ICRC-supplied materials, including 500 mattresses, to improve the use of space in inmates' cells. Plans to sponsor the participation of Swazi correctional officials at a prison management course in Geneva, Switzerland did not materialize, owing to the unavailability of potential participants. Vulnerable foreign nationals in Lesotho, including 11 security detainees held at the Maseru Central Correctional Institution, improved their diet and sanitation conditions thanks to ad hoc distributions of food and hygiene items. Plans to build new detention facilities stalled owing to the lack of funds; however, the authorities rehabilitated selected prisons with technical advice from the ICRC.

CIVILIANS	BOTSWANA	LESOTHO	SOUTH AFRICA	SWAZILAND
<b>Red Cross messages (RCMs)</b>				
RCMs collected	4		125	8
RCMs distributed	21		164	6
Phone calls facilitated between family members		170	28	791
Names published in the media			1	
<b>Tracing requests, including cases of missing persons</b>				
People for whom a tracing request was newly registered			37	
<i>of whom women</i>			7	
<i>of whom minors at the time of disappearance - girls</i>			13	
<i>of whom minors at the time of disappearance - boys</i>			2	
<i>including people for whom tracing requests were registered by another delegation</i>			2	
People located (tracing cases closed positively)			16	
<i>including people for whom tracing requests were registered by another delegation</i>			2	
Tracing cases still being handled at the end of the reporting period (people)			142	
<i>of whom women</i>			25	
<i>of whom minors at the time of disappearance - girls</i>			39	
<i>of whom minors at the time of disappearance - boys</i>			6	
<i>including people for whom tracing requests were registered by another delegation</i>			13	
<b>Documents</b>				
People to whom travel documents were issued		2	89	

Discussions took place with the SADC Organ on Politics, Defence and Security Cooperation on signing an agreement on cooperation in areas of common concern, such as regional prison management reform (see *Actors of influence*).

## ACTORS OF INFLUENCE

### Peacekeeping troops deepen their understanding of IHL before their deployment

Over 1,500 SANDF peacekeepers, including those bound for the DRC, learnt more about IHL/international human rights law and the importance of safeguarding access to health care through predeployment briefings and training sessions. Senior police officers enhanced their understanding of international human rights law before their deployment to South Sudan.

Heads of command and staff colleges in Africa learnt about integrating IHL into training curricula for peacekeepers during the annual African Conference of Commandants. During a training exercise, SANDF officers received advice on incorporating IHL in operational planning for peacekeeping operations. SANDF officials reviewed ICRC training proposals for border troops, and SAPS representatives studied ICRC-designed modules on international norms applicable to their duties.

At two workshops, some 80 Swazi police officers learnt more about IHL, international human rights law and international policing standards, including those governing arrest and detention.

Owing to other priorities, plans to enhance IHL/international human rights law instruction capacities in the armed forces of Botswana were put on hold.

### Health experts discuss how to safeguard health care during armed conflict

About 30 experts from some 15 countries formulated recommendations for safeguarding health-care facilities and personnel during armed conflict and other emergencies at a workshop in Pretoria, co-hosted by DIRCO and the ICRC for the Health Care in Danger project. At a round-table hosted by the Norwegian embassy in Pretoria, diplomatic representatives recognized the complementarity between the Foreign Policy and Global Health initiative – backed by Brazil, France, Indonesia, Norway, Senegal, South Africa, and Thailand – and the Health Care in Danger project. The SADC Military Health Services and the ICRC discussed possible cooperation on efforts to further promote the project's goals.

### South Africa ratifies the Arms Trade Treaty

Regular contact with national authorities in the region aimed to encourage the ratification of IHL-related instruments and their integration into national law. South Africa, which signed the Arms Trade Treaty in 2013, ratified it in December 2014. Botswana's parliament passed a bill prohibiting the use of chemical weapons, and continued to work on legislation for implementing the Rome Statute. Swaziland began drafting legislation on small arms and light weapons and military firearms/ammunition, in line with selected provisions of the Arms Trade Treaty.

### Authorities deliberate on ways to address challenges to IHL implementation in the region

The national IHL committees of Lesotho, Namibia, South Africa and Zimbabwe tackled the challenges of IHL implementation at a meeting hosted jointly by the Lesotho committee and the ICRC. Their discussions continued at a regional IHL seminar hosted by the DIRCO and the ICRC, at which representatives from 16 African countries exchanged views on the continued relevance of the 1949 Geneva Conventions for Africa. The national IHL committees of Botswana, South Africa and Swaziland also drew on ICRC expertise in their work. In Swaziland, parliamentarians furthered their understanding of IHL implementation through a briefing hosted by the National Society.

To promote regional efforts to address humanitarian issues, networking with international/regional organizations continued. The SADC Organ on Politics, Defence and Security Cooperation agreed in principle to sign a draft memorandum of understanding on cooperation with the ICRC in promoting respect for IHL in peacekeeping operations and regional prison management reform. Dialogue with the PAP was strengthened through contact with the Committee on Justice and Human Rights and cooperation in conducting a training session for parliamentarians. At a regional round-table hosted jointly by the ISS, the ILPI and the ICRC, 18 African government representatives recognized Africa's role in mitigating the humanitarian consequences of nuclear weapons and prepared a guidance document for composing national statements expressing support for nuclear disarmament. These statements were presented at an international conference in Vienna, Austria.

### South African authorities draw on ICRC expertise to reduce violence-related risks

With ICRC support, a local NGO in South Africa maintained its project to mitigate risks related to violence among young people by encouraging them to play football and develop leadership and

PEOPLE DEPRIVED OF THEIR FREEDOM	LESOTHO	SOUTH AFRICA	SWAZILAND
<b>ICRC visits</b>			
Detainees visited	1,005	8,736	1,617
	<i>of whom women</i>	83	23
	<i>of whom minors</i>		482
Detainees visited and monitored individually	11	20	8
Detainees newly registered			8
Number of visits carried out	2	5	4
Number of places of detention visited	1	2	4
<b>Restoring family links</b>			
RCMs collected		16	
RCMs distributed		5	
Phone calls made to families to inform them of the whereabouts of a detained relative		10	

other life skills. A study on the project's impact reported a reduction in crime rates in the project's catchment areas. Authorities and academic representatives expressed interest in replicating the project on a larger scale and for a longer period, as they felt that the findings could be used to influence government policies.

### Academics and the media broaden awareness of humanitarian issues

University students/lecturers furthered their understanding of IHL through ICRC-produced reference materials, including newsletters, and through participation in conferences such as the All Africa Course on IHL, hosted by the University of South Africa and the ICRC.

At an annual meeting, lecturers in the region updated each other on the integration of IHL into their institutions' curricula. Three university students demonstrated their knowledge of IHL at the All Africa International Humanitarian Law Moot Court Competition (see *Nairobi*).

Following an ICRC-sponsored field visit, a South African journalist reported on the ICRC's work in the DRC and wrote four articles that were published in South African media. Media professionals from across Africa furthered their understanding of IHL and emerging humanitarian concerns at the Highway Africa Conference, the largest annual gathering of journalists in the continent.

## RED CROSS AND RED CRESCENT MOVEMENT

National Societies in the region bolstered their capacities with ICRC material, financial and technical support, particularly in emergency response, family-links services and organizational development, including internal coordination and public communication. Baphalali Swaziland Red Cross teams administered first aid to people injured during protests in April and May. The National Societies in Botswana and Lesotho prepared contingency plans, particularly for elections and in response to political tensions. Movement components gathered at the Southern African Partnership of Red Cross Societies to coordinate on strengthening the region's National Societies' emergency response planning and management skills. The South African and Swazi National Societies pursued organizational stability with ICRC support for restructuring and financial recovery efforts. The Lesotho and Swazi National Societies, with ICRC support, worked towards formalizing their roles as auxiliaries to their governments.

The ICRC continued to coordinate its activities with those of Movement partners and other humanitarian actors, to maximize impact and avoid duplication of efforts.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>Red Cross messages (RCMs)</b>			<b>UAMs/SCs*</b>		
RCMs collected		137			
RCMs distributed		191			
Phone calls facilitated between family members		989			
Names published in the media		1			
<b>Tracing requests, including cases of missing persons</b>			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered		37	7	13	2
<i>including people for whom tracing requests were registered by another delegation</i>		2			
People located (tracing cases closed positively)		16			
<i>including people for whom tracing requests were registered by another delegation</i>		2			
Tracing cases still being handled at the end of the reporting period (people)		142	25	39	6
<i>including people for whom tracing requests were registered by another delegation</i>		13			
<b>Documents</b>					
People to whom travel documents were issued		91			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)<sup>1</sup></b>					
<b>ICRC visits</b>			<b>Women</b>	<b>Minors</b>	
Detainees visited		11,358	107	482	
			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually		39			
Detainees newly registered		8			
Number of visits carried out		11			
Number of places of detention visited		7			
<b>Restoring family links</b>					
RCMs collected		16			
RCMs distributed		5			
Phone calls made to families to inform them of the whereabouts of a detained relative		10			

\* Unaccompanied minors/separated children

1. Lesotho, South Africa, Swaziland

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)<sup>1</sup></b>				
<b>Economic security, water and habitat (in some cases provided within a protection programme)</b>				
Food commodities	Beneficiaries	11		
Essential household items	Beneficiaries	914		

1. Lesotho



# TUNIS (regional)

COVERING: Morocco/Western Sahara, Tunisia



The regional delegation based in Tunisia, which has been operating since 1987, visits people deprived of their freedom in Tunisia, monitoring their treatment and conditions of detention. It addresses issues of humanitarian concern arising from the aftermath of the Western Sahara conflict. It promotes awareness of IHL among the authorities, armed forces and other armed groups, as well as implementation of the law by these actors. The ICRC supports the Tunisian Red Crescent in building its capacities.

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

**MEDIUM**

## KEY RESULTS/CONSTRAINTS

In 2014:

- ▶ in Tunisia, the Health, Interior and Justice Ministries, drawing on ICRC expertise, updated their policies on the treatment of inmates, including people under interrogation or held for security reasons
- ▶ hundreds of disabled Sahrawi refugees regained some mobility through care at the ICRC-supported physiotherapy centre near Tindouf, Algeria, and through assistive devices produced there
- ▶ families separated by conflict kept in touch, some receiving news of relatives missing since the 1975–91 Western Sahara conflict and those fleeing Libya also receiving aid from the Tunisian Red Crescent
- ▶ the Moroccan Red Crescent made use of the ICRC's technical expertise to conduct risk awareness sessions for people living in mine-affected areas and to establish its family-links network
- ▶ Moroccan authorities agreed for the ICRC to upgrade its presence in the country to a separate delegation in 2015, partly with a view to helping them advance the implementation and ratification of IHL treaties

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
<b>Red Cross messages (RCMs)</b>	
RCMs collected	29
RCMs distributed	85
Phone calls facilitated between family members	310
People located (tracing cases closed positively)	22
People reunited with their families	1
of whom unaccompanied minors/separated children	1
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
<b>ICRC visits</b>	
Detainees visited	17,822
Detainees visited and monitored individually	340
Number of visits carried out	53
Number of places of detention visited	20
<b>Restoring family links</b>	
RCMs collected	34
RCMs distributed	19
Phone calls made to families to inform them of the whereabouts of a detained relative	174

EXPENDITURE (in KCHF)	
Protection	1,850
Assistance	1,848
Prevention	1,163
Cooperation with National Societies	586
General	-

**5,447**

of which: Overheads 332

IMPLEMENTATION RATE	
Expenditure/yearly budget	<b>94%</b>

PERSONNEL	
Mobile staff	15
Resident staff (daily workers not included)	36

ASSISTANCE		2014 Targets (up to)	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>			
<b>Physical rehabilitation</b>			
Centres supported	Structures	1	1
Patients receiving services	Patients	363	436

## CONTEXT

In Tunisia, parliamentary and presidential elections took place amid general calm. Military/security operations against armed groups reportedly resulted in arrests and casualties along Tunisia's borders with Algeria and Libya. State services, the Tunisian Red Crescent, local communities and other actors were able to meet the needs of people fleeing instability in Libya (see *Libya*).

In Morocco, people struggled with high unemployment rates and few State subsidies. People in areas administered by Morocco or the Polisario Front were at risk from mines and explosive remnants of war (ERW). As the status of Western Sahara remained unsettled, the mandate of the UN Mission for the Referendum in Western Sahara (MINURSO) was extended to 2015. Moroccan and Sahrawi families awaited news of relatives missing since the 1975–91 conflict.

Moroccans and Tunisians reportedly involved in unrest abroad, for example in Iraq or the Syrian Arab Republic, lost contact with their families or were detained upon return to their countries. Migrants passed through Morocco and Tunisia to reach Europe.

## ICRC ACTION AND RESULTS

The ICRC regional delegation in Tunis focused on meeting the needs of people deprived of their freedom in Tunisia, and those of vulnerable people separated from their families, in cooperation with State actors and Movement partners in the region.

In Tunisia, the ICRC visited detainees, including those in preventive detention, in accordance with its standard procedures. Afterwards, the authorities received the ICRC's confidential feedback, helping them improve detainee treatment and living conditions. For example, the authorities used such feedback to plan European Union-backed reforms, such as the opening of more probation offices. The authorities also drew on ICRC expertise to update penitentiary policies: the Interior Ministry developed practical guidelines for the treatment of people under interrogation and promoted these among security forces and penitentiary personnel; the Health and Justice Ministries developed a protocol for medical follow-up of people on hunger strike; the Justice Ministry continued promoting community service/conditional releases and made efforts to open more probation offices. The Health Ministry also agreed to eventually take over management of prison health services. In the meantime, detainees protected themselves more effectively against hygiene-related illnesses through upgraded sanitation infrastructure, and could recover from illnesses/injuries through care in ICRC-supported prison clinics.

Members of families dispersed by armed conflict, detention or migration restored/maintained contact through Movement family-links services. Moroccan and Tunisian families called their relatives detained abroad or received RCMs from them. Hundreds of people fleeing Libya for Tunisia found relief at the border: they consumed food and water distributed by the Tunisian Red Crescent and contacted their relatives using ICRC equipment. The Moroccan Red Crescent worked to establish its family-links network in Morocco by conducting a comprehensive assessment of the family-links needs of people in the north including, with the Justice Ministry's consent, detainees, and by training its volunteers to do the same in central and southern Morocco.

In Morocco/Western Sahara, the Moroccan national human rights committee, the "Sahrawi Red Crescent" and a local association continued to work on cases of missing persons. Some families received news of their missing relatives because of the exchange of information between these organizations and the ICRC. Near Tindouf, Algeria, Sahrawi amputees and other disabled people regained a measure of mobility through treatment at the ICRC-supported physical rehabilitation centre, which later moved to the Rabouni hospital. People in mine-affected areas of Western Sahara learnt safe practices at information sessions organized by the Moroccan Red Crescent. Such activities were not carried out in the Polisario Front-administered areas owing to administrative constraints.

The regions' authorities, weapon bearers and other actors capable of facilitating humanitarian activities for vulnerable people and detainees learnt more about IHL and the ICRC's mandate through dialogue, information sessions and courses abroad. In Morocco and Tunisia, some military/security officers furthered their understanding of IHL, international human rights law and the ICRC's mandate. Moroccan, Tunisian and Polisario Front officials learnt more about IHL: the Moroccan government expressed interest in pursuing IHL implementation with ICRC support, and agreed for the ICRC to upgrade its presence in the country to a delegation in 2015.

## CIVILIANS

### Families stay in touch with relatives who had migrated or were detained abroad

In Tunisia and in the wider region, families dispersed by conflict, migration or other circumstances, including shipwrecked migrants rescued by the Tunisian coast guard, maintained or restored contact with their relatives through Movement family-links services. At Tunisia's border with Libya, hundreds of people fleeing into Tunisia eased their journey: they consumed food and water distributed by the Tunisian Red Crescent and contacted their relatives using ICRC equipment. Some families called and sent RCMs to relatives detained/interned abroad, at the US internment facility at Guantanamo Bay Naval Station in Cuba, the Parwan detention facility in Afghanistan or elsewhere. Owing to the resolution of 22 tracing cases, some families received news of their missing relatives; one minor rejoined his family abroad.

The Moroccan and Tunisian National Societies strengthened the services mentioned above with ICRC technical support, such as training in managing human remains. The Moroccan Red Crescent worked to establish its family-links network: in northern Morocco, it assessed the family-links needs of people, including destitute migrants living in the forest and, with the Moroccan Justice Ministry's consent, detainees. Some 30 volunteers were trained to do the same in the central and southern regions.

National Societies in Africa and elsewhere (see *Europe*) coordinated their efforts to clarify the fate of missing migrants by sharing information and best practices, for example, at an international conference in Tunisia organized by another organization.

### Local bodies progress in clarifying the fate of people missing since the past Western Sahara conflict

Families stood to benefit from the efforts of the Moroccan human rights committee, the "Sahrawi Red Crescent," the newly established Sahrawi human rights committee and a local organization to clarify the fate of the missing. As a result of the exchange of

information between the Moroccan committee and the ICRC, progress was made in resolving hundreds of cases; some families received news of their missing relatives.

Families of people who went missing in relation to conflict abroad (see *Context*) requested ICRC help to clarify their fate. In Morocco, some families of people who became unaccounted for during past conflict in Lebanon drew on ICRC advice to initiate legal proceedings for formal recognition of the disappearance of their relatives, which could entitle them to support from the State and other relevant bodies.

## PEOPLE DEPRIVED OF THEIR FREEDOM

### People are sentenced to community service or released conditionally

In Tunisia, about 17,800 detainees held by the Interior/Justice Ministries received visits from the ICRC, conducted according to its standard procedures. Around 340 people, including those held in relation to regional insecurity, were followed up individually. Detainees used Movement family-links services to contact their relatives: over 170 had their families informed of their situation. After visits, the authorities received the ICRC's confidential feedback and technical advice/guidance, including in relation to judicial guarantees, which helped them improve detainees' treatment and living conditions. For example, the authorities drew up plans for European Union-backed reforms, notably in relation to staff training and for the opening of more probation offices (see below). The authorities also closed one centre for minors – inmates were transferred to more suitable centres – following an ICRC assessment of six such structures.

The Tunisian authorities continued to promote alternative sentencing as a means of reducing overcrowding. The Justice Ministry sentenced over 300 people to community service/conditional release through its probation office in Sousse; four probation officers and two magistrates overseeing the office learnt more about alternative sentencing from their counterparts in Switzerland during an ICRC-organized study tour. The ministry, guided by the ICRC, worked to establish a legal status for probation offices, with a view to facilitating the opening of more offices of this kind.

### The Health, Interior and Justice Ministries update their guidelines on the treatment of detainees

The Tunisian authorities made use of ICRC expertise to further knowledge, among penitentiary personnel and weapon bearers, of internationally recognized standards for detention. The Interior Ministry, the *gendarmérie* leadership and station commanders updated and implemented a code of good practice to serve as practical guidelines for the treatment of people under interrogation. At one place of detention, a prison doctor used reference materials – which she had requested from the ICRC – to conduct information sessions for Interior Ministry officials.

Officials from the ministries concerned, medical professionals and the ICRC discussed issues related to health care in detention, such as documenting cases of possible ill-treatment. A plan for training prison staff to improve the handling of these issues was developed with the help of doctors who had attended an experts' seminar abroad (see *Jordan*); four officials also attended advanced courses abroad. After an ICRC-organized round-table, the Health and Justice Ministries began to draft a protocol for medical follow-up of people on hunger strike or who were injured abroad before their arrest/detention.

The national school for training prison staff updated its curriculum and recruitment policies, drawing in part on an ICRC assessment conducted in 2013. Around 20 lecturers from the school strengthened their teaching capacities through train-the-trainer workshops, and subsequently conducted information sessions for approximately 200 future prison staff.

### Health Ministry agrees to eventually take charge of prison health services

The Health and Justice Ministries reached an agreement whereby the former would take over the monitoring and maintenance of prison health services; the Health Ministry began training some prison medical staff. In the meantime, around 13,000 detainees at five prisons recovered more quickly from illnesses or injuries through care in clinics supported by the ICRC with equipment, medical supplies and technical advice. At the middle of the year, support was limited to the two prisons at which the authorities could follow the health-care situation more closely. Detainees also stood to benefit from improved health care after the authorities took steps to improve the management of their medical records and standardized procedures for their admission to medical facilities.

Some 2,700 detainees at two prisons improved their living conditions following ICRC-supported infrastructural upgrades, notably the construction of showers. Detainees at one prison protected themselves more effectively against hygiene-related illnesses, after an anti-scabies campaign conducted by the authorities and supported by the ICRC with hygiene items. At one prison, penitentiary authorities facilitated the training of personnel in fire-safety procedures.

At a detention centre for girls, some 30 detainees operated a laundry and ironing service set up by the ICRC, thereby gaining skills that could help them earn an income after their release.

## WOUNDED AND SICK

### Hundreds of disabled Sahrawis regain a measure of mobility

Near Tindouf, over 430 disabled Sahrawis, including those injured by mines/ERW, were treated at the physiotherapy centre supported by the Sahrawi health authorities and the ICRC; patients had readier access to the centre after it reopened at the Rabouni hospital, closer to the refugees' dwellings. Some patients made use of prostheses and orthoses – made specifically to fit them – and other assistive devices produced at the centre. In addition, 25 people suffering from cerebral palsy had a more accommodating living environment after their families were briefed on their specific needs.

Despite having only a few trained staff, the centre maintained adequate services with ICRC help. The eight "Sahrawi Red Crescent" volunteers already working at the centre continued to add to their skills with ICRC training and supervision; management used ICRC recommendations/suggestions to stipulate the requirements for hiring additional personnel. An ICRC physiotherapist joined the staff in December.

Communities in the Moroccan-administered part of Western Sahara were urged to adopt safe practices around mines/ERW through an annual risk-awareness campaign conducted by the Moroccan Red Crescent; in 2014, teaching techniques/materials developed with the ICRC were used. The households of five mine

victims supplemented their income through small businesses set up with ICRC cash grants distributed through the National Society. Such activities did not take place in the Polisario Front-administered part of Western Sahara, owing to administrative constraints.

In western Tunisia, medical personnel received supplies for treating up to 50 people, which helped ensure that they had resources at hand for treating the injured in the event of violence.

### **ACTORS OF INFLUENCE**

#### **Tunisian security officers reinforce their understanding of international detention norms**

In Morocco and Tunisia, some 300 military/security officers, including foreign officers studying in Morocco, added to their knowledge of IHL, international human rights law and the ICRC's mandate through information sessions. A senior Tunisian officer learnt best practices in incorporating IHL in field operations at a course abroad (see *International law and policy*).

In Tunisia, troops with arrest/detention duties learnt more about internationally recognized standards applicable to their work; some security officers did so at a week-long workshop organized with a national training institution. Practical guidelines for the treatment of detainees and protocols for their medical follow-up were developed by the authorities and medical staff concerned (see *People deprived of their freedom*).

#### **Morocco agrees for the ICRC to upgrade its presence in the country in 2015**

Through dialogue and information sessions, the region's authorities learnt more about and were encouraged to support IHL. State officials, including Moroccan diplomats, added to their knowledge of IHL implementation at courses abroad (see *Kuwait and Lebanon*); the Tunisian Justice Minister participated in a regional meeting of IHL committees (see *Algeria*). Around 40 representatives of the Polisario Front, including officials from various ministries, were briefed on IHL principles and ICRC activities for people disabled by mines/ERW.

In late 2014, the Moroccan government signed a headquarters agreement with the ICRC. Preparations were underway to upgrade the ICRC's presence in Morocco to a separate delegation in 2015, with a view to helping the authorities advance/promote the implementation of IHL, and the Moroccan Red Crescent provide family-links services to vulnerable people.

The political transition in Tunisia slowed the updating of laws pertaining to IHL treaties, the National Society and the use of Movement emblems.

#### **Medical services, the media and academics/students learn about various aspects of IHL**

Influential civil society actors were encouraged, through briefings and other events, to support IHL and Movement action or to persuade others to do so. The Tunisian Defence and Interior Ministries and medical associations/students discussed the obstacles faced by health/medical workers; at a round-table organized by the Tunisian Red Crescent/ICRC, about 40 members of Islamic NGOs exchanged views on present-day challenges to humanitarian action. For the 150th anniversary of the first Geneva Convention, around 50 law students and lecturers attended a colloquium on contemporary IHL. Another 20 students tested their knowledge of IHL at the national moot court competition;

a law professor honed his teaching skills at an IHL course abroad (see *Lebanon*). In Morocco, diplomats and influential civil society members learnt more about IHL through information sessions conducted by the national human rights/IHL committees and the ICRC.

About 50 media representatives working in Morocco/Western Sahara and Tunisia were encouraged to report accurately on humanitarian issues through information sessions on IHL and the Movement. After these sessions, some 30 Tunisian journalists were better equipped to report on humanitarian matters and ICRC action for detainees, and knew more about the protection due to journalists during armed conflict.

### **RED CROSS AND RED CRESCENT MOVEMENT**

#### **People fleeing instability in Libya meet their needs with Tunisian Red Crescent aid**

The Tunisian Red Crescent helped coordinate humanitarian aid for people fleeing instability in Libya and, with ICRC material and technical support, provided them with food and water (see *Civilians*). Some 130 of its volunteers also strengthened their ability to carry out economic-security activities through briefings conducted by fellow volunteers trained by the ICRC. With a view to standardizing its public image, the Tunisian Red Crescent conducted a study on the misuse of the red crescent emblem by its branches and drew on the expertise of a consultant seconded to them by the ICRC to develop its communication strategy. The lack of qualified personnel remained an obstacle to the further development of family-links and communication capacities.

The Moroccan Red Crescent conducted mine-risk awareness sessions (see *Wounded and sick*); the volunteers involved brought themselves up to date on the state of weapon contamination in the area, partly through an ICRC assessment. With ICRC help, the National Society enhanced its volunteers' first-aid skills and worked to establish its family-links network.

Movement partners met regularly to coordinate their activities, thereby avoiding duplication and maximizing impact.

MAIN FIGURES AND INDICATORS: PROTECTION <sup>1</sup>		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>Red Cross messages (RCMs)</b>			UAMs/SCs*		
RCMs collected		39			
RCMs distributed		85			
Phone calls facilitated between family members		310			
<b>Reunifications, transfers and repatriations</b>					
People reunited with their families		1			
	<i>including people registered by another delegation</i>	1			
<b>Tracing requests, including cases of missing persons</b>			Women	Girls	Boys
People for whom a tracing request was newly registered		47			
	<i>including people for whom tracing requests were registered by another delegation</i>	17			
People located (tracing cases closed positively)		22			
	<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)		232			
	<i>including people for whom tracing requests were registered by another delegation</i>	84			
<b>UAMs/SCs*, including unaccompanied demobilized child soldiers</b>			Girls		Demobilized children
UAMs/SCs reunited with their families by the ICRC/National Society		1			
	<i>including UAMs/SCs registered by another delegation</i>	1			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		1			
<b>Documents</b>					
Official documents relayed between family members across borders/front lines		1			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>					
<b>ICRC visits</b>			Women	Minors	
Detainees visited		17,822	618	343	
			Women	Girls	Boys
Detainees visited and monitored individually		340	14		6
Detainees newly registered		279	14		5
Number of visits carried out		53			
Number of places of detention visited		20			
<b>Restoring family links</b>					
RCMs collected		34			
RCMs distributed		19			
Phone calls made to families to inform them of the whereabouts of a detained relative		174			
People to whom a detention attestation was issued		1			

\* Unaccompanied minors/separated children

1. Tunisia

MAIN FIGURES AND INDICATORS: ASSISTANCE <sup>1</sup>		Total	Women	Children
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection programme)</b>				
Work, services and training <sup>2</sup>	Beneficiaries			
Water and habitat activities	Beneficiaries	2,700		
<b>Health</b>				
Number of visits carried out by health staff		32		
Number of places of detention visited by health staff		7		
<b>WOUNDED AND SICK</b>				
<b>Physical rehabilitation<sup>3</sup></b>				
Centres supported	Structures	1		
Patients receiving services	Patients	436	82	125
New patients fitted with prostheses	Patients	8	1	
Prostheses delivered	Units	22	2	
	<i>of which for victims of mines or explosive remnants of war</i>	16		
New patients fitted with orthoses	Patients	18	2	4
Orthoses delivered	Units	40	7	10
	<i>of which for victims of mines or explosive remnants of war</i>	6		
Patients receiving physiotherapy	Patients	424	76	119
Crutches delivered	Units	27		
Wheelchairs delivered	Units	2		

1. Tunisia

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

3. Physiotherapy centre near Tindouf (south-western Algeria) for disabled Sahrawis



# YAOUNDÉ (regional)

COVERING: Angola, Cameroon, Congo, Equatorial Guinea, Gabon, Sao Tome and Principe



The ICRC set up its Yaoundé regional delegation in 1992 but has been working in the region since 1972. It monitors the domestic situation in the countries covered, visits security detainees, helps restore contact between refugees, migrants and their families, and responds to the emergency needs of refugees in northern Cameroon. It pursues longstanding programmes to spread knowledge of IHL among the authorities, armed forces and civil society, and supports the development of the region's National Societies.

## KEY RESULTS/CONSTRAINTS

In 2014:

- ▶ as dialogue continued with the authorities to ensure unhindered access to all detainees, people in detention in five countries, including in northern Cameroon, received ICRC monitoring visits
- ▶ people who fled conflict in the Central African Republic restored/maintained contact with their relatives through enhanced Movement family-links services in Cameroon and Congo
- ▶ during ICRC-organized workshops, the region's authorities drew on the organization's technical expertise in ratifying/implementing IHL-related treaties; notably, Cameroon signed the Arms Trade Treaty
- ▶ over 770 officers and cadets of the armed/security forces of Cameroon, Congo, Equatorial Guinea and Gabon learnt more about IHL and the ICRC during seminars/conferences
- ▶ through a strengthened ICRC presence in Maroua, dialogue on IHL-related issues with the local and military authorities and preparations to assist conflict-affected people developed in Cameroon's far north
- ▶ the National Societies of Cameroon, Congo and Gabon signed partnership agreements with the ICRC, thereby strengthening coordination in responding to humanitarian needs

EXPENDITURE (in KCHF)	
Protection	1,608
Assistance	301
Prevention	1,691
Cooperation with National Societies	1,152
General	-
	<b>4,752</b>

of which: Overheads 290

IMPLEMENTATION RATE	
Expenditure/yearly budget	<b>93%</b>

PERSONNEL	
Mobile staff	9
Resident staff (daily workers not included)	54

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

**MEDIUM**

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
Red Cross messages (RCMs)	
RCMs collected	1,007
RCMs distributed	304
People located (tracing cases closed positively)	368
People reunited with their families	26
<i>of whom unaccompanied minors/separated children</i>	26
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
ICRC visits	
Detainees visited	3,491
Detainees visited and monitored individually	111
Number of visits carried out	37
Number of places of detention visited	25
Restoring family links	
RCMs collected	5
RCMs distributed	5
Phone calls made to families to inform them of the whereabouts of a detained relative	20

ASSISTANCE	2014 Targets (up to)	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	1
Essential household items	Beneficiaries	1

## CONTEXT

The region remained generally stable. However, insecurity and violence spilling over from neighbouring countries, as well as increased social unrest, prompted governments to adopt tighter security measures.

The growing frequency of attacks by the Nigeria-based Jama'atu Ahlis Sunna Lidda'wati wal-Jihad armed group, also known as Boko Haram, led to the arrival of thousands of Nigerian refugees, further displacement and an increase in humanitarian needs in the region. People fleeing violence in the Central African Republic (hereafter CAR) continued to seek refuge in eastern Cameroon and north-eastern Congo.

In Congo, tensions with the Democratic Republic of the Congo (hereafter DRC) eased after the mass expulsion of allegedly irregular migrants earlier in the year.

In the enclave of Cabinda in Angola, low-level tensions persisted between the armed forces and purported members of the Front for the Liberation of the Enclave of Cabinda (FLEC). The Angolan government continued to deport allegedly irregular economic migrants, but tens of thousands of Congolese migrants reportedly returned home voluntarily after border posts were opened as a result of agreements between Angola and Congo.

## ICRC ACTION AND RESULTS

The Yaoundé delegation maintained its focus on visiting and monitoring detainees in the region's prisons and on helping National Societies in the region assist people in need. As waves of refugees fled conflict in the CAR and arrived in eastern Cameroon and north-eastern Congo, the ICRC, together with the pertinent National Societies and neighbouring delegations, helped people restore/maintain contact with their relatives. Towards the end of the year, it also strengthened its presence in the far north of Cameroon, owing to increased humanitarian needs in the area.

Visits to detainees continued in Angola, Cameroon, Congo, Equatorial Guinea and Gabon, with a view to pressing for improvements to inmates' living conditions. Detainees visited included people held on security-related charges and migrants. After these visits, the detaining authorities received confidential feedback of findings related to various issues, such as respect for international norms/principles applicable to arrest and detention. Dialogue with the authorities concerned in Equatorial Guinea sought to ensure that visits could be conducted according to the ICRC's standard procedures. In Gabon, the Ministry of Justice and the ICRC extended cooperation in tackling issues related to health in detention. Activities within this framework included hygiene-promotion sessions and vector-control campaigns organized with the Health Ministry, which helped reduce health hazards for detainees at the Central Prison in Libreville.

The ICRC maintained its multidisciplinary approach: this included developing its activities in the far north of Cameroon, where it strengthened its office in Maroua, enabling it, in partnership with the Cameroon Red Cross Society, to monitor and respond to the increased humanitarian needs.

The delegation further developed its support to the region's National Societies by signing partnership agreements in Cameroon, Congo, and Gabon. Whenever possible, the ICRC

worked with the National Societies to respond rapidly and effectively to the emergency needs of vulnerable people: it helped them strengthen their emergency-preparedness/response, family-links and communication capacities. Notably, the National Society in Cameroon and the Congolese Red Cross drew on ICRC support to respond to family-links needs arising from influxes of refugees fleeing the CAR.

The ICRC closed its office in Dundo, Angola, set up in 2012 to address allegations of abuse from irregular migrants from the DRC awaiting deportation; nevertheless, it continued to pursue the matter in dialogue with the authorities, and trained Angola Red Cross volunteers to help ensure that members of dispersed families could restore/maintain contact with their relatives.

Support for the authorities and the armed/security forces, for implementing IHL and incorporating it in their decision-making processes, continued. Legislators from Congo and Equatorial Guinea attended ICRC workshops; and dialogue with the Economic Community of Central African States (ECCAS), the Multinational Force of Central Africa (FOMAC) and the International School for Security Forces (EIFORCES) helped to further their understanding of IHL, humanitarian principles and international human rights law/internationally recognized standards applicable to law enforcement, and to enlist their support for the Movement's activities.

The delegation continued to strive to disseminate IHL principles and promote acceptance for ICRC activities among various stakeholders, such as traditional leaders, journalists and academics.

## CIVILIANS

### Refugees in Cameroon and Congo restore family links thanks to Movement efforts

The region's National Societies and the ICRC responded to the growing influx of refugees from the CAR (see *Context*) by stepping up their activities to help members of dispersed families restore/maintain contact with their relatives; among other things, they conducted joint field missions to assess the refugees' family-links needs and enabled over 1,300 RCMs to be exchanged.

At an ICRC-organized regional workshop in Douala, Cameroon, representatives of National Societies and ICRC delegations from nine countries shared their experiences in addressing family-links issues in central Africa and familiarized themselves with online family-links tools. The Cameroon Red Cross Society bolstered its family-links capacity with ICRC staffing support, including in Bertoua. Through training, 51 volunteers from the Cameroon Red Cross and the Congolese Red Cross enhanced their capacities to help members of dispersed families, particularly unaccompanied minors, restore/maintain contact with their relatives.

In total, 26 unaccompanied minors were reunited with their relatives: 2 rejoined their families in Congo, 17 from Chad and Congo rejoined their relatives in Cameroon; 1 was reunited with relatives in Chad, 4 rejoined their relatives at four refugee sites in Cameroon. In addition, people sought more information on their relatives through over 2,000 tracing requests. Some 120 cases of unaccompanied minors and separated children were registered in Cameroon and Congo.

Even as the ICRC closed its office in Dundo, people separated from their families continued to restore/maintain contact with

their relatives through ICRC-trained Angola Red Cross volunteers. During dialogue with them, the authorities concerned were urged to follow up cases turned over to them.

In Congo, through joint Congolese Red Cross/ICRC efforts, the situation of DRC citizens facing mass expulsion was monitored and their family-links needs assessed. Ten tracing requests were registered. Dialogue continued with the authorities concerned and other international organizations on the situation of minors and on the necessity of ensuring respect for the principle of *non-refoulement*. In Brazzaville, some 30 Congolese Red Cross volunteers, equipped with first-aid equipment/materials from the ICRC, reinforced their capacities to assist such people. Over the course of three workshops, 86 volunteers from three departments of the Congolese Red Cross enhanced their capacities in human remains management.

### ICRC strengthens presence in northern Cameroon to meet needs of conflict-affected people

In the far north of Cameroon, where the armed conflict caused a rise in humanitarian needs (see *Context*), the ICRC strengthened its presence in Maroua towards the end of 2014 and furthered its dialogue with local and military leaders there, in particular to remind them of their obligations under IHL and other applicable laws. Based on an assessment, the ICRC prepared food, agricultural and other interventions to help vulnerable people meet their urgent needs in 2015. Unaccompanied Nigerian children, some of whom had already been registered at refugee sites, stood to benefit from the establishment of a family-links service, planned for the Minawao refugee camp, and to be managed by the Cameroon Red Cross with ICRC support.

## PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees in Angola, Cameroon, Congo, Equatorial Guinea and Gabon received ICRC visits to monitor their treatment and living conditions. Those visited included people held on security charges and migrants. Discussions with the region's detention authorities focused on findings from these visits – related to respect for international norms and principles applicable to arrest and detention, and access to inmates – and recommendations for structural improvements. Distribution of ad hoc material assistance, such as hygiene and recreational items, eased the situation of some 5,400 detainees across the region.

In Angola, visits to purported FLEC detainees in the Cabinda province continued. Though the ICRC's office in Dundo was closed, the treatment of detained migrants continued to be monitored, as did the authorities' construction of a retention centre in Condueji.

### Detainees in Cameroon's far north begin to receive ICRC visits

In Cameroon, members of armed groups continued to be arrested in growing numbers by security/defence forces; as a result, the ICRC visited – for the first time – some detainees in the far north. Detainees in Bertoua prison improved their conditions after a hygiene-awareness campaign and the distribution of essential items by the Cameroon Red Cross, following a health and nutrition assessment by the ICRC. The authorities also received a synthesis report covering visits conducted in 2013.

In Equatorial Guinea, visits to detainees in police stations used as places of detention continued; at the same time, in dialogue with the Justice and Defence ministries, the ICRC sought assurances that visits could be conducted in line with its standard procedures.

CIVILIANS	ANGOLA	CAMEROON	CONGO	GABON
<b>Red Cross messages (RCMs)</b>				
RCMs collected	29	730	248	
		<i>including from UAMs/SCs*</i>	70	
RCMs distributed	20	83	201	
		<i>including from UAMs/SCs*</i>	11	2
<b>Reunifications, transfers and repatriations</b>				
People reunited with their families		22	4	
		<i>including people registered by another delegation</i>	17	
<b>Tracing requests, including cases of missing persons</b>				
People for whom a tracing request was newly registered		1,885	229	1
		<i>of whom women</i>	81	
		<i>of whom minors at the time of disappearance - girls</i>	204	37
		<i>of whom minors at the time of disappearance - boys</i>	232	27
		<i>including people for whom tracing requests were registered by another delegation</i>	186	4
People located (tracing cases closed positively)	3	304	61	
		<i>including people for whom tracing requests were registered by another delegation</i>	8	1
Tracing cases still being handled at the end of the reporting period (people)	2	1,545	241	4
		<i>of whom women</i>	440	79
		<i>of whom minors at the time of disappearance - girls</i>	186	49
		<i>of whom minors at the time of disappearance - boys</i>	193	20
		<i>including people for whom tracing requests were registered by another delegation</i>	153	17
<b>UAMs/SCs*, including unaccompanied demobilized child soldiers</b>				
UAMs/SCs newly registered by the ICRC/National Society		104	24	
		<i>of whom girls</i>	24	15
UAMs/SCs reunited with their families by the ICRC/National Society		22	4	
		<i>of whom girls</i>	4	4
		<i>of whom demobilized children</i>	1	
		<i>including UAMs/SCs registered by another delegation</i>	17	
UAM/SC cases still being handled at the end of the reporting period		82	29	
		<i>of whom girls</i>	16	17
<b>Documents</b>				
People to whom travel documents were issued	1		2	

\* Unaccompanied minors/separated children

The authorities received reports covering visits carried out in 2013 and 2014, to assist them in carrying out penal reforms.

In Congo, dialogue with the detention authorities allowed for the continuation of ICRC visits to detainees, at the main prison in Brazzaville and other facilities.

### Gabonese authorities tackle detainees' needs through health in detention pilot project

In Gabon, dialogue – within the framework of the pilot project on health in detention at two prisons in Libreville and Oyem – with the Health and Justice Ministries, as well as the prison services, focused on ways to improve detainees' hygiene, health and nutritional status. The Health Ministry and the prison health service forged closer links, owing to ICRC efforts, which included advocating inclusion of detainees, in the future, in various national programmes, such as health insurance and programmes related to AIDS and TB. The Health Ministry also organized, jointly with the ICRC, hygiene-awareness-raising sessions and a vector-control campaign at the Central Prison of Libreville, enabling detainees there to have more hygienic conditions. The Justice Ministry took on most of the ICRC's planned rehabilitation work to improve conditions at the prison. Owing to administrative constraints, similar activities for detainees at the Oyem central prison were delayed.

In parallel, the ICRC conducted monitoring visits to the two prisons and provided medical and other materials to support the project's activities, as well as recommendations to improve detainees' nutrition.

## ACTORS OF INFLUENCE

### Authorities across the region draw on ICRC expertise for ratifying/implementing IHL treaties

Regular interaction with the authorities and armed/security forces helped to further their understanding of, and gain their support for, humanitarian principles, IHL, international human rights law and the Movement's activities. The ICRC also pursued efforts to compile data on domestic practices of customary IHL.

Dialogue with governments in the region emphasized the importance of ratifying/implementing IHL-related treaties. Ministers and parliamentarians in Angola, Cameroon, Congo, Equatorial Guinea and Gabon learnt more about the subject during ICRC-organized workshops; a national focal point from Congo participated in a meeting on weapon-related treaties in the United Republic of Tanzania (see *Nairobi*), with ICRC support.

Cameroon signed the Arms Trade Treaty. After an ICRC-organized regional seminar on weapons, in which two high-level ministerial representatives participated, Gabon ratified the Kinshasa Convention (see *Democratic Republic of the Congo*). The Gabonese authorities and the ICRC signed a headquarters agreement, laying out the framework for ICRC activities in the country.

### Officers from all military branches in Congo learn to disseminate IHL

Over 770 officers and officers-in-training of the armed/security forces of Cameroon, Congo, Equatorial Guinea and Gabon – including those at the Ecole Supérieure Internationale de Guerre, at the EIFORCES, which conducts peacekeeping courses mainly for officers from ECCAS member countries, and at the Ecole Navale à Vocation Régionale in Libreville – learnt more about IHL and the Movement's activities during seminars/conferences. During a train-the-trainer seminar in Congo, officers from all military branches, as well as from the police and *gendarmerie*, strengthened their ability to instruct their units in IHL. In Equatorial Guinea, cadets learnt about IHL, the Movement and the goals of the Health Care in Danger project through ICRC presentations at the military school in Malabo. In Angola, security forces, particularly those involved in operations concerning allegedly irregular migrants, were sensitized to norms applicable to their duties (see *Civilians*).

At the regional level, bilateral discussions with ECCAS/FOMAC, including the regional central command, aimed to facilitate instruction in IHL for the Central African Standby Brigade.

PEOPLE DEPRIVED OF THEIR FREEDOM	ANGOLA	CAMEROON	CONGO	EQUATORIAL GUINEA	GABON
<b>ICRC visits</b>					
Detainees visited	21	39	45	942	2,444
<i>of whom women</i>		1	1	32	89
<i>of whom minors</i>		3		2	114
Detainees visited and monitored individually	21	39	45	6	
<i>of whom women</i>		1	1		
<i>of whom boys</i>		3			
Detainees newly registered	6	35	40	6	
<i>of whom women</i>		1	1		
<i>of whom boys</i>		3			
Number of visits carried out	2	9	10	13	3
Number of places of detention visited	2	6	6	9	2
<b>Restoring family links</b>					
RCMs collected		2	2	1	
RCMs distributed			5		
Phone calls made to families to inform them of the whereabouts of a detained relative		12	8		
People to whom a detention attestation was issued	1		1		

PEOPLE DEPRIVED OF THEIR FREEDOM	ANGOLA	CAMEROON	CONGO	
<b>Economic security, water and habitat</b>				
Essential household items	Beneficiaries	638	4,595	172

The ICRC maintained dialogue with the region's armed forces on incorporating IHL in their doctrines, training and operations.

### **Traditional leaders in northern Cameroon familiarize themselves with IHL and the ICRC**

During seminars in northern Cameroon, 24 traditional leaders and members of civil society enhanced their understanding of the Movement's activities. Students from Maroua University learnt more about IHL and the ICRC during a conference.

Press releases, information sessions for journalists and other engagements with the media helped raise awareness of humanitarian issues, including those relating the situation in the CAR, and of the ICRC's mandate and activities. During seminars conducted with the National Societies in Cameroon and Congo, 70 journalists learnt more about the media's role in protecting victims of armed conflict.

Future decision-makers enriched their knowledge of IHL and the ICRC through guest lectures by the ICRC at Cameroon's universities, conducted in coordination with a local partner, and at Congo's National School of Administration and Magistracy. During a presentation at the Centre Africain d'Etudes Internationales in Yaoundé, diplomats and government officials furthered their understanding of the protection afforded to women by IHL.

In Congo, through their interaction with the ICRC, law professors at two universities in Brazzaville strengthened their ability to teach IHL. Students learnt more about IHL through the e-learning platform at the ICRC's documentation centre; a university IHL club organized a debate, with ICRC support.

### **RED CROSS AND RED CRESCENT MOVEMENT**

The region's National Societies, with ICRC financial/material support and training, strengthened their capacities to evaluate and respond to the humanitarian needs of displaced people, refugees and vulnerable migrants (see *Civilians*), and to disseminate/promote IHL and humanitarian principles. Notably, the National Societies of Cameroon, Congo and Gabon signed partnership agreements with the ICRC.

In northern Cameroon, the Cameroon Red Cross Society evaluated the humanitarian situation in relation to the ongoing armed conflict. Officials from six committees enhanced their governance capacities, with ICRC support. Seven volunteers benefited from communication training in the Safer Access Framework. The National Society's legal adviser attended the IHL for humanitarian workers course organised by the ICRC.

The construction of an office and a warehouse, completed with ICRC financial support, enabled the Congolese Red Cross to enhance its capacities to respond to humanitarian needs in the Boueza department. The National Societies of Cameroon and Gabon could better conduct field activities, thanks to ICRC-donated vehicles.

Some 160 National Society volunteers from Angola, Cameroon, Congo, Gabon, and Sao Tome and Principe learnt how to instruct others in basic first aid through ICRC-supported training for new trainers; the Congolese Red Cross committed to revise their first-aid manual. Family-links capacities were also strengthened amongst the volunteer network of the National Societies of Cameroon and Congo, enabling them to respond more effectively to needs created by the crisis in the CAR (see *Civilians*). The Angolan Red Cross participated in a regional workshop on restoring family links (see *Harare*).

Cameroon Red Cross youth volunteers, with ICRC support, introduced IHL principles and the Movement's activities to nearly 500 students. The Gabonese Red Cross helped organize a youth summer camp with the participation of some 500 volunteers from Cameroon, CAR, Congo and Gabon.

With ICRC support, the region's National Societies also organized events, such as photo exhibits, marking "150 years of humanitarian action," and produced promotional materials to raise awareness of humanitarian principles and the Movement's activities.

Movement components met regularly to coordinate their activities, including through a regional meeting in Yaoundé.



MAIN FIGURES AND INDICATORS: PROTECTION		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)<sup>1</sup></b>					
<b>Red Cross messages (RCMs)</b>			<b>UAMs/SCs*</b>		
RCMs collected		1,007	70		
RCMs distributed		304	13		
<b>Reunifications, transfers and repatriations</b>					
People reunited with their families		26			
	<i>including people registered by another delegation</i>	17			
<b>Tracing requests, including cases of missing persons</b>			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered		2,115	552	241	259
	<i>including people for whom tracing requests were registered by another delegation</i>	190			
People located (tracing cases closed positively)		368			
	<i>including people for whom tracing requests were registered by another delegation</i>	9			
Tracing cases still being handled at the end of the reporting period (people)		1,792	520	235	214
	<i>including people for whom tracing requests were registered by another delegation</i>	170			
<b>UAMs/SCs*, including unaccompanied demobilized child soldiers</b>			<b>Girls</b>		<b>Demobilized children</b>
UAMs/SCs newly registered by the ICRC/National Society		128	39		
UAMs/SCs reunited with their families by the ICRC/National Society		26	8		1
	<i>including UAMs/SCs registered by another delegation</i>	17			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		111	33		
<b>Documents</b>					
People to whom travel documents were issued		3			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)<sup>2</sup></b>					
<b>ICRC visits</b>			<b>Women</b>	<b>Minors</b>	
Detainees visited		3,491	123	119	
			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually		111	2		3
Detainees newly registered		87	2		3
Number of visits carried out		37			
Number of places of detention visited		25			
<b>Restoring family links</b>					
RCMs collected		5			
RCMs distributed		5			
Phone calls made to families to inform them of the whereabouts of a detained relative		20			
People to whom a detention attestation was issued		2			

\* Unaccompanied minors/separated children

1. Angola, Cameroon, Congo, Gabon

2. Angola, Cameroon, Congo, Equatorial Guinea, Gabon

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Food commodities	Beneficiaries	1		
Essential household items	Beneficiaries	1		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection programme)<sup>1</sup></b>				
Essential household items	Beneficiaries	5,405		
<b>Health</b>				
Number of visits carried out by health staff		6		
Number of places of detention visited by health staff		2		

1. Angola, Cameroon, Congo

# ASIA AND THE PACIFIC

## KEY RESULTS/CONSTRAINTS

### In 2014:

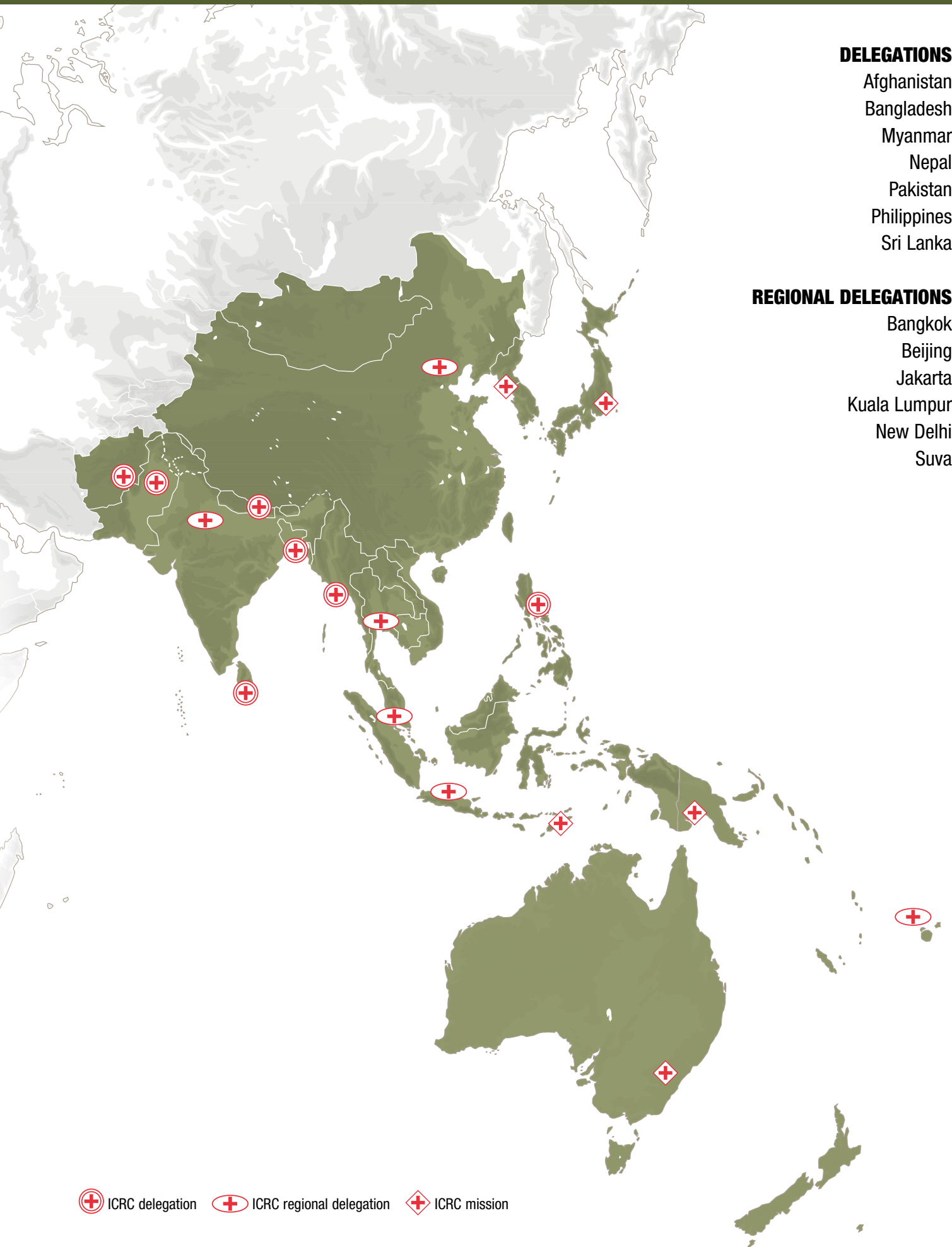
- ▶ victims of ongoing or past conflict/violence, including those also affected by disasters, notably in Afghanistan, Myanmar and the Philippines, received relief goods and livelihood assistance to meet their short- and long-term needs
- ▶ local actors, the National Societies and the ICRC strengthened their partnerships and adapted their work so as to reach victims of conflict/violence and disasters, especially in areas where the ICRC faced access and acceptance constraints
- ▶ the wounded and sick received timely and good-quality first aid, preventive and curative health care and/or physical rehabilitation services from ICRC-supported emergency responders and health staff and facilities
- ▶ detainees' treatment and living conditions were monitored during ICRC visits, and steps were taken by the authorities to mitigate the effects of overcrowding, notably by improving health-care services
- ▶ people separated from family members due to conflict/violence, migration or natural disasters restored contact or kept in touch via family-links services provided by the National Societies and the ICRC
- ▶ the authorities, civil society members and weapon bearers learnt more about humanitarian principles, IHL, international human rights law and other internationally recognized standards via dialogue and at local/regional events

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
Red Cross messages (RCMs)	
RCMs collected	1,596
RCMs distributed	2,341
Phone calls facilitated between family members	3,122
People located (tracing cases closed positively)	735
People reunited with their families	3
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
ICRC visits	
Detainees visited	240,930
Detainees visited and monitored individually	5,378
Number of visits carried out	779
Number of places of detention visited	370
Restoring family links	
RCMs collected	5,384
RCMs distributed	3,707
Phone calls made to families to inform them of the whereabouts of a detained relative	2,533

ASSISTANCE	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
Food commodities	Beneficiaries 576,334
Essential household items	Beneficiaries 454,280
Productive inputs	Beneficiaries 301,972
Cash	Beneficiaries 429,649
Work, services and training	Beneficiaries 90,575
Water and habitat activities	Beneficiaries 773,223
<b>Health</b>	
Health centres supported	Structures 125
<b>WOUNDED AND SICK</b>	
<b>Hospitals</b>	
Hospitals supported	Structures 101
<b>Water and habitat</b>	
Water and habitat activities	Number of beds 2,539
<b>Physical rehabilitation</b>	
Centres supported	Structures 44
Patients receiving services	Patients 174,012

EXPENDITURE (in KCHF)	
Protection	34,239
Assistance	134,213
Prevention	31,885
Cooperation with National Societies	15,499
General	948
	<b>216,784</b>
	<i>of which: Overheads 13,214</i>

IMPLEMENTATION RATE	
Expenditure/yearly budget	<b>96%</b>
<b>PERSONNEL</b>	
Mobile staff	364
Resident staff (daily workers not included)	3,024



**DELEGATIONS**

- Afghanistan
- Bangladesh
- Myanmar
- Nepal
- Pakistan
- Philippines
- Sri Lanka

**REGIONAL DELEGATIONS**

- Bangkok
- Beijing
- Jakarta
- Kuala Lumpur
- New Delhi
- Suva

 ICRC delegation  
  ICRC regional delegation  
  ICRC mission

Rakhine state, Myanmar. An ICRC employee delivers a Red Cross message.

## ASIA AND THE PACIFIC HUMANITARIAN NEEDS AND RESPONSES

In 2014, the ICRC pursued its efforts to address the humanitarian needs of people affected by ongoing or past armed conflicts, other situations of violence and natural disasters in Asia and the Pacific. At the same time, it fostered understanding among key actors of its neutral, impartial and independent humanitarian action, especially in countries where it encountered difficulties in relation to access and acceptance. Such efforts were particularly important, for instance, in Rakhine state, Myanmar, where a lack of acceptance – demonstrated by attacks in March on the property/premises of international/aid organizations – disrupted Myanmar Red Cross Society/ICRC activities and prompted them to modify their operations. In Afghanistan, which remained the region's largest operation, the ICRC adjusted its activities to adapt to various constraints – including security-related issues and difficulties in sustaining dialogue with the authorities during political transitions – encountered in providing assistance to vulnerable communities. In Pakistan, the ICRC focused on implementing activities defined in the 1994 headquarters agreement and strengthened/forged new partnerships with local organizations with a view to overcoming difficulties in reaching victims of violence. ICRC operational activities for detainees were on hold in some countries, like Indonesia and Timor-Leste, pending a review by the respective authorities of their agreements with the ICRC to that effect.

In contexts where IHL applied and dialogue was possible, such as in Afghanistan and the Philippines, the ICRC reminded the parties of their obligation to respect those not or no longer taking part in the fighting and the need to allow medical/humanitarian

assistance to reach victims. Information sessions/campaigns – including those calling for respect for the Movement's emblems and for the free passage of medical services during situations of violence in Bangladesh, Nepal, Papua New Guinea and Thailand – also sought to facilitate the safe and independent delivery of humanitarian aid.

The ICRC provided tailored responses to the needs of more people affected by conflicts or other situations of violence, including some who also suffered from natural disasters. These people faced difficulties in obtaining essential goods and services, notably food and health care, and securing a livelihood.

The ICRC sought to improve access to adequate first aid and surgical care for weapon-wounded and/or other patients and continued to provide support for hospitals in Afghanistan, Bangladesh, the Democratic People's Republic of Korea (hereafter DPRK), India, Myanmar, Nepal, Papua New Guinea, the Philippines and Thailand, which received people wounded along the border with Myanmar. It financed and carried out evacuations, supported ambulance services, trained hospital staff, police and community-based or National Society first-aiders, equipped first-aid posts and hospitals, and/or covered patients' treatment costs, as needed. Several ICRC health teams worked alongside National Society staff-on-loan and local health personnel to provide these services. The ICRC encouraged health agencies and the National Societies to conduct training activities independently, as in India and Nepal. It helped local partners in Pakistan ensure that wounded and sick people continued to receive suitable care, especially in light of the closure of its surgical field hospital in Peshawar.

Primary health-care centres and National Society emergency, fixed and mobile health clinics – for instance in Afghanistan (including a new facility run by all-female staff), Bangladesh, Myanmar, Pakistan and the Philippines – received supplies, training and infrastructure/maintenance support, enabling them to provide good-quality preventive and curative health care to vulnerable people. In Papua New Guinea, the ICRC supported one health facility's efforts to provide suitable care, including for victims of sexual violence.

Thousands of disabled persons, including amputees and mine victims, benefited from physical rehabilitation services at ICRC-supported centres in 11 countries, including Afghanistan, Bangladesh, Cambodia, China, the DPRK and India. The ICRC also helped the health authorities in Myanmar prepare to build new facilities. In some countries, the National Society/ICRC ran outreach programmes to identify and transport vulnerable amputees, particularly those from remote areas, for treatment. Disabled persons also received help to boost their economic productivity and social inclusion. With the ICRC, the National Societies of, inter alia, the Lao People's Democratic Republic, Pakistan and Viet Nam conducted mine-risk education sessions to prevent further casualties of mines/explosive remnants of war.

With the National Societies, the ICRC responded to the immediate needs of victims of armed conflicts, other situations of violence and natural disasters, including IDPs and host communities. People in Afghanistan, Bangladesh, India, Myanmar, Papua New Guinea and the Philippines (including people affected by Typhoons Hagupit and Haiyan) received emergency food rations and/or essential household items. Water-trucking services and the installation of water and sanitation facilities helped reduce health hazards.

The ICRC endeavoured to help communities recover from crises. In Typhoon Haiyan-affected areas in the Philippines, for instance, the National Society/ICRC shifted their attention to helping communities strengthen their resilience, in particular by constructing new homes, restoring water/health services and enabling them to resume or secure their livelihoods, often through cooperation between the communities, their local authorities and Movement partners. Communities, IDPs and returnees affected by ongoing fighting and unrest, including in Afghanistan, Bangladesh and southern Thailand, and the consequences of past conflicts in Nepal and Sri Lanka, restored their self-sufficiency thanks to various livelihood initiatives. These included agricultural activities aided by seed and tool distributions, small businesses set up with the help of cash grants and training, and participation in cash-for-work projects to construct or rehabilitate community infrastructure.

In 12 countries, including Afghanistan, India (in relation to the prevailing situation in Jammu and Kashmir), Malaysia, Myanmar, the Philippines, Sri Lanka and Thailand, detainees, including those held in relation to armed conflicts and other situations of violence or for reasons of State security, received visits in accordance with the ICRC's standard procedures. Following these visits, delegates shared confidential reports with the authorities containing, where necessary, recommendations for improving treatment or living conditions. The ICRC engaged in dialogue with detention authorities across the region, to further their understanding and recognition of its neutral and independent stance and experience in the field of detention, to encourage cooperation in addressing detainees' humanitarian needs and to secure access to those the ICRC had not yet visited. In Afghanistan, the ICRC encouraged all

parties concerned to safeguard the rights of detainees throughout the transitions in authority.

Efforts to improve the living conditions of the general prison population in the most problematic detention facilities continued. With ICRC support to boost their technical/managerial capacities, the detaining authorities worked to reduce overcrowding (e.g. by resolving contributing factors such as procedural delays) and to mitigate its consequences (e.g. by strengthening health services and rehabilitating infrastructure). The Cambodian and Philippine authorities reviewed the cases of some inmates, several of whom were sentenced or released as a result, and maintained or expanded their disease prevention and treatment regimes. Stakeholders discussed ways to enhance detainee health care and other prison-management issues at local/international seminars and study tours; for example, the Chinese authorities observed TB control in Azerbaijan. ICRC-supported improvements to prison infrastructure, such as health/water/sanitation facilities in Afghanistan, Myanmar and Sri Lanka, benefited some 99,700 detainees. With ICRC assistance, the detaining authorities in the Philippines launched a web-based tool for maintaining essential services and infrastructure in over 450 jails.

The ICRC also helped authorities and other stakeholders address the humanitarian needs of vulnerable migrants. It provided hygiene kits to deported migrants, including children, in western Mindanao, Philippines, easing their living conditions while in transit. ICRC delegates visited detained migrants in Malaysia, Nauru, Papua New Guinea and Thailand and discussed their plight with the authorities/organizations concerned.

In line with the Movement's Restoring Family Links Strategy, National Societies and ICRC delegations continued to develop and offer services to family members separated by armed conflicts, other situations of violence, detention, migration or natural disasters. They organized RCM, tracing or telephone/videoconference services to help people contact relatives, and issued travel documents allowing asylum seekers to resettle in a host country. At an ICRC workshop, South Asian National Societies discussed how family-links services for detained migrants could be improved. The concerns of families dispersed since the 1950–53 Korean War were discussed with the relevant authorities.

The ICRC continued to support the efforts of governments and local players in Nepal, Papua New Guinea (particularly in Bougainville), Sri Lanka and Timor-Leste to address the issue of persons unaccounted for, adapting its assistance according to existing needs and available mechanisms. In Nepal, psychosocial, economic and legal assistance was extended to families of missing persons in the final phase of a comprehensive support project launched in 2010. Training in the proper handling of human remains helped prevent people from becoming unaccounted for. The ICRC continued to act as a neutral intermediary in the handover of the remains of fallen fighters between the parties to the conflict in Afghanistan.

To gain acceptance and support, ICRC delegations, with support from the regional resource centre attached to the Kuala Lumpur delegation (Malaysia) and in line with the "150 years of humanitarian action" initiative, maintained contact with the authorities, armed/security forces, civil society groups and other key players, such as the Association of Southeast Asian Nations. These influential players enhanced their understanding of the Movement's work and exchanged views with the ICRC on topics of mutual concern,



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such as prison overcrowding and migration, during meetings and events – for instance, a regional conference in Singapore on the protection of victims of human trafficking.

The ICRC promoted understanding of and respect for humanitarian principles and IHL among key players, notably in contexts with ongoing/past conflicts; for instance, it organized a regional workshop on the application of IHL at sea for senior naval officers from 12 countries. It also encouraged cooperation with parties concerned with addressing the humanitarian needs arising from these conflicts, such as those of the families of missing persons and victims of weapon contamination and sexual violence.

The ICRC continued to offer its expertise and technical support in several areas: to governments, on acceding to IHL instruments, enacting national legislation, and fulfilling their pledges in preparation for the 32nd International Conference; to armed/security forces, on incorporating IHL, relevant internationally recognized standards and humanitarian practices into their doctrine, training and operations; and to key universities, on including humanitarian principles and IHL in their curricula. With ICRC encouragement, Australia, Japan, New Zealand and Samoa ratified the Arms Trade Treaty, and Myanmar, the Biological Weapons Convention. The newly established national IHL committee in Bangladesh began its work; the ICRC pursued its efforts to persuade the authorities in Afghanistan, Japan and Papua New Guinea to establish/revive their own committees. Government representatives contributed their views during consultations linked to the “Strengthening IHL” process. The ICRC continued to update its database on customary IHL.

In line with the Health Care in Danger project, the Australian Red Cross and the ICRC published a report summarizing the views of military experts – shared during a 2013 workshop in Sydney, Australia – on measures to protect medical services during combat.

The Education Ministries and/or National Societies of 10 countries, including Brunei Darussalam, China, Malaysia and the Republic of Korea, received ICRC support for the implementation of the Exploring Humanitarian Law programme in their countries; more Islamic schools in Indonesia adopted the programme. Using ICRC-provided material, media representatives published IHL-related articles for the wider public.

The ICRC’s partnerships with the region’s National Societies enabled it to extend the coverage or effectiveness of its operations, particularly in Afghanistan, Bangladesh, Myanmar, Pakistan and the Philippines. In Afghanistan, this partnership, combined with cooperation and networking with other local players and adapted working procedures, remained pivotal to reaching some of the most affected communities. The ICRC continued to provide National Societies with technical, financial and material support to help them develop their profiles and activities and to strengthen their capacities to respond – in accordance with the Movement’s Fundamental Principles – to the needs resulting from emergencies. As in the past, ICRC activities were coordinated with the International Federation, other Movement partners, UN agencies and other humanitarian players in fields of common interest, to maximize impact and avoid gaps or duplication, for instance, in continuing efforts to assist survivors of Typhoon Haiyan in the Philippines.



## PROTECTION MAIN FIGURES AND INDICATORS

PROTECTION															
CIVILIANS															
	RCMs collected	RCMs distributed	Phone calls facilitated between family members	Names published in the media	Names published on the ICRC family-links website	People reunited with their families	UAM/SC* cases still being handled by the ICRC/National Society at the end of the reporting period	People transferred/repatriated	Human remains transferred/repatriated	People located (tracing cases closed positively)	People to whom travel documents were issued	Detainees visited	of whom women	of whom minors	Detainees visited and monitored individually
Afghanistan	612	754	2,613					33	1,372	454		28,017	789	394	1,896
Bangladesh	160	80	1					3		1					
Myanmar	498	771					5			3		29,907	4,239	616	333
Nepal	17	15		1,347	1,360					16	92				
Pakistan	157	362	368							26					
Philippines	17	17			3,464					118		70,701	4,284	530	928
Sri Lanka	23	105					18			93	53	944	28	19	944
Bangkok (regional)	20	3									40	92,066	6,012	311	527
Jakarta (regional)	20	36	2							12					
Kuala Lumpur (regional)	65	175	125			3				3	1	16,148	1,598	946	297
New Delhi (regional)											561	382		3	363
Suva (regional)	7	23	13							9		2,765	406	188	90
<b>Total</b>	<b>1,596</b>	<b>2,341</b>	<b>3,122</b>	<b>1,347</b>	<b>4,824</b>	<b>3</b>	<b>23</b>	<b>36</b>	<b>1,372</b>	<b>735</b>	<b>747</b>	<b>240,930</b>	<b>17,356</b>	<b>3,007</b>	<b>5,378</b>

\* Unaccompanied minors/separated children

PEOPLE DEPRIVED OF THEIR FREEDOM

of whom women	of whom girls	of whom boys	Detainees newly registered	of whom women	of whom girls	of whom boys	Number of visits carried out	Number of places of detention visited	RCMs collected	RCMs distributed	Phone calls made to families to inform them of the whereabouts of a detained relative	Detainees visited by their relatives with ICRC/National Society support	Detainees released and transferred/repatriated by/via the ICRC	People to whom a detention attestation was issued	
10	4	51	887	7	3	38	149	43	2,823	2,771	335	991	1	31	Afghanistan
									19						Bangladesh
21	5	20	250	18	5	18	42	33	1,838	635		129		8	Myanmar
									17	1				1	Nepal
														2	Pakistan
57		10	145	21		2	321	170	28	6	27	515			Philippines
28	3	16	512	16	3	16	74	33	95	23	22	594		332	Sri Lanka
8	7	3	220	6	7	3	99	43	354	180	1,413	141			Bangkok (regional)
														9	Jakarta (regional)
34	12	108	278	31	12	105	32	12	131	43	733				Kuala Lumpur (regional)
		3	98			1	37	19	1	8		80		3	New Delhi (regional)
7		3	62	7		3	25	17	78	40	3	51			Suva (regional)
165	31	214	2,452	106	30	186	779	370	5,384	3,707	2,533	2,501	1	386	Total

## ASSISTANCE MAIN FIGURES AND INDICATORS

ASSISTANCE													
	CIVILIANS										PEOPLE DEPRIVED OF THEIR FREEDOM		
	Civilians - Beneficiaries						Health centres						
	Food commodities	Essential household items	Productive inputs	Cash	Work, services and training	Water and habitat activities	Health centres supported	Average catchment population	Consultations (patients)	Immunizations (doses)	Food commodities	Essential household items	Water and habitat activities
Afghanistan	133,070	127,608	12,590	42,182	90,566	353,760	48	1,002,659	889,162	498,113		36,453	39,098
Bangladesh	3,679	3,679		3,048		62	2	490,204	1,329			1,853	
Myanmar		35,355	8,780	5,668		226,451	29	887,000				34,884	26,753
Nepal				4,115									
Pakistan				164	9		32	351,000	253,497	2,069			
Philippines	433,585	283,040	280,301	367,547		167,630	13	102,756	33,585	77,428		12,376	2,931
Sri Lanka				6,472		17,395						17,429	5,502
Bangkok (regional)	6,000		301			902					335	38,975	23,744
Beijing (regional)						632							
New Delhi (regional)				453		5,000							
Suva (regional)		4,598				1,391	1	28,322	7,350	6,852		50	1,653
<b>Total</b>	<b>576,334</b>	<b>454,280</b>	<b>301,972</b>	<b>429,649</b>	<b>90,575</b>	<b>773,223</b>	<b>125</b>	<b>2,861,941</b>	<b>1,184,923</b>	<b>584,462</b>	<b>335</b>	<b>142,020</b>	<b>99,681</b>
of whom women	30%	25%	34%	35%	30%	37%			405,258				
of whom children	40%	29%	44%	42%	40%	35%			533,540	496,746			
of whom IDPs	106,279	144,781	23,450	111,236		124,728							



**ASSISTANCE**
**WOUNDED AND SICK**

Hospitals				First aid			Physical rehabilitation							
Hospitals supported	of which provided data	Admissions (patients)	of whom weapon-wounded	First-aid posts supported	of which provided data	Wounded patients treated	Centres supported	Patients receiving services	New patients fitted with prostheses	New patients fitted with orthoses	Prostheses delivered	Orthoses delivered	Patients receiving physiotherapy	
24	2	63,093	1,827				8	104,584	1,106	5,564	4,148	13,177	69,769	Afghanistan
6				2	2	84	2	818	184	634	199	1,160		Bangladesh
16	1	1,009	8				4	3,251	291	12	1,027	23	689	Myanmar
27				6	6	4,704	2	2,023	102	101	151	169	666	Nepal
							14	19,845	1,736	4,405	2,355	7,403	6,811	Pakistan
19	10	38,423	360	2	1		1	534	58	13	91	22	368	Philippines
							1	649	29	37	173	95	360	Sri Lanka
							3	10,183	234	333	1,647	1,174	2,993	Bangkok (regional)
5	1	150					3	869	305	11	688	19	648	Beijing (regional)
4							6	31,256	396	1,971	650	3,592	5,786	New Delhi (regional)
														Suva (regional)
<b>101</b>	<b>14</b>	<b>102,675</b>	<b>2,195</b>	<b>10</b>	<b>9</b>	<b>4,788</b>	<b>44</b>	<b>174,012</b>	<b>4,441</b>	<b>13,081</b>	<b>11,129</b>	<b>26,834</b>	<b>88,090</b>	<b>Total</b>
		50,198	162					32,142	522	2,119	1,255	4,048		of whom women
		29,135	265					48,927	373	6,837	761	14,874		of whom children
											4,879	221		of whom IDPs

# AFGHANISTAN



+ ICRC delegation    + ICRC sub-delegation    + ICRC office/presence    + ICRC-supported hospital  
+ ICRC regional logistics centre    + ICRC-supported prosthetic/orthotic centre  
 \* Hospital run fully by the ICRC    \*\* Map shows structures supporting ICRC operations in Afghanistan

## KEY RESULTS/CONSTRAINTS

### In 2014:

- ▶ the weapon-wounded increased their chances of survival thanks to trained first-aiders and an ICRC-funded transport system for medical evacuation, while the disabled accessed rehabilitative care at ICRC-run centres
- ▶ the Interior Ministry contributed to promoting respect for medical services by issuing a correspondence to all checkpoints, urging them to facilitate the passage of vehicles carrying wounded or sick people
- ▶ more conflict/disaster-affected people than planned were able to ease their situation with household essentials/food rations provided by the Afghan Red Crescent Society/ICRC despite security issues
- ▶ detainees benefited from improved living conditions as a result of ICRC-supported efforts to enhance health-care services and rehabilitate infrastructure such as water and sanitation facilities
- ▶ the authorities supported IHL by integrating a subject on law of armed conflict into the military's training curriculum and submitting to the president a proposal to ratify the Hague Convention on Cultural Property
- ▶ the authorities, armed groups and members of civil society learnt more about IHL and the Movement at sessions held by local partners, as insecurity limited the ICRC's presence in some areas

EXPENDITURE (in KCHF)	
Protection	10,868
Assistance	56,446
Prevention	4,307
Cooperation with National Societies	2,577
General	-

**74,198**

of which: Overheads 4,520

IMPLEMENTATION RATE	
Expenditure/yearly budget	<b>90%</b>

PERSONNEL	
Mobile staff	101
Resident staff (daily workers not included)	1,597

Having assisted victims of the Afghan armed conflict for six years in Pakistan, the ICRC opened a delegation in Kabul in 1987. Its current operations aim at: visiting detainees, monitoring their treatment and living conditions, and helping them keep in contact with their families; monitoring the conduct of hostilities and working to prevent IHL violations; assisting the wounded and disabled; supporting health and hospital care; improving water and sanitation services; promoting accession to and national implementation of IHL treaties and compliance with IHL by military forces; and helping the Afghan Red Crescent Society strengthen its capacities.

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action **MEDIUM**

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
Red Cross messages (RCMs)	
RCMs collected	612
RCMs distributed	754
Phone calls facilitated between family members	2,613
People located (tracing cases closed positively)	454
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
ICRC visits	
Detainees visited	28,017
Detainees visited and monitored individually	1,896
Number of visits carried out	149
Number of places of detention visited	43
Restoring family links	
RCMs collected	2,823
RCMs distributed	2,771
Phone calls made to families to inform them of the whereabouts of a detained relative	335

ASSISTANCE	2014 Targets (up to)	Achieved	
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>			
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)			
Food commodities	Beneficiaries	90,090	133,070
Essential household items	Beneficiaries	71,680	127,608
Productive inputs	Beneficiaries	45,150	12,590
Cash	Beneficiaries	40,250	42,182
Work, services and training <sup>1</sup>	Beneficiaries	84,134	90,566
Water and habitat activities	Beneficiaries	300,000	353,760
<b>Health</b>			
Health centres supported	Structures	48	48
<b>WOUNDED AND SICK</b>			
<b>Hospitals</b>			
Hospitals supported	Structures	2	19
<b>Water and habitat</b>			
Water and habitat activities	Number of beds	562	599
<b>Physical rehabilitation</b>			
Centres supported	Structures	8	8
Patients receiving services	Patients	90,000	104,584

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

## CONTEXT

Afghanistan's presidential elections and its campaigning period saw sporadic attacks by armed groups seeking to disrupt the process. The political deadlock after the elections ended in September with the signing of a power-sharing agreement between the winner, Ashraf Ghani, who became president, and the runner-up, Abdullah Abdullah, who was sworn in as chief executive; however, the government remained without an appointed cabinet by year-end.

President Ghani signed agreements with NATO and the United States of America, which officially marked the end of their combat missions in the country, as planned, and the beginning of their technical support for local troops who took over responsibility for Afghanistan's security. Detainees formerly under international forces' responsibility were transferred to their home countries or to Afghan custody, or released.

The conflict between the Afghan government and armed groups intensified, reportedly resulting in the highest number of casualties in years, as well as displacing people and hindering their access to basic services. Increasing needs severely strained the resources of medical facilities. Fighters and presumed supporters of armed groups continued to be arrested, adding pressure to already overcrowded detention infrastructures.

The fragmentation of the political/military landscape and the volatile situation disrupted communication and restricted humanitarian access. Attacks on humanitarian/medical workers continued.

## ICRC ACTION AND RESULTS

The ICRC strove to address humanitarian needs arising from the conflict in Afghanistan despite constraints that affected the implementation of some of its planned objectives. These limitations included security-related issues, which led to the relocation of some ICRC staff to Tajikistan in 2013, and the protracted political transition that posed some difficulties in sustaining dialogue with the authorities concerned. Nevertheless, the delegation adapted to the situation by reorganizing its activities, because of the new staff set-up, and working closely with the Afghan Red Crescent Society and other local partners in providing assistance to vulnerable communities. It also supported the development of the National Society's institutional/branch-level capacities.

The delegation discussed alleged IHL violations and the need to protect civilians and medical services with all parties to the conflict, focusing particularly on local forces, as international troops withdrew. Dissemination sessions/informational materials furthered understanding among the authorities, security forces, civil society actors and beneficiaries of humanitarian principles, IHL and the National Society/ICRC's work, and helped improve humanitarian access to the people affected. Through ICRC training, Afghan security forces bolstered their instructors' IHL teaching capacities. Because of these efforts, a military academy included IHL in its curriculum and the parliament submitted to the president a proposal to ratify the Hague Convention on the Protection of Cultural Property.

A comprehensive approach to support the casualty care chain was taken to help address people's health needs. First-aid training enabled emergency responders to increase the weapon-wounded's chances of survival, while an ICRC-funded transport system helped patients reach hospitals. Regular support for two Health Ministry-run hospitals and ad hoc provisions of supplies to other hospitals helped improve

the quality of care. Services provided by ICRC-run physical rehabilitation centres helped the disabled regain their mobility and self-sufficiency. Providing supplies, equipment and training, Movement partners helped the National Society improve the services offered by its clinics, including a newly opened facility run by an all-female staff.

National Society/ICRC teams distributed food rations/household essentials to conflict/disaster-affected people – a larger number than planned – to help them meet their urgent needs. The ICRC enlisted community support for rehabilitating infrastructure in exchange for cash, enabling people to earn money while boosting productive capacities. Although the revision of National Society/ICRC guidelines for assistance activities delayed the implementation of some livelihood-support initiatives, the ICRC assisted communities in resuming/protecting income-generating/food-producing activities through animal health programmes and by providing agricultural supplies/equipment and training. It also supported repairs to/construction of water systems to improve water quality and sanitation in rural and peri-urban areas.

Delegates continued to visit, in accordance with standard ICRC procedures, detainees under Afghan, NATO/International Security Assistance Force (ISAF) and US authority; they communicated their findings and recommendations confidentially to the authorities concerned. Through briefings and dialogue, the ICRC supported all authorities concerned in safeguarding the rights of detainees transferred from British and US custody to the Parwan detention facility under Afghan responsibility. It enabled detainees/internees to contact their families and foreign detainees to get in touch with their consular officials. The ICRC also worked with the authorities to improve the health and living conditions of detainees in overcrowded centres by supporting the repairs to/renovation of essential facilities and by providing medical services.

The ICRC regularly met with other humanitarian organizations to ensure maximum coverage of needs and prevent duplication of efforts. It participated in a round-table with Movement partners to discuss evolving humanitarian needs and security constraints in the country and to clarify their roles in relation to these issues.

## CIVILIANS

Parties to the conflict and the ICRC discussed the need to: protect people not/no longer participating in hostilities; enable civilians to have access to basic services, for example by protecting humanitarian/medical facilities/workers; and facilitate the Movement's neutral, impartial and independent activities. As international forces were withdrawing their personnel, the focus of ICRC dialogue, particularly on the conduct of hostilities and reported IHL violations, shifted to Afghan forces and armed groups in the country.

People separated by conflict restored/maintained contact with relatives using the Movement's family-links services (see also *People deprived of their freedom*). With the ICRC acting as a neutral intermediary, the remains of 1,372 fallen fighters and civilians were transferred to the parties concerned, enabling families to bury their deceased relatives. Forensic specialists and Afghan Red Crescent Society staff attended international conferences and/or training sessions; this helped develop national capacities to manage human remains.

## Conflict-affected communities improve their income-generating/food-producing capacities

Poor security conditions continued to limit humanitarian access and disrupt ICRC supply lines. Nevertheless, more violence/

disaster-affected people than planned benefited from emergency relief following the National Society/ICRC's dialogue with these armed groups, the dissemination/implementation of modified guidelines for assistance activities countrywide and the opening of a second supply line in the southern regions. Nearly 111,700 persons (15,953 households) eased their situation with the help of four-week food rations; 95,179 received household essentials as well.

People from 6,026 vulnerable households supported their families (42,182 people) through cash-for-work projects, for example repairing vital infrastructure such as irrigation canals and roads in 189 villages; these improvements enabled the wider community to boost their food production/income. Thousands of families in other areas did the same with the help of supplies/equipment and technical support from the ICRC, however, there were fewer beneficiaries than planned owing to the revision of the National Society/ICRC's assistance activities that delayed the provision of productive inputs. Some 240 heads of households tilled their almond nurseries with basic tools; 1,200 pastoral farmers in the central and southern regions better cared for their herds using fodder, basic farming tools and knowledge gained from training in animal husbandry; and 390 households sold the products of improved breeds of goats and sheep. Female heads of households who received poultry in 2013 reported a 42% increase in their income after nine months. With the help of deworming programmes facilitated by veterinary workers equipped by the ICRC, 39,695 households (around 277,800 people) in more regions benefited from healthier, more productive livestock.

Disabled people (see *Wounded and sick*) and their families regained a measure of self-sufficiency: over 150 breadwinners (1,106 beneficiaries) availed themselves of ICRC micro-loans to boost/start livelihood activities; 231 people attended vocational training; and 230 severely disabled children received home tuition. Some 1,600 homebound people with spinal-cord injuries and their families (totalling 9,600 people) received food rations and hygiene items.

Approximately 353,800 people in rural and peri-urban areas covered their household needs and stayed healthy thanks to safe drinking water from rehabilitated hand pumps and water supply systems maintained by trained management committees.

### **Women and children obtain primary health care at National Society clinic run by all-female staff**

Various initiatives, in line with the government's Basic Package of Health Services, helped enhance health care for the conflict-affected. People benefited from preventive/curative care at 47 National Society clinics covering almost all provinces and at a community-run health centre in Korangal, near Jalalabad; the ICRC provided support for all these facilities. Among these clinics was a new facility in Mazar-i-Sharif run by an all-female staff, initiated by the National Society with Movement support, and specifically for women and children. Over 889,100 people attended consultations at these centres, and 77,198 women of child-bearing age were vaccinated against neonatal tetanus. About 31,000 women learnt more about family planning at the centres and 61,485 benefited from ante/post-natal care.

With Norwegian Red Cross/ICRC material and technical input, the National Society improved its health-care services by strengthening its clinic management and logistical capacities (see *Wounded and sick*). The refurbishment of two National Society medical warehouses started.

Health workers from the Public Health Ministry and other organizations conducted polio vaccinations in the south, with the ICRC facilitating their field access.

## **PEOPLE DEPRIVED OF THEIR FREEDOM**

### **Detainees maintain contact with relatives living in remote areas through ICRC phone system**

Detainees/internees under Afghan, NATO/ISAF and US authority – including, for the first time, those held at Afghan army bases outside Kabul and at the Parwan detention facility – received ICRC visits conducted according to the organization's standard procedures. Particular attention was paid to vulnerable groups such as women, the elderly and minors. Delegates monitored detainees' treatment and living conditions, as well as officials' respect for judicial guarantees and the principle of *non-refoulement*; afterwards, they communicated their findings and recommendations confidentially to the authorities. The political situation in the country delayed the finalization of an agreement between the ICRC and the National Directorate of Security concerning cooperation in detention-related activities.

With ICRC input, the Afghan, British and US authorities and other stakeholders became more cognizant of the need to respect the rights of detainees/internees transferred from British or US custody to the Parwan facility. The detaining authorities tackled the legal and humanitarian implications of transfers and drew on ICRC assistance to enable inmates and their families to keep in touch.

Detainees/internees held in Afghanistan and at the US internment facility at Guantanamo Bay Naval Station in Cuba communicated with relatives through RCMs and phone/video services. Detainees at the Parwan and Pul-i-Charkhi prisons benefited from ICRC-organized family visits and a phone service that connected them with relatives living in remote areas. Foreign detainees in US custody benefited from ICRC-facilitated visits from their consular officials. One foreigner released from detention returned home with ICRC support.

Families ascertained the whereabouts of 339 detained relatives through notifications of arrest/transfer/release furnished by Afghan, NATO/ISAF and US authorities to the ICRC.

### **Inmates in overcrowded prisons reduce health risks thanks to improved living conditions**

Efforts to mobilize international stakeholders to invest in prison infrastructure became difficult as many of them had left/were in the process of withdrawing. Resource constraints limited the authorities' capacity to address the consequences of overcrowding, particularly on detainees' health.

The Public Health Ministry enhanced its services for inmates, such as those in Herat and Sarpoza prisons, using ICRC-provided medical supplies, equipment, technical advice and/or financial support for staff salaries. A week-long training course helped raise awareness among prison health staff of detainees' health-care needs. Ailing inmates, including the mentally ill, at the Pul-i-Charkhi prison received treatment from prison health staff or at hospitals following referrals.

Various initiatives promoted health, hygiene and a cleaner environment, thus helping limit disease outbreaks. With ICRC support, the authorities/staff and detainees at two prisons established maintenance and hygiene committees tasked to identify and tackle hygiene and infrastructure problems. Nearly 40,000 detainees had

improved living conditions following upgrades to infrastructure; rehabilitated water and sanitation facilities, kitchens and courtyards in five provincial prisons benefited 5,679 inmates.

Some 36,000 vulnerable detainees, including those held by armed groups, and guards improved their living conditions and/or maintained their health with ICRC-delivered hygiene kits during hygiene-promotion sessions and other essential items, such as winter clothing and blankets; they were also given books for recreation.

## WOUNDED AND SICK

Much of the population continued to struggle to obtain timely and appropriate treatment, as attacks on medical staff/facilities impeded the provision of health care. Nevertheless, the wounded and the sick benefited from various levels of treatment provided by the ICRC and its partners.

### Weapon-wounded people are stabilized by emergency responders before reaching hospital

Injured people received life-saving care from National Society/ICRC-trained/equipped emergency responders, including male and female community-based National Society volunteers, as well as from security forces, other weapon bearers, ambulance drivers and hospital staff; training for these responders incorporated learning from the Health Care in Danger project. About 1,560 weapon-wounded people in southern Afghanistan reached hospital through an ICRC-funded transport system; over 92% of them benefited from first aid before they reached hospitals, increasing their chances of survival. The demand for an evacuation scheme amid complex security situations led the ICRC to test several ways to better meet needs.

### Violence-affected people benefit from health care at ICRC-supported hospitals

Around 63,000 inpatients and 367,470 outpatients received treatment at the Health Ministry's Mirwais (Kandahar) and Sheberghan (Jowzjan) hospitals. They included 1,827 weapon-wounded people and 24,391 women admitted for gynaecological/obstetric care. Both hospitals benefited from comprehensive ICRC support for implementing the ministry's Essential Package of Hospital Services.

Through training sessions, hospital managers/staff at the Mirwais hospital bolstered their practical and theoretical knowledge, including of a revised plan for managing mass casualties.

Seventeen other hospitals received emergency supplies to help them prepare for or cope with mass casualties. Planned war-surgery courses did not take place because of election-related insecurity or because other actors were already addressing this need.

### Disabled people improve their mobility

Over 104,000 disabled Afghans benefited from physiotherapy and prosthetic/orthotic devices manufactured and/or provided by one component factory and seven physical rehabilitation centres run by the ICRC. These facilities were managed by disabled employees, trained with the ICRC's assistance. Disabled people from remote areas were referred to the centres and given transportation support to travel to them; people with spinal-cord injuries received about 7,000 home visits. To help ensure the sustainability of these centres' services, local staff attended specialized training courses and progressively took over the management of operations. Patients enhanced their well-being and/or regained self-sufficiency by taking part in sports, including national wheelchair basketball tournaments, and through other initiatives (see *Civilians*).

Renovations were carried out at health facilities, with a view to improving services for patients. A new operating theatre at the Mirwais hospital went into use; other facilities at the hospital continued to be upgraded, in accordance with a 2014–17 infrastructural plan that was finalized with the authorities concerned. Construction of the new Faizabad rehabilitation centre resumed and work on three other rehabilitation facilities progressed, for instance, the installation of a new central heating system at a centre in Kabul.

## ACTORS OF INFLUENCE

### Interior Ministry takes steps to promote respect for medical services at checkpoints

Parties to the conflict and the ICRC discussed IHL-related issues and the need to facilitate National Society/ICRC access and assistance to victims of conflict (see *Civilians*); however, the political transition (see *Context*) posed some difficulties in sustaining such

PEOPLE DEPRIVED OF THEIR FREEDOM	TOTAL	AFGHAN GOVERNMENT	US FORCES	IN NATO/ISAF CUSTODY PRIOR TO THEIR TRANSFER TO AFGHAN CUSTODY
<b>ICRC visits</b>				
Detainees visited	28,017	27,941	54	22
<i>of whom women</i>	789	789		
<i>of whom minors</i>	394	394		
Detainees visited and monitored individually	1,896	1,841	53	2
<i>of whom women</i>	10	10		
<i>of whom girls</i>	4	4		
<i>of whom boys</i>	51	51		
Detainees newly registered	887	881	5	1
<i>of whom women</i>	7	7		
<i>of whom girls</i>	3	3		
<i>of whom boys</i>	38	38		
Number of visits carried out	149	135	8	6
Number of places of detention visited	43	39	2	2
<b>Restoring family links</b>				
RCMs collected	2,823	2,821	2	
RCMs distributed	2,771	2,704	67	
Phone calls made to families to inform them of the whereabouts of a detained relative	335	332	3	
Detainees visited by their relatives with ICRC/National Society support	991	985	6	
Detainees released and transferred/repatriated by/via the ICRC	1	1		
People to whom a detention attestation was issued	31	31		



dialogue. Discussions with international forces in Afghanistan and abroad shifted to other subjects: the ongoing withdrawal of international troops and their responsibilities with regard to reducing weapon contamination, and the transition to non-combat roles of the remaining personnel (see *Brussels, London and Washington*).

Parliamentarians, government officials and Movement partners convened to discuss how to protect the safety of medical services. This led to the Interior Ministry sending all checkpoints a notice urging them to ensure that vehicles carrying wounded or sick people were not delayed. Journalists participated in a session on the same subject.

### **Community and religious leaders further their understanding of IHL and the Movement**

Some 20,000 influential community/religious leaders, academic scholars, male and female ICRC beneficiaries, and members of the media/the general public deepened their understanding of IHL and the Movement through dissemination sessions/presentations by the ICRC or, when insecurity restricted the organization's access, by the National Society and other local partners. During national/international round-tables/courses, religious scholars, university professors and students refined their knowledge of contemporary IHL-related challenges and of the similarities between Islam and IHL (see *New Delhi and Lebanon*). Local and international media used ICRC news releases/operational updates, and information collected during ICRC-organized field trips, to draw attention to humanitarian issues and help promote support for Movement activities. Publications in Dari and Pashto, and features on the ICRC's website, supplemented these efforts.

### **Military academy integrates topic on law of armed conflict into curriculum**

Almost 9,800 Afghan National Security Forces personnel, as well as members of armed groups, learnt more about IHL during dissemination sessions. Some 280 army and police personnel sharpened their IHL teaching skills at ICRC courses; army legal officers and ICRC-trained IHL instructors were in charge of some of these courses. With British government/ICRC support, the newly established Afghan National Army Officer Academy integrated the topic on law of armed conflict into its training curriculum. A military officer participated in a workshop abroad on rules governing military operations (see *International law and policy*). While planning and conducting operations, leaders of armed groups consulted the ICRC on issues related to compliance with IHL.

The parliament submitted a proposal to the president to ratify the Hague Convention on the Protection of Cultural Property. Government officials participated in various IHL training sessions abroad, including a legislative drafting workshop on IHL (see *Sri Lanka and Nepal*). Dari and Pashto versions of the Geneva Conventions, submitted by the ICRC to the Justice Ministry, boosted efforts to incorporate these Conventions' provisions in domestic law. The authorities and the ICRC continued to discuss Afghanistan's accession to the Convention on Certain Conventional Weapons, domestic IHL implementation and the creation of a national IHL committee; progress was stalled, however, because the authorities were busy with the presidential elections and had other priorities as well.

## **RED CROSS AND RED CRESCENT MOVEMENT**

### **National Society improves its volunteer management capacities**

The Afghan Red Crescent Society remained the ICRC's main partner in providing relief and medical care to victims (see *Civilians and Wounded and sick*), many of whom were beyond the reach of overstretched/unreliable government services/other humanitarian actors. It signed a partnership framework agreement with the ICRC for the period of 2015–17.

With Movement support and cooperation, the National Society developed its institutional and branch-level capacities, through workshops on strategic leadership and the Safer Access Framework, for instance. It improved its ability to mobilize and manage volunteers by setting up a database for most of its regional offices and registering some 25,000 volunteers from its 34 branches. The National Society also strengthened coordination of the Health Care in Danger project in Afghanistan by creating a committee made up of focal points from various Movement partners. Movement partners signed two memoranda of understanding aimed at helping the organization strengthen its logistics and delivery of services.

The National Society draft law that defined its role/status was merged with the emblem law. This new draft remained under review at the Ministry of Justice.

Movement partners met regularly to strengthen their security and access framework and to coordinate activities. A round-table in Switzerland convened Movement components working in Afghanistan, with a view to developing a common understanding of the evolving humanitarian needs and security constraints in the country, and clarifying and reinforcing their roles in relation to these issues.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>Red Cross messages (RCMs)</b>			<b>UAMs/SCs*</b>		
RCMs collected		612			
RCMs distributed		754			
Phone calls facilitated between family members		2,613			
<b>Reunifications, transfers and repatriations</b>					
People transferred/repatriated		33			
Human remains transferred/repatriated		1,372			
<b>Tracing requests, including cases of missing persons</b>			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered		894	92	111	88
<i>including people for whom tracing requests were registered by another delegation</i>		23			
People located (tracing cases closed positively)		454			
Tracing cases still being handled at the end of the reporting period (people)		392	56	88	50
<i>including people for whom tracing requests were registered by another delegation</i>		28			
<b>Documents</b>					
Official documents relayed between family members across borders/front lines		104			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>					
<b>ICRC visits</b>			<b>Women</b>	<b>Minors</b>	
Detainees visited		28,017	789	394	
			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually		1,896	10	4	51
Detainees newly registered		887	7	3	38
Number of visits carried out		149			
Number of places of detention visited		43			
<b>Restoring family links</b>					
RCMs collected		2,823			
RCMs distributed		2,271			
Phone calls made to families to inform them of the whereabouts of a detained relative		335			
Detainees visited by their relatives with ICRC/National Society support		991			
Detainees released and transferred/repatriated by/via the ICRC		1			
People to whom a detention attestation was issued		31			

\* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Food commodities	Beneficiaries	133,070	26%	20%
	<i>of whom IDPs</i>	Beneficiaries		
		66,121		
Essential household items	Beneficiaries	127,608	20%	15%
	<i>of whom IDPs</i>	Beneficiaries		
		59,621		
Productive inputs	Beneficiaries	12,590	29%	30%
Cash	Beneficiaries	42,182	32%	34%
	<i>of whom IDPs</i>	Beneficiaries		
		2,390		
Work, services and training <sup>1</sup>	Beneficiaries	90,566	30%	40%
Water and habitat activities	Beneficiaries	353,760	30%	40%
<b>Health</b>				
Health centres supported	Structures	48		
Average catchment population		1,002,659		
Consultations	Patients	889,162		
	<i>of which curative</i>	Patients	257,561	382,962
	<i>of which ante/post-natal</i>	Patients	61,485	
Immunizations	Doses	498,113		
	<i>of which for children aged five or under</i>	Doses	413,453	
Referrals to a second level of care	Patients	7,138		
Health education	Sessions	8,761		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection programme)</b>				
Essential household items	Beneficiaries	36,453		
Work, services and training	Beneficiaries	2		
Water and habitat activities	Beneficiaries	39,098		
<b>Health</b>				
Number of visits carried out by health staff		279		
Number of places of detention visited by health staff		25		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	19		
	<i>of which provided data</i>	Structures	2	
Patients whose hospital treatment has been paid for by the ICRC	Patients	126		
Admissions	Patients	63,093	33,252	16,148
	<i>of whom weapon-wounded</i>	Patients	97	240
	<i>(including by mines or explosive remnants of war)</i>	Patients	861	
	<i>of whom other surgical cases</i>	Patients	16,604	
	<i>of whom medical cases</i>	Patients	20,271	
	<i>of whom gynaecological/obstetric cases</i>	Patients	24,391	
Operations performed		17,865		
Outpatient consultations	Patients	367,470		
	<i>of which surgical</i>	Patients	157,543	
	<i>of which medical</i>	Patients	122,854	
	<i>of which gynaecological/obstetric</i>	Patients	87,073	
<b>Water and habitat</b>				
Water and habitat activities	Number of beds	599		
<b>Physical rehabilitation</b>				
Centres supported	Structures	8		
Patients receiving services	Patients	104,584	16,227	34,509
New patients fitted with prostheses	Patients	1,106	120	114
Prostheses delivered	Units	4,148	405	311
	<i>of which for victims of mines or explosive remnants of war</i>	Units	2,412	
New patients fitted with orthoses	Patients	5,564	1,133	2,501
Orthoses delivered	Units	13,177	2,260	6,566
	<i>of which for victims of mines or explosive remnants of war</i>	Units	54	
Patients receiving physiotherapy	Patients	69,769	12,359	29,560
Crutches delivered	Units	14,269		
Wheelchairs delivered	Units	1,246		

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

# BANGLADESH



ICRC / AR, 2014  
 + ICRC delegation  
 + ICRC-supported prosthetic/orthotic centre

Present in Bangladesh since 2006, the ICRC opened a delegation there in 2011. It works to protect and assist people affected by tensions and violence; promotes IHL and its implementation among the authorities, armed and security forces and academic circles; and supports the Bangladesh Red Crescent Society in building its capacities. It seeks to visit people deprived of their freedom in the country.

## KEY RESULTS/CONSTRAINTS

### In 2014:

- ▶ people affected by political/intercommunal clashes covered their immediate needs through first aid from Bangladesh Red Crescent Society teams, and National Society/ICRC distributions of emergency relief
- ▶ the National Society/ICRC launched new initiatives benefiting vulnerable people, in particular livelihood support for Chittagong communities and improvements to health services in Cox's Bazar
- ▶ with ICRC support, a new school offered the first diploma course in prosthetics and orthotics in the country
- ▶ the newly established national IHL committee moved to advance domestic implementation of IHL by organizing workshops on drafting legislation and reviewing model laws on IHL-related treaties

EXPENDITURE (in KCHF)	
Protection	903
Assistance	2,131
Prevention	1,048
Cooperation with National Societies	383
General	-
	<b>4,466</b>

of which: Overheads 273

IMPLEMENTATION RATE	
Expenditure/yearly budget	<b>108%</b>

PERSONNEL	
Mobile staff	11
Resident staff (daily workers not included)	41

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

**MEDIUM**

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
<b>Red Cross messages (RCMs)</b>	
RCMs collected	160
RCMs distributed	80
Phone calls facilitated between family members	1
People located (tracing cases closed positively)	1
People reunited with their families	5
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
<b>Restoring family links</b>	
RCMs collected	19

ASSISTANCE	2014 Targets (up to)	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>		
<b>Economic security, water and habitat</b> (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	3,679
Essential household items	Beneficiaries	1,000
Productive inputs <sup>1</sup>	Beneficiaries	1,500
Cash	Beneficiaries	3,048
Water and habitat activities	Beneficiaries	62
<b>Health</b>		
Health centres supported	Structures	2
<b>WOUNDED AND SICK</b>		
<b>Hospitals</b>		
Hospitals supported	Structures	6
<b>Physical rehabilitation</b>		
Centres supported	Structures	2
Patients receiving services	Patients	800
		818

1. Violence-affected households were given cash grants instead of productive inputs to help them start/resume livelihood activities.

## CONTEXT

General strikes and/or incidents of violence persisted, particularly in relation to the elections in early 2014, or linked to other issues such as the grievances of opposition parties and the matter of people accused of committing war crimes during the past conflict in 1971, whose cases were being heard at the International Crimes Tribunal in Bangladesh. There were intercommunal tensions and sporadic clashes in parts of the country, particularly in the Chittagong division. The country remained at risk of natural and man-made disasters.

The occasional incidents of violence, the political/social unrest and the natural/man-made disasters caused injuries, deaths and arrests, disrupted the delivery of essential services, had adverse economic consequences and ultimately left many communities vulnerable.

On the first anniversary of the collapse of a garment factory in Savar, families concerned spoke of unaddressed financial/legal/psychological needs and concerns.

## ICRC ACTION AND RESULTS

The ICRC worked closely with the Bangladesh Red Crescent Society to assist vulnerable people, particularly those affected by political or intercommunal violence, distributing food and essential household items to help them meet their emergency needs. It continued to nurture dialogue and working relations with the authorities, security forces and other parties concerned, with a view to developing cooperation in promoting humanitarian principles/IHL and addressing humanitarian concerns.

ICRC-supported National Society first-aid teams administered emergency care to wounded people, particularly during election-related violence. Police personnel and students learnt the basics of emergency care at National Society/ICRC-facilitated training sessions, which also included discussions on the protection of medical services.

With future needs in mind, the police included first-aid training in their basic curriculum. With ICRC support, the National Society also systematically incorporated first-aid training sessions in its emergency response programme; it organized a session of this kind for local authorities, security forces, students affiliated with political parties and National Society staff/volunteers, at which it also urged them to coordinate their first-aid and search-and-rescue activities.

The National Society, supported by the ICRC, sought to address longer-term needs of violence-affected/vulnerable populations; to this end, it implemented a livelihood-support project for families made vulnerable by unrest in the Chittagong division, which helped them to begin/resume farming, handicrafts and other income-generating activities. The ICRC also supported a National Society project to improve the quality of care at two health facilities in the Cox's Bazar district: it provided assistance for hiring medical staff and updating operational protocols, among other initiatives. At one centre, within the first month of the project, more patients availed themselves of services than in the previous month.

Referrals and financial assistance enabled disabled people to benefit from the services of trained staff at the Chittagong and Savar branches of the ICRC-supported Centre for the Rehabilitation of the Paralyzed (CRP). With ICRC assistance, a CRP-affiliated institution established a new school that offered the first diploma course in prosthetics and orthotics in the country.

Families separated by migration or detention used Movement family-links services to keep in touch; some migrants and Bangladeshi people detained abroad returned home with Movement support.

A developing dialogue, which included pilot visits to prisons and two round-tables, enabled the detention authorities, other parties concerned and the ICRC to explore areas of cooperation in addressing the humanitarian needs of detainees.

By facilitating their training, and participation in various events, with a view to expanding their knowledge and skills, the ICRC helped armed/security forces, emergency responders, local government bodies, civil society actors and the National Society become more adept at managing human remains after disasters.

The ICRC assisted the newly established national IHL committee in its initiatives to advance domestic IHL implementation. It provided the committee with model laws on IHL-related treaties translated into Bengali and helped it organize/participate in workshops for government departments concerned with drafting legislation.

At meetings and other events, the ICRC, independently or with the National Society, disseminated information on humanitarian issues, IHL and the Movement's work among the authorities, armed/security forces and key members of civil society. It helped government officials/academics further their understanding of IHL by sponsoring their attendance at conferences abroad. The ICRC continued to work with the armed forces, the police, and the paramilitary forces to help strengthen their personnel's grasp of IHL and other norms applicable to their duties; particular attention was paid to instructors and to officers stationed on the border and/or in tension-prone areas, or bound for peacekeeping missions abroad.

The National Society received ICRC technical/material/financial support to strengthen its institutional and operational capacities, particularly in first aid, restoring family links and the Safer Access Framework.

## CIVILIANS

### Victims of violence recover from their losses

Following intercommunal and political violence in parts of the country, material assistance provided by the National Society, with ICRC support, helped households affected in seven districts to recover from their losses. A total of 3,679 people (706 households) in the Khulna and Rangpur divisions covered their immediate needs with donated food/essential household items. Cash grants helped 163 other households (1,024 people) in the Chittagong, Dhaka and Rangpur divisions to repair damaged homes and/or shops.

Notably through meetings, the police and the ICRC developed their dialogue on protection issues, particularly those arising during unrest/violence. Hospital authorities and the ICRC discussed the protection of medical services and respect for those seeking medical care.

### Violence-affected households in the Chittagong division receive grants to restore/improve their livelihood

Some 365 violence-affected households (2,008 people) in the Bandarban and Khagrachari districts in Chittagong stood to restore/improve their livelihood after receiving cash grants from the National Society/ICRC to begin/resume farming, handicrafts and other income-generating activities.



With ICRC technical/financial support, the National Society carried out needs assessments and/or beneficiary identification processes for the assistance and livelihood-support activities mentioned above; this also helped staff/volunteers sharpen related skills and broaden their experience in this field.

### **Vulnerable people in the Cox's Bazar benefit from improved health services at two centres**

Vulnerable communities in the Cox's Bazar district benefited from improved care at two sub-district health facilities, which received help to hire medical staff and update their treatment and statistical protocols under an ICRC-supported National Society project undertaken at the authorities' proposal. Within the first month, one health centre took in 25% more patients, indicating the facilities' improved services and expanded capacities. National Society/ICRC teams continued to work with health authorities to follow up initiatives to enhance emergency/paediatric/gynaecological care at the centres, and improve sanitation and infection prevention/control.

### **Families of migrants detained or living abroad restore contact with their relatives**

Families of Bangladeshi migrants used National Society/ICRC family-links services offered in Bangladesh and other countries, in cooperation with the Bangladeshi Foreign/Home Affairs Ministries, to re-establish contact with relatives. Families of Bangladeshis, and of other nationals detained abroad, were informed of their relatives' situation and/or received/sent RCMs; around 765 oral messages were relayed by ICRC delegates to members of dispersed families.

Migrants and former detainees, notably unaccompanied minors and a woman with young children, returned to Bangladesh or, in the case of foreigners, to their home countries. Movement partners coordinated with consular offices, where appropriate; made travel arrangements; and in one case, provided a cash grant to help the returning person support herself with a small business.

### **Families of missing persons have their needs brought to the attention of authorities**

Some families of persons missing following the collapse of a building in Savar in 2013 became eligible for government compensation, partly because of National Society/ICRC efforts to bring the families' plight to the attention of the authorities and the general public, including during activities commemorating the first anniversary of the tragedy. The families also received financial support from the National Society. The National Society, with the ICRC, made follow-up visits to 25 of the 86 families who had filed tracing requests with them, so as to update their list of pending cases (58 in all).

### **Key actors enhance their capacity to manage human remains**

The armed/security forces, emergency responders, local government bodies, an Islamic NGO dedicated to the collection/burial of the remains of unidentified persons, other parties concerned and the National Society became more adept at managing human remains after disasters, through their participation in ICRC-run training/events. These included a five-day course that gathered participants from throughout the country, a training course in Switzerland, and information sessions. The police, fire service and a military hospital received body bags.

Follow-up meetings between the Ministry of Disaster Management and Relief and the ICRC discussed how to facilitate the incorporation

of human remains management in the Ministry's disaster management policy.

## **PEOPLE DEPRIVED OF THEIR FREEDOM**

### **Detention authorities learn more about the ICRC's work benefiting detainees**

The authorities estimated that about 65,000 people were detained at 68 prisons in Bangladesh, some in connection with the 1971 war, violence, unrest or issues of State security, and some foreigners for entering the country illegally. By developing dialogue – notably through three pilot visits and two round-tables – the authorities and the ICRC explored areas of cooperation in addressing the humanitarian needs of detainees.

### **Foreign detainees meet some of their needs with National Society/ICRC help**

Foreign detainees who so wished contacted their relatives or notified their embassies of their situation, thanks to ICRC-supported National Society family-links services. Some people who had been released received National Society/ICRC support to facilitate their return (see *Civilians*).

The National Society/ICRC provided clothes for 24 children at two jails to help them stay warm in winter; 1,829 vulnerable foreign detainees, including women, improved their hygiene with donated kits.

## **WOUNDED AND SICK**

### **Injured people receive life-saving treatment**

Over 80 people wounded during election-related violence received first aid from ICRC-supported National Society teams in the Chittagong and Dhaka divisions; the more seriously wounded were referred to hospitals, some of which received medical supplies from the ICRC. Police personnel and members of student wings of political parties learnt more about ensuring safe passage for medical personnel/vehicles, and enhanced their first-aid skills, at National Society/ICRC training sessions; they also received first-aid kits from the ICRC.

### **The police incorporate first-aid training in their curriculum**

With ICRC help, the police finalized the incorporation of first-aid sessions in the training curriculum for constables. Some 40 newly trained first-aid instructors from the police began to run courses independently.

The National Society's experience of providing medical assistance with the ICRC during the election season (October 2013 to January 2014) encouraged it to include, more systematically, similar activities in its emergency response programme. It incorporated first-aid training and advocacy of the protection due to medical services in its regular activities. With the ICRC's help, the National Society extended training and/or provision of first-aid/medical supplies to more emergency responders from various sectors, particularly in five tension-prone districts. One training session brought together local authorities, security forces, students affiliated with political parties and National Society staff/volunteers, encouraging coordination among them in the delivery of first-aid and search-and-rescue services. An ICRC-facilitated visit to Egypt, to study the Egyptian Red Crescent Society's experience in emergency response, gave the National Society valuable insights to guide its future activities.

Doctors and nurses from the armed forces updated their skills at an emergency room trauma-management course held by the ICRC for the first time in the country.

### **Disabled patients obtain good-quality physical rehabilitation services**

With the ICRC covering the cost of their treatment and transportation, 818 people received rehabilitative care at two ICRC-supported CRP branches. Over 80 disabled persons were able to receive treatment specifically because of enhancements to a patient referral system established by the National Society/ICRC. Other patients learnt about CRP services from joint National Society/ICRC efforts to promote them, notably during a large-scale international religious gathering, at which National Society volunteers also provided medical attention for people who needed it.

Disabled people in Bangladesh, and elsewhere in South Asia, benefited from ICRC-supported sports activities, notably training camps/workshops backed by local and international partners, and an international multi-sport meet, with over 300 participants, organized by the CRP in Savar with ICRC support.

The two CRP branches stood to improve prosthetic/orthotic services, because of ICRC-funded staff training and upgraded/ repaired infrastructure. With a view to enlarging the pool of professionals in the physical rehabilitation sector, the Bangladesh Health Professions Institute (BHPI) – affiliated with the CRP in Savar and recognized by the State Medical Faculty – established a new school that offered the first diploma course on prosthetics and orthotics in the country. The BHPI established the facility with ICRC support, particularly for developing the curriculum, acquiring equipment and funding scholarships for the school's first students.

Two aspiring professionals in the area of physical rehabilitation pursued ICRC-funded studies abroad.

### **ACTORS OF INFLUENCE**

#### **The authorities, the National Society and the ICRC discuss initiatives to address specific humanitarian needs**

Authorities, armed/security forces and key members of civil society learnt more about pertinent humanitarian issues, IHL and the ICRC's work to address specific humanitarian needs at meetings with the organization and the National Society.

Influential actors from different sectors and the general public familiarized themselves with the Movement's work at various events, such as a religious gathering at which the National Society was present (see *Wounded and sick*) and a photo exhibit commemorating "150 years of humanitarian action," which emphasized the ICRC's humanitarian operations in Bangladesh in the 1970s.

ICRC materials in Bengali and articles published through traditional and online media channels provided additional information for the public. Journalists enhanced their understanding of IHL-related issues and Movement activities at an editors' conference in Japan (see *Kuala Lumpur*), and at information sessions held in the Cox's Bazar district.

### **Newly established national IHL committee takes steps to advance domestic IHL implementation**

Using model laws and local-language translations of pertinent IHL treaties and other support provided by the ICRC, the newly established national IHL committee worked on drafting legislation implementing the 1949 Geneva Conventions and their Additional Protocols and the Anti-Personnel Mine Ban Convention, and pursued the revision of the 1936 Geneva Conventions Implementing Act. It did so during a workshop it organized with the Foreign Affairs Ministry and at a similar workshop with regional counterparts (see *Sri Lanka*). Government officials learnt more about implementing IHL during three regional conferences (see *Nepal* and *Sri Lanka*). Newly recruited diplomats familiarized themselves with IHL during ICRC-facilitated sessions at the Foreign Service Academy.

Lecturers and scholars, particularly from Islamic circles, pursued ICRC-supported graduate studies and participated in seminars and advanced courses in IHL (see *Lebanon* and *New Delhi*). Over 100 principals of Islamic secondary schools learnt more about the links between IHL and Islam at ICRC talks. Students added to and tested their knowledge of IHL at local/regional moot court competitions (see *Iran, Islamic Republic of*).

### **Armed/security forces further their personnel's understanding of IHL and other applicable norms**

The armed forces, paramilitary forces and the police, including training units with whom the ICRC collaborated for the first time, received help from the ICRC to incorporate IHL and internationally recognized standards in their training/operations. Instructors from all three organizations enhanced their IHL teaching techniques at train-the-trainer workshops. The main police academy included an IHL course in the curricula for personnel aspiring to become superintendents.

Personnel from various services – the Coast Guard which participated for the first time, over 720 female police recruits, units stationed along the border and/or in tension-prone areas, and peacekeepers bound for UN missions abroad – enhanced their knowledge of IHL and other applicable norms at ICRC presentations and through ICRC-provided reference materials.

First-aid training given to security forces (in tandem with IHL sessions), government agencies, Islamic organizations and students affiliated with political parties, as part of National Society/ICRC emergency/medical response activities (see *Wounded and sick*) also helped to enhance their knowledge of the Movement's activities and to stress the importance of protecting medical services.

### **RED CROSS AND RED CRESCENT MOVEMENT**

The National Society worked with the ICRC to assess the needs of people affected by violence and/or disasters, and to provide them with first aid, basic health care (including under new/expanded initiatives) and family-links services (see *Civilians* and *Wounded and sick*).

With ICRC support, National Society staff/volunteers enhanced their skills/know-how in carrying out humanitarian activities effectively, particularly through exercises in the Safer Access Framework.

Although it had yet to draft a strategic plan for strengthening its family-links services, the National Society promoted these services, particularly in prisons and among people in remote areas; it also took steps to improve them, notably through refresher training sessions on tracing services for volunteers from over 60 districts and a workshop with other National Societies tackling the family-links needs of detained migrants (see *Nepal*).

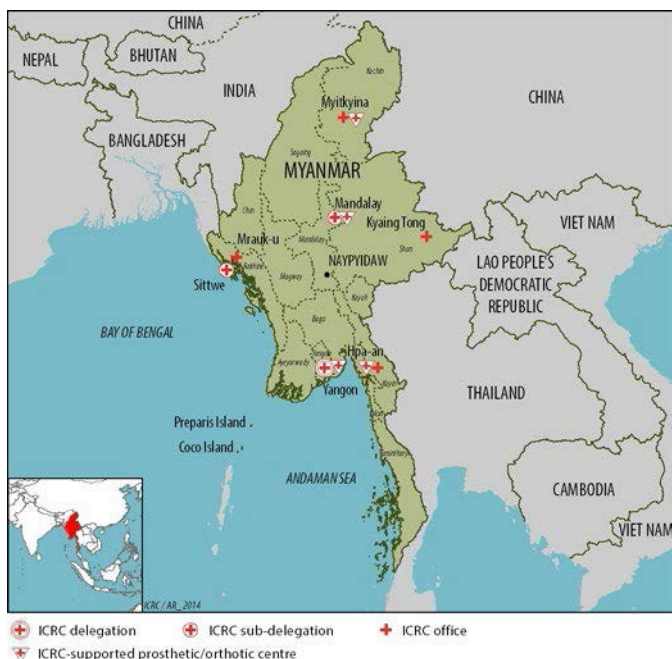
The National Society maintained IHL promotion campaigns, such as one on protecting the emblem. With help from the International Federation and the ICRC, it followed up with the authorities on initiatives to strengthen its legal base, and developed a handbook on Movement activities for parliamentarians.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>Red Cross messages (RCMs)</b>			UAMs/SCs*		
RCMs collected		160			
RCMs distributed		80			
Phone calls facilitated between family members		1			
<b>Reunifications, transfers and repatriations</b>					
People reunited with their families		5			
	<i>including people registered by another delegation</i>	5			
People transferred/repatriated		3			
<b>Tracing requests, including cases of missing persons</b>			Women	Girls	Boys
People for whom a tracing request was newly registered		5	3		
People located (tracing cases closed positively)		1			
Tracing cases still being handled at the end of the reporting period (people)		7	4		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>					
<b>Restoring family links</b>					
RCMs collected		19			

\* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Food commodities	Beneficiaries	3,679	30%	41%
Essential household items	Beneficiaries	3,679	22%	28%
Cash	Beneficiaries	3,048	33%	33%
Water and habitat activities	Beneficiaries	62	35%	31%
<b>Health</b>				
Health centres supported	Structures	2		
Average catchment population		490,204		
Consultations	Patients	1,329		
	<i>of which ante/post-natal</i>		1,329	
Referrals to a second level of care	Patients	733		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection programme)</b>				
Essential household items	Beneficiaries	1,853		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	6		
<b>First aid</b>				
First-aid posts supported	Structures	2		
	<i>of which provided data</i>	2		
Wounded patients treated	Patients	84		
<b>Physical rehabilitation</b>				
Centres supported	Structures	2		
Patients receiving services	Patients	818	33	605
New patients fitted with prostheses	Patients	184	13	24
Prostheses delivered	Units	199	15	25
New patients fitted with orthoses	Patients	634	20	581
Orthoses delivered	Units	1,160	26	1,086

# MYANMAR



The ICRC began working in Myanmar in 1986. It visits detainees, offers them family-links services and helps improve conditions in places of detention; and promotes IHL and other international norms and humanitarian principles. Working with the Myanmar Red Cross Society in most cases, it responds to the needs of displaced persons and vulnerable communities in conflict/violence-prone areas. It supports health and hospital care and physical rehabilitation centres run by the Ministry of Health and the National Society to ensure quality services for mine victims and other disabled patients. It helps the Myanmar Red Cross build its operational capacities.

## KEY RESULTS/CONSTRAINTS

### In 2014:

- ▶ wounded and sick people in Kachin and Rakhine states received better medical care at 16 hospitals, after the ICRC upgraded these hospitals' equipment and water and sanitation facilities
- ▶ few people in Rakhine state benefited from Myanmar Red Cross Society/ICRC medical evacuations, as both organizations curtailed/modified their operations after an attack on all aid groups' premises in March
- ▶ the Health Ministry and the ICRC agreed to establish 2 new physical rehabilitation centres in Kachin and Shan states to address the needs of disabled people in areas not yet covered by ICRC-supported centres
- ▶ heads of IDP and resident households in Kachin and Rakhine states added to their earnings using grants, supplies/equipment and training provided by the National Society/ICRC
- ▶ inmates at prisons and labour camps benefited from better conditions, either through direct ICRC assistance or as a result of steps taken by the prison authorities at the ICRC's recommendation
- ▶ the police and the military engaged in further discussions on internationally recognized policing standards and IHL, respectively, during national workshops and/or international conferences

EXPENDITURE (in KCHF)	
Protection	3,319
Assistance	12,863
Prevention	2,010
Cooperation with National Societies	1,488
General	-

**19,680**

of which: Overheads 1,200

IMPLEMENTATION RATE	
Expenditure/yearly budget	<b>81%</b>

PERSONNEL	
Mobile staff	47
Resident staff (daily workers not included)	271

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

**HIGH**

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
Red Cross messages (RCMs)	
RCMs collected	498
RCMs distributed	771
People located (tracing cases closed positively)	3
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
ICRC visits	
Detainees visited	29,907
Detainees visited and monitored individually	333
Number of visits carried out	42
Number of places of detention visited	33
Restoring family links	
RCMs collected	1,838
RCMs distributed	635

ASSISTANCE	2014 Targets (up to)	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)		
Essential household items	Beneficiaries 7,500	35,355
Productive inputs	Beneficiaries 25,000	8,780
Cash	Beneficiaries	5,668
Work, services and training	Beneficiaries 30	
Water and habitat activities	Beneficiaries 70,108	226,451
<b>Health</b>		
Health centres supported	Structures 11	29
<b>WOUNDED AND SICK</b>		
<b>Hospitals</b>		
Hospitals supported	Structures 12	16
<b>Water and habitat</b>		
Water and habitat activities	Number of beds 450	1,315
<b>Physical rehabilitation</b>		
Centres supported	Structures 2	4
Patients receiving services	Patients 3,250	3,251



## CONTEXT

Myanmar chaired the Association of Southeast Asian Nations (ASEAN) for the first time. Locally, the government continued to grant amnesties, leading to the release of over 10,000 detainees since the beginning of 2014; it also conducted a census, which covered the entire country except parts of Kachin and Rakhine states. A draft bill for the amendment of the 2008 constitution was completed by year-end.

The government and 14 armed ethnic groups continued cease-fire negotiations; however, sporadic clashes persisted between government forces and some armed groups in Kachin and Shan states. Fighting in these two states displaced thousands of civilians. Weapon contamination remained a source of concern in an estimated 10 out of 14 regions/states.

In Rakhine state, Buddhist and Muslim communities, including over 145,000 IDPs, continued to endure the consequences of the intercommunal violence that erupted in 2012. Fear and distrust between the two communities restricted people's access to basic services, such as health care, as well as damaged livelihoods and obstructed the delivery of humanitarian assistance. In March, Buddhist groups attacked the property and premises of all international aid organizations in the capital, Sittwe. The organizations cut back or temporarily suspended their activities, which made it even more difficult for the communities to address their basic needs.

Over 4,000 people in Mandalay region continued to be displaced as a result of intercommunal fighting in 2013.

## ICRC ACTION AND RESULTS

The ICRC continued to respond to the needs of victims of armed conflict and other situations of violence in Myanmar, particularly in Kachin and Rakhine states. In most cases, it worked with the Myanmar Red Cross Society to provide neutral, impartial and independent humanitarian assistance to communities. The ICRC also helped enhance the National Society's emergency response, dissemination and management capacities through various kinds of support.

An attack on the premises of international organizations in Rakhine state (see *Context*) forced the National Society/ICRC to curtail and adjust certain activities; they resumed their operations by the end of May.

The ICRC supported Health Ministry midwives/facilities in providing preventive health-care services, as well as the distribution of water and the rehabilitation of infrastructure, to enable people from both communities in Rakhine state to maintain their health. People needing hospital-level care were evacuated to a facility in Sittwe. Hospitals in Kachin and Rakhine states, including a centre in the armed group-controlled area of Kachin state, improved their services following repairs to infrastructure and/or the receipt of medical supplies/equipment. To reinforce these efforts, doctors and other hospital staff in these states and in Shan state were trained in emergency medical care. Disabled people, including children and mine victims, benefited from services at ICRC-supported physical rehabilitation centres. The Health Ministry and the ICRC agreed to establish two new centres in Kachin and Shan states – areas not covered by the centres currently supported. Preparations were already under way for the construction of the facility in Kachin state.

With the help of grants and supplies/equipment from the National Society/ICRC, heads of households in Kachin and Rakhine states became more capable of producing food and/or generating income for their families. The provision of essential items enabled households to cover their material needs, primarily cooking fuel.

ICRC delegates visited detainees to monitor their treatment and living conditions. Prison authorities strove to improve detention conditions and basic services, guided by the ICRC or by using information acquired during courses/study tours. The construction/rehabilitation of water, sanitation and other facilities and the provision of cleaning materials helped reduce detainees' health risks. Inmates eased the monotony of their incarceration with recreational/educational materials and restored/maintained contact with their relatives through the Movement's family-links network. Travel expenses were covered for some detainees going home after their release; others who could not return home because of security issues used ICRC material assistance to cover their needs. In the armed group-controlled area of Kachin state, the ICRC continued to visit people detained in relation to the conflict; it also gained access to people held at a police station, a drug rehabilitation centre and a civilian prison.

Dialogue, dissemination sessions and courses/workshops helped the authorities, security forces, other weapon bearers, academics and members of civil society further their understanding of humanitarian principles, IHL and the Movement. Following the above-mentioned attack in Rakhine state, the ICRC further strengthened its relations with the authorities and community leaders there to ensure uninterrupted implementation of its humanitarian activities. Workshops on specific subjects for the military and police forces urged them to systematically incorporate IHL and internationally recognized policing standards into their respective training and operations.

The delegation worked closely with Movement partners and other humanitarian actors to coordinate efforts and prevent duplication.

## CIVILIANS

In parts of Rakhine and the north-eastern states, the authorities, community leaders, members of civil society and of armed groups, and the ICRC maintained dialogue on the need to protect civilians and medical staff/facilities, and to allow people access to humanitarian services, regardless of their affiliation. These discussions were reinforced in Rakhine state, where lack of acceptance – demonstrated by the attack in March (see *Context*) – forced the National Society/ICRC to delay or reduce some of their activities. By the end of May, the National Society/ICRC gradually resumed their regular – albeit adjusted – operations.

ICRC representations were made with the parties concerned about the cases of 10 minors who had allegedly been recruited; five of these cases remained pending.

With ICRC material, technical and financial assistance, National Society volunteers and two emergency response teams in Kachin and Rakhine states developed their capacities to respond to humanitarian needs related to family links, water and habitat facilities and economic security. The Safer Access Framework remained a part of training sessions and became increasingly incorporated into the National Society's strategic planning. National Society volunteers in southern Kachin state assessed the family-links needs of unaccompanied minors in IDP camps to help them keep in touch



with relatives. The process of designing a National Society office in Bhamo, Kachin state, was under way. Steps were taken to build the National Society's capacity to start mine-risk education campaigns.

### **Conflict/violence-affected children and mothers maintain their health through preventive care**

The Health Ministry worked with the National Society and/or the ICRC to provide preventive health-care services for communities affected by conflict and other situations of violence. Staff from 189 Health Ministry centres had the costs of their transport covered by the ICRC; 29 of these facilities directly received ICRC financial and material support for their operations, such as, solar-powered fridges to ensure an adequate cold chain supply system. Buddhist and Muslim community members, among them IDPs, in six townships in Rakhine state benefited from these health services, which included monthly immunization campaigns. Mosquito nets and delivery kits were distributed to pregnant women to help them maintain their health. In Kachin and Shan states, 35 auxiliary midwives took a six-month Health Ministry training course, with a view to providing more effective services in remote areas.

Nearly 590 Buddhists and Muslims in and around Sittwe, including blood donors, had prompt and safe access to Sittwe General Hospital; this was made possible by round-the-clock emergency medical evacuation schemes supported or directly provided by the National Society/ICRC. Following the March attack, the National Society/ICRC scheme was handed over to the Health Ministry, with the National Society/ICRC providing support services.

After post-detention interviews with the ICRC, six former detainees were referred to an organization offering psychological support.

Over 87,000 IDPs in Rakhine state, notably in Sittwe, minimized their exposure to health hazards thanks to ICRC emergency interventions. Water-trucking/boating and the installation of water supply systems enabled them to access potable water. The withdrawal of some aid organizations in March necessitated the ICRC to provide ad hoc financial support and water pump fuel to the authorities, enabling them to continue water-boating services and cover the drinking needs of IDPs in Pauktaw, Rakhine state for one month. ICRC-provided tarpaulins for shelters kept people dry, and vector-control equipment helped local health officials limit the spread of dengue fever.

Approximately 133,700 Buddhists and Muslims in rural host communities and urban areas had access to drinking water and quality sanitation facilities after the installation of fences to protect ponds and the rehabilitation of water sources/systems. They included 100,000 people in Sittwe who benefited from ICRC-donated pumping equipment that helped improve wastewater management.

In Shan state, trained National Society volunteers helped 1,380 people obtain water and sanitation services more readily; they also conducted hygiene-promotion sessions. In Mandalay region, over 4,000 IDPs affected by communal violence in 2013 continued to benefit from ICRC-supported National Society water distribution schemes and health education sessions.

### **IDP households minimize their expenditures and risks from security incidents**

In Kachin and Rakhine states, 16,534 IDPs (3,088 households) were better prepared for the winter season after receiving household essentials, including blankets and mattresses. Fuel sticks

were distributed to 14,882 IDPs (2,972 households) at three camps in Pauktaw enabled them to cover around 75% of their cooking-fuel needs. These also helped them cut their expenses by 30% and lower their exposure to risks associated with collecting firewood around camps.

### **Fighting-affected breadwinners generate additional income for their families**

Buddhist and Muslim heads of household in Rakhine state, including those in isolated areas of four townships, began/resumed income-generating activities with the help of grants and supplies/equipment (benefiting a total of 12,132 people). Among them, around 590 breadwinners benefited from conditional cash grants; 406 fishermen received nets and canoes; and 1,153 farmers used seed and fertilizer from the Agriculture Department/ICRC to restore their family's food security.

Under the National Society's community-based projects offering productive inputs, cash-for-work initiatives and skills training, 383 heads of households in Kachin state, including those in IDP camps, generated additional income for themselves and their families (2,316 people).

## **PEOPLE DEPRIVED OF THEIR FREEDOM**

### **More detainees in armed group-controlled area of Kachin state receive visits**

Detainees in prisons and labour camps under the Home Affairs Ministry received ICRC visits according to the organization's standard procedures aimed at monitoring their treatment and living conditions, including access to health care.

Discussions among the director-general of the Prisons Department, the prison authorities and ICRC delegates on delegates' findings during visits resulted in improvements in detention conditions and service delivery. To reinforce these efforts, prison officials exchanged best practices with counterparts at national and international seminars on prison management, and, during a tour of Cambodian prisons, studied how the authorities there addressed overcrowding. ICRC guidance, technical training and an infrastructure manual on minimum recommendations translated to Myanmar helped Prisons Department senior staff and engineers strengthen their abilities to assess and address infrastructural needs. Dialogue with the authorities on detainees' vocational training continued; the implementation of projects in this connection was moved to 2015.

Construction/rehabilitation works resulted in some 19,780 inmates at 13 places of detention having better access to functioning water, sanitation and waste management systems, kitchens and medical infrastructure. In some of these places and elsewhere, the authorities helped 6,975 detainees maintain their health by eradicating pests and renovating facilities using ICRC-provided vector-control/basic construction materials. Approximately 35,000 detainees eased their living conditions and the monotony of their confinement with the help of hygiene kits and recreational and educational items.

Support in the form of drugs/medical consumables helped some prison clinics take better care of ailing detainees. ICRC initiatives related to TB/HIV in prisons were postponed to 2015.

Inmates established/maintained contact with relatives with the help of National Society/ICRC family-links services. They sent 1,838 and received 635 RCs, and 129 detainees spoke with

relatives during ICRC-facilitated family visits. Coverage of their transport costs allowed 76 newly released detainees to return home. In Rakhine state, those released but unable to go home because of security issues addressed their needs while staying in IDP camps with material assistance from the ICRC.

In the armed group-controlled area of Kachin state, detainees arrested in relation to the armed conflict continued to receive ICRC visits. The authorities there also allowed the ICRC to visit people held at police stations, a civilian prison and a drug rehabilitation centre.

## WOUNDED AND SICK

### Doctors and other hospital staff in tension-prone areas boost their trauma-care capacities

At first-aid workshops conducted by trained National Society volunteers, around 1,500 members of 51 communities, including Buddhist and Muslim IDPs in Rakhine state, learnt more about providing first-level care.

Wounded and sick people in violence-prone areas received better hospital care from staff/facilities supported by the ICRC. Sixteen hospitals in Kachin and Rakhine states improved their services after the rehabilitation/renovation of their water, sanitation and medical-waste-management facilities; they also benefited from medical/surgical equipment and supplies provided and/or upgraded by the ICRC. These hospitals included one in armed group-controlled Laiza, Kachin state, that provided consultations to around 7,300 people since the beginning of ICRC support in February; rehabilitated toilets on the hospital's second level limited the need for patients, notably amputees, to walk far to access the facility.

During seminars/training courses, most of which were organized with the Health Ministry, 135 doctors and other hospital staff in Kachin, Rakhine and Shan states strengthened their ability to care for trauma/weapon-wounded patients. Technical books and medical posters helped bolster the knowledge of more than 200 nursing and midwifery students in Kachin state.

### More mine victims and disabled children benefit from rehabilitation services

Roughly 3,250 disabled people improved their mobility at ICRC-supported physical rehabilitation centres. They included patients who benefited from assistive devices and physiotherapy, and mine victims who received 49% of the prostheses delivered. The foot production units of one centre run by the Health Ministry and another by the National Society manufactured 3,737 prosthetic feet. ICRC assistance to another Health Ministry facility focused solely on the facility's production of assistive devices, in view of another organization already taking over support for the centre.

Amputees in some parts of the country learnt about these centres through dissemination sessions and informational materials. National Society/ICRC outreach activities, including a summer programme for children needing prosthesis, referred 304 patients from south-eastern Myanmar to the National Society-run Hpa-an Orthopaedic Rehabilitation Centre (HORC), and 158 from central and northern Myanmar to the Health Ministry centre near Mandalay. A mobile workshop provided foot and strap repair services to 1,046 patients who were unable to travel to the HORC.

To further improve the quality and reliability of HORC's services, five staff members continued to refine their professional skills

through prosthetic/orthotic or physiotherapy courses abroad. The construction/installation of suspended ceilings, fire alarms and a fire-fighting system helped ensure a safer environment for patients and staff.

To address the needs of more disabled people, the Health Ministry and the ICRC agreed to establish two new centres in Eastern Shan and Kachin states. Preparations for the construction of the centre in Myitkyina, Kachin state, were under way.

ICRC-funded meetings in connection with the formation of the Myanmar Prosthetics and Orthotics Society resulted in the registration of 15 members. Although dialogue continued with the Social Welfare, Relief and Resettlement Ministry on setting up a national coordinating body for prosthetic/orthotic services, no concrete steps were taken.

## ACTORS OF INFLUENCE

With violence/conflict persisting in parts of Myanmar, dialogue with the authorities, armed groups, civil society leaders and community members, especially those in Rakhine state, helped them deepen their understanding of humanitarian principles, IHL and the Movement's neutral, impartial and independent humanitarian action (see *Civilians*).

Some 2,600 people, including community leaders, teachers and students, attended dissemination sessions on IHL, the Movement and its emblems, and the Fundamental Principles conducted by trained National Society staff; leaflets and newsletters supported these efforts.

The media helped raise public awareness of the plight of communities affected by conflict/violence by producing over 120 articles with the help of information provided by ICRC news releases and web clips. Journalists participated in briefings and workshops on reporting during conflict situations; they included two editors who attended an international conference (see *Kuala Lumpur*).

The ICRC's resource centres in Mandalay and Yangon provided reference works on IHL for students pursuing law degrees.

### Military officers discuss IHL at national and international levels

At various workshops, nearly 150 senior police officers furthered their understanding of internationally recognized policing standards, particularly for crowd management, arrest and detention; at a seminar organized jointly with the European Union, 25 trainers sharpened their skills in instructing their colleagues in these norms. These activities prepared the forces to better respond to violent situations, including possible tensions during the 2015 elections.

To encourage the military to systematically integrate humanitarian principles and IHL into their training and operations, 27 commanders from all regions/states participated in a national workshop on those subjects, while one army and two naval officials discussed best practices with their counterparts at international events on rules governing military operations and on the law of armed conflict at sea, respectively (see *International law and policy* and *Kuala Lumpur*). The donation of IHL books to training institutions furthered these aims. The army expressed interest in other forms of cooperation with the ICRC, particularly in addressing weapon contamination.

During a training session on the subject, 20 senior officers of the Kachin Independence Army understood more clearly the necessity of incorporating IHL into their code of conduct. Representatives of other Myanmar armed groups attended similar sessions in Thailand (see *Bangkok*).

With ICRC support, nine government officials participated in regional IHL teaching sessions (see *Nepal* and *Philippines*) and 12 others began an online postgraduate IHL course offered by a law university in India; this gave them a better understanding of the importance of acceding to and implementing IHL treaties. The government ratified the Biological Weapons Convention.

## RED CROSS AND RED CRESCENT MOVEMENT

With help from Movement partners, the Myanmar Red Cross Society continued to strengthen its preparedness and its ability to respond to the needs of people affected by conflict/violence and natural disasters (see *Civilians* and *Wounded and sick*). Around 350 National Society volunteers participated in ICRC training sessions to bolster these capacities, as well as their leadership and dissemination skills.

Trained volunteers further enhanced the National Society's efforts to raise awareness of the Movement and its emblems, the Fundamental Principles and IHL, particularly in Rakhine and the north-eastern states (see *Actors of influence*).

No progress was made in adopting the Red Cross Act that would strengthen the National Society's legal base.

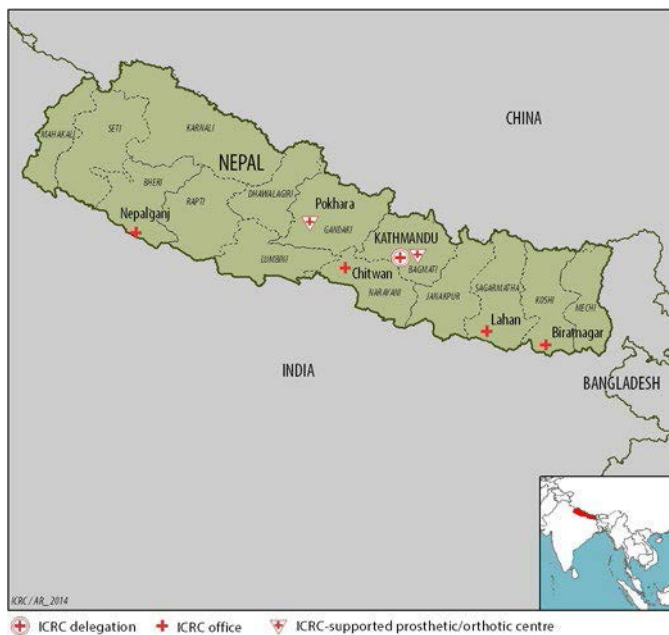
To reinforce cooperation/response, meetings on the Movement's strategy and operations took place regularly.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>Red Cross messages (RCMs)</b>			<b>UAMs/SCs*</b>		
RCMs collected	498				
RCMs distributed	771				
<b>Tracing requests, including cases of missing persons</b>			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered	6			1	3
People located (tracing cases closed positively)	3				
Tracing cases still being handled at the end of the reporting period (people)	3				2
<b>UAMs/SCs*, including unaccompanied demobilized child soldiers</b>			<b>Girls</b>		<b>Demobilized children</b>
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	5				5
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>					
<b>ICRC visits</b>			<b>Women</b>	<b>Minors</b>	
Detainees visited	29,907		4,239	616	
			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually	333		21	5	20
Detainees newly registered	250		18	5	18
Number of visits carried out	42				
Number of places of detention visited	33				
<b>Restoring family links</b>					
RCMs collected	1,838				
RCMs distributed	635				
Detainees visited by their relatives with ICRC/National Society support	129				
People to whom a detention attestation was issued	8				

\* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Essential household items	Beneficiaries	35,355	21%	25%
	<i>of whom IDPs</i>	Beneficiaries		
		34,964		
Productive inputs	Beneficiaries	8,780	27%	49%
Cash	Beneficiaries	5,668	26%	50%
	<i>of whom IDPs</i>	Beneficiaries		
		348		
Water and habitat activities	Beneficiaries	226,451	40%	25%
	<i>of whom IDPs</i>	Beneficiaries		
		91,050		
<b>Health</b>				
Health centres supported	Structures	29		
Average catchment population		887,000		
Referrals to a second level of care	Patients	586		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection programme)</b>				
Essential household items	Beneficiaries	34,884		
Water and habitat activities	Beneficiaries	26,753		
<b>Health</b>				
Number of visits carried out by health staff		29		
Number of places of detention visited by health staff		25		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	16		
	<i>of which provided data</i>	Structures		
		1		
Admissions	Patients	1,009	550	163
	<i>of whom weapon-wounded</i>	Patients		1
	<i>(including by mines or explosive remnants of war)</i>	Patients		
	<i>of whom other surgical cases</i>	Patients		
	<i>of whom medical cases</i>	Patients		
	<i>of whom gynaecological/obstetric cases</i>	Patients		
		353		
Operations performed		73		
Outpatient consultations	Patients	7,322		
	<i>of which surgical</i>	Patients		
	<i>of which medical</i>	Patients		
	<i>of which gynaecological/obstetric</i>	Patients		
		6,060		
		494		
<b>Water and habitat</b>				
Water and habitat activities	Number of beds	1,315		
<b>Physical rehabilitation</b>				
Centres supported	Structures	4		
Patients receiving services	Patients	3,251	306	125
New patients fitted with prostheses	Patients	291	31	16
Prostheses delivered	Units	1,027	97	58
	<i>of which for victims of mines or explosive remnants of war</i>	Units		
		502		
New patients fitted with orthoses	Patients	12	4	2
Orthoses delivered	Units	23	7	10
	<i>of which for victims of mines or explosive remnants of war</i>	Units		
		1		
Patients receiving physiotherapy	Patients	689	58	41
Crutches delivered	Units	1,889		
Wheelchairs delivered	Units	25		

# NEPAL



The ICRC initially worked in Nepal out of its regional delegation in New Delhi, opening a delegation in Kathmandu in 2001. Since the May 2006 agreement between the government and the Communist Party of Nepal-Maoist, the ICRC has focused on: helping clarify the fate of missing persons and supporting their families; promoting full compliance with IHL; and helping improve local capacities to provide medical care for the wounded and physical rehabilitation services for those in need. It works closely with and helps the Nepal Red Cross Society strengthen its operational capacities.

## KEY RESULTS/CONSTRAINTS

### In 2014:

- ▶ some 720 families of missing persons received comprehensive support through an ICRC project (carried out with the Nepal Red Cross Society and partner NGOs) that entered its final implementation phase
- ▶ the police forces, a university hospital and the National Society developed their capacities to train personnel/volunteers in disaster response, human remains management, first aid and trauma management
- ▶ some refugees and detainees re-established contact with their relatives through Movement efforts, including family-links services offered by the National Society in prisons
- ▶ the authorities approved the ICRC's offer to conduct IHL training courses with the police forces, thus formalizing the ICRC's cooperation with the Armed Police Force and the Nepal Police in this regard
- ▶ the national IHL committee endorsed a draft Geneva Conventions Bill to the Ministry of Defence

EXPENDITURE (in KCHF)	
Protection	610
Assistance	1,596
Prevention	694
Cooperation with National Societies	274
General	-

**3,174**

of which: Overheads 194

IMPLEMENTATION RATE	
Expenditure/yearly budget	93%

PERSONNEL	
Mobile staff	4
Resident staff (daily workers not included)	60

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

**MEDIUM**

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
Red Cross messages (RCMs)	
RCMs collected	17
RCMs distributed	15
People located (tracing cases closed positively)	16
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
Restoring family links	
RCMs collected	17
RCMs distributed	1

ASSISTANCE	2014 Targets (up to)	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)		
Cash	Beneficiaries	4,115
<b>WOUNDED AND SICK</b>		
Hospitals		
Hospitals supported	Structures	27
Physical rehabilitation		
Centres supported	Structures	2
Patients receiving services	Patients	2,023



## CONTEXT

A new government took office in February 2014 and was tasked to draft a new constitution by 2015. However, the political process continued to be mired in crisis, hobbled by disagreements between the various parties on such issues as the form of governance or the electoral system.

A bill enacted in early 2014 mandated the formation of two separate commissions to address disappearances and 'truth and reconciliation' in relation to the past conflict, which ended in 2006. Victims' groups, including the families of missing persons, filed complaints against some of the bill's provisions at the Supreme Court, which had yet to decide on them. The duties and implementing rules of the commissions remained undefined. A recommendation committee was established to nominate candidates for commissioners.

The situation in the country was generally calm, with protests, strikes and incidents of unrest remaining sporadic and much limited in scale. Improvised explosive devices (IED) linked to criminality, however, continued to endanger lives, as did natural and man-made disasters to which the country remained prone.

## ICRC ACTION AND RESULTS

Together with its main partner, the Nepal Red Cross Society, the ICRC kept up its comprehensive efforts to help ascertain the fate of some 1,360 persons missing in connection with the past conflict. Working closely with trained National Society volunteers, the ICRC updated case information on missing persons and, where appropriate, submitted them to former parties to the conflict with a view to clarifying these persons' whereabouts. In light of developments in the establishment of government mechanisms to address the needs of families of missing persons, it was decided to extend the verification/processing of cases into 2015. The ICRC maintained dialogue with the authorities on the issue, urging them to take measures to ease the families' suffering, and sharing its ideas for ensuring that the proposed commission on disappearances catered to families of all categories of missing persons and addressed their needs.

Families of missing persons continued to obtain comprehensive support for their psychosocial, legal and economic needs under a project implemented by the National Society, local NGOs and the ICRC; the project, which entered its final implementation phase, commenced support to a last group of 330 families. National Society staff/volunteers served as primary contacts to the families, keeping them informed of developments and helping them access financial assistance and/or livelihood support. National Society/ICRC-trained community volunteers facilitated peer support group meetings and, where needed, referrals to professional counselling. The ICRC closed its Biratnagar office by year's end, after wrapping up its activities for families of missing persons in eastern Nepal.

Refugees and vulnerable detainees kept in touch with their families through National Society/ICRC family-links services. The National Society expanded its family-links services to more prisons.

The ICRC continued to promote safe access to medical care for wounded people, reminding the actors concerned of this obligation during meetings and round-tables. It helped the authorities, the armed forces/police and the National Society boost their emergency response services, notably supporting Armed Police Force (APF), Nepal Police and National Society instructors in acquiring the skills

necessary to conduct training courses in disaster response, human remains management and first aid. Often working in tandem, the instructors passed on their skills to their colleagues. With ICRC support, the National Society and the Kathmandu University Hospital prepared to assume full responsibility for the conduct of first-aid training and emergency room trauma-management courses, respectively.

Disabled persons received appropriate treatment and devices at ICRC-supported physical rehabilitation centres and outreach camps. National Society risk-education sessions helped prevent further casualties in areas contaminated with explosive remnants of war (ERW) from the past conflict.

The national IHL committee endorsed a draft Geneva Conventions Bill to the Ministry of Defence for its approval. With ICRC support, Nepalese authorities and other actors concerned learnt more about and discussed IHL and its implementation, and pressing humanitarian issues, at conferences/events, including international workshops on sexual violence in armed conflict and the goals of the Health Care in Danger project. The ICRC maintained dialogue with the Nepalese Army, the Nepal Police and the APF on incorporating IHL and other applicable law in their doctrine, training and operations. It obtained the formal agreement of the Ministry of Home Affairs on the conduct of training courses with the APF and the police.

Lecturers in law obtained, with ICRC support, training in teaching IHL. Discussions with influential members of civil society, including the media, raised public awareness of humanitarian issues and the Movement's work.

The ICRC provided comprehensive support for the National Society to boost its capacities to carry out the activities mentioned above and pursue organizational development. Movement components met regularly to coordinate their activities.

## CIVILIANS

### Some families ascertain the fate of missing relatives

Families were still seeking some 1,360 relatives missing in connection with the past conflict, which ended in 2006. Nepalese Red Cross/ICRC teams continued to collect/verify information on missing persons from/with their families and to cross-check this against publicly available records. Individual cases were also submitted to former parties to the conflict, and an updated list made available on the ICRC family-links website ([familylinks.icrc.org](http://familylinks.icrc.org)). Through this process, five persons were found alive and two families found some closure after receiving information on and/or visiting the locations of the graves of their relatives.

The National Society's pool of about 230 trained staff/volunteers visited the families regularly, informed them of developments in clarifying their relatives' fate and helped facilitate their access to government benefits (see below).

### Families of missing persons receive support for meeting various needs

Some 720 families (4,100 people) of missing persons in 23 districts received assistance in meeting their psychosocial, legal and economic needs through a comprehensive support project run by the ICRC with the National Society and partner NGOs, which received ICRC financial/technical assistance to implement the project. Families drew on peer support offered during regular meetings of 76 groups of parents and spouses of the missing;

the meetings were facilitated by trained staff/volunteers, some of whom were also relatives of missing persons (see below). At training sessions, 134 adolescent relatives of missing persons enhanced their life skills and their ability to cope with the loss of family members. Over 180 people had individual consultations with trained counsellors; 5 mentally ill persons were referred for professional treatment supported by the ICRC. The families of some 400 people reduced their economic vulnerability through livelihood activities undertaken after vocational training or with cash grants from the ICRC's project partners. The inauguration of memorials and holding of commemorative events helped over 170 families ease their suffering, and increased understanding and support for their situation in their communities.

At sessions/courses, new volunteers gained skills enabling them to provide support to the families, and experienced volunteers/counsellors sharpened their capacity to conduct training events independently in the future, thereby enhancing the sustainability of the project. ICRC-supported research found that, with training, relatives of the missing could be effective service providers, and that working in the project contributed to their welfare.

The project entered its final phase, commencing support to a last group of 330 families. In an ongoing evaluation process, interviews – with beneficiaries and partners from various phases of implementation since the project's launch in 2010 – confirmed the improvement in the families' well-being, and the increase in their communities' acceptance/support, as a result of various activities undertaken, and assistance provided, by project partners.

### **Government bodies given support for assisting missing persons' relatives**

With National Society/ICRC help, 1,236 of 1,359 families registered by the ICRC had, at the time of writing, received financial support under the government's interim relief programme. National Society/ICRC teams continued to follow up, with the appropriate government channels, the applications of families who had yet to receive such support; this included new applications from 53 families.

The ICRC maintained dialogue with the authorities on ensuring that the needs of families of all categories of persons missing from the past conflict are covered by the proposed commission on disappearances; these needs included recovering their relatives' remains if they so wish, after the legal frameworks for conducting exhumations are established. At ICRC-organized meetings/round-tables, forensic specialists, including participants in past ICRC courses/training sessions, explored possibilities for strengthening local capacities to conduct exhumations. The department of forensic medicine at Nepal's Institute of Medicine received an exhumation kit.

Staff of the ICRC-supported Nepal Society of Families of the Disappeared and Missing (formerly the National Network of Families of Disappeared and Missing) enhanced their capacity to raise awareness of the plight of families of missing persons, and to garner support for these families, following ICRC-sponsored training.

A report summarizing the National Society/ICRC's efforts to resolve issues related to missing persons was yet to be finalized.

### **Some refugees and detainees re-establish contact with relatives thanks to National Society services**

The National Society expanded its family-links services to more prisons, after receiving the Department of Prison Management's

authorization to do so. Detainees who had had no contact with their families, including foreigners, availed themselves of these services at 11 prisons.

Families separated from relatives abroad, particularly Bhutanese refugees in Nepal and their relatives detained in Bhutan (see *New Delhi*), benefited from these services; 52 of the refugees visited 13 relatives held in Bhutan. Families in Nepal contacted three relatives detained in Kuwait via ICRC videoconferencing services.

Using ICRC-issued travel documents, 92 people, including 45 women, resettled abroad.

Training sessions enabled National Society volunteers to add to their skills in restoring family links, particularly in disasters and in relation to missing persons. At an ICRC workshop, they, along with their counterparts from three other South Asian National Societies, discussed how family-links services for detained migrants could be improved.

### **Armed/security forces and National Society teams enhance emergency response capabilities**

With ICRC support, army/police/APF personnel and National Society volunteers boosted their emergency response capacities at district-level disaster-management courses. The National Society incorporated 375 more trained volunteers in district disaster-response teams.

Police/APF personnel and National Society volunteers sharpened their first-aid skills (see *Wounded and sick*) and, to help prevent people from going unaccounted for after disasters, strengthened their ability to manage human remains. Training in human remains management was included in the disaster-management curriculum for APF personnel, and facilitated by APF instructors trained and supported by the National Society/ICRC. The National Society included human remains management in its disaster-management strategy.

Communities in weapon-contaminated areas learnt to reduce their exposure to risks via awareness-raising sessions conducted by National Society teams, which included 43 newly trained staff and 595 students and community members. Many others benefited from initiatives that grew out of joint efforts by the authorities, armed/security forces and the National Society; these initiatives included broadcasting safety messages on government radio stations, commemorating International Day for Mine Awareness and Assistance in Mine Action and reactivating a joint working group to address the issue.

## **WOUNDED AND SICK**

### **Injured people receive emergency care**

Some 4,700 people injured in accidents/disasters/sporadic incidents of violence received first aid from ICRC-supported National Society teams. Ad hoc donations of medical supplies helped 27 hospitals provide medical/surgical care to wounded persons and other patients.

Sporadic reports of ambulances being obstructed or damaged, including vehicles belonging to the National Society, persisted, underlining the need to reinforce the messages of the Health Care in Danger project. Bilateral contacts and two round-tables reminded the actors concerned of their obligation to permit access to care for the wounded, and followed up on recommendations and commitments made in previous years.

## **National Society works with emergency responders to ensure sustainability of first-aid services**

Ambulance drivers learnt to administer first aid through training coordinated by district ambulance management committees and National Society branches.

National Society volunteers and some 290 APF/police officers also received ICRC-supported first-aid training organized by the APF or the National Society, including refresher sessions for over 120 experienced National Society first-aiders. Fourteen APF instructors and 12 National Society trainers honed their teaching skills, and helped to strengthen local capacities and boost the provision of emergency/health services countrywide.

With ICRC guidance, the National Society worked in tandem with APF instructors in conducting training sessions and finalized an instructors' manual, as part of its preparations for assuming full responsibility for the delivery of first-aid training. The National Society enlarged its capacities for mobilizing resources by equipping 10 volunteers from five districts to promote its commercial first-aid training services.

Some 60 doctors and 70 interns from hospitals across the country extended their knowledge of emergency room trauma-management at ICRC-supported courses facilitated by Kathmandu University Hospital instructors. The hospital also began to organize the courses independently, and explored possibilities for including them in its curriculum. With ICRC financial support, one orthopaedic surgeon went abroad for a course in mass-casualty management.

## **Disabled people improve their mobility**

Over 2,000 disabled people, including ERW/IED victims, improved their condition after receiving physical rehabilitation services at the ICRC-supported Yerahiti National Rehabilitation Centre and the Green Pastures Hospital, as well as in three outreach camps. Around 200 new patients received prostheses/orthoses; 29 had their transport costs covered.

Sustained dialogue with the centres' management on expanding/improving their services, and National Society/ICRC awareness-raising activities aimed at informing patients of the assistance available, contributed to an increase in the number of patients treated during the year. The Yerahiti centre boosted its capacity/service quality after one of its technicians returned from ICRC-supported studies abroad; its staff exchanged know-how with counterparts at Green Pastures.

The authorities, the National Association of Service Providers in Rehabilitation and the ICRC maintained contact on issues related to the development of the physical rehabilitation sector, for instance, during a government-organized national consultative workshop on addressing the needs of disabled persons.

## **ACTORS OF INFLUENCE**

### **National IHL committee endorses draft Geneva Conventions Bill**

The authorities and the ICRC made some progress in their dialogue and cooperation on addressing humanitarian issues, notably with regard to the needs of families of missing persons (see *Civilians*), and on advancing domestic IHL implementation.

The national IHL committee endorsed, to the Ministry of Defence, a draft bill aimed at implementing the 1949 Geneva Conventions.

The committee also initiated the printing of an IHL handbook for parliamentarians and civilian authorities. With the ICRC contributing expert opinion, the authorities and the Nepalese Red Cross continued to discuss a draft law strengthening the latter's legal status, including at a consultative workshop with 50 parliamentarians. Government representatives received guidance on drafting IHL legislation at a regional workshop (see *Sri Lanka*).

Authorities, other stakeholders and the National Society kept abreast of developments in IHL through ICRC-facilitated participation in various events. These included: activities commemorating "150 years of humanitarian action"; the 50th anniversary celebrations of Nepal's accession to the Geneva Conventions, jointly organized by the national IHL committee and the National Society/ICRC; the 5th South Asian Conference on IHL hosted by Nepal, where over 35 senior officials, notably from member countries of the South Asian Association for Regional Cooperation, shared perspectives on addressing sexual violence in armed conflict; workshops linked to the Health Care in Danger project, held locally and in Belgium (see *Brussels*), where Nepal presented its experience of pertinent legal frameworks; a meeting of National Society legal advisers in Switzerland; regional teaching sessions in Nepal and Sri Lanka (see *Sri Lanka*), which army/APF officials also attended to learn how to further incorporate IHL in their training curricula (see below); and a meeting of past participants in IHL-related events, where the subject of discussion was the challenges confronting IHL incorporation.

### **The APF and the Nepal Police formalize cooperation with the ICRC in IHL training**

In addition to first-aid and human remains management training (see *Civilians* and *Wounded and sick*), army/police/APF units enhanced their personnel's knowledge of IHL and internationally recognized standards on the use of force through National Society/ICRC briefings; they also received support for disseminating this information among the rest of their personnel.

Some 300 army personnel/peacekeepers attended ICRC presentations at the Army Command and Staff College, at peacekeeping training centres and predeployment briefings. About 30 Nepal Police officers attended an information session organized by the National Human Rights Commission.

The Nepalese Army organized advanced courses in incorporating IHL in operations for their instructors and legal officers; one army legal officer attended an IHL workshop for senior military officers in China (see *International law and policy*).

The Ministry of Home Affairs approved the ICRC's offer to help train police officers in IHL/international human rights law. The APF and the Nepal Police thus formally pursued their cooperation with the ICRC in further incorporating these norms in their doctrine, training and operations, and organized briefings and courses previously held only on an ad hoc basis, including one for 40 aspiring APF company commanders.

### **Members of law faculties update their IHL teaching skills**

Aiming to update their ability to teach IHL and promote understanding of humanitarian issues/concerns, some 20 faculty members of leading law schools attended ICRC courses/workshops, including an advanced course held every three years (see *New Delhi*) and another jointly organized by the Kathmandu School of Law and the Nepal Law Campus. The libraries of two law schools received books on IHL.

Students and representatives of civil society benefited from ICRC presentations on IHL; around 100 lawyers discussed IHL at a workshop jointly organized by the Nepal Bar Association and the ICRC. Student teams participated in national and, for the first time, regional moot court competitions (see *Beijing*).

Media coverage of Nepalese Red Cross/ICRC activities – based on ICRC press releases, round-tables/public events, and audiovisual materials, including some held/produced as part of the National Society's IHL-promotion activities – enabled the wider public to learn more about humanitarian principles and the Movement's work. The National Society continued to broadcast a weekly radio programme.

## RED CROSS AND RED CRESCENT MOVEMENT

The Nepalese Red Cross, with ICRC financial/material/training/technical support, reinforced its capacities in first aid, emergency response, ERW-risk education, restoring family links, and IHL promotion. It consolidated its network of volunteers trained in the Safer Access Framework in order to be able to respond more effectively to emergencies.

The National Society continued to review its constitution, in line with organizational development initiatives begun in 2012. It also continued to organize workshops at which staff/volunteers from headquarters and district chapters sought ways to improve gender diversity and social inclusion within the organization: to this end, a provision was adopted that facilitated greater participation by women.

Movement components in Nepal met regularly to coordinate activities and exchange information.

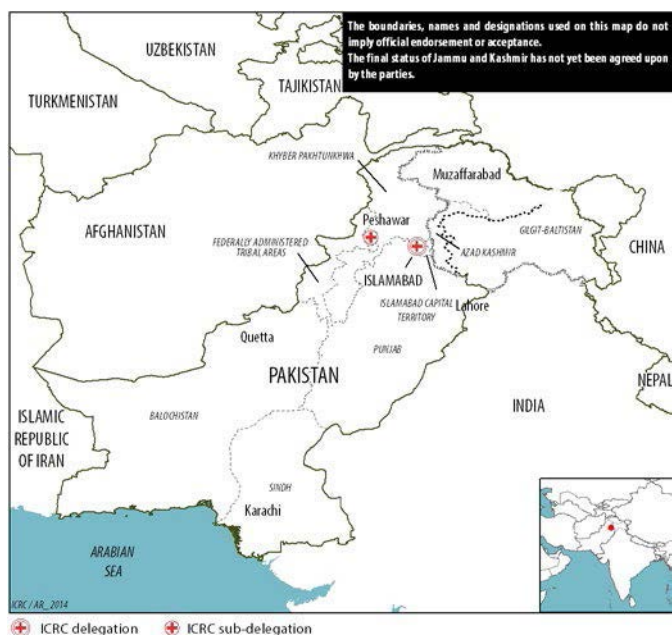
MAIN FIGURES AND INDICATORS: PROTECTION		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>Red Cross messages (RCMs)</b>			<b>UAMs/SCs*</b>		
RCMs collected		17			
RCMs distributed		15			
Names published in the media		1,347			
Names published on the ICRC family-links website		1,360			
<b>Tracing requests, including cases of missing persons</b>			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered		24			2
People located (tracing cases closed positively)		16			
Tracing cases still being handled at the end of the reporting period (people)		1,361	93	48	98
<b>Documents</b>					
People to whom travel documents were issued		92			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>					
RCMs collected		17			
RCMs distributed		1			
People to whom a detention attestation was issued		1			

\* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Cash	Beneficiaries	4,115	36%	34%
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	27		
<b>First aid</b>				
First-aid posts supported	Structures	6		
	<i>of which provided data</i>	6		
Wounded patients treated	Patients	4,704		
<b>Physical rehabilitation</b>				
Centres supported	Structures	2		
Patients receiving services	Patients	2,023	628	156
New patients fitted with prostheses	Patients	102	20	9
Prostheses delivered	Units	151	29	15
	<i>of which for victims of mines or explosive remnants of war</i>	11		
New patients fitted with orthoses	Patients	101	22	35
Orthoses delivered	Units	169	41	59
Patients receiving physiotherapy	Patients	666	256	34
Crutches delivered	Units	317		
Wheelchairs delivered	Units	189		



# PAKISTAN



The ICRC began working in Pakistan in 1981 to assist victims of the armed conflict in Afghanistan and continues to support operations there. Its dialogue with the authorities aims to encourage the provision of care for violence-affected people, particularly the weapon-wounded. It fosters discussions on the humanitarian impact of violence and on neutral and independent humanitarian action with the government, religious leaders and academics. It supports: rehabilitation services for the disabled and IHL instruction among the armed forces, while working with the Pakistan Red Crescent Society to provide primary health care and family-links services.

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

**MEDIUM**

## KEY RESULTS/CONSTRAINTS

### In 2014:

- ▶ some 187,000 displaced people affected by the fighting in North Waziristan benefited from ad hoc basic health care provided by 8 Pakistan Red Crescent Society clinics supported by the ICRC
- ▶ despite the closure of the ICRC hospital in Peshawar, some medical staff/facilities in the Federally Administered Tribal Areas and Khyber Pakhtunkhwa treated the weapon-wounded through various ICRC support
- ▶ in line with the goals of the Health Care in Danger project, academics in Karachi began research efforts with the ICRC, with a view to developing advocacy activities on the effects of violence on health services
- ▶ dialogue between officials and the ICRC, on a proposed annex to the 1994 headquarters agreement, made no headway, while talks on detention-related activities did not take place
- ▶ academics from 18 countries discussed the link between Islam and IHL, and the pertinence of humanitarian action today, at a conference organized by the International Islamic University of Islamabad and the ICRC

### EXPENDITURE (in KCHF)

Protection	1,377
Assistance	7,227
Prevention	4,883
Cooperation with National Societies	1,673
General	-

**15,161**

of which: Overheads 921

### IMPLEMENTATION RATE

Expenditure/yearly budget	<b>104%</b>
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### PERSONNEL

Mobile staff	19
Resident staff (daily workers not included)	252

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
<b>Red Cross messages (RCMs)</b>	
RCMs collected	157
RCMs distributed	362
Phone calls facilitated between family members	368
People located (tracing cases closed positively)	26

ASSISTANCE	2014 Targets (up to)	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>		
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>		
Food commodities	Beneficiaries 350	
Essential household items	Beneficiaries 350	
Cash	Beneficiaries	164
Work, services and training	Beneficiaries	9
<b>Health</b>		
Health centres supported	Structures	32
<b>WOUNDED AND SICK</b>		
<b>Physical rehabilitation</b>		
Centres supported	Structures 4	14
Patients receiving services	Patients 11,208	19,845



## CONTEXT

The government strove to revive the economy, while it dealt with security and political issues.

Opposition-led demonstrations sometimes led to violence. Government and opposition figures began discussions to resolve the political deadlock.

Clashes persisted between the Pakistani armed forces and armed groups in the Federally Administered Tribal Areas (FATA) and Khyber Pakhtunkhwa (KP). These were highlighted by an increased military offensive in North Waziristan in June and an attack on a military-run public school in Peshawar in December. In Balochistan, in parts of the Islamabad Capital Territory and in Karachi (Sindh), armed persons continued to mount attacks. Thousands of people, some of them civilians, have died; hundreds of thousands have been displaced, including 700,000 who fled their homes after the military offensive in North Waziristan; and essential services, notably health care, have been disrupted. To address internal security issues, the government announced a national action plan, which included the restoration of the death penalty and the creation of military courts to try people suspected of “terrorism.” Tensions remained high along the border with India.

Weapon contamination from past armed conflicts continued to be a concern in FATA, KP and Pakistan-administered Kashmir; many civilians were injured or killed while pursuing daily activities.

Insecurity and government restrictions on access continued to hamper the delivery of humanitarian aid/health services.

## ICRC ACTION AND RESULTS

The ICRC endeavoured to address the needs of vulnerable communities in Pakistan within the limited humanitarian space in which it was able to operate. As discussions with the authorities on a proposed annex to the 1994 headquarters agreement made no headway, it focused on implementing activities defined in the agreement, as well as other activities tacitly agreed upon with the government. It also formalized new partnerships with local organizations and strengthened cooperation with existing partners to overcome its difficulties in directly reaching and assisting victims of violence. The ICRC helped its main partner, the Pakistan Red Crescent Society, enhance its institutional set-up and operational capacities, notably in response to the North Waziristan crisis and in relation to its first-aid policy.

Violence-affected communities in Balochistan and FATA, among them those displaced by the fighting in North Waziristan, obtained regular or ad hoc health-care services from National Society clinics. Despite the closure of its surgical hospital in Peshawar, the ICRC helped local partners ensure that wounded and sick people continued to receive suitable care; it trained first responders and medical staff, sometimes with the National Society, and distributed medical consumables to referral hospitals. Disabled people, including victims of mines/explosive remnants of war (ERW) and housebound persons, regained their mobility with the help of ICRC-supported physical rehabilitation centres.

In FATA, KP and Pakistan-administered Kashmir, National Society/ICRC educational sessions and informational materials helped communities reduce the threat to their safety from mines/ERW.

People separated from relatives, particularly those detained abroad, restored or maintained contact using National Society/ICRC family-links services. To help boost national capacities in identifying/managing human remains, specialists attended national and international courses and emergency response organizations received ICRC-provided equipment.

With ICRC assistance, released detainees continued their medical treatment, and the families of people detained abroad covered their basic needs. No progress was made in dialogue with the authorities on other detention-related activities.

Dissemination sessions, workshops and events, some held jointly with the National Society, helped promote – among the authorities, members of civil society, notably the Islamic academic community, and the public – understanding of and support for humanitarian principles, IHL, the Movement and the ICRC’s activities. An international conference organized jointly with a university in Islamabad convened academics from 18 countries to discuss the relationship between Islam and IHL and the pertinence of humanitarian action today. In Karachi, parties concerned actively participated in ICRC-organized events on the implementation of the Health Care in Danger project; some of them embarked on research initiatives with the ICRC, with a view to developing advocacy projects. The army engaged in IHL discussions by participating in predeployment briefings and courses in-country and abroad.

The ICRC met regularly with Movement partners, NGOs and other humanitarian organizations to coordinate activities.

## CIVILIANS

### Displaced persons in North Waziristan receive basic health services from the National Society

Fighting-affected communities accessed preventive and curative health care at five clinics run by the National Society, with continued ICRC support. Four of them, including one mobile clinic, served people in Balochistan; the fifth, a basic health unit, operated in FATA. Over 57,000 patients, among them some 16,000 females over 15 years old, had medical consultations concerning respiratory infections, diarrhoea and other ailments. Around 2,000 children were screened for malnutrition; approximately 1,800 doses of vaccine benefited children under the age of five. Family planning sessions and ante-natal care covered the specific needs of women. More than 36,000 people attended health education sessions on key issues. Independent third-party consultants evaluated the supported centres’ services, as access restrictions prevented the ICRC from doing so.

With ICRC support, the National Society developed ad hoc responses to the health, material and water needs of people affected by the crisis in North Waziristan. It set up eight additional mobile clinics that provided almost 187,000 displaced persons with free medical consultations and treatment. As people remained displaced by end-2014, the National Society extended its health services, now including hygiene promotion, for the first six months of 2015.

### At-risk communities learn to minimize their exposure to mines/ERW

The National Society launched its mine/ERW-related activities in three more districts in KP and FATA, including in North Waziristan, and at a camp for displaced persons in Peshawar. Thus, around 130,000 people, among them women and children, living in 12 districts and one camp in those areas and in

Pakistan-administered Kashmir, learnt to minimize their exposure to mine/ERW-related risks through National Society/ICRC-produced informational materials and educational sessions held by professionally trained National Society teams.

The authorities and community members participated in other National Society-organized events, notably celebrations marking the International Day of Mine Awareness and Assistance in Mine Action. In Pakistan-administered Kashmir, the army partnered with the National Society to conduct information sessions for district officials, thereby enhancing their and the officials' understanding of the relevance of these sessions and of the National Society/ICRC's humanitarian activities. This enabled the National Society to report the presence of mines/ERW to local clearance operators, which was especially important as the monsoons and fighting in the area had worsened the contamination situation.

ICRC plans to establish a data-gathering network to assist victims of weapon contamination were cancelled owing to persisting government reservations.

### **Families communicate with relatives detained abroad**

People separated from their families during violence and natural disasters – including refugees, stateless persons and asylum seekers – restored/maintained contact with their relatives using National Society/ICRC family-links services. Through ICRC-facilitated video or phone calls, nearly 50 families communicated with relatives interned/detained at the US internment facility at Guantanamo Bay Naval Station in Cuba, at the Parwan detention facility in Afghanistan (see *Afghanistan* and *Washington*), and in Azerbaijan. Others received oral messages from detained relatives, relayed by ICRC interpreters/delegates; one family visited a relative detained in Afghanistan.

With a view to enhancing their family-links services, six provincial branches of the National Society discussed the needs and gaps identified by an in-house review of the organization's activities. They began to incorporate these services into their disaster management operations, particularly for people affected in North Waziristan, but with limited success. Three recently recruited managers began overseeing family-links services in their respective provinces.

### **Forensic specialists exchange best practices with counterparts at national and international levels**

Three specialists from organizations that manage human remains during emergencies exchanged best practices with other professionals and honed their skills at an international course. Two ICRC-organized national courses enabled nearly 60 representatives from security forces and medico-legal institutes to do the same. Discussions began between the authorities and the ICRC on integrating human remains management in national disaster response mechanisms.

The provision of forensic materials/equipment enabled emergency response organizations and hospitals to identify and manage human remains more effectively.

## **PEOPLE DEPRIVED OF THEIR FREEDOM**

### **Dialogue on ICRC detention activities remains at a standstill**

No discussions took place between the authorities and other stakeholders and the ICRC on detention-related issues, including the possibility of ICRC visits to detainees.

With ICRC support, six people previously detained in Afghanistan continued their medical treatment after returning home to Pakistan, which helped alleviate their post-release situation. Wives and children of 23 people held in long-term detention abroad faced lighter burdens as the ICRC covered some of their expenses for food and household essentials.

## **WOUNDED AND SICK**

### **ICRC field hospital closes, but local facilities boost their capacities with the organization's support**

Nearly 300 nursing staff of the Frontier Constabulary and traffic police in Peshawar and 90 journalists in three regions bolstered their ability to administer life-saving care to weapon-wounded people with the help of training and first-aid kits provided by the National Society/ICRC. The National Society launched its first-aid policy, which featured the Safer Access Framework and activities in support of the Health Care in Danger project.

With a view to offering support to local partners, where needed, the ICRC assessed evacuation services for wounded persons; the assessment revealed that rural communities were not as well served as urban areas.

Discussions with the authorities on resuming services at the ICRC's field surgical hospital in Peshawar made no headway (see *Actors of influence*); the hospital was therefore closed and dismantled, and its equipment distributed to ICRC-supported facilities in Afghanistan and Pakistan.

Approximately 100 doctors from FATA and KP reinforced their emergency response capacities at ICRC-organized seminars. Ad hoc ICRC donations of medical consumables helped the main referral hospitals in these two areas treat victims of bomb blasts. One hospital in Peshawar and the ICRC signed a partnership agreement, with a view to helping improve the hospital's emergency department.

### **Vulnerable disabled people obtain rehabilitative care**

Nearly 20,000 disabled people, some of them with spinal-cord injuries, regained their mobility or received specialized care at 14 physical rehabilitation centres and satellite facilities in Balochistan, FATA, KP and Pakistan-administered Kashmir. These centres maintained/improved the quality of their services and devices with ICRC-donated materials and equipment; they provided 9,758 prostheses/orthoses free of charge to patients. Referrals from National Society teams helped victims of mines/ERW learn about the centres' services. Around 19,200 patients and their attendants accessed the centres, with the ICRC covering the costs of their transport, food and accommodation. Nearly 300 housebound patients in KP benefited from follow-up, 1,036 from home nursing kits and 24 from house-modification services from the Paraplegic Centre Hayatabad in Peshawar.

To help ensure the centres' sustainability, staff/technicians received training abroad, practical mentoring and/or technical advice. Thirty-six students of physical rehabilitation benefited from scholarships to help them pursue their studies.

The Chal Foundation, Indus Hospital and the ICRC launched a partnership geared towards addressing the needs of more disabled people by establishing two new rehabilitation centres in Punjab and Sindh provinces.

Some partnerships with stakeholders, aimed at forming commercial supply chains and making rehabilitative services more accessible

to users, helped physical rehabilitation providers become more independent.

## ACTORS OF INFLUENCE

### Dialogue between the authorities and the ICRC reoriented

The authorities reconfirmed their support for ICRC activities within the 1994 headquarters agreement, which included cooperation with the National Society, IHL promotion and family-links services. Although not part of the agreement, some health-related projects, particularly the physical rehabilitation programme, continued on the basis of the government and the ICRC's mutual agreement. Discussions on the ICRC's proposed annex to the headquarters agreement, primarily aimed at reopening the Peshawar field hospital, made no headway. This resulted in the ICRC reorienting its strategy and dialogue with the authorities, which now focused on strengthening partnerships with/capacities of local actors to address the needs of violence-affected people.

### Scholars from several countries discuss the compatibility of IHL and sharia

Trained National Society communication volunteers continued to help raise public awareness of humanitarian principles, IHL and the Movement, through informational materials/campaigns, events and media briefings. Various media outlets featured these events, particularly the celebrations marking "150 years of humanitarian action," which began in 2013 and reached over 18,000 people. In May, Pakistan's president, other government officials and civil society leaders attended a National Society/ICRC function that was the culmination of the year-long celebrations.

Some university students, lecturers and researchers added to their knowledge of the links between Islamic law and IHL during dissemination sessions/seminars and certificate courses. Others participated in IHL events (see *Lebanon*) and/or competitions abroad (see *New Delhi*).

The International Islamic University of Islamabad and the ICRC hosted an international conference that convened scholars from 18 African, Asian and Middle Eastern countries. Participants discussed the compatibility of sharia and IHL, the goals of the Health Care in Danger project and the pertinence of humanitarian action today.

### Academics in Karachi undertake research in support of the Health Care in Danger project

During an ICRC round-table and/or a consultative workshop in Karachi, government/security officials, health professionals and members of civil society contributed ideas for implementing the Health Care in Danger project. Academic scholars began working with the ICRC in researching the effects of violence on the delivery of health care; with ICRC support, an academic public-health institution opened a centre for research into violence against health care. The aim of these initiatives was to develop advocacy and other related activities.

Although the incorporation of IHL-related treaties into domestic law remained at a standstill, government officials continued to refine their understanding of IHL during seminars abroad (see *Nepal* and *Sri Lanka*). To foster academic debate on IHL and facilitate domestic IHL implementation, a leading national think-tank and the ICRC signed a partnership agreement.

### Army officers/troops discuss IHL during workshops and predeployment briefings

Instructors from the air force and naval academies participated in train-the-trainer courses with a view to facilitating the inclusion of IHL modules in their curricula. International workshops furthered understanding, among senior air force, army and navy officials, of the application of IHL to their operations (see *International law and policy*). An IHL training programme for army officers, proposed by the ICRC, remained under review.

During presentations, military troops leaving for peacekeeping missions learnt more about the need to protect civilians and detainees, and about sexual violence in armed conflict. A faculty member at a peacekeeping institute enhanced his teaching capacities by taking a course on peace and stability operations.

While high-level contacts with the police continued on possible areas of further cooperation, staff and students of training institutions boosted their knowledge of internationally recognized policing standards with the help of ICRC publications.

Owing to restrictions imposed by the authorities on the scope of ICRC operations, dialogue with other weapon bearers was no longer pursued.

## RED CROSS AND RED CRESCENT MOVEMENT

### National Society enhances partnership with the ICRC

The Pakistan Red Crescent expanded cooperation with the ICRC in assisting vulnerable communities, developing its first-aid policy and promoting the Movement (see above). Training helped nearly 200 National Society volunteers from FATA and KP boost their capacities to respond effectively and safely to the North Waziristan crisis, such as through the provision of household essentials to 8,000 households and health and family-links services to those living in camps. Whenever the security situation permitted, the National Society/ICRC conducted joint field monitoring visits, notably in North Waziristan.

With ICRC technical/financial support, the National Society continued to strengthen its management and its institutional set-up. It revived its working group for organizational development and introduced a standardized project-reporting format. National Society officials exchanged ideas with their counterparts at a legal advisers' meeting and the Health Care in Danger project's Movement Reference Group session, both held in Switzerland, and at the Movement round-table on Afghanistan.

While coordinating their activities, Movement partners developed new models for enhanced cooperation.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>Red Cross messages (RCMs)</b>			UAMs/SCs*		
RCMs collected		157			
RCMs distributed		362			
Phone calls facilitated between family members		368			
<b>Tracing requests, including cases of missing persons</b>			Women	Girls	Boys
People for whom a tracing request was newly registered		168	33	42	36
<i>including people for whom tracing requests were registered by another delegation</i>		1			
People located (tracing cases closed positively)		26			
Tracing cases still being handled at the end of the reporting period (people)		141	26	25	25
<i>including people for whom tracing requests were registered by another delegation</i>		5			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>					
<b>Restoring family links</b>					
People to whom a detention attestation was issued		2			

\* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Cash	Beneficiaries	164	29%	46%
Work, services and training	Beneficiaries	9	44%	11%
<b>Health</b>				
Health centres supported	Structures	32		
Average catchment population		351,000		
Consultations	Patients	253,497		
	<i>of which curative</i>	Patients	64,049	134,691
	<i>of which ante/post-natal</i>	Patients	2,416	
Immunizations	Doses	2,069		
	<i>of which for children aged five or under</i>	Doses	1,728	
Health education	Sessions	1,799		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection programme)</b>				
Cash	Beneficiaries	6		
<b>WOUNDED AND SICK</b>				
<b>Physical rehabilitation</b>				
Centres supported	Structures	14		
Patients receiving services	Patients	19,845	1,990	9,205
New patients fitted with prostheses	Patients	1,736	202	158
Prostheses delivered	Units	2,355	266	226
	<i>of which for victims of mines or explosive remnants of war</i>	Units	508	
New patients fitted with orthoses	Patients	4,405	443	2,666
Orthoses delivered	Units	7,403	614	4,937
	<i>of which for victims of mines or explosive remnants of war</i>	Units	161	
Patients receiving physiotherapy	Patients	6,811	954	2,122
Crutches delivered	Units	2,108		
Wheelchairs delivered	Units	353		

# PHILIPPINES



## KEY RESULTS/CONSTRAINTS

### In 2014:

- ▶ IDPs in Zamboanga and typhoon-affected communities met their short-term needs through Philippine Red Cross/ICRC water, sanitation and health/nutrition services, and cash or in-kind relief assistance
- ▶ with National Society/ICRC support, conflict/violence/typhoon-affected communities reinforced/restored their livelihoods and regained access to water/health services; over 4,460 families' homes were rebuilt
- ▶ with ICRC technical/material input, the authorities extended a taskforce to reduce prison overcrowding in 4 new cities and launched a Web-based tool for maintaining essential services/infrastructure in 459 jails
- ▶ dialogue with the parties to the conflicts, backed by IHL training/dissemination sessions for active forces, put forward humanitarian concerns and IHL principles, including the need to respect and protect civilians
- ▶ networking among weapons bearers and religious/other influential groups, and contact with beneficiary communities, raised awareness of the ICRC's mandate and activities and facilitated humanitarian access
- ▶ Movement partners strengthened coordination, particularly during emergencies; the National Society bolstered its emergency response capacities with ICRC support, training over 700 first-aiders in insecure areas

EXPENDITURE (in KCHF)	
Protection	3,817
Assistance	38,368
Prevention	2,082
Cooperation with National Societies	2,870
General	-
	<b>47,138</b>

of which: Overheads **2,874**

IMPLEMENTATION RATE	
Expenditure/yearly budget	<b>128%</b>

PERSONNEL	
Mobile staff	49
Resident staff (daily workers not included)	332

In the Philippines, where the ICRC has worked since 1982, the delegation seeks to protect and assist civilians displaced or otherwise affected by armed clashes and other situations of violence. It reminds all actors with bearing on humanitarian matters of their obligations under IHL or other humanitarian norms. It visits persons deprived of their freedom, particularly security detainees, and, with the authorities, aims to improve conditions in prisons, through direct interventions and prison reform. It works with the Philippine Red Cross to assist displaced people and vulnerable communities and promotes national IHL compliance and implementation.

## YEARLY RESULTS

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

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
Red Cross messages (RCMs)	
RCMs collected	17
RCMs distributed	17
People located (tracing cases closed positively)	118
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
ICRC visits	
Detainees visited	70,701
Detainees visited and monitored individually	928
Number of visits carried out	321
Number of places of detention visited	170
Restoring family links	
RCMs collected	28
RCMs distributed	6
Phone calls made to families to inform them of the whereabouts of a detained relative	27

ASSISTANCE	2014 Targets (up to)	Achieved	
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>			
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)			
Food commodities	Beneficiaries	514,000	433,585
Essential household items	Beneficiaries	316,000	283,040
Productive inputs	Beneficiaries	301,000	280,301
Cash	Beneficiaries	150,000	367,547
Water and habitat activities	Beneficiaries	116,064	167,630
<b>Health</b>			
Health centres supported	Structures	48	13
<b>WOUNDED AND SICK</b>			
Hospitals			
Hospitals supported	Structures	7	19
Water and habitat			
Water and habitat activities	Number of beds	50	75
Physical rehabilitation			
Centres supported	Structures	1	1
Patients receiving services	Patients	350	534



## CONTEXT

Congressional deliberations on a draft Bangsamoro Basic Law – an outcome of the peace agreement signed between the government and the Moro Islamic Liberation Front (MILF) in March – were ongoing at year's end. Clashes between government forces and armed groups, and violence among clans, continued, resulting in casualties, arrests, destruction of property and livelihoods, and displacement, often in remote or underdeveloped areas in Mindanao and the Visayas. In Zamboanga City, government recovery and relocation plans for people displaced by the 2013 clashes between the army and a faction of the Moro National Liberation Front (MNLF) faced various challenges. Tens of thousands of IDPs remained in evacuation centres or transition sites lacking adequate access to water, sanitation and health-care services. Filipino migrants returning from Malaysia continued to arrive in Western Mindanao.

Numerous typhoons – such as Typhoon Hagupit in December – struck the country, including parts of Samar Island still recovering from Typhoon Haiyan (November 2013).

Initiatives to alleviate prison overcrowding and its effects on detainees' well-being gained momentum: for instance, the Supreme Court issued national guidelines to address the problem.

Tensions persisted over territorial disputes in the South China Sea.

## ICRC ACTION AND RESULTS

The ICRC strove to address the humanitarian consequences of the non-international armed conflicts, other situations of violence and/or natural disasters in the Philippines. It worked with the Philippine Red Cross, which bolstered its core capacities with ICRC financial, material and technical support. All Movement partners, applying best practices from previous joint operations, maintained close coordination, facilitating the delivery of assistance to conflict/typhoon-affected people, as well as synergies with the authorities, UN agencies and other actors. In February, the ICRC appealed for additional funds to support its activities.

Dialogue with parties to the conflicts, including written representations where necessary, backed by dissemination sessions on IHL/humanitarian principles, promoted protection and respect for civilians. Networking among key stakeholders – including religious circles and other influential civil society groups – helped facilitate access to people in need.

In Zamboanga, IDPs at evacuation centres or transition sites used cash grants to buy food and other essentials; some of them earned short-term income by participating in sanitation initiatives that benefited the wider IDP population. Difficult living conditions increased the risk of preventable deaths; the National Society/ICRC responded by delivering water and mobile health services, improving sanitation systems, promoting good hygiene and setting up a supplementary feeding programme for malnourished children and pregnant/lactating mothers. Elsewhere in Western Mindanao, returning migrants received hygiene kits.

In Haiyan-affected areas, National Society/ICRC emergency-response activities ended by mid-year, as attention shifted to supporting communities' recovery efforts: thousands of people benefited from the restoration of water/health services, income-generating initiatives and newly constructed homes. Trained

National Society staff or local service providers offered support to people suffering from mental/psychosocial issues. People affected by Typhoon Hagupit received food and household essentials distributed through the National Society.

Communities in conflict/violence-prone areas throughout Mindanao and the Visayas reinforced their ability to cope with the effects of recurrent fighting by securing their livelihoods, aided by cash grants or supplies/equipment. Two villages gained new water-supply systems that reduced their exposure to water-borne diseases. Key hospitals provided timely care for vulnerable people, including the weapon-wounded, with regular or ad hoc support from the ICRC. Disabled people regained their mobility through services at an ICRC-supported physical rehabilitation centre in Davao.

The ICRC visited detainees in line with its standard procedures. It paid particular attention to security detainees, some of whom received National Society/ICRC-facilitated family visits for the first time since their arrest. Work with the authorities under the "Call for Action" process addressed the causes and consequences of prison overcrowding, focusing on three main issues: respect for judicial guarantees; health care, including TB management; and infrastructural improvements. With ICRC support, Taskforce Katarungan at Kalayaan (Justice and Freedom) reviewed the cases of detainees at Manila City Jail who had been held for excessive periods, resulting in their being sentenced or released. An ICRC manual guided the authorities in extending the taskforce to four other cities. Cooperation with the detaining authorities and health staff led to closer health monitoring at seven prisons and enhanced TB-prevention/control programmes at New Bilibid Prison (NBP) and Quezon City Jail (QCJ). Infrastructural upgrades improved detainees' living conditions; with ICRC backing, the Bureau of Jail Management and Penology (BJMP) launched a Web-based tool enabling continuous monitoring of essential services at all its jails.

IHL workshops and training for the military and the police proceeded as planned; a workshop was organized with the Armed Forces of the Philippines (AFP) on IHL in naval warfare. With ICRC input, the government worked on incorporating IHL in domestic legislation and continued drafting implementing rules and regulations for the law on the emblem. Events for legal professionals, academics and students cultivated domestic expertise in IHL and humanitarian issues.

## CIVILIANS

Through its field presence and contacts with communities, the ICRC monitored the humanitarian situation and noted concerns raised by the population, including reports of arrests (see *People deprived of their freedom*). It pursued dialogue with the authorities and all weapon bearers on the need to protect and respect civilians and spare them from the effects of fighting. Written representations to the parties concerned drew their attention to alleged IHL violations and other abuses, so that corrective action could be taken. The families of four civilian casualties received financial assistance.

Information sessions and radio broadcasts made communities aware of National Society/ICRC activities, especially during emergencies, and facilitated access on the ground. Using hotlines, beneficiaries gave direct feedback to the ICRC, which adapted its response to their needs and priorities.

## Conflict/typhoon-affected people meet their immediate needs

People displaced or otherwise affected by conflict/natural disasters covered their basic needs with assistance from the National Society/

ICRC, which worked in coordination with other Movement partners, the authorities and other actors.

In evacuation/transition sites in Zamboanga, 6,794 households (39,681 people) bought food or other essentials with ICRC-provided cash. Over 570 malnourished children under the age of five and pregnant/lactating women improved their nutrition through a supplementary feeding programme; they received additional food packages for their families (3,220 people) as incentives to complete the programme. Other households at risk of malnutrition were given food (13,920 people) and household kits (19,400 people) as a preventive measure. Joint initiatives with the local authorities addressed urgent water and sanitation needs. At five sites, 12,206 people had a steady supply of drinking water trucked in by the National Society/ICRC throughout the year, as delays in the relocation process (see *Context*) hampered longer-term solutions to improve the water supply. The construction of 102 additional latrines, enhancements to sewage/drainage systems and hygiene-promotion sessions encouraged better sanitation practices and curbed the spread of diseases, including diarrhoea, a contributing factor to malnutrition. Over 6,400 breadwinners took part in garbage clearance and other communal work, reducing health hazards in the vicinity while earning short-term income for their families (34,857 people).

Over 7,800 returning migrants passing through government processing centres received hygiene kits and clothes.

In Eastern Samar and Samar, relief assistance for Haiyan survivors concluded by mid-year. Food distributions or food-for-work projects enabled 236,435 people (47,287 households) to have at least two meals daily; 227,225 people varied their diet with vegetables grown using ICRC-donated seed. Essential household items helped 225,725 people (44,974 households) ease their conditions, while cash grants enabled 29,510 vulnerable households (147,550 people) to cover their expenses as needed. Some 54,000 people benefited from water treatment/distribution until longer-term services resumed end-March (see below). Various health-care facilities were supported with emergency medical supplies.

People affected by Typhoon Hagupit received food (180,000 people/30,000 households) and household/hygiene kits (30,000 people/5,000 households) from the National Society/ICRC. Donations of medical supplies and water-purification tablets supplemented the response capacities of local authorities, 16 hospitals/health facilities and 4 National Society chapters. The National Society set up a mobile health unit and a tented camp for IDPs in Eastern Samar with ICRC financial, logistical and material support.

Haiyan and Hagupit survivors registered themselves as alive or their relatives as missing on the ICRC's family-links website (familylinks.icrc.org). The National Society worked on these cases with ICRC support. National agencies in charge of managing human remains and collecting ante-mortem data after Haiyan received technical support.

### **Communities regain access to basic services**

Once the situation permitted, the National Society/ICRC worked on restoring essential services disrupted by insecurity and/or natural disasters.

In remote, conflict/violence-affected villages in Negros Occidental (Visayas) and Surigao del Sur (Mindanao), close to 4,000 people enjoyed reliable access to clean water from water-supply systems

built with their involvement. These eliminated their dependence on open sources and, alongside hygiene-awareness sessions, reduced their exposure to water-borne diseases. Newly formed associations took charge of maintaining the facilities.

In Haiyan-affected areas, including Guiuan City, 75,000 people regained access to water via rehabilitated water-supply systems and newly installed water points. Health facilities set up during the emergency closed by May. Six health centres resumed services, including ante/post-natal consultations and referrals to higher-level care, following repairs and donations of medical supplies; seven others were under reconstruction. Over 500 people, including personnel handling human remains, received mental-health/psychosocial support from ICRC-trained health-care workers and National Society volunteers.

IDPs in Zamboanga received basic health care from National Society/ICRC mobile teams, which supported local services and conducted mass immunizations of children as part of a nationwide campaign. Following repairs, the Rio Hondo health station received medical supplies and equipment, as did seven other health centres (through support to the City Health Office) and two newly constructed multipurpose halls hosting health, hygiene and nutrition activities.

### **Communities recover their self-sufficiency**

Communities in Mindanao and the Visayas strengthened their ability to cope with recurring violence by restoring or reinforcing their livelihoods, aided by tools, equipment, seed and livestock (7,397 households/38,276 people), and grants for training and income-generating activities (2,701 households/15,120 people). This enabled, for example, women's associations in 15 communities to start vegetable-gardening businesses that they managed from soil preparation to marketing. Using post-harvest machinery, farmers turned a profit from their crops, helping sustain their families until the next harvest. Members of 852 households (4,859 people) augmented their income by rehabilitating community infrastructure.

Haiyan survivors started anew with ICRC support. Over 10,240 breadwinners supported their families (54,335 people) with wages they earned clearing debris or participating in shelter-construction projects. With other community members, they helped build 4,461 new homes for 21,750 people in eight municipalities; some went on to make a living from their newly acquired carpentry skills. Households that lost their livelihoods pursued farming, fishing, livestock and other micro-economic ventures with productive inputs (3,000 households/14,800 people) and cash grants (14,225 households/71,125 people) as capital.

## **PEOPLE DEPRIVED OF THEIR FREEDOM**

### **Security detainees receive family visits**

Based on information from families, media reports and other organizations, the ICRC followed up 116 allegations of arrest or detention with the parties concerned, and clarified the whereabouts of 106 people. It sought immediate access to those being held to ensure that their treatment accorded with internationally recognized standards. One person held by the New People's Army was released in the presence of the ICRC.

Detainees at facilities run by the BJMP, the army, the police and provincial authorities received visits conducted according to standard ICRC procedures. Delegates monitored their treatment

and living conditions, paying particular attention to security detainees, including those held in connection with the 2013 events in Zamboanga.

Detainees exchanged news with relatives within the country or abroad using family-links services. Over 500 detainees received National Society/ICRC-facilitated family visits, many for the first time since their arrest. Three released detainees travelled home with ICRC financial assistance. A deceased detainee's family transported his remains home with similar assistance.

### **Authorities expand taskforce to ease overcrowding**

Following visits to detainees, delegates shared their findings confidentially with the authorities at prison, regional and central levels. In several cases, the authorities took action based on ICRC recommendations: for example, one prison adopted regulations on disciplinary measures; at another, detainees were granted more outdoor access. Cooperation to address the causes of overcrowding – notably procedural delays – and its effects on detainees' health and living conditions continued under the "Call for Action" process (see below). Written representations backed BJMP jail authorities' efforts to mobilize support from regional/national offices in addressing these issues; one such representation led to the creation of a committee charged with decongesting all jails in Cebu province.

With ICRC support, Taskforce Katarungan at Kalayaan reviewed the cases of Manila City Jail detainees awaiting trial for excessive periods, and submitted them to courts; 350 detainees had their cases resolved, leading to their release or sentencing. The taskforce also submitted a report to the Supreme Court on the effects of current drug legislation on prison overcrowding, advocating amendments to it; the Supreme Court subsequently disseminated the report among lawmakers. An ICRC-produced manual guided the authorities in extending the taskforce, as prescribed by the Supreme Court's guidelines on jail decongestion, to four other cities.

The BJMP, with ICRC support, trained around 400 paralegals to coordinate between courts and jails so that detainees could have their cases processed in a timely manner. Technical advice and a study trip abroad supported it in upgrading the National Inmates Monitoring System to ensure more efficient management of judicial data.

### **Detainees receive timely medical care**

Health-monitoring visits, material/technical assistance and mobilization of the authorities helped improve access to health care – including TB treatment and referrals to external facilities – for some 50,000 detainees countrywide.

The BJMP, the Health Department and the ICRC continued to strengthen the health information systems at seven prisons. On-the-job training for prison nurses and systematic application of best practices, including medical check-ups upon arrival and the use of inmate health cards, helped ailing detainees receive prompt medical attention.

Detainees at NBP and QCJ obtained TB-prevention/treatment services from health staff backed by ICRC technical supervision, training and material support. Over 690 patients underwent treatment; some 70 underweight patients per month were given food supplements. Of 74 transferred/released patients, 60 continued their treatment with coordinated support from civilian health-care providers and the ICRC. The rehabilitation of TB facilities further enhanced services at QCJ, while NBP detainees gained a

new treatment unit (235 beds) with a fully equipped laboratory and an isolation area. Both facilities received mobile digital X-ray machines that enabled timely detection; nearly 4,900 detainees were screened.

A Davao penal colony's infirmary (136 beds) was fully rehabilitated.

### **Authorities launch Web-based maintenance tool**

With ICRC support, the BJMP launched an online database enabling real-time monitoring of infrastructure and essential services in all its 459 jails, with a view to streamlining needs identification, resource allocation and maintenance. Alongside training, all BJMP regional engineers received tablet computers for collecting and transmitting data, and three headquarters staff received geographic information system software licences.

Almost 3,000 inmates at 11 prisons saw improvements in their living conditions after the renovation of outdoor areas and water-supply, sanitation, cooking and other facilities.

Over 12,300 inmates at 16 prisons received hygiene and/or recreational items.

### **WOUNDED AND SICK**

Community members in tension-prone areas, including health centre staff, learnt first-aid skills from ICRC-supported National Society teams.

More than 38,000 patients, including the weapon-wounded, were treated at ICRC-supported hospitals, which received medical/surgical supplies according to their capacity and level of activity. They included three hospitals in conflict-affected provinces in Mindanao, and two hospitals (75 beds) destroyed during Typhoon Haiyan that resumed operations following renovations. Over 150 patients had their treatment costs covered.

Over 530 people regained their mobility or otherwise benefited from services at the ICRC-supported Davao Jubilee Foundation physical rehabilitation centre. They included people in Maguindanao who obtained services during an outreach mission facilitated by ICRC dialogue with MNLF representatives. Ninety-nine patients had their treatment and accommodation costs covered by the ICRC, which also subsidized technical-staff salaries and one technician's training abroad. Rehabilitation of the centre's dormitory was postponed, as resources were concentrated on operations in Zamboanga and typhoon-affected areas.

### **ACTORS OF INFLUENCE**

#### **Troops in conflict areas learn more about IHL**

Regular dialogue and dissemination sessions among AFP/police forces and members/commanders of armed groups promoted awareness of IHL, humanitarian principles and the ICRC's mandate. Over 1,200 military and police personnel stationed in conflict-affected areas learnt about IHL considerations in conducting joint security operations. Sixty-five AFP officers participated in workshops on IHL/humanitarian norms in operational and tactical decision-making; one lieutenant-colonel attended an advanced course abroad (see *International law and policy*). Forty-two naval officers furthered their understanding of IHL in naval warfare at domestic and regional workshops (see *Kuala Lumpur*). Twenty-five police officials refreshed their knowledge of international policing standards.

To foster long-term compliance, the AFP and the police worked with the ICRC on incorporating IHL in their policies and training. Following train-the-trainer courses, 30 military personnel joined AFP mobile training teams in briefing contingents on IHL, and 20 police instructors began integrating IHL into training for police units involved in conflict.

### Weapons bearers and civil society groups better understand ICRC mandate

Networking among weapons bearers and religious/community leaders aimed to broaden acceptance and access in critical areas. For example, at tailored seminars – including one organized with the MILF – Islamic leaders, scholars and NGO representatives in Mindanao learnt about the ICRC’s work and similarities between IHL and Islamic law. Discussions with an Islamic studies institute in Manila explored prospective initiatives on similar topics.

Contacts with public affairs officers affiliated with the AFP or political groups emphasized the ICRC’s neutral and impartial humanitarian activities.

### Events foster IHL expertise

Drawing on ICRC input, the authorities continued drafting the implementing rules and regulations for the law on the emblem, with support from the National Society’s IHL office. A bill on IDPs, accession to the Arms Trade Treaty and the Hague Convention on Cultural Property, and the establishment of an IHL committee were under consideration.

Judges learnt more about their role in enforcing accountability for IHL violations at a seminar co-organized by the Philippine Judicial Academy and the ICRC. At the South-East and North-East Asian Teaching Session on IHL, co-hosted with the University of the Philippines, 50 legal professionals, academics and government, military and National Society representatives from 12 countries strengthened their grasp of IHL and their ability to tackle humanitarian policies/issues back home.

University students put their IHL knowledge into practice during moot court competitions in Manila and Hong Kong (see *Beijing*). Training for its professors enabled Mindanao State University to extend IHL teaching to all its campuses.

### Media puts humanitarian needs at the forefront

Through contacts with civil society groups, NGOs and local/international media, the needs of communities affected by successive crises (see *Civilians*) – and the Movement’s response to their plight – gained widespread attention. Operational updates and other informational materials kept stakeholders abreast of developments; the resulting media coverage helped mobilize support for the Movement and facilitate access to people in need. Meetings with news agencies, and the participation of two journalists in a regional conference (see *Kuala Lumpur*), further encouraged the media to keep humanitarian issues on their agenda.

## RED CROSS AND RED CRESCENT MOVEMENT

### Movement partners step up coordination

In responding to Typhoons Haiyan and Hagupit, Movement partners drew on best practices from previous operations. Consistent information-sharing and coordination among the National Society, 14 other National Societies working in the country, the International Federation and the ICRC resulted in a coherent Movement response and facilitated coordination with other actors.

While carrying out joint activities for conflict/typhoon-affected people, the National Society and the ICRC pursued capacity-building initiatives, particularly in emergency preparedness and response. With ICRC support, the National Society trained and equipped 24 Red Cross Action Teams (RCATs) from tension-prone areas; 730 volunteers were trained in first aid, disaster-risk management, restoring family links and disseminating humanitarian principles. RCATs supported the Samar and Zamboanga operations, with some members leading local volunteer teams.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>Red Cross messages (RCMs)</b>			<b>UAMs/SCs*</b>		
RCMs collected		17			
RCMs distributed		17			
Names published on the ICRC family-links website		3,464			
<b>Tracing requests, including cases of missing persons</b>			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered		117	18		3
People located (tracing cases closed positively)		118			
Tracing cases still being handled at the end of the reporting period (people)		12	1		2
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>					
<b>ICRC visits</b>			<b>Women</b>	<b>Minors</b>	
Detainees visited		70,701	4,284	530	
			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually		928	57		10
Detainees newly registered		145	21		2
Number of visits carried out		321			
Number of places of detention visited		170			
<b>Restoring family links</b>					
RCMs collected		28			
RCMs distributed		6			
Phone calls made to families to inform them of the whereabouts of a detained relative		27			
Detainees visited by their relatives with ICRC/National Society support		515			

\* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Food commodities	Beneficiaries	433,585	31%	47%
	<i>of whom IDPs</i>	40,158		
Essential household items	Beneficiaries	283,040	32%	43%
	<i>of whom IDPs</i>	45,598		
Productive inputs	Beneficiaries	280,301	35%	44%
	<i>of whom IDPs</i>	23,450		
Cash	Beneficiaries	367,547	35%	44%
	<i>of whom IDPs</i>	108,498		
Water and habitat activities	Beneficiaries	167,630	50%	40%
	<i>of whom IDPs</i>	16,283		
<b>Health</b>				
Health centres supported	Structures	13		
Average catchment population		102,756		
Consultations	Patients	33,585		
	<i>of which curative</i>		8,144	12,780
	<i>of which ante/post-natal</i>		7,281	
Immunizations	Doses	77,428		
	<i>of which for children aged five or under</i>	75,798		
Referrals to a second level of care	Patients	663		
Health education	Sessions	125		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection programme)</b>				
Essential household items	Beneficiaries	12,376		
Cash	Beneficiaries	3		
Water and habitat activities	Beneficiaries	2,931		
<b>Health</b>				
Number of visits carried out by health staff		464		
Number of places of detention visited by health staff		30		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	19		
	<i>of which provided data</i>	10		
Patients whose hospital treatment has been paid for by the ICRC	Patients	154		
Admissions	Patients	38,423	16,381	12,823
	<i>of whom weapon-wounded</i>	360	65	24
(including by mines or explosive remnants of war)	Patients	108		
	<i>of whom other surgical cases</i>	5,482		
	<i>of whom medical cases</i>	23,862		
	<i>of whom gynaecological/obstetric cases</i>	8,719		
Operations performed		5,813		
Outpatient consultations	Patients	96,462		
	<i>of which surgical</i>	23,578		
	<i>of which medical</i>	63,673		
	<i>of which gynaecological/obstetric</i>	9,211		
<b>First aid</b>				
First-aid posts supported	Structures	2		
	<i>of which provided data</i>	1		
<b>Water and habitat</b>				
Water and habitat activities	Number of beds	75		
<b>Physical rehabilitation</b>				
Centres supported	Structures	1		
Patients receiving services	Patients	534	88	215
New patients fitted with prostheses	Patients	58	9	2
Prostheses delivered	Units	91	23	6
	<i>of which for victims of mines or explosive remnants of war</i>	2		
New patients fitted with orthoses	Patients	13	3	8
Orthoses delivered	Units	22	4	16
Patients receiving physiotherapy	Patients	368	51	177
Crutches delivered	Units	106		
Wheelchairs delivered	Units	62		



# SRI LANKA



ICRC delegation ICRC-supported prosthetic/orthotic centre

The ICRC has worked in Sri Lanka since 1989. Operations focus on assisting civilians affected by the past armed conflict, in particular working with returnees, former detainees and other especially vulnerable residents to boost their economic security; visiting detainees and aiding the authorities in improving prison management; helping clarify the fate of missing persons and supporting their families; and providing backing for the Sri Lanka Red Cross Society's family-links services. It also supports the armed forces' training in IHL.

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

**HIGH**

## KEY RESULTS/CONSTRAINTS

### In 2014:

- ▶ resettled/returnee families, particularly vulnerable households headed by women, rehabilitees or disabled persons, received livelihood support and improved their access to water through ICRC-assisted projects
- ▶ the authorities gave their approval for an ICRC assessment of the needs of families of persons missing in connection with the past conflict, and engaged in discussions on addressing their needs
- ▶ treatment and living conditions in detention were monitored/discussed during visits and dialogue between the authorities and the ICRC, resulting in infrastructural improvements that benefited all detainees
- ▶ the armed forces/police developed their training programmes with ICRC technical support, so that their personnel knew more about, and were better placed to apply, internationally recognized standards
- ▶ the Jaffna Jaipur Centre for Disability Rehabilitation eased out of ICRC support and pursued efforts to secure alternative sources of funding, aided by past ICRC coaching in this regard

EXPENDITURE (in KCHF)	
Protection	2,243
Assistance	1,772
Prevention	865
Cooperation with National Societies	323
General	-
<b>Total</b>	<b>5,202</b>

of which: Overheads 317

IMPLEMENTATION RATE	
Expenditure/yearly budget	<b>97%</b>
PERSONNEL	
Mobile staff	13
Resident staff (daily workers not included)	64

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
<b>Red Cross messages (RCMs)</b>	
RCMs collected	23
RCMs distributed	105
People located (tracing cases closed positively)	93
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
<b>ICRC visits</b>	
Detainees visited	944
Detainees visited and monitored individually	944
Number of visits carried out	74
Number of places of detention visited	33
<b>Restoring family links</b>	
RCMs collected	95
RCMs distributed	23
Phone calls made to families to inform them of the whereabouts of a detained relative	22

ASSISTANCE	2014 Targets (up to)	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>		
<b>Economic security, water and habitat</b> (in some cases provided within a protection or cooperation programme)		
Cash	Beneficiaries 3,100	6,472
Water and habitat activities	Beneficiaries 10,700	17,395
<b>WOUNDED AND SICK</b>		
<b>Physical rehabilitation</b>		
Centres supported	Structures 1	1
Patients receiving services	Patients 1,000	649

## CONTEXT

Sri Lanka continued to recover from the armed conflict that ended in 2009. Most IDPs returned to their areas of origin, following large-scale efforts by the State and aid providers to rebuild government services and demine large stretches of land. However, many returnees had yet to re-establish their livelihoods, and access to basic services in some areas remained inadequate. Thousands of people remained unaccounted for, leaving relatives in distress over their uncertain fate.

The government continued to implement its action plan, based on the recommendations of the Lessons Learned and Reconciliation Commission, for tackling the needs of those affected by the conflict. It completed an island-wide census of deaths, missing persons, injured and/or disabled people and property damage; the aim was to compile a list and draw up plans to compensate families affected. The Commission of Inquiry on Disappearances was expanded into the Presidential Commission to Investigate into Complaints Regarding Missing Persons (PCICMP); its mandate included cases dating to 1983. It was also asked to work on the provision of counselling services to the families of missing persons. The government formally objected to a UN Human Rights Council resolution calling for an international investigation into human rights abuses and war crimes reportedly committed during the conflict.

Most of the people arrested in connection with the past conflict had been released by the government; fresh arrests under the Prevention of Terrorism Act continued.

Natural disasters and sporadic violence stemming from intercommunal tensions in parts of the country resulted in injuries/deaths and hampered access to basic services.

## ICRC ACTION AND RESULTS

The ICRC continued to help in dealing with the consequences of the past armed conflict, for instance by offering technical support to the Sri Lankan government in this regard.

The ICRC continued to provide rehabilitees – people arrested in connection with the past conflict who had been released after being held in rehabilitation centres – with assistance to restart income-generating activities. In March, the ICRC concluded the monitoring of a livelihood-support project, launched in 2013 with the Sri Lanka Red Cross Society, that enabled returnee households headed by vulnerable women or disabled persons to cover their basic needs. The ICRC also obtained the authorities' approval to implement livelihood-support and water supply/sanitation improvement projects for more communities, particularly in the Kilinochchi and Mullaitivu districts.

The ICRC pursued its dialogue with the authorities on the need for a comprehensive response to the multifaceted needs of the families of persons who went missing during the past conflict. It regularly shared with the PCICMP its views/expertise on such matters as data centralization, a national mechanism to address the issue of missing persons and provision of psychosocial support to the families. The ICRC began an assessment of the families' needs, which would serve as the basis for future action.

Delegates visited – in line with the ICRC's standard procedures – detainees held in facilities run by the Ministry of Rehabilitation and Prison Reforms (MoRPR) and the newly created Ministry of

Law and Order (MoLO), which oversaw police facilities, to monitor their treatment and living conditions. They also visited migrants, refugees and asylum seekers under the purview of the Department of Immigration and Emigration. Following visits, delegates shared findings and recommendations confidentially with the authorities, who also received a summary of findings since the resumption of ICRC visits to MoRPR facilities in 2013. The ICRC expanded its dialogue with detention authorities to include matters concerning all detainees, such as overcrowding. It focused on helping the authorities improve prison infrastructure/general premises (e.g. toilets, prison hospital facilities and a vocational training room), to the benefit of thousands of inmates.

The ICRC also maintained contact with government representatives, the armed/security forces, and the media, academia, and other members of civil society. It organized training sessions/events to help them further their understanding of IHL and of the ICRC's role in a post-conflict setting, promote incorporation of IHL in domestic law/security forces' training/university curricula, and generate support for the Movement's work. After completing a curriculum review with ICRC technical support, the Sri Lankan police introduced a new training programme to strengthen its personnel's understanding of internationally recognized standards in law enforcement.

With ICRC support, the national IHL committee organized teams to follow up the recommendations of a compatibility study comparing domestic legislation with IHL treaties.

The ICRC ended its technical and material support for the Jaffna Jaipur Centre for Disability Rehabilitation (JJCDR); the centre's management had received ICRC coaching in raising funds from various sources.

The National Society/ICRC continued to offer tracing and RCM services for people to restore contact with relatives, including those separated from them by migration or detention. With ICRC financial/material/technical assistance, the National Society built up its emergency response capacities, its branches, particularly in the north, and its family-links services.

## CIVILIANS

### North-eastern communities secure their livelihoods and access to safe water and sanitation facilities

At the conclusion of a National Society/ICRC project launched in the Mullaitivu district in 2013, a study conducted in March among 648 beneficiary families – all returnee households headed by women or disabled persons – estimated that 80 to 85% of them covered their basic needs with income from ventures started under the project. A total of 500 more vulnerable households (1,867 individuals) – 200 headed by women and disabled persons and 300 by rehabilitees – started/restored income-generating activities in 2014 with ICRC support; at year's end, around 60% of them earned enough to meet household needs.

An additional 1,426 households (4,605 individuals) in six villages in the Kilinochchi and Mullaitivu districts stood to benefit from ICRC-supported, community-based agriculture and fishery projects initiated and monitored in coordination with government agencies and community leaders.

Some 7,920 schoolchildren had access to safe drinking water and sanitation facilities following the construction of water tanks and

toilets at conflict-affected schools in the Kilinochchi and Mullaitivu districts. Close to 9,500 other individuals, including some 3,100 drought-affected persons, were able to cover their household/agricultural water needs after the installation/renovation of wells and hand pumps and/or the distribution of water filters, tanks and pumps in three districts. In the Mullaitivu district, local authorities and health offices were better placed to address the water needs of flood/drought-affected communities because of ICRC-donated materials/equipment for cleaning wells and testing water quality/chlorination; training in this connection was scheduled for 2015.

These activities came within the framework of initiatives begun last year at the authorities' request for livelihood support to rehabilitees. These initiatives also banked on the authorities' acceptance of the ICRC's offer to directly and independently implement assistance projects benefiting returnee and other vulnerable families, specifically in the Kilinochchi and Mullaitivu districts, in line with the government's community-support programmes.

### **Dispersed families maintain contact through National Society family-links services**

Dispersed families – particularly those of migrants and refugees at immigration centres – continued to benefit from National Society tracing and RCM services. At information/training sessions and coordination meetings with the ICRC, National Society staff and volunteers added to their knowledge/skills in this regard and sought ways to improve these services. They shared experiences with counterparts from three South Asian National Societies at a workshop on the family-links needs of migrants in detention (see *Nepal*).

### **Government takes steps to address the needs of the families of missing persons**

Thousands of persons missing in connection with the past conflict were still being sought by their families, who submitted tracing requests to National Society branches or the ICRC.

The authorities and the ICRC pursued dialogue on the multifaceted concerns of these families and on the need for a comprehensive response to them, including within the framework of Sri Lanka's post-conflict action plan. Discussions with the PCICMP particularly stressed the need for coordination and data centralization; technical support was also regularly provided to them on such topics as the creation of a national mechanism to address the issue, forensics and the issuance of certificates of absence in lieu of death certificates. The Health Ministry and the PCICMP organized two workshops to adapt the ICRC's approach to supporting missing persons – as found in handbooks/materials provided by the ICRC – to the Sri Lankan context, to serve as a reference for a government programme providing assistance/support services for families in the north (see *Context*). With the government's approval and a view to obtaining baseline information to determine future action, the ICRC began a countrywide assessment of the needs of families.

With the authorities' consent, the ICRC pursued efforts to trace cases related to medical evacuations carried out in the north during the conflict.

### **Specialists explore ways to improve local forensic capacity**

The National Society received ICRC material and logistical support to help them retrieve bodies after a landslide that buried some 150 homes. Final approval for a set of draft national guidelines for managing human remains after disasters, drawn up by a Health Ministry-chaired committee, remained pending. At presentations

and meetings, the country's forensic specialists and the ICRC discussed ways to build local capacities, touching on improving gravesite management in relation to missing persons and forensic authorities' role in detention.

## **PEOPLE DEPRIVED OF THEIR FREEDOM**

### **Needs of detainees, including detained migrants, feature in expanded dialogue between the authorities and the ICRC**

Detainees in facilities under the authority of the MoRPR and the newly created MoLO (see *Actors of influence*), including those held under the latter's Terrorist Investigation Division, were visited and individually monitored by delegates in accordance with the ICRC's standard procedures. Migrants, refugees and asylum seekers held under the jurisdiction of the Department of Immigration and Emigration also received visits.

The ICRC consolidated its dialogue and cooperation with prison authorities on matters concerning all categories of detainee. After visits, delegates shared findings and recommendations confidentially with the detaining authorities, to help them improve detainees' treatment and living conditions; the commissioner-general of prisons received written reports – two containing recommendations for specific prisons and one summarizing the ICRC's findings since the resumption of detention visits to MoRPR facilities in April 2013. Following on from past discussions, the MoRPR and the Justice Ministry explored ways to mitigate overcrowding in prisons; preparations were under way for a high-level round-table on the legal and judicial causes of overcrowding. A Prison Administration Act, previously drafted by the Justice Ministry with ICRC support, awaited submission for cabinet approval. Detention authorities exchanged views on overcrowding with their counterparts during a prison management course in Switzerland. At a training session, police investigators learnt more about internationally recognized standards for arrest and detention (see *Actors of influence*).

Detainees, including migrants, restored/maintained contact with their relatives through National Society/ICRC family-links services. The families of 594 detainees visited their relatives in prison through ICRC-sponsored travel.

### **Detainees ease their living conditions thanks to infrastructure improvement projects**

Prison health staff discussed the provision of health services at a workshop organized by the ICRC with the support of the MoRPR and the Ministry of Health; the workshop's findings helped to shape future cooperation, including pilot projects, in this field. The MoRPR accepted the ICRC's offer of technical support for designing new prisons.

The installation of a solar water heating system in the Batticaloa prison kitchen allowed some 350 detainees to benefit from more hygienic conditions, while also cutting maintenance costs. Plans to install more energy-saving kitchen equipment were cancelled after on-site assessments in early 2014 revealed that the more urgent need was for refurbishing the prison's premises. Thus, living conditions for another 5,150 detainees at eight prisons improved following infrastructure improvement projects undertaken in coordination with the authorities, such as the installation/construction of: toilet facilities benefiting 2,100 inmates; a new kitchen serving 1,300 people; exhaust fans to improve ventilation; and a vocational training room. Sick inmates stood to benefit from the renovation of the pharmacy and the TB laboratory at the Welikada prison hospital.

Some 17,400 detainees eased their daily conditions with ICRC-provided toiletries, cleaning products and recreational materials.

## WOUNDED AND SICK

### JJCDR takes steps toward sustainability

Some 650 patients regained mobility and functional ability with the help of various services offered by the JJCDR, the only longstanding physical rehabilitation centre in the north, which produced 173 prostheses and 95 orthoses, and other assistive devices in 2014.

As planned, by the middle of the year, the JJCDR eased out of ICRC technical and financial support; it received a last shipment of ICRC-donated materials and components to cover its production needs up to the end of 2015. The centre's management pursued efforts to raise funds from various sources, aided by past ICRC coaching in this regard.

## ACTORS OF INFLUENCE

Government representatives, armed/security forces officials, members of civil society, academics and the general public furthered their understanding of post-conflict humanitarian priorities (see *Context* and *Civilians*), IHL and the Movement at various events. These events also aimed to cultivate support for the Movement's work and for the incorporation of IHL provisions in domestic law, security forces' training and operations, and university curricula.

They – notably legal officers and ministry/government agency officials from the External Affairs and Justice Ministries and the Attorney General's Office – contributed to discussions held during: a panel discussion on acts of terrorism and IHL; workshops/conferences focusing on the "Strengthening IHL" process, on issues such as those raised by the Health Care in Danger project (see *Brussels*), and on sexual violence in armed conflict (see *Nepal*); a regional advanced IHL session (see *New Delhi*); and the biannual South Asian Teaching Session on IHL – one in Nepal and another hosted by Sri Lanka for 50 participants from nine countries. Under an External Affairs Ministry initiative, trainee diplomats were introduced to the basic principles of IHL.

University students expanded/tested their knowledge of IHL by taking a postgraduate course online and by participating in national/regional moot court and essay-writing competitions (see *Beijing* and *New Delhi*).

### National IHL committee forms teams to follow up IHL integration

Legal officers from the region learnt the finer points of drafting IHL implementing legislation during a technical workshop hosted by the Sri Lankan government and the ICRC. Sri Lanka's national IHL committee continued to work on the translation of the 1949 Geneva Conventions into the local languages. Following the completion of a compatibility study comparing domestic legislation with IHL treaties to which Sri Lanka was already a party, the national IHL committee, with ICRC support, organized sub-committees to look into the study's recommendations.

### Police force introduces new training curriculum revised with ICRC support

At ICRC workshops, over 240 army battalion commanders and their deputies improved their grasp of IHL and of its application in their operations. Some 80 army instructors updated their IHL teaching skills at a trainers' course and at workshops in San Remo, Italy and China (see *International law and policy*). Over 235

officers – including from foreign forces, logistics and civil-military relations offices and those attending a UN staff officers' course – learnt more about IHL at information sessions.

The Sri Lanka Police Department introduced a new training curriculum across three recruitment levels, after concluding an ICRC-supported process to review/develop its training programme. At training sessions, hundreds of police personnel, from new recruits to senior officers, added to their knowledge of internationally recognized standards for the use of force; 29 investigators were trained in standards specific to arrest and detention. Police instructors also received guidance for supporting officers in the conduct of field operations.

The MoLO, created in 2013 to oversee/develop the police force, and the ICRC discussed areas of cooperation, such as detention-related matters and the finalization of the force's departmental orders. The latter, which was revised with ICRC input and circulated by the Attorney-General among the offices concerned for comment, was being prepared for publication.

During predeployment briefings at the UN peacekeeping training school, 1,790 personnel familiarized themselves with IHL and the Movement's neutral, impartial and independent humanitarian action.

### Media coverage draws attention to post-conflict humanitarian needs

Using information from briefings, updates and other materials provided by the ICRC, journalists wrote articles to help promote, among the general public, IHL and the Movement's work – particularly as it related to post-conflict concerns such as the needs of families of missing persons and those of returnees/rehabilitees (see *Civilians*). Activities commemorating 25 years of ICRC presence in Sri Lanka took place before a broad range of audiences.

## RED CROSS AND RED CRESCENT MOVEMENT

With ICRC financial/technical/material support, the Sri Lankan Red Cross reinforced the emergency response/first-aid capacities of over 220 of its volunteers by conducting courses and examinations and promoting the Safer Access Framework. It also evaluated a livelihood-support project implemented with the ICRC in 2013 (see *Civilians*).

The National Society encouraged volunteerism by honouring volunteers who had served for more than 10 years. It trained over 280 volunteers from 17 branches in promoting IHL and Movement activities and also launched various activities in this regard. The National Society drew on the ICRC's guidance for supporting/reviving its branches, particularly in the north, and for ensuring sustainability through income-generating activities. Its revised statutes and a draft Red Cross Act, prepared in 2013 with ICRC technical support, awaited approval.

At a three-day summit it organized with ICRC funding, the National Society reviewed, with some 20 Movement partners, the results of projects initiated in response to the 2004 Indian Ocean tsunami, and explored further partnerships. Movement components met regularly to ensure a coherent response.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>Red Cross messages (RCMs)</b>			UAMs/SCs*		
RCMs collected		23			
RCMs distributed		105			
<b>Tracing requests, including cases of missing persons</b>			Women	Girls	Boys
People for whom a tracing request was newly registered		50	9	2	6
People located (tracing cases closed positively)		93			
Tracing cases still being handled at the end of the reporting period (people)		16,064	820	366	1,196
<b>UAMs/SCs*, including unaccompanied demobilized child soldiers</b>			Girls		Demobilized children
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		18	8		
<b>Documents</b>					
People to whom travel documents were issued		53			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>					
<b>ICRC visits</b>			Women	Minors	
Detainees visited		944	28	19	
			Women	Girls	Boys
Detainees visited and monitored individually		944	28	3	16
Detainees newly registered		512	16	3	16
Number of visits carried out		74			
Number of places of detention visited		33			
<b>Restoring family links</b>					
RCMs collected		95			
RCMs distributed		23			
Phone calls made to families to inform them of the whereabouts of a detained relative		22			
Detainees visited by their relatives with ICRC/National Society support		594			
People to whom a detention attestation was issued		332			

\* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Cash	Beneficiaries	6,472	37%	29%
Water and habitat activities	Beneficiaries	17,395	30%	40%
	<i>of whom IDPs</i>	17,395		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection programme)</b>				
Essential household items	Beneficiaries	17,429		
Cash	Beneficiaries	41		
Water and habitat activities	Beneficiaries	5,502		
<b>Health</b>				
Number of visits carried out by health staff		23		
Number of places of detention visited by health staff		16		
<b>WOUNDED AND SICK</b>				
<b>Physical rehabilitation</b>				
Centres supported	Structures	1		
Patients receiving services	Patients	649	191	48
New patients fitted with prostheses	Patients	29	9	
Prostheses delivered	Units	173	52	1
	<i>of which for victims of mines or explosive remnants of war</i>	70		
New patients fitted with orthoses	Patients	37	3	17
Orthoses delivered	Units	95	10	40
Patients receiving physiotherapy	Patients	360	103	46
Crutches delivered	Units	32		
Wheelchairs delivered	Units	12		



# BANGKOK (regional)

COVERING: Cambodia, Lao People's Democratic Republic (Lao PDR), Thailand, Viet Nam



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

Having established a presence in Thailand in 1975 to support its operations in Cambodia, the Lao People's Democratic Republic and Viet Nam, the ICRC promotes the ratification and implementation of IHL treaties and IHL integration into military training regionwide. It raises awareness of humanitarian issues and supports National Societies in developing their capacities in IHL promotion, family-links services and emergency response. It seeks to protect/assist vulnerable populations in Thailand and the Lao People's Democratic Republic, visits detainees in Thailand and in Cambodia, where it supports the authorities in improving prison management, and helps meet the need for assistive/mobility devices.

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

**MEDIUM**

## KEY RESULTS/CONSTRAINTS

In 2014:

- ▶ inmates held in relation to the violence in southern Thailand and political protests in Cambodia and Thailand received ICRC visits, while detained irregular migrants contacted relatives using family-links services
- ▶ Cambodian and Thai officials took steps to address prison overcrowding by improving prison infrastructure to limit the spread of diseases and, in Cambodia, signing directives on alternative sentencing
- ▶ families affected by violence in Thailand and by weapon contamination in the Lao People's Democratic Republic began livelihood activities with support from the ICRC and/or its local partners
- ▶ the Lao Labour and Social Welfare Ministry/ICRC organized a workshop for representatives from the region to discuss domestic policies on and best practices in assisting victims of weapon contamination
- ▶ ICRC-supported Thai Red Cross Society information campaigns resulted in improperly used Movement emblems being replaced by the parties concerned with other signs during demonstrations/at checkpoints
- ▶ with ICRC support, the Cambodian Red Cross Society developed an action plan to make its neutral, impartial and independent approach more effective in assisting victims of violence

## EXPENDITURE (in KCHF)

Protection	3,840
Assistance	3,864
Prevention	3,050
Cooperation with National Societies	868
General	948

**12,570**

of which: Overheads 767

## IMPLEMENTATION RATE

Expenditure/yearly budget	<b>89%</b>
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## PERSONNEL

Mobile staff	42
Resident staff (daily workers not included)	119

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
Red Cross messages (RCMs)	
RCMs collected	20
RCMs distributed	3
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
ICRC visits	
Detainees visited	92,066
Detainees visited and monitored individually	527
Number of visits carried out	99
Number of places of detention visited	43
Restoring family links	
RCMs collected	354
RCMs distributed	180
Phone calls made to families to inform them of the whereabouts of a detained relative	1,413

ASSISTANCE	2014 Targets (up to)	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme) <sup>1</sup>		
Food commodities	Beneficiaries	6,000
Productive inputs	Beneficiaries	301
Cash	Beneficiaries	500
Water and habitat activities	Beneficiaries	1,000
<b>WOUNDED AND SICK</b>		
Physical rehabilitation		
Centres supported	Structures	3
Patients receiving services	Patients	11,600
		10,183

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

## CONTEXT

In May, the Thai military took over the government and imposed martial law countrywide, ending months of political protests that caused casualties and arrests; the head of the military was appointed the new prime minister. Demonstrations against the takeover occurred in northern and north-eastern Thailand.

In southern Thailand, despite the official resumption of the peace process, incidents of violence continued to occur, but fewer than in the past, owing to an increased military presence in the area during the second half of 2014. People continued to be affected by the violence and the emergency laws.

Clashes between Myanmar government forces and ethnic groups along the Thailand-Myanmar border, and sporadic intercommunal violence in other parts of Myanmar, resulted in people seeking safety in Thailand.

Cambodia's opposition party resumed their participation in the National Assembly; however, discussions on the joint election reform commission stalled. Protests related to the discussions and to wages and working conditions sometimes resulted in casualties and arrests.

In Cambodia, the Lao People's Democratic Republic (hereafter Lao PDR) and Viet Nam, the presence of mines and explosive remnants of war (ERW) remained a major concern. The Lao PDR and Viet Nam took steps to address the issue, for instance, by mobilizing international support to accelerate clearance efforts.

## ICRC ACTION AND RESULTS

The ICRC's regional delegation in Bangkok focused on detention-related activities and on assisting victims of past and ongoing conflicts and other situations of violence. It also helped raise awareness of and support for humanitarian principles, IHL and the Movement's activities throughout the region.

The ICRC visited, in accordance with its standard procedures, detainees in Cambodia and Thailand. Those visited included people held in connection with the violence in southern Thailand and the political protests in both countries, and irregular migrants. ICRC delegates reported their findings/recommendations confidentially to the authorities and, to facilitate improvement in inmates' treatment and living conditions, mobilized or provided various kinds of support for the parties concerned. This resulted in the Cambodian Justice Ministry signing directives aimed at reducing prison overcrowding, and in improved prison health-care services and infrastructure in both countries. Detainees in Thailand, including foreigners, restored/maintained contact with relatives through the Movement's family-links network. In the Lao PDR, the rehabilitation of one facility was completed. The ICRC toured one prison in Viet Nam after securing the authorities' consent. Dialogue with the Lao and Vietnamese authorities on other detention-related activities did not progress.

Households affected by the violence in southern Thailand and by mines/ERW in the southern Lao PDR started income-generating activities with the help of supplies/equipment and training. To reduce communities' exposure to weapon contamination, the ICRC helped repair hand pumps close to people's homes in the Lao PDR and trained teachers and volunteers in conducting awareness campaigns in Viet Nam. The national mine-clearance operator in the Lao PDR worked with the ICRC to revise the training

curriculum for its medics and to hone the skills of medics attached to mine-clearance organizations.

Weapon-wounded people from Myanmar seeking treatment in Thailand had their medical expenses covered. Training sessions enabled health personnel in southern Thailand and from one state in Myanmar to bolster their abilities to treat weapon wounds. Services provided at ICRC-supported centres and/or by partner NGOs allowed disabled people in Cambodia to receive suitable care and to ease their social reintegration. The ICRC endeavoured to help improve the sector by continuing to cooperate with various parties concerned in the country.

The delegation continued to promote respect for humanitarian principles, IHL and/or internationally recognized policing standards among the authorities, security forces and civil society throughout the region, and among armed groups in Myanmar. It communicated to the authorities and other parties concerned – directly or through its network of contacts – its findings on the humanitarian needs of civilians in southern Thailand and along the Thailand-Myanmar border. By participating in workshops for police personnel, military officers in southern Thailand learnt more about their role in law enforcement operations. During the political crisis in Thailand, the ICRC discussed with stakeholders its possible role when visiting persons arrested in relation to the protests, and as a neutral intermediary in helping victims access medical care, if needed; together with the Thai Red Cross Society, it helped raise public awareness of the proper use of the emblem. Students from all four countries tested their knowledge of IHL at regional competitions.

With ICRC support, the region's National Societies strengthened their capacities to provide emergency assistance and family-links services and to promote awareness of humanitarian principles, IHL and the Movement. The Cambodian Red Cross Society sought to enhance its response to victims of unrest by developing an action plan based on the Safer Access Framework.

## CIVILIANS

### Vulnerable heads of households in southern Thailand achieve a degree of economic self-sufficiency

People fleeing clashes in Myanmar and staying along the Thailand-Myanmar border received visits from ICRC delegates who shared their findings regarding the humanitarian situation with the parties concerned. In southern Thailand, the authorities, security forces, members of civil society, community/religious leaders, and the ICRC maintained dialogue on the humanitarian needs of people in the areas most affected by the ongoing violence.

With various kinds of ICRC support, the National Societies in the Lao PDR and Thailand delivered relief goods to victims of floods.

Some 70 vulnerable heads of households in southern Thailand started small businesses with tools/equipment and training provided by the ICRC, which benefited about 301 people; around 95% of them became economically self-sufficient to an extent. Ad hoc material assistance helped other victims of the violence cope with their immediate needs.

In areas of the southern Lao PDR affected by mines/ERW, nearly 30 heads of households began income-generating activities with training and material assistance from the local authorities, the National Society and/or the ICRC (benefiting about 140 people);

some of them also received household essentials. Repairs to hand pumps enabled 902 people, including 31 victims of mines/ERW, to obtain clean water nearby, reducing their need to walk long distances through contaminated areas.

### Medics from mine-clearance agencies in the Lao PDR enhance their emergency response capacities

During National Society/ICRC training sessions, school teachers and National Society volunteers and staff in two provinces in Viet Nam learnt more about safety measures, enabling them to share their knowledge with communities in affected areas.

UXO Lao, the national mine-clearance operator, updated its training curriculum for medics with the ICRC's technical assistance. Over 20 medics from humanitarian mine-clearance agencies and the Lao People's Army took a one-month UXO Lao/ICRC training course, and strengthened their ability to respond to injuries caused by mines/ERW.

### Members of dispersed families maintain contact using family-links services

Training sessions and a regional family-links seminar helped the National Societies covered strengthen their family-links capacities and coordination during disasters. Discussions with the Thai Red Cross focused on urging them to incorporate family-links services in their national disaster-response training programmes.

People in Cambodia and in the Lao PDR, including the families of detainees held abroad and Cambodian migrants returning from Thailand, maintained contact with their relatives through their National Societies' family-links services. After a lull in its family-links activities, the Red Cross of Viet Nam's tracing unit resumed the follow-up of pending and new cases. The concerted efforts of the pertinent National Societies enabled a newly released detainee to leave Cambodia and rejoin his family in Viet Nam.

Refugees resettled in third countries using ICRC travel documents, issued in coordination with IOM, UNHCR and the embassies concerned.

## PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees in Cambodia and Thailand received regular ICRC visits, carried out according to the organization's standard procedures.

They included people arrested in relation to the violence in southern Thailand and to the political protests in Cambodia and Thailand; irregular migrants in Thailand and women and minors received particular attention.

After their visits, ICRC delegates shared their findings and recommendations, if any, confidentially to the detaining authorities, including senior security forces personnel. In Thailand, the issues of concern included ensuring proper living conditions and treatment for people in the initial stages of detention. Detainees in Cambodia spent more time outdoors after the Interior Ministry and the General Department of Prisons (GDP) received an ICRC report on detainees' access to fresh air.

In Thailand, detainees, especially foreigners from neighbouring countries, restored/maintained contact with their relatives through the Movement's family links network. Irregular migrants made 1,413 phone calls to their families to inform them of their whereabouts; 141 inmates held far from their homes received ICRC-facilitated visits from up to five relatives each.

ICRC support for the authorities in the areas of health and infrastructure, as well as distributions of material assistance, helped improve living conditions for detainees.

### With more water provisions, inmates in a Thai prison reduce the spread of skin diseases

Representatives of the Department of Corrections and the Public Health Ministry, officials/health staff from nine prisons in southern Thailand, other parties concerned and the ICRC convened to discuss the ICRC's 2012 assessment of health-care provision at these nine prisons. ICRC mobilization efforts among officials in Songkhla in southern Thailand resulted in the establishment of a referral clinic that provided basic health care, including weekly visits from a hospital team, to some 7,000 detainees at four prisons.

The technical working group for improving/maintaining detention facilities jointly conducted three out of the five ICRC assessments of five prisons throughout the country. Renovations at five prisons and one immigration detention centre improved water and sanitation facilities for some 9,900 inmates.

PEOPLE DEPRIVED OF THEIR FREEDOM	CAMBODIA	THAILAND
<b>ICRC visits</b>		
Detainees visited	9,229	82,837
<i>of whom women</i>	722	5,290
<i>of whom minors</i>	274	37
Detainees visited and monitored individually	40	487
<i>of whom women</i>		8
<i>of whom girls</i>		7
<i>of whom boys</i>		3
Detainees newly registered		220
<i>of whom women</i>		6
<i>of whom girls</i>		7
<i>of whom boys</i>		3
Number of visits carried out	25	74
Number of places of detention visited	11	32
<b>Restoring family links</b>		
RCMs collected		354
RCMs distributed		180
Phone calls made to families to inform them of the whereabouts of a detained relative		1,413
Detainees visited by their relatives with ICRC/National Society support		141

In southern Thailand, one prison's referral hospital, burdened with a large number of cases of skin disease, received anti-fungal cream from the ICRC. The installation of a water piping network in the prison doubled the quantity of water available to detainees for showering and washing clothes; the distribution of hygiene kits to the detainees helped them maintain their hygiene. All these contributed to limiting the spread of skin diseases.

### **Cambodian Justice Ministry takes steps to reduce prison overcrowding**

The Cambodian GDP, Justice Ministry officials and other parties concerned continued to discuss the causes and consequences of prison overcrowding at two round-tables organized by the ICRC. These discussions resulted in 35 detainees having their sentences finalized after waiting for several years and in the Justice Ministry signing circulars on the implementation of judicial supervision, community service and probationary suspended sentences.

In several prisons visited by the ICRC, over 8,600 inmates, including women and, in some cases, prison officials, maintained proper health and hygiene practices with the help of hygiene items; awareness campaigns in two of these prisons further helped inmates in doing so. The GDP drew on ICRC recommendations on general access to health care and individual medical cases to improve health services for detainees, for example by providing anti-scabies treatment for 200 minors at one facility. A pilot health project at two prisons, organized by the Health/Interior Ministries, the GDP and the ICRC, remained under development.

During ICRC-supported field missions, the GDP Construction Office boosted its technical knowledge and its capacity to assess and address infrastructural issues. The construction/renovation of sleeping quarters/kitchens/sanitation and water facilities by the GDP/ICRC benefited 12,300 detainees at 12 prisons.

### **Vietnamese officials allow ICRC to tour one prison**

Assistance to one Lao facility continued and resulted in 1,500 male detainees gaining access to a renovated/expanded kitchen area.

The Vietnamese Public Security Ministry allowed the ICRC to tour one detention centre to help establish mutual understanding of each other's work.

Dialogue with the Lao and Vietnamese authorities regarding other possible detention-related activities remained limited.

## **WOUNDED AND SICK**

### **Medics in Thailand and in one state in Myanmar boost their trauma care capacities**

Twenty-seven people from Myanmar, most of them injured by landmines, sought treatment at Thai hospitals; their medical expenses were covered by the ICRC.

During a workshop organized jointly with the Karen Department of Health and Welfare, some 20 medics working in remote areas of Karen state in Myanmar, and with limited resources, learnt more about stabilizing trauma patients. Health personnel from three provinces in southern Thailand added to their capacities in weapon-wound surgery during a seminar conducted in coordination with the Thai Red Cross. Hospital assessments planned for the Lao PDR were replaced by first-aid training for medics (see *Civilians*).

### **ICRC-supported centres' quality prostheses enable nearly all amputee patients to walk unassisted**

The Cambodian Social Affairs, Veterans and Youth Rehabilitation Ministry continued to work with the ICRC and to benefit from the organization's financial and technical support for managing/improving services at the national orthopaedic component factory. This factory supplied 13,000 prostheses/orthoses and 4,300 walking aids to the 11 physical rehabilitation service providers in the country, including the ICRC-supported Battambang and Kompong Speu centres. While facilitating coordination within the physical rehabilitation sector at the national level, the ministry introduced a standardized patient management system and explored ways to increase its budget for the sector.

Senior staff/technicians from the two ICRC-supported centres and the component factory honed their managerial/technical skills through mentoring and workshops. A prosthetist/orthotist embarked on a three-year advanced training course.

Outreach teams carried out 264 field trips, assessing and addressing the needs of 8,261 patients, of whom 172 were referred to the two centres to receive further treatment. A total of 10,183 patients, including some who had their treatment/travel costs covered, regained/improved their mobility at the two centres, which produced 1,647 prostheses and 1,174 orthoses and delivered 497 wheelchairs. The quality of the prostheses provided at the two centres enabled some 90% of amputees to walk without any assistive devices.

To facilitate their social and economic reintegration, 32 of the centres' female patients were trained in wheelchair basketball; 58 other patients were referred to NGOs providing the appropriate services.

Coordination, and, where necessary, sharing of expertise with parties concerned continued, with a view to helping improve national physical rehabilitation services and promote the sector.

## **ACTORS OF INFLUENCE**

### **Thai military officers learn more about the military's role in law enforcement operations**

During local and regional workshops, senior Cambodian, Thai and Vietnamese police officers and trainers furthered their understanding of internationally recognized policing standards. At the

<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>		<b>CAMBODIA</b>	<b>LAO PEOPLE'S DEMOCRATIC REPUBLIC</b>	<b>THAILAND</b>
<b>Economic security, water and habitat</b>				
Food commodities	Beneficiaries			335
Essential household items	Beneficiaries	8,620		30,355
Water and habitat activities	Beneficiaries	12,300	1,500	9,944
<b>Health</b>				
Number of visits carried out by health staff		28		14
Number of places of detention visited by health staff		7		10



Thai police's request, more military officers in southern Thailand took part in these workshops, and added to their knowledge of the rules and standards for military participation in law enforcement operations. The military attendees confirmed their interest in holding information sessions on this subject for their personnel. Thai troops bound for service in southern Thailand continued to receive briefings on the subject.

During seminars, Cambodian and Lao military officers became more adept at applying humanitarian norms during operations, sometimes with the help of virtual reality tools. At a workshop organized with the Thai Defence Ministry, representatives of the military and the Department of Treaties and Legal Affairs exchanged views on new weapons and IHL; military legal advisers discussed weapon-related issues and cyber-warfare at an ICRC round-table. Thai and Vietnamese naval officers attended a workshop on the law of armed conflict at sea (see *Kuala Lumpur*). Political tensions limited the ICRC's contacts with operational officers of the Thai army.

Students attending peacekeeping courses in Thailand, and Cambodian troops awaiting deployment abroad, familiarized themselves with IHL and the ICRC during lectures/predeployment briefings.

Armed groups in Myanmar and the ICRC discussed the incorporation of humanitarian principles and IHL in their respective codes of conduct. Attention was paid to issues such as anti-personnel mines, the recruitment of child soldiers by weapon bearers, and victims' access to health care. One group included the ICRC's recommendations in its revised doctrine.

#### **Thai demonstrators and military personnel show respect for the emblem**

The authorities, security forces, officials from international organizations, journalists, representatives from NGOs, Islamic circles and academic institutions, especially those in southern Thailand, enhanced their knowledge of humanitarian principles, IHL and the Movement during bilateral meetings and National Society and/or ICRC dissemination sessions. The Association of Southeast Asian Nations (ASEAN) departments of various governments and the ICRC discussed cooperation in matters of common interest, particularly weapon contamination, disaster management and peacekeeping. Publications, audiovisual materials and/or features in the ICRC blog in Thai on, for instance, the Health Care in Danger project, reinforced these efforts.

Stakeholders in Thailand's political crisis and the ICRC discussed the organization's possible role when visiting persons arrested in relation to the protests (see *People deprived of their freedom*), and as a neutral intermediary in helping victims access medical care, if needed. Following ICRC-supported Thai Red Cross communication campaigns on the proper use of the red cross emblem, some demonstrators and military personnel took down improperly used emblems displayed during political rallies or at checkpoints and replaced them with other signs/logos.

University students throughout the region demonstrated their grasp of IHL at national and international competitions (see *Beijing*). Vietnamese academics bolstered their IHL teaching capacities by participating in a workshop abroad. In southern Thailand, approximately 240 secondary school students in Islamic institutions learnt about humanitarian principles and IHL through modules of the Exploring Humanitarian Law programme.

#### **Regional representatives share best practices in assisting victims of weapon contamination**

To facilitate their countries' accession to IHL treaties and domestic IHL implementation, officials from the countries covered attended various events devoted to these matters, including a regional IHL teaching session (see *Philippines*). Officials from various Lao ministries participated in a national IHL seminar on the Convention on Cluster Munitions, organized with the Institute of Foreign Affairs. With ASEAN and ICRC support, the Labour and Social Welfare Ministry of the Lao PDR organized a workshop on children and families affected by weapon contamination; 24 representatives from Cambodia, the Lao PDR, Myanmar and Viet Nam discussed national policies and best practices for assisting them (see *Jakarta*). Thailand signed the Arms Trade Treaty, but was yet to accede to Additional Protocol I.

#### **RED CROSS AND RED CRESCENT MOVEMENT Cambodian National Society develops action plan for responding to unrest**

The region's National Societies continued to work with the ICRC, and to draw on its technical/material support to enhance their abilities to restore family links, assist communities in mine/ERW-affected areas and promote understanding of humanitarian principles, IHL and the Movement (see *Civilians and Actors of influence*).

In response to unrest in parts of Cambodia, the National Society began to develop an action plan based on the Safer Access Framework; the aim was to improve its neutral, impartial and independent approach to assisting victims and to raise awareness among its staff and the public of its activities and its auxiliary role in relation to the government.

The region's National Societies participated in various Movement events, such as a meeting for National Society leaders in the region (see *Kuala Lumpur*) and the International Federation's Red Cross Red Crescent International Nursing Conference in Thailand.



MAIN FIGURES AND INDICATORS: PROTECTION		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)<sup>1</sup></b>					
<b>Red Cross messages (RCMs)</b>			<b>UAMs/SCs*</b>		
RCMs collected		20	16		
RCMs distributed		3			
<b>Tracing requests, including cases of missing persons</b>			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered		3	1	2	
Tracing cases still being handled at the end of the reporting period (people)		3	1	2	
<b>Documents</b>					
People to whom travel documents were issued		40			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)<sup>2</sup></b>					
<b>ICRC visits</b>			<b>Women</b>	<b>Minors</b>	
Detainees visited		92,066	6,012	311	
			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually		527	8	7	3
Detainees newly registered		220	6	7	3
Number of visits carried out		99			
Number of places of detention visited		43			
<b>Restoring family links</b>					
RCMs collected		354			
RCMs distributed		180			
Phone calls made to families to inform them of the whereabouts of a detained relative		1,413			
Detainees visited by their relatives with ICRC/National Society support		141			

\* Unaccompanied minors/separated children

1. Thailand

2. Cambodia, Thailand

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)<sup>1</sup></b>				
Food commodities <sup>2</sup>	Beneficiaries	6,000	38%	9%
Productive inputs <sup>2</sup>	Beneficiaries	301	40%	27%
Water and habitat activities <sup>3</sup>	Beneficiaries	902		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)<sup>4</sup></b>				
<b>Economic security, water and habitat (in some cases provided within a protection programme)</b>				
Food commodities <sup>2</sup>	Beneficiaries	335		
Essential household items	Beneficiaries	38,975		
Water and habitat activities <sup>3</sup>	Beneficiaries	23,744		
<b>Health</b>				
Number of visits carried out by health staff		42		
Number of places of detention visited by health staff		17		
<b>WOUNDED AND SICK</b>				
<b>Hospitals<sup>2</sup></b>				
Patients whose hospital treatment has been paid for by the ICRC	Patients	27		
<b>Physical rehabilitation<sup>5</sup></b>				
Centres supported <sup>6</sup>	Structures	3		
Patients receiving services	Patients	10,183	1,514	983
New patients fitted with prostheses	Patients	234	26	11
Prostheses delivered	Units	1,647	147	44
	<i>of which for victims of mines or explosive remnants of war</i>	Units	1,326	
New patients fitted with orthoses	Patients	333	50	148
Orthoses delivered	Units	1,174	179	552
	<i>of which for victims of mines or explosive remnants of war</i>	Units	5	
Patients receiving physiotherapy	Patients	2,993	472	468
Crutches delivered	Units	1,357		
Wheelchairs delivered	Units	497		

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

2. Thailand

3. Lao People's Democratic Republic

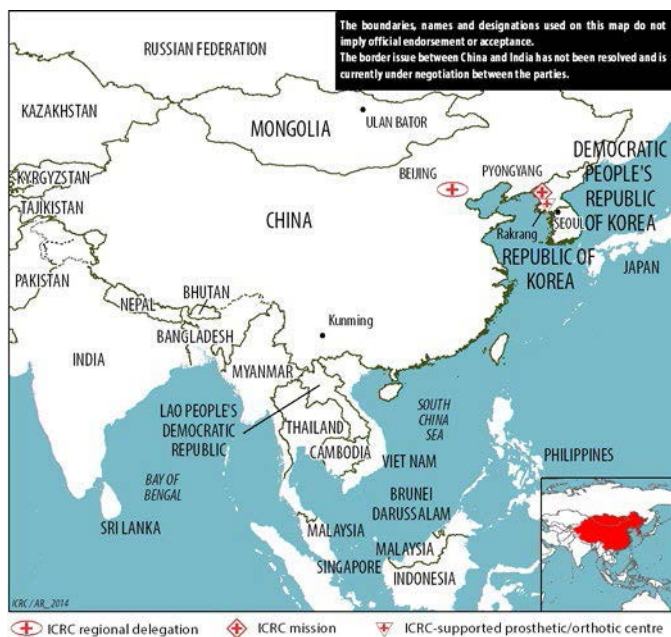
4. Cambodia, Lao People's Democratic Republic, Thailand

5. Cambodia

6. Including a component factory

# BEIJING (regional)

COVERING: China, Democratic People's Republic of Korea, Mongolia, Republic of Korea



Present in the region since 1987, the ICRC moved its regional delegation for East Asia to Beijing in 2005. The delegation fosters support for humanitarian principles, IHL and ICRC activities in the region and worldwide, among governments, experts and National Societies. It promotes the incorporation of IHL into national legislation, military training and academic curricula. It supports the region's National Societies in developing their IHL promotion and tracing activities. In the Democratic People's Republic of Korea, in partnership with the National Society, it supports hospital care and contributes to meeting the need for assistive/mobility devices.

## KEY RESULTS/CONSTRAINTS

In 2014:

- ▶ in the Democratic People's Republic of Korea, patients in 4 hospitals benefited from treatment standards and/or facilities improved through cooperation between hospital authorities and Movement partners
- ▶ in China, the Justice and Public Security Ministries, and national health authorities, discussed solutions to health issues in detention at seminars, joint technical meetings and study tours facilitated by the ICRC
- ▶ at a seminar hosted by the Chinese armed forces and the ICRC, senior military officers from the region, and from 58 other countries, enhanced their capacities to incorporate IHL in their operational planning
- ▶ influential actors in the region discussed humanitarian issues/concerns and IHL, notably at workshops linked to the "Strengthening IHL" process and at seminars on cyber-warfare and IHL at sea
- ▶ students in the region tested their grasp of IHL at debates and moot court competitions, including an Asia-Pacific contest organized by the Hong Kong Red Cross, Branch of the Red Cross Society of China

## EXPENDITURE (in KCHF)

Protection	961
Assistance	4,038
Prevention	4,014
Cooperation with National Societies	1,375
General	-

**10,388**

of which: Overheads 634

## IMPLEMENTATION RATE

Expenditure/yearly budget	<b>85%</b>
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## PERSONNEL

Mobile staff	21
Resident staff (daily workers not included)	45

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

**MEDIUM**

ASSISTANCE	2014 Targets (up to)	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>		
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>		
Food commodities	Beneficiaries	2,000
Essential household items	Beneficiaries	2,000
Productive inputs	Beneficiaries	600
Work, services and training	Beneficiaries	30
Water and habitat activities	Beneficiaries	10,000
		632
<b>WOUNDED AND SICK</b>		
<b>Hospitals</b>		
Hospitals supported	Structures	5
		5
<b>Water and habitat</b>		
Water and habitat activities	Number of beds	459
		450
<b>Physical rehabilitation</b>		
Centres supported	Structures	4
		3
Patients receiving services	Patients	1,030
		869

## CONTEXT

The Chinese authorities continued to undertake reforms, notably of the judicial system. Unrest continued to be reported in parts of China, particularly in Xinjiang province; there were incidents in Hong Kong as well; the government stepped up security operations in response.

Territorial disputes continued to test relations between States in the region. There were tense encounters at sea: one between Chinese and Vietnamese naval vessels prompted violent protests that led to the temporary evacuation of thousands of Chinese nationals from Viet Nam.

In February, the Democratic People's Republic of Korea (hereafter DPRK) and the Republic of Korea (hereafter ROK) held a reunification meeting for families separated by the 1950–53 Korean War: some 80 elderly people from the ROK met about 180 relatives from the DPRK. However, relations between the two States remained strained; at several occasions, both fired artillery shells into the disputed waters between them. The six-party talks on the DPRK's nuclear programme did not resume.

The DPRK rejected a UN General Assembly resolution calling for the country to be referred to the International Criminal Court for alleged human rights violations.

The ROK continued to emphasize military vigilance.

## ICRC ACTION AND RESULTS

In light of persisting tensions and the prominent global roles of the countries covered, the Beijing regional delegation continued to focus on promoting humanitarian principles and IHL and securing support for ICRC operations in the region and worldwide. Discussions with decision-makers aimed to foster better understanding of IHL, humanitarian issues and the ICRC's neutral, impartial and independent humanitarian action. The region's authorities, armed/security forces, academics and other sections of civil society, other parties concerned, and the National Societies discussed these topics at various meetings/events. These included workshops linked to the "Strengthening IHL" process and IHL-related seminars on specific themes, such as maritime operations and cyber-warfare.

In the ROK, the ICRC consulted government officials, armed forces personnel, other key actors and the Republic of Korea National Red Cross on the ICRC's role in addressing the residual humanitarian consequences of past conflict. The presence of an ICRC representative since the beginning of 2014 helped to broaden contacts.

The ICRC endeavoured to build on the interest expressed in 2013 by the Chinese, DPRK and ROK authorities in expanding their partnerships with the organization: for instance, it worked with the Red Cross Society of China on a livelihood-support project for disabled persons, and designed water supply-improvement projects to benefit peri-urban populations in the DPRK.

In China, discussions with the Ministries of Justice and Public Security, on prison management and detainees' treatment and living conditions, continued; these aimed to encourage cooperation among them, the Health Ministry and other stakeholders in addressing health issues in detention. As a result, both ministries held seminars on the subject, and the Justice Ministry convened

a joint technical meeting with health authorities to tackle the prevention and control of HIV/AIDS and TB in prisons; with ICRC support, health officials visited Azerbaijan to study their detention authorities' success in checking the spread of TB.

In the DPRK, together with the Ministry of Public Health and the Red Cross Society of the Democratic People's Republic of Korea, the ICRC strove, as before, to help improve the quality of surgical/medical services at four referral hospitals, providing material/training support to this end. The ICRC organized an overseas study tour for hospital directors and arranged seminars to help surgeons, including from the Korean People's Army, add to their skills in trauma care.

The Chinese Red Cross, the DPRK Red Cross and the ICRC maintained their key roles in providing physical rehabilitation services.

The ICRC supported the region's armed/security forces' efforts to enhance their personnel's knowledge of IHL and other international norms. It worked with the Chinese armed forces to organize an international seminar on incorporating IHL in military operational planning, attended by representatives from 62 countries, including, for the first time, the DPRK. The ROK military organized, jointly with the ICRC, a workshop aimed at strengthening their legal officers' advisory capacities with regard to IHL compliance. The ICRC helped the Mongolian army train IHL instructors.

In China, Mongolia, and the ROK, the ICRC maintained partnerships with educational authorities, academic institutions and the National Societies in introducing students to IHL, and assisted them in developing/conducting IHL courses, organizing competitions and running the Exploring Humanitarian Law programme. The Chinese Red Cross trained more teachers with a view to enabling the programme's expansion in Beijing and Qingdao.

The ICRC continued to provide support for the National Societies to develop/implement activities in response to humanitarian needs and to promote IHL and humanitarian principles; it also continued to coordinate efforts in this regard with other Movement partners. As its international role grew, the Chinese Red Cross drew on the ICRC for advice on such matters as working in conflict areas.

## CIVILIANS

### **Vulnerable people to benefit from proposed cooperation between the region's authorities, National Societies and the ICRC**

The Chinese Red Cross and the ICRC laid the groundwork for a joint project – developed within the National Society's Integrated Community Resilience Programme – to assist disabled people and the communities around the physical rehabilitation centre in Kunming, in Yunnan province (see *Wounded and sick*), in restoring/securing their livelihoods. To this end, 152 households were identified as beneficiaries, after they had submitted viable business plans/proposals and after an assessment by National Society/ICRC teams. At ICRC training sessions, National Society volunteers – a total of 76 individuals from the Yunnan and Hong Kong branches, and from the National Society training centre – learnt to collect baseline information for measuring the impact of a livelihood-support project.

People also stood to benefit from the Chinese Red Cross's efforts to improve its family-links services; these efforts included volunteer training and joint field trips with the ICRC to assess its branches' capacities in this regard.

In the DPRK, preparations were made for a project, in Kaesong City, to improve peri-urban communities' access to water and sanitation systems. The authorities, the National Society and the ICRC held discussions to finalize the project's design and sourcing plans. The food gardening facilities of an orphanage in Hamhung were refurbished under a project proposed by the National Society and funded by the ICRC.

In all the countries covered, the needs of vulnerable people continued to be monitored, and areas of cooperation explored/discussed, whenever possible, with the authorities, other parties concerned and the National Societies. The concerns of families dispersed since the 1950–53 Korean War remained on the agenda of the ICRC's meetings with DPRK/ROK officials and both National Societies. However, several planned projects were delayed or not pursued – such as a multi-stakeholder seminar on water provision and sanitation issues in the DPRK and an assessment of the situation of migrants in the ROK – owing to administrative constraints or other priorities.

## **PEOPLE DEPRIVED OF THEIR FREEDOM**

### **Chinese detention/health authorities discuss disease prevention/control in prisons at joint workshop**

In China, the Ministries of Justice and Public Security kept up their respective discussions with the ICRC on prison management, particularly with regard to detainees' health conditions; these discussions aimed to further mutual understanding of approaches/experience in this field. ICRC contact with both ministries, as well as with the Ministry of Health, also sought to encourage them to discuss with other parties concerned, and cooperate with them in, matters related to health and other issues in detention. As a result, the Justice and Health Ministries and other health authorities convened, with ICRC support, a technical meeting to jointly identify priorities and plan future activities with regard to HIV/AIDS and TB prevention/control in prisons. In addition, a contingent of national health authorities studied, during an ICRC-funded visit to the country, the Azerbaijani authorities' success in dealing with TB in prisons; the Justice and Public Security Ministries prepared to go on similar study tours in 2015.

Moreover, some 90 health administrators from provincial penitentiary bureaus, prison directors and doctors from prison clinics/hospitals learnt more about internationally recognized standards for health care in detention, and discussed the integration of prison health services with the public health system, at seminars organized by the Justice or the Public Security Ministry with the ICRC. Together with ICRC representatives, they also discussed existing practices at selected prisons during guided tours that were part of the seminars.

At a round-table, ROK military officers and representatives from foreign forces learnt more about the ICRC's work with detainees and discussed issues related to military detention.

## **WOUNDED AND SICK**

### **Patients in the DPRK to benefit from improved standards for trauma care following workshops for surgeons**

The Public Health Ministry, the DPRK Red Cross and the ICRC pursued efforts to improve surgical standards and emergency services at three provincial hospitals, in Hamhung, Pyongsong and Sariwon, and at the city hospital in Kaesong.

The surgical/medical teams of the three provincial hospitals kept up efforts to update/improve the quality of treatment, in pain

management and physiotherapy as well as in other areas. They used ICRC-provided equipment, drugs and other supplies, and drew on the expertise of an ICRC surgical team that worked with them on surgical procedures and provided on-site training/information sessions. Preparations to begin similar activities at the Kaesong city hospital were under way.

Almost 60 surgeons, including 5 from the Korean People's Army, honed their skills in trauma care for orthopaedic injuries at two seminars organized by the ICRC for the first time in the country. Discussions during these seminars led to changes in physiotherapy practice. The directors of the Hamhung, Kaesong and Pyongsong hospitals, along with national staff from the DPRK Red Cross, collected additional knowledge on hospital management during an ICRC-funded study tour to Switzerland, during which they visited Swiss health facilities and had discussions with hospital administrators and health professionals, notably in the areas of infection control, pharmacy management and the use of indicators to manage supplies and human resources.

Patients and staff at all four hospitals benefited from the construction/rehabilitation of facilities/infrastructure; improvements were made particularly to water supply and sanitation, pharmacy storage, operating theatres and special-care units.

### **Disabled people access enhanced services at a DPRK rehabilitation centre**

Some 490 physically disabled persons benefited from treatment and services at the Rakrang Physical Rehabilitation Centre. The centre's surgical annex also carried out amputations and stump revision surgery for 150 military and civilian amputees, using ICRC-donated materials and under the guidance of an ICRC surgical team.

With DPRK Red Cross/ICRC support, the centre's staff worked to improve the quality of treatment/technical procedures. Such support led to improvements in lower-limb amputations, for instance. Two staff members pursued studies in prosthetics/orthotics abroad; physiotherapy assistants and technicians received regular on-the-job training; and workshop staff learnt more about safety and maintenance during in-house training sessions.

The centre improved its facilities, using ICRC material/financial support to repair its roof and bathrooms and to build seven more rooms for patients.

The ICRC made an offer, to the DPRK national health authorities, to expand the assistance programme to other facilities.

### **Disabled people in China avail themselves of treatment/ services at National Society-run centre**

Some 380 patients obtained physical rehabilitation services at the Kunming centre and its Malipo workshop, run by the Yunnan branch of the Chinese Red Cross, which received ICRC material/technical support for improving the functioning/management of the centre. The National Society considered ways to expand the range of services/devices available at the centre, and to improve access to them. To this end, it finalized a promotional brochure, conducted joint visits with the ICRC to key service providers in the province to compare needs with existing services, and developed a plan to fill gaps as needed, particularly in the provision of orthotic devices. It also made preparations to launch a

livelihood-assistance project benefiting patients and Kunming communities (see *Civilians*).

ICRC contact with the health sector in China focused on health issues in detention (see *People deprived of their freedom*); opportunities for partnerships with key actors in the health sector continued to be explored.

With ICRC support, two Chinese military doctors and three DPRK medical staff attended a seminar in Switzerland on treating weapon wounds.

## ACTORS OF INFLUENCE

### Authorities discuss/plan expansion in partnership with the ICRC

Discussions with the region's decision-makers aimed at fostering understanding of humanitarian issues/IHL and gaining support for the ICRC's neutral, impartial and independent humanitarian action. Although progress remained slow, the authorities in China, the DPRK and the ROK worked with the ICRC to follow up matters in which they had expressed interest in 2013, and explored possibilities for initiating/expanding partnerships with the organization (see *Civilians* and *People deprived of their freedom*). The DPRK authorities notably requested ICRC input on dealing with explosive remnants of the Korean War, leading to the organization of a joint seminar on the topic for National Society representatives and senior security officers/specialists from throughout the country; the ICRC's work in the area of weapon contamination, in various contexts, was presented/discussed at the seminar.

Occasions such as the ICRC president's visit to China and events commemorating "150 years of humanitarian action", and other meetings helped reinforce contacts/relationships among the authorities, armed/security forces, civil society representatives, other key actors, the National Societies and the ICRC. The presence of an ICRC representative in Seoul helped strengthen the organization's relations with influential actors in the ROK. Members of the business community and others in China, and ROK government

officials, some of whom the ICRC met for the first time, familiarized themselves with the ICRC's work and with pertinent humanitarian issues at briefings/round-tables.

Government officials and academics exchanged views with their counterparts from the region and elsewhere on advancing domestic IHL implementation, particularly at conferences/workshops linked to the "Strengthening IHL" process or explaining the application of IHL at sea, to cyber-warfare and to new means/methods of warfare. Authorities and National Societies received ICRC advice on drafting/amending emblem or Red Cross laws; the Chinese parliament held countrywide consultations on the latter subject. The Mongolian Red Cross Society's draft of an IHL handbook for parliamentarians was under review.

In the ROK, the authorities, military officials, other parties concerned, the National Society and the ICRC discussed the latter's role in addressing the humanitarian consequences of past conflict.

### Senior military officers add to their knowledge of IHL at an international seminar in China

Armed/security forces in China, Mongolia and the ROK worked with the ICRC to further their personnel's knowledge of IHL and other internationally recognized standards applicable to their duties.

Senior military officers from 62 States – including China, Mongolia, the ROK and, for the first time, the DPRK – discussed the incorporation of IHL in operational planning at a seminar hosted by the Chinese armed forces (see *International law and policy*). After the seminar, the Chinese armed forces and the ICRC discussed other areas of cooperation.

After working on training modules in 2013, the ROK military/ICRC held a workshop for 25 legal officers to equip them to advise commanders on IHL compliance. Provision of educational materials, and ICRC support for developing the IHL teaching skills of 26 instructors, helped the Mongolian armed forces improve their IHL training programme.

WOUNDED AND SICK		CHINA	DPRK
<b>Physical rehabilitation</b>			
Centres supported	Structures	2	1
Patients receiving services	Patients	378	491
	<i>of whom women</i>	79	55
	<i>of whom children</i>	15	16
New patients fitted with prostheses	Patients	37	268
	<i>of whom women</i>	9	22
	<i>of whom children</i>	1	3
Prostheses delivered	Units	214	474
	<i>of which for women</i>	45	51
	<i>of which for children</i>	14	12
	<i>of which for victims of mines or explosive remnants of war</i>	17	4
New patients fitted with orthoses	Patients	1	10
	<i>of whom women</i>	1	2
	<i>of whom children</i>		2
Orthoses delivered	Units	1	18
	<i>of which for women</i>	1	3
	<i>of which for children</i>		7
Patients receiving physiotherapy	Patients	209	439
Crutches delivered	Units		480
Wheelchairs delivered	Units		22



Military/security personnel from China, Mongolia and the ROK learnt more about IHL at local/regional meetings/events, in particular: a course for Mongolian army officers preparing for multilateral training exercises; a regional workshop on IHL at sea (see *Kuala Lumpur*); a workshop in China for People's Armed Police Force students and graduate students in military law; and briefings for ROK civil-military relations officers and Chinese and ROK peacekeepers/military observers.

The Chinese Ministry of Public Security and the ICRC discussed detention-related issues (see *People deprived of their freedom*), but had limited dialogue on law enforcement issues and training initiatives.

### Academics and others learn more about humanitarian principles

University students and lecturers in China, Mongolia and the ROK furthered their understanding of humanitarian issues/IHL through ICRC-donated materials or courses developed by their institutions with ICRC support. Lecturers, along with government/military representatives, also attended intensive courses/teaching sessions held locally or abroad (see *Kuala Lumpur* and *Philippines*), on such matters as sexual violence in armed conflict and issues raised by the Health Care in Danger project.

Students tested their IHL knowledge at national debates and moot court competitions, notably an Asia-Pacific contest organized by the Hong Kong Red Cross, Branch of the Red Cross Society of China, for teams from 22 cities.

Other students learnt about humanitarian principles/IHL through the Exploring Humanitarian Law programme; educational authorities and school administrators in China, Mongolia and the ROK received implementation support from their National Societies/ICRC. In China, the National Society branches in Beijing and Qingdao trained over 70 teachers to facilitate the programme's

expansion to more schools. While reviewing programme implementation, the Jiangsu branch continued to present a modified version of it at university-based Red Cross clubs.

General/specialist audiences accessed materials on IHL and the ICRC in their own languages through online/social media platforms and print/broadcast media. Some journalists enriched their reportage with information acquired during visits to ICRC operations, in Afghanistan and elsewhere.

The Chinese Red Cross branch in Hong Kong and the ICRC worked to establish an IHL resource centre by the end of 2015, and began to discuss the drafting of a joint private-sector fundraising strategy.

### RED CROSS AND RED CRESCENT MOVEMENT

The region's National Societies, the ICRC and other Movement partners met regularly, which helped further cooperation in carrying out joint activities and promoted mutual understanding of plans and working methods.

Volunteers enhanced various skills at seminars/workshops, in particular: a course in Hong Kong on working in overseas operations; the first Safer Access Framework workshop in the DPRK; and a Chinese Red Cross/ICRC-organized H.E.L.P. (Health Emergencies in Large Populations) course.

The Chinese Red Cross strengthened its ability to respond to humanitarian needs and promote IHL. Aided by tools/materials provided by the ICRC, it trained staff/volunteers, particularly in restoring family links. As its international role grew, the Chinese Red Cross drew on the ICRC for advice on such matters as working in conflict areas, supporting ICRC operations abroad, and logistics.

The Mongolian Red Cross made progress in reinforcing its legal base by completing amendments to its statutes.

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)<sup>1</sup></b>				
Water and habitat activities	Beneficiaries	632		100%
<b>WOUNDED AND SICK</b>				
<b>Hospitals<sup>1</sup></b>				
Hospitals supported	Structures	5		
	<i>of which provided data</i>	1		
Admissions	Patients	150	15	1
	<i>of whom other surgical cases</i>	150		
Operations performed		150		
<b>Water and habitat<sup>1</sup></b>				
Water and habitat activities	Number of beds	450		
<b>Physical rehabilitation<sup>2</sup></b>				
Centres supported	Structures	3		
Patients receiving services	Patients	869	134	31
New patients fitted with prostheses	Patients	305	31	4
Prostheses delivered	Units	688	96	26
	<i>of which for victims of mines or explosive remnants of war</i>	21		
New patients fitted with orthoses	Patients	11	3	2
Orthoses delivered	Units	19	4	7
Patients receiving physiotherapy	Patients	648	93	28
Crutches delivered	Units	480		
Wheelchairs delivered	Units	22		

1. DPRK

2. China, DPRK

# JAKARTA (regional)

COVERING: Indonesia, Timor-Leste, Association of Southeast Asian Nations



ICRC regional delegation ICRC mission

The ICRC established a presence in Indonesia in 1979 and in Timor-Leste following its independence in 2002. It supports the National Societies in boosting their emergency response capacities. The ICRC promotes the importance of improving penitentiary standards, while seeking to visit detainees and monitor conditions. It works with the armed forces (and the police in Indonesia) to encourage the inclusion of IHL and other applicable norms in their training. It maintains dialogue with ASEAN and other regional bodies and conducts activities with universities to further IHL instruction. In Timor-Leste, it encourages efforts to clarify the fate of missing persons.

## KEY RESULTS/CONSTRAINTS

In 2014:

- ▶ in Timor-Leste, the ICRC focused on providing technical support for the authorities in the proper exhumation of the remains of people linked to the past situation in East Timor
- ▶ the Indonesian and Timorese armed forces/police drew on the ICRC's expertise/assistance for training their personnel in IHL and for drafting/updating their policies/doctrines
- ▶ in Indonesia, students in more Islamic schools learnt about humanitarian principles from modules developed by teachers and the Indonesian Red Cross Society/ICRC, and adopted by school authorities
- ▶ while discussions with the Indonesian and Timorese authorities on the scope of ICRC activities continued, visits to detainees and cooperation with detaining authorities in both countries were on hold

EXPENDITURE (in KCHF)	
Protection	1,161
Assistance	-
Prevention	2,256
Cooperation with National Societies	729
General	-
	<b>4,147</b>

of which: Overheads 253

IMPLEMENTATION RATE	
Expenditure/yearly budget	<b>96%</b>

PERSONNEL	
Mobile staff	9
Resident staff (daily workers not included)	47

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

**LOW**

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
<b>Red Cross messages (RCMs)</b>	
RCMs collected	20
RCMs distributed	36
Phone calls facilitated between family members	2
People located (tracing cases closed positively)	12

## CONTEXT

In Indonesia, legislative and presidential elections took place peacefully, though not without incident. Social, economic, ethnic and religious tensions persisted, causing sporadic outbreaks of violence in parts of the country, such as Aceh and Papua. The country coped with numerous natural disasters of varying scale. Migrants and asylum seekers continued to arrive in Indonesia or pass through it, the flow exacerbated by stricter immigration policies in Australia and by developing situations in neighbouring countries like Myanmar.

Timor-Leste remained stable, though some tensions occurred after the government banned certain political groups.

Thousands of families were still seeking information on relatives missing in connection with the past situation and conflict in East Timor, but the Indonesia/Timor-Leste Joint Ministerial Commission for Bilateral Cooperation took no steps to adopt measures to address the issue, and the passing of related legislation in the Timor-Leste parliament remained stalled. Timor-Leste's Veterans' Commission held data on persons unaccounted for; together with the families of those confirmed dead, the Commission drove up the number of exhumations of human remains. The Ministry of Social Solidarity provided funds for burials and for the construction of memorials.

The Association of Southeast Asian Nations (ASEAN), based in Jakarta, continued to promote cooperation in regional affairs such as mine action and disaster management. Territorial disputes tested relations between States in the South and East China Seas; however, Indonesia and the Philippines settled a maritime border dispute after 20 years of negotiations.

## ICRC ACTION AND RESULTS

The delegation maintained efforts to enhance understanding of humanitarian principles/issues, IHL and the ICRC's work among the authorities, armed forces/police, key civil society organizations, academics, the media, National Societies and other parties concerned in the region. To this end, it kept up dialogue and carried out various activities, many of which were organized with local institutions.

As a result, key actors consulted the ICRC on humanitarian issues and IHL-related concerns. The Indonesian and the Timorese military cooperated with the ICRC in holding training sessions on IHL for their troops. At various workshops, the ICRC worked with the armed forces and security units to help them ensure that their senior officers, legal advisers and trainers were equipped to instruct their personnel in IHL and other international norms applicable to law enforcement operations. Indonesian authorities welcomed the ICRC's input in translating/using a UN/ICRC handbook on overcrowding in prisons, and on updating/drafting defence/security-related policies/doctrine, such as guidelines for military detention. The Indonesian Red Cross Society sought the ICRC's advice for developing activities to benefit migrants.

The ICRC's work in behalf of detainees was on hold in both countries, while the authorities reviewed their agreements with the organization on the conduct of such activities.

In light of progress in some areas – and a lack of it in others – with regard to persons who went missing during the past conflict in

East Timor, the ICRC halted its efforts to check/verify such cases and assist families in burying their relatives or constructing memorials. It focused instead on strengthening its contacts, particularly with the Timorese Ministry of Social Solidarity and the Veterans' Commission, with a view to contributing to the proper exhumation of human remains throughout the country: it offered its support/expertise for improving identification processes, for instance. To help prevent people from becoming unaccounted for, the ICRC continued to provide the authorities, forensic/security agencies and the National Societies in both Indonesia and Timor-Leste with technical support/training for managing human remains properly after emergencies.

The Indonesian Red Cross and the Timor-Leste Red Cross resumed services that enabled families separated at the border between the two countries to re-establish contact; many other families split up by detention or migration also restored contact through Movement services. With ICRC assistance, both National Societies strengthened their capacities in restoring family links, emergency preparedness and promoting humanitarian principles/IHL, for instance through the Exploring Humanitarian Law programme. In Indonesia, ICRC events and communication efforts to promote the programme and the ICRC's work among educational authorities and Islamic leaders/scholars resulted in more Islamic schools adopting the programme, which introduced schoolchildren to humanitarian principles.

The ICRC maintained regular dialogue with ASEAN on issues of common interest, including mine action and disaster management.

## CIVILIANS

### Timorese authorities receive advice from the ICRC on exhuming human remains

Thousands of families continued to seek news of relatives missing in connection with the past situation in East Timor, but neither the Indonesian nor the Timorese side took steps to adopt measures to address the issue. No progress was made on matters previously forwarded by the ICRC to the authorities, namely the repatriation of remains of members of armed forces and the cases of 90 missing minors.

In light of an upsurge in exhumations (see *Context*), the ICRC decided to stop checking/verifying information on missing persons. It focused instead on initiating/developing a dialogue with the Ministry of Social Solidarity, the Veterans' Commission, the Timor-Leste police and other parties concerned on the proper exhumation of human remains and on providing/offering support/expertise in such matters as improving identification processes. The ICRC also encouraged the authorities to include, in their initiatives, the concerns of families of all categories of missing persons.

As the Timorese government confirmed that it was providing assistance to the families in burying their relatives or constructing memorials, the ICRC handed over its activities in this regard to the authorities, to avoid duplication.

Before the ICRC decided to stop verifying information on missing persons, 10 families informed Timorese Red Cross/ICRC tracing teams that they had sufficient information on their relatives' whereabouts and/or had recovered their remains, and agreed to close their cases; cooperation among the Timor-Leste police, the Victorian Institute of Forensic Medicine and the ICRC enabled 8 of the 10 families to recover the remains of their relatives.

## In Indonesia, the police and National Society conduct joint activities to boost forensic capacities

The forensic arms of the Indonesian/Timorese police forces, and the Indonesian Red Cross exchanged views with the ICRC on issues related to the resolution of cases of missing persons; measures to prevent such cases in the future, such as proper human remains management after disasters and the collection of ante-mortem data; and progress in adopting previous ICRC recommendations. With ICRC encouragement and technical input, the Indonesian police and the Indonesian Red Cross embarked on a formal partnership in this regard, with the Ministry of Health in a support role. At one ICRC-supported workshop held under the auspices of this partnership, representatives of various ministries and other government agencies, security/emergency response units, universities and the National Society drafted recommendations to refine national policies and emergency mechanisms for managing human remains. A similar training workshop was also held for Timorese agencies/organizations, at which 18 participants engaged in practical exercises and received ICRC reference materials on forensics and human remains management. Six forensic experts from both countries learnt more during their ICRC-sponsored attendance at international training/conferences.

Protective equipment/other materials from the ICRC strengthened the Timorese Red Cross's capacity to properly handle bodies during emergencies.

## Members of dispersed families maintain contact through Movement family-links services

Families dispersed by detention or migration sought/contacted their relatives through Movement services: an unaccompanied minor refugee in Indonesia contacted her family in Myanmar, and families of Indonesians detained abroad got in touch with or visited relatives with National Society/ICRC help. One family in Indonesia sent RCMs and parcels to and received pre-recorded video messages from a relative at the US internment facility at Guantanamo Bay Naval Station in Cuba. Families of migrants filed 12 new tracing requests for their relatives, some of whom were reported to have gone missing at sea while passing through Indonesia.

The Indonesian and Timorese National Societies resumed – after a six-year suspension – family-links services at the border between the two countries, enabling families to re-establish contact. Both National Societies strengthened their capacities in restoring family links, at the border and throughout their countries, through volunteer/staff training initiatives and ICRC coaching.

People relocated to Atauro Island, Timor-Leste between 1981 and 1984 as a consequence of the past situation received 11 attestations to support their claims for government compensation. This service was then discontinued after the government informed the ICRC that it had decided to stop accepting new claims.

## Communities in remote areas benefit from Indonesian Red Cross health outreach projects

Through joint initiatives of the Dian Harapan hospital, the Indonesian Red Cross and the ICRC in remote areas of Papua, 354 people, including women and children, had eye examinations; 170 received glasses and 54 underwent ICRC-sponsored eye surgery.

## PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees in Indonesia did not receive ICRC visits: activities for detainees remained on hold while the Indonesian authorities continued to review the ICRC's offer to help them address humanitarian needs. Nevertheless, the Ministry of Law and Human Rights and the ICRC completed the translation into Bahasa Indonesia, and the printing, of a handbook produced by the UN Office on Drugs and Crime/ICRC on strategies to reduce overcrowding in prisons; the handbook was for distribution to the departments/staff concerned. The ministry also welcomed the ICRC's suggestions for reinforcing the training of its corrections officers, which included incorporating the handbook's contents in the training curriculum.

Detainees in Timor-Leste also did not receive ICRC visits, which were suspended while the Ministry of Justice reviewed its agreement with the organization on conducting such activities in the country.

Timorese ex-detainees/internees or their families received nine attestations, which facilitated their registration as war veterans and the determination of their eligibility for pensions and compensation.

## ACTORS OF INFLUENCE

Government representatives, armed/police force officials, civil society organizations, academics, the National Societies and the ICRC exchanged views on humanitarian principles/issues, IHL and other international norms, and the Movement's work during meetings/ICRC-organized events. Senior/mid-level Indonesian diplomats learnt more about IHL at sessions organized with the Foreign Affairs Ministry. In its contacts with Indonesian and Timorese authorities, the ICRC sought their support/consent for its activities (see *People deprived of their freedom*).

CIVILIANS	INDONESIA	TIMOR-LESTE
<b>Red Cross messages (RCMs)</b>		
RCMs collected	19	1
RCMs distributed	35	1
Phone calls facilitated between family members	2	
<b>Tracing requests, including cases of missing persons</b>		
People for whom a tracing request was newly registered	12	
<i>of whom women</i>	2	
<i>of whom minors at the time of disappearance - girls</i>	5	
<i>of whom minors at the time of disappearance - boys</i>	2	
People located (tracing cases closed positively)	2	10
Tracing cases still being handled at the end of the reporting period (people)	46	
<i>of whom women</i>	5	
<i>of whom minors at the time of disappearance - girls</i>	11	
<i>of whom minors at the time of disappearance - boys</i>	2	
<i>including people for whom tracing requests were registered by another delegation</i>	23	



## **Indonesian and Timorese authorities receive and share information on IHL implementation**

At experts' workshops, including one in Switzerland held as part of the "Strengthening IHL" process, and at an international conference on legal frameworks governing issues raised by the Health Care in Danger project (see *Brussels*), the authorities, notably the Indonesian national IHL committee, learnt more about the domestic implementation of IHL. Timorese government officials updated their knowledge of IHL implementation at Justice Ministry/ICRC-organized workshops, at one of which an Indonesian Law Ministry official described Indonesia's experiences in implementing IHL.

## **Military/police instructors/officers enhance their teaching of IHL**

During ICRC-supported courses/presentations, over 1,120 of the region's military/police personnel, some 2,200 peacekeepers, 120 officers (including police commanders assigned to sensitive areas in Indonesia), 180 Indonesian police personnel bound for UN missions, and a group of Timorese military observers being coached by the Australian Defence Force furthered their understanding of humanitarian norms governing their duties, as well as other IHL-related topics such as sexual violence in armed conflict. Some of them attended a workshop abroad on incorporating IHL in military operational planning (see *International law and policy*) and a decentralized version of the IHL course offered in San Remo, Italy, held in Indonesia; a number of South-East Asian participants attended the latter. At a seminar in Singapore (see *Kuala Lumpur*), Indonesian and Timorese naval officers learnt more about IHL at sea.

The Indonesian navy's learnings/experience at the Singapore seminar were incorporated in their ICRC-supported training initiatives. The Indonesian police's Criminal Investigation Division and the Timorese military also organized training sessions on IHL and other applicable norms with the ICRC. At a Timorese military/ICRC workshop, 16 officers gathered information on incorporating IHL in operational orders. Some 35 Indonesian special police force instructors incorporated lessons from their ICRC training into their teaching syllabus. Over 200 Indonesian military officials/legal experts/trainers and 20 people from the Timorese police notably strengthened their ability to teach IHL, or provide guidance on it, to their troops through ICRC training sessions.

The Indonesian armed forces, notably their IHL working group and Legal Development Agency, and other defence/security-related agencies/institutions drew on ICRC advice to update/draft their policies/doctrine, on the recruitment of civilians into reserve defence forces, for instance. An Indonesian military working group formed in 2013 to draft guidelines for military detention welcomed ICRC suggestions/recommendations during a focus group discussion to examine current policies.

## **More Indonesian schoolchildren learn about humanitarian principles**

Following the successful testing of the Exploring Humanitarian Law programme at 11 Islamic schools in Indonesia in 2013, 10 more schools implemented the programme, which aims to acquaint schoolchildren with humanitarian principles. This was a result of ICRC-facilitated meetings/events at which school administrators/teachers and Islamic leaders/scholars were introduced to the programme and the ICRC's work. Teachers involved in the pilot phase of implementing the programme discussed ways to adapt/improve it for use in schools: incorporating elements of Islamic law related to armed conflict, for instance.

Both National Societies took steps – conducting tests/workshops, refining teaching methodologies and training teachers/facilitators – to facilitate the programme's inclusion in the Indonesian Youth Red Cross extracurricular syllabus and the Timorese national high school curriculum.

University students refined their understanding of IHL under the tutelage of ICRC-trained lecturers, at ICRC presentations, and at events organized by the ICRC's university partners, such as a national debate and moot court competitions.

Representatives of over 25 faith-based/humanitarian NGOs based in Indonesia, Malaysia, Myanmar and Thailand expressed interest in developing a code of conduct for humanitarian work, following a seminar organized jointly by the ICRC and Dompot Dhuafa, an Indonesian NGO. A book containing Indonesian/South-East Asian scholars' perspectives on Islam and humanitarian action – which they shared/discussed at a 2013 ICRC-organized conference – was set for launch in early 2015.

Indonesians throughout the archipelago obtained information, including in Bahasa Indonesia, on humanitarian concerns and ICRC activities, via Web-based/traditional media articles/stories based on ICRC updates/materials. Three Indonesian journalists learnt the finer points of reporting on humanitarian issues at a senior editors' conference abroad (see *Kuala Lumpur*); 27 others learnt first aid at a National Society/ICRC training session. Fifty journalists from Indonesian faith-based/mainstream media outlets and 23 from Timor-Leste discussed working in conflict-affected areas at seminars organized with a leading press institute.

## **ASEAN/ICRC cooperate in drawing attention to weapon contamination and other regional humanitarian concerns**

At their annual summit, ASEAN leaders endorsed the establishment of a regional Mine Action Centre, as proposed by the Cambodian government with ICRC advice. Senior officials discussed the issue of unexploded ordnance and ways to address it, at a workshop organized by ASEAN and the ICRC. The two organizations intensified their dialogue on other issues of common interest, such as IDPs, disaster management and migration.

## **RED CROSS AND RED CRESCENT MOVEMENT**

### **Indonesian Red Cross finalizes operational procedures for working in situations of violence**

With ICRC support, the Indonesian and Timorese National Societies continued to strengthen their capacities to respond to humanitarian needs (see *Civilians*) – training their volunteers in first aid, restoring family links, and conducting water projects. They also promoted IHL: the Timor-Leste Red Cross helped organize information sessions for the military/police for instance.

For the first time, the Indonesian Red Cross assigned medical staff to ICRC emergency operations abroad, deploying one staff member to assist in the aftermath of Typhoon Haiyan (see *Philippines*). With ICRC guidance, it finalized its operational procedures – incorporating the Safer Access Framework – for enhancing volunteer/staff security during situations of violence, and continued to support the Health Ministry in matters concerning the protection of medical services. It consulted Movement partners on designing activities to address migrants' needs.

The National Societies pursued organizational development initiatives. The Indonesian Red Cross, in particular, adopted the revised



version of its statutes and a new strategy, developed with advice/suggestions from the International Federation/ICRC.

Movement partners in the region exchanged views at various events, including a conference on protecting health workers/services.

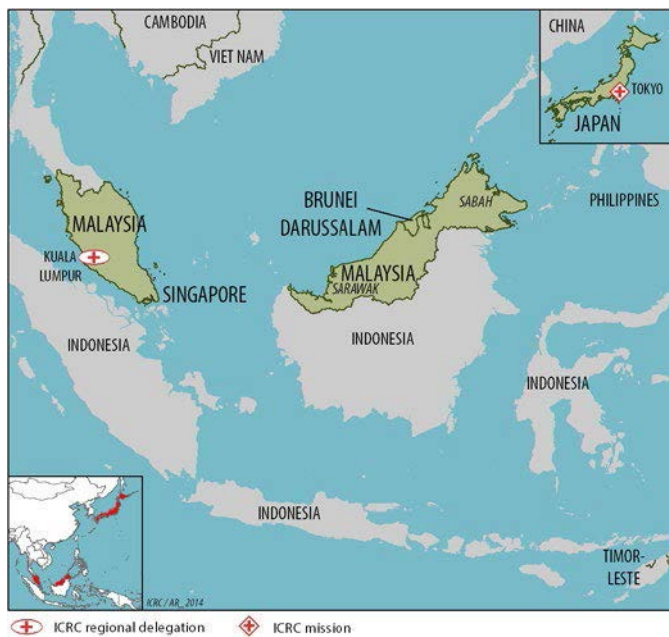
MAIN FIGURES AND INDICATORS: PROTECTION		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>Red Cross messages (RCMs)</b>			<b>UAMs/SCs*</b>		
RCMs collected		20			
RCMs distributed		36			
Phone calls facilitated between family members		2			
<b>Tracing requests, including cases of missing persons</b>			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered		12	2	5	2
People located (tracing cases closed positively)		12			
Tracing cases still being handled at the end of the reporting period (people)		46	5	11	2
<i>including people for whom tracing requests were registered by another delegation</i>		23			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>					
<b>Restoring family links<sup>1</sup></b>					
People to whom a detention attestation was issued		9			

\* Unaccompanied minors/separated children

1. Timor-Leste

# KUALA LUMPUR (regional)

COVERING: Brunei Darussalam, Japan, Malaysia, Singapore



Having worked in Malaysia since 1972, the ICRC established a regional delegation in Kuala Lumpur in 2001 and an independent mission in Japan in 2012. It works with governments and National Societies to promote IHL and humanitarian principles and to gain support for its activities. In Malaysia, the ICRC visits detainees, including detained migrants, and works with authorities to address issues identified during those visits. It enables detained migrants to contact their families. The regional resource centre supports delegations in East and South-East Asia and the Pacific in promoting IHL and strengthening support for the ICRC and for Movement cooperation.

## KEY RESULTS/CONSTRAINTS

In 2014:

- ▶ in Malaysia, people detained at immigration centres and prisons benefited from Movement family-links services, and ICRC visits and cooperation with detention authorities in training prison health staff
- ▶ communities in Sabah, Malaysia, with limited access to health services learnt first aid at training sessions, held as part of Malaysian Red Crescent Society/ICRC efforts to address health needs there
- ▶ the authorities and think-tanks drew attention to key humanitarian issues, notably at a symposium in Japan on sexual violence in armed conflict and a regional workshop in Singapore on human trafficking
- ▶ senior naval officers from 12 countries discussed the application of IHL at sea during a workshop organized by the Singapore Armed Forces and the ICRC
- ▶ Japan ratified the Arms Trade Treaty and expressed support for the Montreux document on private military and security companies
- ▶ the Singapore Red Cross Society and the ICRC concluded their first joint private sector fundraising campaign

## EXPENDITURE (in KCHF)

Protection	1,436
Assistance	480
Prevention	2,635
Cooperation with National Societies	536
General	-
	<b>5,088</b>

of which: Overheads 311

## IMPLEMENTATION RATE

Expenditure/yearly budget	<b>93%</b>
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## PERSONNEL

Mobile staff	16
Resident staff (daily workers not included)	34

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

**MEDIUM**

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
<b>Red Cross messages (RCMs)</b>	
RCMs collected	65
RCMs distributed	175
Phone calls facilitated between family members	125
People located (tracing cases closed positively)	4
People reunited with their families	3
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
<b>ICRC visits</b>	
Detainees visited	16,148
Detainees visited and monitored individually	297
Number of visits carried out	32
Number of places of detention visited	12
<b>Restoring family links</b>	
RCMs collected	131
RCMs distributed	43
Phone calls made to families to inform them of the whereabouts of a detained relative	733

## CONTEXT

Irregular migration and human trafficking remained pressing concerns for authorities and the public in the region.

In Malaysia, the Royal Commission of Inquiry concluded its hearings on issues surrounding migrants in Sabah and drafted recommendations for addressing them. The expiration of an amnesty programme for irregular migrant workers, and crime-prevention measures – including those led by the Eastern Sabah Security Command (ESSCOM), established following the 2013 Lahad Datu clashes – reportedly led to hundreds of arrests and almost 60,000 deportations. The Malaysian government and armed forces/police were preoccupied with two major air mishaps; one involved the downing of an airliner in Ukraine, and sparked public interest in Malaysia in the Rome Statute. Religious and ethnic issues continued to be subjects of intense social and political debate. The government announced measures, such as strengthening its anti-sedition law, to allay concern over the alleged recruitment of Malaysians by armed groups abroad.

In Japan, the cabinet approved reinterpretation of the country's self-defence policy as set out in the constitution. Japan remained influential in humanitarian affairs; it made representations in international fora on such issues as sexual violence during armed conflict, and launched initiatives for tackling them. The recent restructuring of its aid programme emphasized bilateral cooperation; as a result, contributions to multilateral mechanisms decreased.

The Singaporean government enacted tighter immigration policies. The country continued to promote itself as a hub for multinational corporations/businesses and humanitarian/international organizations and launched a regional command centre to support countries affected by natural disasters.

Brunei Darussalam chaired the disaster-management committee of the Association of Southeast Asian Nations (ASEAN).

Countries in the region contributed military and police personnel to peacekeeping operations abroad.

## ICRC ACTION AND RESULTS

The ICRC continued to work with the national authorities, armed/self-defence forces, other parties concerned and the National Societies in the region, as well as with multilateral organizations/bodies, to draw attention to humanitarian concerns and address them. It strove to increase awareness of IHL and humanitarian principles/issues, and of its work.

In Malaysia, delegates visited – in accordance with the ICRC's standard procedures – people detained in immigration centres and prisons. Afterwards, the ICRC communicated findings/recommendations confidentially to the authorities, to help them ensure that detainees' treatment and living conditions were in line with internationally recognized standards; the ICRC also organized a seminar, jointly with the authorities, on addressing health needs in detention. The ICRC continued to suggest areas of cooperation in its discussions with detention authorities. Detained migrants received hygiene items to help them safeguard their health, especially after outbreaks of disease.

The Malaysian Red Crescent Society and the ICRC continued to assess the health situation in Sabah and to develop an approach to addressing humanitarian needs there, carrying out field trips,

conducting first-aid training sessions for members of communities with limited access to health services, and consulting health authorities and other parties concerned.

Members of families dispersed by migration or detention restored/maintained contact with relatives through Movement family-links services.

The ICRC helped the region's armed and self-defence forces enrich their troops' knowledge of IHL and the ICRC, during training sessions at their command and staff colleges and training centres and at related local/overseas events. Events included workshops with senior officers from naval forces in the Asia-Pacific region on the application of IHL at sea, and with ESSCOM personnel on internationally recognized standards for law enforcement.

The ICRC kept up dialogue and cooperation with governments and other regional actors to foster understanding of humanitarian issues, IHL and the ICRC. It organized, with a Singaporean think-tank, a regional consultative workshop on protecting victims of human trafficking. Through public campaigns, briefings and other events, the media, academics, members of civil society – including Islamic organizations in Malaysia – the National Societies and the ICRC urged further exchanges of information and cooperation in addressing humanitarian concerns. The Japanese authorities and the Japanese Red Cross Society, together with the ICRC, drew attention, in their programmes and activities, to humanitarian concerns.

Japan ratified the Arms Trade Treaty; Singapore signed it. Japan also expressed its support for the Montreux document on private military and security companies. Government departments throughout the region received ICRC support for advancing domestic IHL implementation.

With ICRC assistance, all four National Societies strengthened their capacities to restore family links and/or promote IHL, including through the Exploring Humanitarian Law programme. The Singapore Red Cross Society and the ICRC concluded their first joint private sector fundraising campaign; they continued to refine their strategy in this regard. The Japanese and Singaporean National Societies supported ICRC operations abroad, for example by seconding their experienced/skilled staff to emergency units after natural disasters. Movement partners in the region consolidated their approach to humanitarian affairs through regular coordination/communication efforts.

The Kuala Lumpur delegation's resource centre continued to provide expertise for ICRC delegations in East and South-East Asia and the Pacific, to enhance cooperation/prevention-related activities.

## CIVILIANS

### Members of families dispersed by migration or detention maintain contact through Movement family-links services

People used Malaysian Red Crescent/ICRC family-links services to re-establish/maintain contact with family members detained abroad. The families of three persons held at the US internment facility at Guantanamo Bay Naval Station in Cuba kept in touch with their relatives through RCMs, pre-recorded video messages, or oral messages relayed by an ICRC delegate who had visited the Guantanamo Bay internees.

The Malaysian Red Crescent and the Singapore Red Cross conducted training sessions to enhance their staff/volunteers' skills in restoring

family links. At their meetings, Movement partners in the region encouraged the inclusion of modules on such subjects as restoring family links and the Safer Access Framework in the standard training curriculum for national/regional disaster response teams.

### **Communities in Sabah learn first aid and have their health needs assessed**

The Malaysian Red Crescent/ICRC sought to learn more about the health situation in Sabah and develop an approach to addressing humanitarian needs there. They conducted field trips to assess the health needs of communities and continued to consult health/local authorities on ways to meet these needs; a proposal to jointly establish a mobile clinic was discussed. The Malaysian Red Crescent branch in Sabah received encouragement and support to build up its capacities in first aid and other health-related activities. To help allay health concerns encountered on field trips, and foster working relationships with the communities and the local authorities, National Society/ICRC teams organized first-aid training sessions for community members. Thus, 52 people gained the skills necessary to deal with minor trauma common to their environment.

### **Stakeholders in the region discuss how to protect victims of human trafficking**

Malaysian authorities and the ICRC met to discuss the prospects for resuming cooperation in ensuring the welfare of victims of human trafficking housed in government-run shelters. Parties concerned in the region exchanged views with the ICRC on issues relating to human trafficking and migration. At a regional consultative workshop organized by the ICRC and a Singaporean think-tank, over 30 academics, representatives of international agencies/NGOs, authorities from Malaysia, Singapore and Taiwan and the ICRC discussed their roles, and shared best practices, in protecting victims of human trafficking. The workshop also helped to encourage coordination among actors tackling the issue.

### **PEOPLE DEPRIVED OF THEIR FREEDOM**

In Malaysia, some 16,150 people (including migrants, common-law detainees and security detainees) held at 6 immigration detention centres and 6 prisons, including 2 juvenile centres, received ICRC visits, conducted according to the organization's standard procedures. No visits were made to migrants held at centres in Sabah, owing to various constraints on the side of the detaining authorities; the ICRC continued to seek their agreement on resuming visits.

After the visits, the ICRC shared its findings/recommendations confidentially with the authorities, with a view to helping them ensure that detainees' treatment and living conditions were in line with internationally recognized standards. Building on past dialogue, delegates followed up with the authorities on addressing the special needs of minors in their custody, particularly those held at immigration detention centres, where adults continued to be housed with minors. Certain unaccompanied minors were given special attention, including through referrals to other Movement partners or, in the case of children seeking asylum, to UNHCR.

### **Malaysian prison and health staff learn more about addressing health needs in detention**

The needs of other vulnerable groups – the elderly, the sick, victims of human trafficking and pregnant and breastfeeding women – alternatives to detention for them, and other concerns linked to prison management all remained on the agenda of discussions between detaining authorities and the ICRC.

At a seminar organized by the Prison Department and the ICRC, almost 30 people – prisons managers, prison health staff and Health Ministry officials – added to what they knew about addressing health needs in custodial settings. The Prison Department also showed some interest in working with the ICRC to train prison staff in addressing the specific needs of detained minors; this was partly follow-up to a past ICRC assessment of the mental-health needs of juveniles in the Henry Gurney schools for prisoners. The Prison Department also welcomed ICRC participation in some of their seminars/events, particularly one focused on their concept of 'healthy prisons' and another that gathered regional experts to discuss how to improve the design of correctional facilities. The immigration authorities, the Health Ministry and the ICRC discussed the legal requirements for the ICRC to establish and run a clinic at one immigration detention centre.

### **Particularly vulnerable detainees in Malaysia meet some of their needs with National Society/ICRC assistance**

Detainees, including migrants, and their relatives, some of whom were abroad, located or stayed in touch with each other using ICRC family-links services, often provided with the support of the Malaysian Red Crescent. These included RCMs, phone calls and 'safe and well' messages. A few foreign inmates, notably minors and the sick, returned to their countries of origin with ICRC support for their travel. Through Movement efforts, the body of a deceased detainee was repatriated to her family abroad.

Some 8,380 detainees at immigration detention centres, including minors, improved their hygiene with soap donated by the ICRC, notably in response to an outbreak of typhoid fever at one facility; over 170 women received female hygiene kits.

### **ACTORS OF INFLUENCE**

#### **The Arms Trade Treaty is ratified by Japan, signed by Singapore**

Governments in the region pursued efforts to implement IHL, supported by their National Societies and the ICRC. Notably, Japan ratified the Arms Trade Treaty, and Singapore signed it. Japan also expressed support for the Montreux document on private military and security companies. Without acceding to the Rome Statute, Malaysia considered incorporating its provisions in domestic criminal law. A plan to hold a regional round-table on IHL implementation was cancelled owing to various considerations.

Japanese authorities received ICRC encouragement to reinvigorate their national IHL committee. The Malaysian national IHL committee and the Malaysian Red Crescent followed up pledges in preparation for the 32nd International Conference. The Malaysian government and the ICRC held meetings to discuss a headquarters agreement.

#### **Japanese government draws on ICRC advice to highlight the issue of sexual violence in armed conflict**

Government officials across the region, especially Foreign Affairs and Defence Ministry officials and Japanese parliamentarians, advanced their understanding of IHL, humanitarian principles/issues, and the Movement's work, at various events and through regular contact with the ICRC.

The Japanese government drew on the ICRC's advice to formulate, for its diplomatic representations, positions on the issue of sexual violence in armed conflict, and organized, with the Japanese Red Cross/ICRC, a public symposium on the topic. The Japanese

authorities, the National Society and the ICRC discussed how to improve their operational partnership.

Malaysian officials, including diplomats, learnt more about the ICRC at sessions periodically included in their training programmes. Drafting of an IHL handbook for parliamentarians continued.

The ASEAN departments of the countries covered and the ICRC continued to interact regularly on subjects of common interest: for instance, at a meeting of the ASEAN disaster-management committee chaired by Brunei Darussalam (see *Jakarta*), a potential role for the Movement in improving regional disaster-management and emergency response was discussed.

### **Naval officers in the Asia-Pacific region discuss application of IHL at sea**

Instructors/officers of the region's armed/self-defence forces attending command and staff colleges/warfare training centres or participating in national/multilateral exercises enriched their knowledge of IHL and the Movement during ICRC training sessions/presentations at related events, such as: an annual seminar at the National Institute for Defense Studies in Japan; a Malaysian Armed Forces IHL course that drew attention to the legal obligation to protect medical services; the International Military Law and Operations Conference, which used, as a reference, an ICRC report on the use of force; and workshops abroad on incorporating IHL in military operational planning (see *International law and policy*). Over 30 senior officers from 12 navies in the Asia-Pacific region discussed the application of IHL at sea during a workshop hosted jointly by the Singapore Armed Forces and the ICRC. Malaysian and foreign officers studying at a peacekeeping training institute also attended ICRC-facilitated predeployment briefings.

Owing to various constraints, work on e-learning modules on IHL for the Japanese Self-Defense Forces was delayed. The Malaysian and Singaporean armed forces maintained dialogue with the ICRC on potential areas of cooperation. With ICRC support, the training departments of the Malaysian armed forces began to discuss the updating of their IHL curricula.

Cooperation with the Malaysian police continued: at ICRC information sessions, over 120 instructors and officers, including members of the Criminal Investigation Division, refreshed their understanding of internationally recognized policing standards. Police, navy, air force and coast guard units seconded to ESSCOM discussed these standards during an ICRC-facilitated workshop; at follow-up meetings, their unit commanders considered other training initiatives with the ICRC.

### **Think-tanks, universities, media and other sections of civil society extend humanitarian debate**

A Singaporean think-tank hosted, jointly with the ICRC, a regional conference on human trafficking (see *Civilians*). A Japanese university, the Foreign Affairs Ministry and the ICRC organized a symposium on new technologies in warfare. University students, among them journalism majors, learnt more about IHL through: a new postgraduate course in humanitarian affairs offered by a Malaysian university; ICRC courses, including one in Japan for East Asian students and National Society staff; internships; and competitions at local/Asia-Pacific level (see *Beijing*). At

a round-table, Islamic NGOs in Malaysia and the ICRC discussed humanitarian principles/activities.

The media reported on humanitarian issues and Movement activities, aided by ICRC-provided materials, regular contact with the organization, and participation in workshops/conferences, notably one in Japan that was attended by over 20 senior editors from 12 countries. Various audiences obtained information on IHL and the Movement through online/traditional media and public events such as celebrations of "150 years of humanitarian action" in Japan, Malaysia and Singapore.

The Singapore Red Cross and the ICRC concluded their first joint fundraising campaign, albeit with limited results; consultations with the local/regional business and aid/philanthropy sectors helped to refine the two organizations' strategy in this regard.

### **RED CROSS AND RED CRESCENT MOVEMENT**

The region's National Societies, with support from other Movement partners, enhanced their ability to respond to humanitarian needs (see *Civilians*) and strengthened their organizational frameworks: for instance, the Brunei Darussalam Red Crescent Society reviewed its statutes and embarked on internal reforms. Seminars on the Safer Access Framework, including online, helped strengthen National Society staff/volunteers' ability to reach vulnerable communities.

The National Societies in Japan and Singapore supported ICRC operations abroad, seconding their experienced/skilled staff to emergency units responding to Typhoon Haiyan (see *Philippines*). The Japanese Red Cross prepared its staff for work in overseas operations through Movement-organized training, particularly in emergency deployment.

The National Societies promoted IHL/humanitarian principles/the Movement's activities in their countries. The Japanese Red Cross appointed some 50 trained members as focal points for IHL promotion.

All National Societies continued to seek ways to best integrate the Exploring Humanitarian Law programme into their countries' educational systems. With ICRC support: the Brunei Darussalam Red Crescent considered implementation plans with its Education Ministry; the Malaysian and Singaporean National Societies looked into incorporating the programme in their youth-oriented activities; and the Malaysian Red Crescent prepared teaching kits for volunteers.

Movement partners in the region consolidated their approaches to humanitarian issues through regular coordination/communication efforts, including joint orientation sessions for newly elected leaders.



MAIN FIGURES AND INDICATORS: PROTECTION		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)<sup>1</sup></b>					
<b>Red Cross messages (RCMs)</b>			<b>UAMs/SCs*</b>		
RCMs collected		65			
RCMs distributed		175			
Phone calls facilitated between family members		125			
<b>Reunifications, transfers and repatriations</b>					
People reunited with their families		3			
<b>Tracing requests, including cases of missing persons</b>			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered		45	7	6	9
<i>including people for whom tracing requests were registered by another delegation</i>		2			
People located (tracing cases closed positively)		4			
<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)		51	10	7	10
<i>including people for whom tracing requests were registered by another delegation</i>		2			
<b>Documents</b>					
People to whom travel documents were issued		1			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)<sup>1</sup></b>					
<b>ICRC visits</b>			<b>Women</b>	<b>Minors</b>	
Detainees visited		16,148	1,598	946	
			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually		297	34	12	108
Detainees newly registered		278	31	12	105
Number of visits carried out		32			
Number of places of detention visited		12			
<b>Restoring family links</b>					
RCMs collected		131			
RCMs distributed		43			
Phone calls made to families to inform them of the whereabouts of a detained relative		733			

\* Unaccompanied minors/separated children

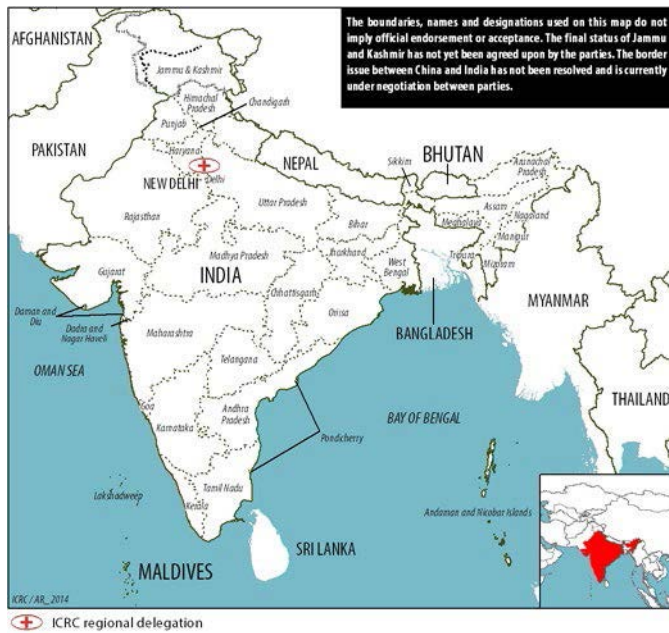
1. Malaysia

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>Health<sup>1</sup></b>				
Number of visits carried out by health staff		6		
Number of places of detention visited by health staff		9		

1. Malaysia

# NEW DELHI (regional)

COVERING: Bhutan, India, Maldives



The regional delegation in New Delhi opened in 1982. It works with the armed forces, universities, civil society and the media in the region to promote broader understanding and implementation of IHL and to encourage respect for humanitarian rules and principles. The ICRC visits people arrested and detained in connection with the situation in Jammu and Kashmir (India). With the Indian Red Cross Society, it seeks to assist civilians affected by violence. It supports the development of the region's Red Cross and Red Crescent Societies.

## YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

**MEDIUM**

## KEY RESULTS/CONSTRAINTS

### In 2014:

- ▶ people detained in relation to the prevailing situation in Jammu and Kashmir, India, continued to receive visits from ICRC delegates who monitored their treatment and living conditions, including access to medical care
- ▶ in India, more disabled people than planned received quality rehabilitation services, such as the provision of assistive devices
- ▶ legal advisers from the Institute of Military Law in India learnt more about their role in military decision-making at an IHL seminar that they attended for the first time
- ▶ civil society, academic and multilateral institutions worked with the ICRC to raise awareness of challenges to IHL in the region, and to encourage discussion of these matters

EXPENDITURE (in KCHF)	
Protection	2,614
Assistance	3,957
Prevention	2,289
Cooperation with National Societies	909
General	-
	<b>9,770</b>
	<i>of which: Overheads 596</i>
IMPLEMENTATION RATE	
Expenditure/yearly budget	<b>79%</b>
PERSONNEL	
Mobile staff	22
Resident staff (daily workers not included)	133

PROTECTION	Total
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
<b>ICRC visits</b>	
Detainees visited	382
Detainees visited and monitored individually	363
Number of visits carried out	37
Number of places of detention visited	19
<b>Restoring family links</b>	
RCMs collected	1
RCMs distributed	8

ASSISTANCE	2014 Targets (up to)	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>		
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)<sup>1</sup></b>		
Essential household items	Beneficiaries	3,000
Cash	Beneficiaries	3,000
Work, services and training	Beneficiaries	20
Water and habitat activities	Beneficiaries	10,000
		5,000
<b>WOUNDED AND SICK</b>		
<b>Hospitals</b>		
Hospitals supported	Structures	4
<b>Water and habitat</b>		
Water and habitat activities	Number of beds	100
<b>Physical rehabilitation</b>		
Centres supported	Structures	2
		6
Patients receiving services	Patients	245
		31,256

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

## CONTEXT

India's newly elected government faced a number of economic, social and security issues. Protests were frequent in the Kashmir Valley, and a surge in clashes between security forces and militants resulted in casualties and arrests. In September, floods devastated large parts of Jammu and Kashmir. In central, eastern and north-eastern states, security forces intensified their operations against armed groups; in December, a series of attacks by an armed group in Assam led to civilian casualties and, reportedly, the displacement of 7,000 villagers. Government reports stated that more clashes took place along the India-Pakistan border than at any point since 2003. The border with China remained tense.

In the Maldives, parliamentary elections took place despite tensions, with the ruling party winning the majority of the seats. Economic development was uppermost on the agenda of the Bhutanese and Maldivian governments.

## ICRC ACTION AND RESULTS

The regional delegation in New Delhi maintained its activities for people deprived of their freedom, particularly those held in connection with the prevailing situation in Jammu and Kashmir. Detainees' treatment and living conditions formed the basis of confidential dialogue with the authorities concerned. Prison and health authorities continued to discuss ways to reinforce their coordination to improve health services for detainees; a psychiatrist visited inmates at three facilities regularly. Newly released detainees in Jammu and Kashmir settled back into civilian life with the help of mental and physical health care and cash grants to kick-start livelihood activities, which helped some of them increase their household income by 70%. ICRC-supported family visits for detainees in Bhutan and India continued. No ICRC detention visits were conducted in the Maldives.

Drawing on ICRC support, the Indian Red Cross Society and other local actors responded to the needs of vulnerable people; the National Society made family-links services available to members of dispersed families. Through local partners, the ICRC provided water purification tablets, vouchers and/or essential household items for victims of floods in Jammu and Kashmir.

The Indian Red Cross and the ICRC continued to help first responders in violence-prone areas enhance their capacities, and encouraged these people to pass on what they learnt to their colleagues or their communities. In cooperation with the authorities concerned in Jammu and Kashmir, the ICRC conducted courses to strengthen the ability of medical officers and instructors to train others in emergency room trauma care; people who attended these courses in 2013 were already sharing their knowledge with hospital staff. In Kashmir, these efforts contributed to patients receiving better hospital-level care from trained Health Ministry staff and at newly opened emergency rooms. Flood-affected hospitals in Srinagar benefited from ICRC material assistance to help them maintain their services. The ICRC supported more physical rehabilitation centres than in the past, which helped ensure uninterrupted and sustainable services for more disabled people than planned. Partnerships with various stakeholders contributed to promoting social inclusion for the disabled, which was done by enabling their participation in sports and by other means.

The ICRC pursued a number of activities to promote understanding of and support for humanitarian principles, IHL and the

Movement throughout the region, especially in India. Cooperation with civil society actors, academic institutions and multilateral organizations grew; efforts to engage in dialogue with the Indian authorities continued despite the national elections. The ICRC helped organize or participated in local/regional events – and/or supported the attendance of actors of influence at such events – on topics of common concern, such as sustainable water technologies for communities, reporting on emergency situations, cyber-warfare, autonomous weapons systems and domestic IHL implementation. A draft bill on juvenile justice, that sought to prohibit the recruitment of minors by fighting forces and contained provisions of an ICRC model law on the issue, awaited approval by the Indian parliament. Dissemination sessions/presentations helped security forces personnel in India and the Maldives learn about IHL and/or internationally recognized policing standards; workshops for specialist staff facilitated the incorporation of IHL in military training and operations.

## CIVILIANS

### Some families in India keep in touch with relatives through Movement family-links services

Dialogue with the Indian authorities on the humanitarian consequences of violence in parts of the country remained limited; however, some discussions with government ministries and/or local organizations on civilians' access to health care took place. Members of a relief agency, and of its partner organizations involved in projects assisting violence-affected women and children, learnt more about professional standards for protection work from the ICRC during a workshop organized by the agency.

People in India and abroad made use of the Movement's family-links services to restore contact with relatives. With ICRC technical support, the Indian Red Cross Society boosted its capacity to help restore/maintain links between members of dispersed families, but incorporation of these services in the National Society's regular activities remained pending.

New government employees, as well as some Indian Red Cross volunteers, received training in the management of human remains. Meetings with disaster management authorities took place in the interest of implementing human remains management guidelines.

Some 560 refugees in India resettled in third countries with the help of travel documents issued by the ICRC.

### Flood-affected people in Jammu and Kashmir cope with their situation

A planned evaluation of the ICRC's hand-pump projects in Chhattisgarh, which were halted in 2013, did not take place. Instead, the Institution of Public Health Engineers and the ICRC organized a workshop, at which some 100 representatives of government agencies and NGOs discussed how solar-powered water pumping and treatment systems could address communities' need for water.

Following the floods that devastated parts of Jammu and Kashmir, 5,000 people accessed clean drinking water with the help of ICRC-provided and National Society-distributed water purification tablets and bleaching powder. Lack of access to some areas, and absence of needs, prevented the ICRC from reaching as many water-and-habitat beneficiaries as planned. Around 8,600 people used vouchers to purchase household essentials, including winter clothes. The local authorities and the National Society also received

75,000 blankets, 3,300 solar lanterns, an inflatable boat and other items from the ICRC to help them assist more people.

The National Society received 1000 emergency kits to help households affected by floods and violence in Assam.

### Released detainees and their families boost their household income by 70%

Newly released detainees in Jammu and Kashmir settled back into civilian life with the help of referrals to physical and mental health-care specialists and medical assistance. Over 40 of them benefited from such support; 2 received surgical treatment.

To help ease their social and economic reintegration, 100 released detainees and their families (totalling 576 individuals) used cash grants to begin income-generating activities, such as sheep breeding and handloom weaving. Over 200 families who received these grants in 2013 and 2014 reported an improvement in household income, by an average of 70%.

## PEOPLE DEPRIVED OF THEIR FREEDOM

### Detainees restore/maintain contact with relatives through family-links services

Over 380 people, including minors and foreigners, detained in connection with the prevailing situation in Jammu and Kashmir, and held within the state or in other Indian states, received visits from the ICRC. Delegates' findings/recommendations – on detainees' treatment, living conditions, access to medical care and judicial guarantees – were discussed confidentially by the authorities concerned and the ICRC. Detaining authorities were encouraged to use existing means of communication to help inmates restore/maintain contact with relatives. The ICRC pursued dialogue with the authorities on gaining full access to inmates held in connection with the prevailing situation in Jammu and Kashmir.

Nearly 70 inmates in India and 13 in Bhutan benefited from visits from relatives, some of whom came from Nepal, with help from an ICRC-facilitated family-visits programme.

No ICRC prison visits took place in the Maldives.

### Detainees access mental-health services

Following an ICRC health care in detention seminar held in 2013, prison and health authorities continued discussions on reinforcing their coordination to improve health services for detainees. Inmates at two central jails and one district facility in Jammu and Srinagar

enhanced their mental well-being with the help of a local psychiatrist. The specialist shared that the Kashmiri Directorate of Health Services had requested psychiatrists covering three other districts to also provide mental-health services to detainees there. Based on ICRC recommendations, the local authorities covered shortages in medical supplies at some prisons; donations of medical drugs were provided by the ICRC to Srinagar prison's referral hospital. The ICRC did not have to cover any other material needs of detainees.

## WOUNDED AND SICK

### Medical officers are better prepared for emergencies

Over 1,600 medical officers, teachers, civil society representatives and Indian Red Cross Society staff/volunteers added to their first-aid skills during ICRC-supported National Society courses and other activities, such as mock drills. Training for National Society volunteers focused on encouraging them to pass on their knowledge to their communities; thus, residents of one village in Maharashtra, who only had limited access to medical services, learnt more about first-level care, enabling them to respond to emergencies. The authorities received support from trained National Society volunteers during relief efforts for flood-affected communities in Jammu and Kashmir.

Training for health specialists in Jammu and Kashmir continued, but the planned Health Emergencies in Large Populations course was postponed. Nearly 40 medical officers and six potential instructors participated in emergency room trauma courses, organized by the Directorate of Health Services and/or the Government Medical College in Srinagar, with ICRC support. Medical officers who had attended similar courses in 2013 shared their knowledge with Health Ministry staff stationed at district and sub-district hospitals in the region. These efforts contributed to patients in Kashmir receiving better hospital-level care from trained Health Ministry staff and at newly opened emergency rooms. Four flood-affected hospitals in Srinagar requested and received mattresses, wound-dressing materials and other basic equipment from the ICRC, enabling them to ensure continued services for patients.

### More disabled people receive quality rehabilitation services

Six physical rehabilitation centres received raw materials, equipment and technical support from the ICRC, including two facilities newly supported by the ICRC's physical rehabilitation programme. Despite the floods in Jammu and Kashmir temporarily suspending ICRC support for centres there, some 31,000 disabled people accessed quality assistive devices and other rehabilitation services at the six facilities. People learnt about the services available at the

PEOPLE DEPRIVED OF THEIR FREEDOM	BHUTAN	INDIA
<b>ICRC visits</b>		
Detainees visited		382
		<i>of whom minors</i>
		3
Detainees visited and monitored individually		363
		<i>of whom boys</i>
		3
Detainees newly registered		98
		<i>of whom boys</i>
		1
Number of visits carried out		37
Number of places of detention visited		19
<b>Restoring family links</b>		
RCMs collected		1
RCMs distributed	8	
Detainees visited by their relatives with ICRC/National Society support	13	67
People to whom a detention attestation was issued	3	

centres through information campaigns and referral networks. The most vulnerable had the costs of their treatment, transportation, food and accommodations covered. Others who lived far from these supported facilities had the costs of their treatment elsewhere paid for by the ICRC.

Four technical staff from some of the supported centres strengthened their capacities at a conference on best practices on rehabilitation therapy. Two centres in Srinagar that were damaged by floods benefited from ICRC infrastructure rehabilitation.

Partnerships with State representatives, various organizations and other stakeholders helped promote the disabled's social inclusion across the country, for instance via the first national tournament in wheelchair basketball.

## ACTORS OF INFLUENCE

### University scholars and lecturers engage in discussions on contemporary IHL issues in South Asia

Despite national elections, efforts to engage in bilateral dialogue with the authorities on the organization's neutral and impartial humanitarian activities throughout the world continued.

Cooperation with civil society actors, particularly academic institutions and multilateral organizations, expanded. At an event organized jointly with the Asian-African Legal Consultative Organization (AALCO), 100 people, including diplomats from AALCO member States and IHL experts, discussed domestic IHL implementation and the applicability of IHL to the use of remotely piloted aircraft. Think-tanks and NGOs invited the ICRC to discussions at local/regional events on matters of common interest, such as contemporary challenges to IHL and the relationship between cyber-warfare and IHL.

The Advanced IHL South Asian Academics Training Programme in India, organized jointly with the National Law University, gathered 25 law scholars and lecturers from six South Asian countries to discuss the relevance of IHL to particularly resonant issues in the region. Indian law professors continued to bolster their IHL teaching capacities through training programmes; students demonstrated their grasp of the subject via regional moot court (see *Beijing*) and essay-writing competitions.

At workshops/lectures, media professionals from Bhutan, India and the Maldives, as well as Urdu-language writers and journalists from Afghanistan, learnt more about reporting during emergencies, and about the ICRC and its mandate. Two senior Indian journalists furthered their understanding of humanitarian issues at an international conference (see *Kuala Lumpur*) and through a field trip to observe ICRC operations in Nepal. At a Press Institute of India/ICRC event, five journalists received awards for their coverage of humanitarian issues during emergencies.

People in India learnt more about humanitarian principles, IHL and the ICRC through radio spots and the delegation's library and documentation centre. Publications in local languages and the ICRC New Delhi blog drew attention to the Health Care in Danger project, the issue of sexual violence and the potential humanitarian consequences of migration.

### Legal advisers enhance their knowledge of their role in the Indian military's decision-making process

During dissemination sessions and predeployment briefings,

representatives of think-tanks and Indian security forces personnel – troops departing on peacekeeping missions, female police officers among them, and over 2,600 military officers and trainees – learnt about humanitarian principles, IHL and the Movement. Presentations in India and in the Maldives helped around 1,500 Indian paramilitary and police officers and the Maldivian police enhance their knowledge of basic human rights and internationally recognized standards for the use of force and firearms. Planned dissemination sessions at some Indian police stations and training centres could not take place, owing to limited contact with the authorities concerned.

Forty-five legal advisers from India's Institute of Military Law attended, for the first time, a three-day IHL seminar that enabled them to further their understanding of their role in operational decision-making processes. Three Indian army officers took courses abroad on the integration of IHL into their operations, thanks to ICRC sponsorship (see *International law and policy*). With a view to facilitating the inclusion of IHL in all courses offered by the Military Police School, 25 lecturers underwent a train-the-trainer workshop. Faculty and staff from defence/security-related think-tanks and 50 army officers participated in a panel discussion on the intersection between IHL and international human rights law. The police officials concerned received ICRC recommendations for refining the code of conduct for police personnel.

### Indian authorities seek to prohibit recruitment of child soldiers through a bill on juvenile justice

The Bhutanese, Indian and Maldivian governments pursued efforts to accede to IHL instruments and to facilitate domestic IHL implementation. At a regional workshop (see *Sri Lanka*), representatives from Bhutan and the Maldives exchanged ideas for developing IHL-related legislation; other officials from these countries participated in an IHL conference that focused on the issue of sexual violence (see *Nepal*).

The Indian parliament received for its approval a draft bill on juvenile justice that sought to prohibit recruitment of children by fighting forces; the bill contained some provisions of an ICRC model law. During a seminar on the "Strengthening IHL" process, Indian officials familiarized themselves with various mechanisms for bringing domestic legislation in line with IHL. Government officials and the ICRC discussed various issues related to the use of autonomous weapon systems.

## RED CROSS AND RED CRESCENT MOVEMENT

### Indian Red Cross Society promotes awareness of humanitarian principles and the Movement

The Indian Red Cross Society drew on ICRC financial, technical and material support and worked with the organization to enhance its capacities to provide first-aid and family-links services (see *Civilians* and *Wounded and sick*). It also promoted awareness of humanitarian principles and the Movement (see *Actors of influence*) through, for example, its improved youth education programmes that oriented 347 counsellors from schools in seven states, and blood donation camps and a photo exhibit to mark World Red Cross and Red Crescent Day.

To strengthen its managerial and operational capabilities, the Indian Red Cross finalized its strategic development plan for the period 2014–17; in addition, its legal adviser attended an annual meeting in Switzerland, which included discussions on IHL and the emblem. It organized meetings with branch leaders to review the implementation of activities and to find solutions to identified challenges.



The Maldivian Red Crescent, with ICRC support, developed its capacities in volunteer management and drafted a communication strategy.

Movement partners in the region coordinated their activities to maximize impact and prevent duplication of efforts.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>Tracing requests, including cases of missing persons</b>					
People for whom a tracing request was newly registered		2	Women	Girls	Boys
<i>including people for whom tracing requests were registered by another delegation</i>		2			
Tracing cases still being handled at the end of the reporting period (people)		8			2
<i>including people for whom tracing requests were registered by another delegation</i>		2			
<b>Documents</b>					
People to whom travel documents were issued		561			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)<sup>1</sup></b>					
<b>ICRC visits</b>					
Detainees visited		382	Women	Minors	
				3	
			Women	Girls	Boys
Detainees visited and monitored individually		363			3
Detainees newly registered		98			1
Number of visits carried out		37			
Number of places of detention visited		19			
<b>Restoring family links</b>					
RCMs collected		1			
RCMs distributed		8			

\* Unaccompanied minors/separated children

1. Bhutan, India

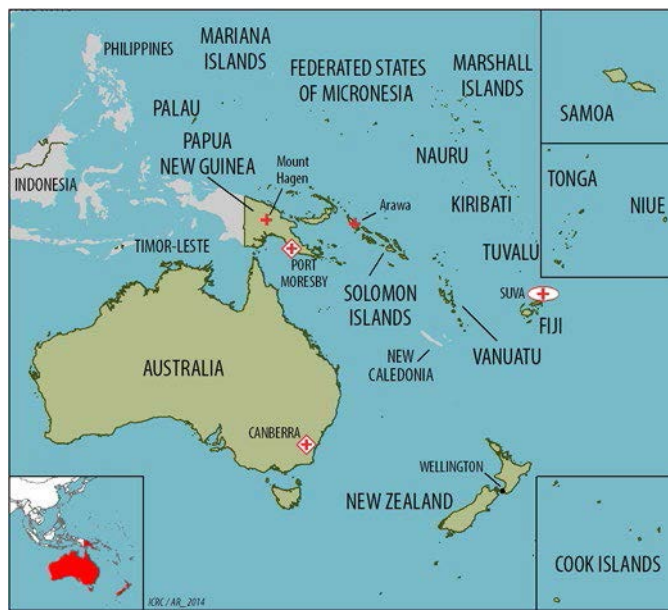
MAIN FIGURES AND INDICATORS: ASSISTANCE <sup>1</sup>		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)<sup>2</sup></b>				
Cash	Beneficiaries	453	29%	36%
Water and habitat activities	Beneficiaries	5,000	41%	10%
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>Health</b>				
Number of visits carried out by health staff		25		
Number of places of detention visited by health staff		17		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	4		
<b>Water and habitat</b>				
Water and habitat activities	Number of beds	100		
<b>Physical rehabilitation</b>				
Centres supported	Structures	6		
Patients receiving services	Patients	31,256	11,031	3,050
New patients fitted with prostheses	Patients	396	61	35
Prostheses delivered	Units	650	125	49
<i>of which for victims of mines or explosive remnants of war</i>	Units	27		
New patients fitted with orthoses	Patients	1,971	438	877
Orthoses delivered	Units	3,592	903	1,601
Patients receiving physiotherapy	Patients	5,786	1,337	950
Crutches delivered	Units	3,309		
Wheelchairs delivered	Units	304		

1. India

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

# SUVA (regional)

**COVERING:** Australia, Cook Islands, Fiji, Kiribati, Marshall Islands, Federated States of Micronesia, Nauru, New Zealand, Niue, Palau, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu and the territories of the Pacific



ICRC regional delegation ICRC mission ICRC office

Since 2001, ICRC operations in the Pacific have been carried out by the Suva regional delegation. With the National Societies, it assists governments in ratifying and implementing IHL treaties and promotes respect for IHL and other international norms among armed and security forces, as well as among academic circles, the media and civil society. The ICRC works to ensure that victims of violence in Papua New Guinea receive emergency aid and medical care, while it visits detainees there and elsewhere in the region. It helps National Societies build their emergency response capacities.

## KEY RESULTS/CONSTRAINTS

In 2014:

- ▶ some violence-affected communities in the Highlands region of Papua New Guinea met their basic needs through essential items/gardening tools donated by Papua New Guinea Red Cross Society/ICRC teams
- ▶ with ICRC support, first-aiders and some health facilities in the Highlands enhanced their services, such as the provision of care to victims of sexual violence that took place during intercommunal fighting
- ▶ the authorities in Bougainville, Papua New Guinea adopted a policy – developed with ICRC expertise – aimed at clarifying the fate of persons missing from the past conflict and addressing their families' needs
- ▶ the Australian authorities/military and the Australian Red Cross worked with the ICRC to promote IHL implementation, for instance by publishing a report on the protection of medical services during combat
- ▶ Australia, New Zealand and Samoa ratified the Arms Trade Treaty

EXPENDITURE (in KCHF)	
Protection	1,089
Assistance	1,471
Prevention	1,750
Cooperation with National Societies	1,493
General	-
	<b>5,803</b>

of which: Overheads 354

IMPLEMENTATION RATE	
Expenditure/yearly budget	<b>99%</b>

PERSONNEL	
Mobile staff	11
Resident staff (daily workers not included)	29

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

**MEDIUM**

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
<b>Red Cross messages (RCMs)</b>	
RCMs collected	7
RCMs distributed	23
Phone calls facilitated between family members	13
People located (tracing cases closed positively)	9
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
<b>ICRC visits</b>	
Detainees visited	2,765
Detainees visited and monitored individually	90
Number of visits carried out	25
Number of places of detention visited	17
<b>Restoring family links</b>	
RCMs collected	78
RCMs distributed	40
Phone calls made to families to inform them of the whereabouts of a detained relative	3

ASSISTANCE	2014 Targets (up to)	Achieved	
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>			
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>			
Essential household items	Beneficiaries	5,000	4,598
Water and habitat activities	Beneficiaries	2,000	1,391
<b>Health</b>			
Health centres supported	Structures	2	1

## CONTEXT

The persistent threat of natural disasters and the fragility of national economies, and their often serious consequences for people, remained matters of concern in the Pacific region.

In Papua New Guinea, criminality and intercommunal fighting persisted, necessitating ad hoc deployment of additional police forces to enforce law and order, particularly in the Highlands region and in tension-prone areas around gas/gold extraction sites. The result was often injuries/death, displacement and/or damage to homes/property. In the Autonomous Region of Bougainville, many families still had no news of relatives missing since the 1989–2001 crisis and armed conflict; their specific needs remained unmet.

Thousands of migrants and asylum seekers intercepted off the Australian coast and held in processing centres in Nauru and on Manus Island, Papua New Guinea still awaited resolution of their cases. The Nauru government began granting refugee status to some of these people, enabling them to leave the centre and settle elsewhere on the island; in Papua New Guinea, plans for the migrants' resettlement were still being finalized. There were clashes between the authorities and migrants at the Manus Island centre after migrants protested about the uncertainty surrounding their fate.

Fiji held its first general elections since 2006. The Solomon Islands and Tonga also held elections.

The Australian and New Zealand governments maintained their strong involvement in humanitarian affairs.

Countries in the region provided troops for peacekeeping operations and/or international coalitions.

## ICRC ACTION AND RESULTS

The ICRC regional delegation in Suva, together with the National Societies, continued to promote humanitarian principles, IHL and other international norms among the authorities, armed forces/police and other parties concerned. It focused on addressing humanitarian needs arising from past conflict and ongoing intercommunal violence in parts of Papua New Guinea.

In Papua New Guinea, the ICRC continued to assist people affected by intercommunal fighting in remote Highlands districts. Leaders of these communities, local authorities and the ICRC discussed humanitarian principles, such as ensuring people's access to health care and distinguishing fighters from those not/no longer taking part in the fighting, on the basis of reports of incidents. The ICRC helped some violence-affected people rebuild their homes and secure their food supply, with tools, household essentials and agricultural implements distributed by Papua New Guinea Red Cross Society/ICRC teams. Wounded and sick people obtained care/treatment from National Society/ICRC-trained first-aiders and at a community-built health post. ICRC support for some key parties concerned enabled them to provide suitable care for victims of sexual violence that took place during intercommunal fighting. The National Society/ICRC constructed/restored water systems, improving people's access to safe water.

ICRC-facilitated meetings/workshops involving the authorities, civil society actors, other parties concerned and the ICRC led to the government in Bougainville adopting a policy for ascertaining the fate of people who went missing in past conflict.

Delegates visited detainees at selected places of detention in Fiji, Nauru, Papua New Guinea and the Solomon Islands, including migrants held at processing centres. Following the visits, conducted in line with standard ICRC procedures, delegates shared findings/recommendations confidentially with the authorities concerned to help them improve detainees' treatment and living conditions.

The ICRC provided technical support for governments in the region to implement IHL; Australia, New Zealand and Samoa ratified the Arms Trade Treaty. The Australian and New Zealand authorities, including their national IHL committees, continued to contribute to the "Strengthening IHL" process; they also promoted humanitarian issues/concerns in their diplomatic representations. In line with the Health Care in Danger project, the Australian Red Cross and the ICRC published a report summarizing the views of military experts on protecting medical services during combat operations.

At ICRC presentations/training courses, military/police officers learnt more about IHL and other norms applicable to their duties. The Papua New Guinean police and the ICRC held workshops on the proper use of force in law enforcement operations; military personnel taking part in such operations attended one. Members of the Australian and Fijian armed forces participated in international events on incorporating IHL in military operational planning and on the application of IHL at sea. Fijian police troops preparing for the elections attended briefings on law enforcement operations. The Australian Defence Force (ADF) shared with the ICRC lessons learnt in Afghanistan in connection with the humanitarian aspects of the ADF's operations there.

The ICRC maintained regular bilateral/multilateral dialogue/contact with the authorities, armed/security forces, members of civil society – such as academics – and the National Societies in the region. It encouraged and worked with them to promote humanitarian principles/IHL, and to raise awareness of issues/concerns such as migration, among various audiences.

The ICRC, in coordination with the Australian Red Cross, the New Zealand Red Cross and the International Federation, provided technical/financial support for Pacific Island National Societies to enhance their capacities to promote IHL/humanitarian principles and carry out their various activities. The National Societies in the Marshall Islands, Tonga and Tuvalu took steps towards obtaining recognition.

## CIVILIANS

### Community leaders and local authorities discuss application of humanitarian principles during fighting

Intercommunal violence in the Highlands region of Papua New Guinea continued to cause injuries and death, destruction of homes and livelihoods, and displacement. Leaders of two warring communities in remote districts and some local authorities discussed humanitarian principles and their application in intercommunal clashes, after the ICRC presented them with documented allegations of wounded people unable to access health facilities and of a lack of distinction between fighters and people not/no longer taking part in the fighting. Some officials expressed appreciation for National Society/ICRC efforts to further their communities' understanding of humanitarian principles; however, dialogue with them and with other high-level Highlands authorities on broader humanitarian concerns needed to be developed further.

The police and the ICRC discussed the proper use of force during law enforcement operations, and jointly held workshops to help police commanders, notably those assigned to tension-prone areas, reinforce their knowledge/application of internationally recognized policing standards.

### People avail themselves of services at a community-built first-aid/health post

With ICRC support, communities became more capable of administering first aid to people wounded in the fighting. Thirty individuals, including fighters and women, acquired first-aid skills at National Society/ICRC training sessions. Some of those who had previously received training and first-aid materials also learnt to use an ICRC template to document their activities.

Some 7,350 residents of Uma, in the Kagua Erave district, including 930 women who availed themselves of ante/post-natal consultations, as well as people from neighbouring areas/clans, began to use a first-aid/health post built by the community with ICRC support in 2013; the facility opened in March. Children were vaccinated and some patients were referred to higher-level care. Two other health posts received ad hoc donations of medical equipment.

Discussions began with community leaders, local government/health officials and other partners, about a project to build another health centre.

### Some health actors enhance their provision of care to victims of sexual violence

One hospital in the Southern Highlands received medical/office supplies to help it to provide suitable, good-quality care to victims of sexual violence that occurred during intercommunal fighting; one health worker received training in this regard. The ICRC continued to study the incidence of sexual violence during fighting and to seek ways, with other parties concerned, to tackle the consequences.

### IDPs meet some basic needs

In the Kagua Erave and Mount Hagen districts, some 6,250 people (1,250 households) displaced by intercommunal fighting eased their conditions, thanks to National Society/ICRC-donated tools, household essentials and agricultural implements. In interviews conducted during follow-up visits, Kague Erave communities, including beneficiaries of distributions made in 2012, confirmed that the donations allowed them to rebuild their homes and gardens, and to secure/restore their dwellings and food supply in accordance with their cultural norms.

People had safe water following ICRC-supported construction/rehabilitation of water supply systems: specifically, the piping of water to a government-run health centre serving a population of 18,000, and new rainwater collection systems in two communities hosting large numbers of displaced people.

On the completion of an ICRC-supported National Society project begun in 2013, a community affected by a landslide in the Highlands regained access to its water supply.

### Bougainvillean authorities and other parties concerned study the issue of missing persons

At various events, the local authorities in Bougainville, representatives of the Papua New Guinean government, former parties to the conflict, NGOs, diplomats, other parties concerned and the ICRC discussed the issue of people reported missing in relation to past conflict in Bougainville. This led to the Bougainvillean government adopting a policy – developed with ICRC expertise – for ascertaining the fate of these people and addressing their families' needs. Representatives from various branches of government and other pertinent bodies formed a consultative committee to discuss implementation of the policy.

An assessment of the needs of 20 families of missing persons provided information to guide future action. It confirmed that the families mainly needed psychological support, particularly for conducting commemoration ceremonies and, for those who knew the location of their relatives' remains, for burying them. With ad hoc ICRC support, some of the families organized two ceremonies at sea and initiated awareness-raising activities to further public understanding of their situation.

### National Societies enhance their emergency response capacities

Papua New Guinea Red Cross instructors boosted their first-aid teaching skills through ICRC-supported training. Ahead of elections in their respective countries, the National Societies in Fiji and the Solomon Islands enhanced their emergency response capacities by adopting the Safer Access Framework with ICRC training and financial/material assistance.

Dispersed families in the region kept in touch through family-links services offered by the National Societies/ICRC.

CIVILIANS	NAURU	PAPUA NEW GUINEA	SOLOMON ISLANDS
<b>Red Cross messages (RCMs)</b>			
RCMs collected		6	1
RCMs distributed		23	
Phone calls facilitated between family members	7	6	
<b>Tracing requests, including cases of missing persons</b>			
People for whom a tracing request was newly registered		52	
		<i>of whom women</i>	16
		<i>of whom minors at the time of disappearance - girls</i>	6
		<i>of whom minors at the time of disappearance - boys</i>	13
People located (tracing cases closed positively)		9	
Tracing cases still being handled at the end of the reporting period (people)		56	
		<i>of whom women</i>	16
		<i>of whom minors at the time of disappearance - girls</i>	9
		<i>of whom minors at the time of disappearance - boys</i>	11

\* Unaccompanied minors/separated children

## PEOPLE DEPRIVED OF THEIR FREEDOM

As priority was given to assisting victims of intercommunal violence (see *Civilians*), the ICRC was unable to carry out a number of planned activities in behalf of people deprived of their freedom or to deepen its network of contacts among detention authorities. Nevertheless, some detainees in Fiji, Nauru, Papua New Guinea and the Solomon Islands received visits from delegates, conducted in accordance with the ICRC's standard procedures. Migrants intercepted off the Australian coast and held at a processing centre in Nauru received joint Australian Red Cross/ICRC visits; others at a processing centre on Manus Island, Papua New Guinea received ICRC visits with Australian Red Cross support.

Delegates confidentially shared findings and recommendations with prison authorities to help them improve detainees' treatment and living conditions. Notably, government bodies in Australia, Nauru and Papua New Guinea received reports on the situation of thousands of migrants held at the processing centres, based on findings from the visits and as part of ongoing dialogue, for instance on issues/concerns surrounding the outbreak of violence at the Manus Island centre and the resettlement of asylum seekers.

Discussions between Australian authorities and the ICRC on the latter's offer to visit people held in relation to federal anti-terrorism laws continued.

Only one person previously held at the US internment facility at Guantanamo Bay Naval Station in Cuba, who had been resettled in Palau, remained in the country. The former internee continued to receive ICRC support for his communications needs and to follow up his situation with the authorities concerned.

### Some detainees in Papua New Guinea benefit from hygiene kits and improved access to water, and receive family visits

In Papua New Guinea, 1,653 detainees had better access to water following ICRC-supported projects to improve the water supply at two places of detention. Distributions of medical equipment planned for 2014 were completed earlier, in 2013.

Some 70 detainees held at Highlands police stations in Papua New Guinea found some relief in ICRC-distributed hygiene kits, sleeping mats and/or recreational materials.

Through the efforts of National Society/ICRC teams, detainees at correctional institutions maintained contact with their families in Bougainville through RCMs; 29 detainees from Bougainville and 22 in the Solomon Islands received family visits.

## ACTORS OF INFLUENCE

### Pacific States ratify the Arms Trade Treaty

Bilateral/multilateral relations with the region's governments helped promote IHL implementation and awareness of humanitarian issues.

Australia, New Zealand and Samoa ratified the Arms Trade Treaty. Legislation in New Zealand implementing Additional Protocol III came into effect. The New Zealand government and other partners organized a workshop that sought to encourage ratification of the Rome Statute; at this event, Pacific States and the ICRC shared their experiences in drafting legislation.

The Australian and New Zealand authorities, including their national IHL committees, contributed their views during consultations linked to the "Strengthening IHL" process; they also drew attention to humanitarian issues in their diplomatic representations. They, along with the National Societies in both countries, the International Federation and the ICRC, followed up Pacific States' implementation of pledges and made other preparations for the 32nd International Conference in 2015.

The Papua New Guinean government and the ICRC discussed a headquarters agreement formalizing the ICRC's presence in the country; no progress was made in reviving the national IHL committee.

### The Australian Defence Force and the ICRC discuss lessons learnt in Afghanistan

The Australian military/police forces and the ICRC kept up their dialogue on IHL-related humanitarian and operational issues. The ADF shared with the ICRC lessons learnt in Afghanistan in connection with the humanitarian aspects of the ADF's operations there – with a view to incorporating them in the military's doctrine/training and to using them as a basis for planning future cooperation. Australian military training institutes fostered discussion of IHL-related issues, such as those linked to new technologies in warfare; they also incorporated ICRC presentations in their courses.

PEOPLE DEPRIVED OF THEIR FREEDOM	FJI	NAURU	PAPUA NEW GUINEA	SOLOMON ISLANDS
<b>ICRC visits</b>				
Detainees visited	18	1,289	1,450	8
<i>of whom women</i>		378	28	
<i>of whom minors</i>		181	7	
Detainees visited and monitored individually	18	36	28	8
<i>of whom women</i>		7		
<i>of whom boys</i>		2	1	
Detainees newly registered	8	26	28	
<i>of whom women</i>		7		
<i>of whom boys</i>		2	1	
Number of visits carried out	6	8	9	2
Number of places of detention visited	4	3	8	2
<b>Restoring family links</b>				
RCMs collected	1	3	70	4
RCMs distributed	1	2	37	
Phone calls made to families to inform them of the whereabouts of a detained relative	3			
Detainees visited by their relatives with ICRC/National Society support			29	22



The Papua New Guinea Defence Force and the ICRC pursued discussions on the issue of persons unaccounted for in Bougainville (see *Civilians*) and on areas of cooperation, including training for military officers engaged in law enforcement. Military personnel/police units attended a workshop on internationally recognized standards for law enforcement organized by the ICRC and the police. Police commanders assigned to tension-prone areas and tribal/clan fighters also attended workshops/briefings on the use of force and principles of humanity, respectively (see *Civilians*). Police officers learnt more from ICRC booklets on police conduct.

Military/police personnel in the region, including high-ranking Australian military officials and military/security personnel preparing for the elections in Fiji, furthered their understanding of the ICRC and IHL and other applicable norms at briefings/courses held locally and abroad. Australian and Fijian military personnel exchanged views with their counterparts at international seminars/workshops on IHL considerations in military operational planning (see *International law and policy*) and on the application of IHL at sea (see *Kuala Lumpur*). Peacekeepers, including troops from 15 countries undergoing training in Australia, attended ICRC-facilitated predeployment briefings.

#### **Published report outlines how military forces can protect health workers and patients more effectively**

The Australian Red Cross and the ICRC published a report summarizing the findings of a year-long consultation process – organized with the Australian government in connection with the Health Care in Danger project and which included a 2013 workshop – involving military experts from around the world that sought to identify methods for protecting medical personnel/facilities during combat operations. During a panel discussion and at meetings, government officials, NGO representatives and members of the medical/academic communities discussed the subject and planned initiatives to promote protection for medical services.

#### **Public sector and civil society in Australia and New Zealand kindle interest in humanitarian issues**

Authorities, think-tanks, academic institutions, civil society organizations and the Australian and New Zealand National Societies helped promote IHL among various audiences. In addition to advocating the protection of medical services, they raised awareness of such domestic/global humanitarian issues as the welfare of detainees, migration, the recruitment of child soldiers and the impact of war on women. They highlighted matters of humanitarian concern and incorporated ICRC presentations in their programmes/activities, which included workshops on civil-military relations, experts' round-tables on security/political considerations in carrying out humanitarian work, exhibits and publication/distribution of informational materials.

At training sessions, 30 journalists learnt more about reporting on conflicts and on the Movement's activities. Media- and think-tank-affiliated researchers/professionals drew attention to humanitarian issues and the Movement's work, using ICRC resources to prepare and publish articles via various media, including online.

University students in Papua New Guinea added to their knowledge of IHL with the help of lectures and ICRC-donated books. Those from Australia and New Zealand did so at ICRC-facilitated sessions within their curricula for international relations and conflict and peace studies or at moot court competitions, at local and regional levels (see *Beijing*); the Jean-Pictet Competition on IHL was held in Portugal instead of Australia as originally planned.

## **RED CROSS AND RED CRESCENT MOVEMENT**

Pacific Island National Societies, together with the Australian and New Zealand National Societies, continued to improve their capacities – for instance through a regional communications workshop – to promote IHL and humanitarian principles and carry out their activities. They enhanced their emergency response capacities with ICRC support (see *Civilians*). They were guided by common Movement approaches to humanitarian priorities, developed and discussed during regular Movement events/meetings, including joint orientations/briefings for newly elected leaders of National Societies.

National Societies worked to strengthen their legal base; those in the Marshall Islands, Tonga and Tuvalu took steps towards obtaining formal recognition: for instance, they completed the drafting/revision of their constitutions according to Movement standards or submitted drafts of related legislation to their governments for review.

Several Pacific Island National Societies, such as those of the Cook Islands, Papua New Guinea, Samoa and Vanuatu, reinforced their leadership/governance structures with the support of the Movement's Pacific Governance Enhancement Programme Working Group and/or other Movement partners.

With Australian Red Cross support, a number of Pacific Island National Societies developed or prepared to publish IHL handbooks for parliamentarians.

The Australian Red Cross welcomed the ICRC's suggestions for developing a strategy for its work abroad and for revising its approach to enhancing the family-links capabilities of Pacific Island National Societies. Staff interested in working in overseas operations attended International Federation/ICRC briefings.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>Red Cross messages (RCMs)<sup>1</sup></b>					
			UAMs/SCs*		
RCMs collected		7			
RCMs distributed		23			
Phone calls facilitated between family members		13			
<b>Tracing requests, including cases of missing persons<sup>2</sup></b>					
			Women	Girls	Boys
People for whom a tracing request was newly registered		52	16	6	13
People located (tracing cases closed positively)		9			
Tracing cases still being handled at the end of the reporting period (people)		56	16	9	11
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)<sup>3</sup></b>					
<b>ICRC visits</b>					
			Women	Minors	
Detainees visited		2,765	406	188	
			Women	Girls	Boys
Detainees visited and monitored individually		90	7		3
Detainees newly registered		62	7		3
Number of visits carried out		25			
Number of places of detention visited		17			
<b>Restoring family links</b>					
RCMs collected		78			
RCMs distributed		40			
Phone calls made to families to inform them of the whereabouts of a detained relative		3			
Detainees visited by their relatives with ICRC/National Society support		51			

\* Unaccompanied minors/separated children

1. Nauru, Papua New Guinea, Solomon Islands

2. Papua New Guinea

3. Fiji, Nauru, Papua New Guinea, Solomon Islands

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)<sup>1</sup></b>				
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Essential household items	Beneficiaries	4,598	40%	20%
	<i>of whom IDPs</i>	4,598		
Water and habitat activities	Beneficiaries	1,391	19%	23%
<b>Health</b>				
Health centres supported	Structures	1		
Average catchment population		28,322		
Consultations	Patients	7,350		
	<i>of which curative</i>		2,063	3,107
	<i>of which ante/post-natal</i>		930	
Immunizations	Doses	6,852		
	<i>of which for children aged five or under</i>	5,767		
Referrals to a second level of care	Patients	49		
Health education	Sessions	160		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)<sup>1</sup></b>				
<b>Economic security, water and habitat (in some cases provided within a protection programme)</b>				
Essential household items	Beneficiaries	50		
Water and habitat activities	Beneficiaries	1,653		

1. Papua New Guinea

**MISSION**

The International Committee of the Red Cross (ICRC) is an impartial, neutral and independent organization whose exclusively humanitarian mission is to protect the lives and dignity of victims of armed conflict and other situations of violence and to provide them with assistance. The ICRC also endeavours to prevent suffering by promoting and strengthening humanitarian law and universal humanitarian principles. Established in 1863, the ICRC is at the origin of the Geneva Conventions and the International Red Cross and Red Crescent Movement. It directs and coordinates the international activities conducted by the Movement in armed conflicts and other situations of violence.



ICRC

**VOLUME II**

# **ANNUAL REPORT**

**2014**



**ICRC**



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

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

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

All figures in this report are in Swiss francs (CHF). In 2014, the average exchange rate was CHF 0.9112 to USD 1, and CHF 1.2147 to EUR 1.



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VOLUME II

# ANNUAL REPORT

## 2014



ICRC

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# EUROPE AND THE AMERICAS



## KEY RESULTS/CONSTRAINTS

### In 2014:

- ▶ the armed/police forces strove to keep their operations in line with IHL and other applicable norms, with several forces pursuing training for officers and revising their curricula, planning processes and policies
- ▶ thousands of people – National Society volunteers and health staff – were trained to administer first aid, increasing the likelihood that people wounded during violence would receive immediate, life-saving care
- ▶ detaining authorities received ICRC feedback/support for improving detainees' conditions; while several took steps to sustain improvements, many needed reminders to advance detention-related reform
- ▶ the authorities sought to address the issue of missing people and their families' needs, leading to the resolution of some cases, but many more remained unresolved
- ▶ conflict- or violence-affected communities and groups of people learnt safe behaviour to help them deal with the dangers they faced, while several ICRC construction projects helped limit some of their risks
- ▶ the region's National Societies – including those working abroad – partnered with the ICRC on humanitarian activities, particularly tending to the wounded, restoring family links and addressing migrants' concerns

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
Red Cross messages (RCMs)	
RCMs collected	522
RCMs distributed	467
Phone calls facilitated between family members	22,968
People located (tracing cases closed positively)	1,352
People reunited with their families	22
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
ICRC visits	
Detainees visited	167,033
Detainees visited and monitored individually	2,109
Number of visits carried out	759
Number of places of detention visited	281
Restoring family links	
RCMs collected	2,092
RCMs distributed	1,013
Phone calls made to families to inform them of the whereabouts of a detained relative	301

EXPENDITURE (in KCHF)	
Protection	42,002
Assistance	57,483
Prevention	35,390
Cooperation with National Societies	15,528
General	821
	<b>151,224</b>
	<i>of which: Overheads 9,230</i>

ASSISTANCE	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)	
Food commodities	Beneficiaries 85,225
Essential household items	Beneficiaries 88,660
Productive inputs	Beneficiaries 35,520
Cash	Beneficiaries 35,861
Vouchers	Beneficiaries 35,510
Work, services and training	Beneficiaries 107,033
Water and habitat activities	Beneficiaries 546,850
<b>Health</b>	
Health centres supported	Structures 62
<b>WOUNDED AND SICK</b>	
<b>Hospitals</b>	
Hospitals supported	Structures 71
<b>Water and habitat</b>	
Water and habitat activities	Number of beds 2,962
<b>Physical rehabilitation</b>	
Centres supported	Structures 14
Patients receiving services	Patients 20,512

IMPLEMENTATION RATE	
Expenditure/yearly budget	<b>101%</b>
<b>PERSONNEL</b>	
Mobile staff	262
Resident staff (daily workers not included)	1,418





**EUROPE DELEGATIONS**

- Armenia
- Azerbaijan
- Georgia
- Kyrgyzstan
- Ukraine

**THE AMERICAS DELEGATIONS**

- Colombia
- Haiti

**THE AMERICAS REGIONAL DELEGATIONS**

- Brasilia
- Caracas
- Lima
- Mexico City
- Washington

**EUROPE REGIONAL DELEGATIONS**

- Europe
- Moscow
- Tashkent
- Western Balkans

- Brussels
- London
- Paris

New York

 ICRC delegation  
  ICRC regional delegation  
  ICRC mission

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**Chocó, Colombia.** An ICRC delegate speaks to a member of an armed group about the principles of IHL and international rights law, particularly the importance of respecting the civilian population and of ensuring the safety of health personnel and the wounded and sick.

## EUROPE AND THE AMERICAS

Regionwide, the ICRC strove to improve the protection of the civilian population and to respond to the most urgent needs of conflict- or violence-affected people. The Colombia, Ukraine, Mexico City (regional) and Moscow (regional) delegations ran extensive assistance programmes.

The ICRC pressed the authorities and armed/police forces to abide by IHL and other applicable norms in their operations, including law enforcement activities.

The Brussels, Caracas, Europe, London, Moscow, New York, Paris and Washington delegations helped mobilize support for ICRC operations worldwide and shared with influential players the organization's views on humanitarian concerns and on the need to approach these from an entirely apolitical perspective. These actors included high-level government officials and intergovernmental organizations, such as the Collective Security Treaty Organization, the European Union, NATO, the Organization for Security and Co-operation in Europe, the Organization of American States, and UN bodies.

The ICRC rallied public support, encouraging journalists to report on humanitarian issues and schools and universities to offer courses on IHL and humanitarian principles.

### THE AMERICAS

In the Americas, the ICRC urged the authorities, weapon bearers and other key players to ensure the protection of civilians and people's access to essential goods and services. Its field presence and proximity to victims enabled it to draw the authorities' attention to

instances of abuse, general patterns of violence, and the problems facing particular groups of people, including migrants and the families of missing people regionwide, those affected by the non-international armed conflict in Colombia, and violence-plagued communities in Peru.

With the ICRC's support, several governments sought to improve their planning processes and protocols for the armed/police forces. Brazil, Ecuador, Mexico, the Plurinational State of Bolivia (hereafter Bolivia), and the United States of America, for instance, continued or finalized the revision of certain policies. The ICRC helped officers build their understanding of the law, increasing the likelihood of compliance; in Belize, Brazil, Canada, Chile, Colombia, Ecuador, Haiti, Jamaica, Paraguay, Peru, and Trinidad and Tobago, among other countries, round-tables and other events were customized to the needs and prior knowledge of participants, some of whom were set to serve on peacekeeping missions. Several countries, such as Bolivia, Brazil, Ecuador and Peru, received help to develop their IHL training modules/handbooks.

Contact with the authorities served as a springboard for assisting the most vulnerable people or contributing to efforts spearheaded by others. For these projects, the ICRC often worked with the National Society concerned.

Health workers, National Society volunteers and other people trained in providing first aid; in Venezuela, this helped the National Society tend to people wounded during mass protests. The ICRC supported the provision of primary health care, hospital treatment and physical rehabilitation services. In some areas, such as Ciudad

Juárez (Mexico) or Medellín (Colombia), sexual violence victims received specialized services. In Venezuela, a National Society branch held one-day health camps, where people benefited from basic health care, such as cancer screening. The importance of safe health-care delivery factored into discussions and other events/contacts with the region's influential figures.

Health workers, students, teachers and violence-affected community members learnt about safe behaviour to cope with the dangers they faced, whether in relation to health-care insecurity, weapon contamination, sexual violence or forcible recruitment by armed groups. Some ICRC construction projects helped limit the risks people grappled with.

In meeting people's daily needs, the ICRC combined emergency responses with long-term activities. Particularly vulnerable people received food and household essentials, while those who could pursue or improve livelihoods benefited from, among other forms of support, cash grants, material inputs, livelihood training or cash-for-work projects. Whenever possible, the ICRC worked with local partners, particularly the authorities, to promote project sustainability. For example, it helped the Brazilian authorities replicate parts of its multidisciplinary project to mitigate the effects of armed violence in Rio de Janeiro, especially in the areas of first aid, mental health and self-protection. In Colombia, the national victim assistance unit expanded its capacity to assist conflict- or violence-affected people.

The ICRC visited detainees throughout the region, monitoring their treatment and living conditions and providing them with family-links services; those held at the US internment facility at Guantanamo Bay Naval Station in Cuba contacted their families via RCMS, phone calls and short oral messages. Following the visits, the authorities concerned received confidential feedback on improving detainees' treatment and conditions. Delegates provided penitentiary officials/staff with insight into prison management and health/hygiene in detention; they reminded public defenders and judges in Colombia, Haiti and Peru of the importance of addressing prolonged pre-trial detention and helped them improve their working procedures, expediting the release of several detainees. ICRC-trained staff – as in Colombia, Haiti and Peru – systematically passed on some of what they had learnt to new staff, although officials had to be urged to advance detention-related reforms.

The ICRC provided assistance towards improving detainees' living conditions. It rehabilitated infrastructure in several facilities, in particular decreasing the risk of fire at one Honduran facility and boosting health-care availability at another in Mexico. It also provided comprehensive assistance in hygiene promotion and curative/preventive health services in Haiti, amid a cholera outbreak in one prison.

The organization offered family-links services to people separated from their families and/or those with missing relatives. It urged the region's governments to address this issue and supported their efforts to that end. Peru drafted a bill on the topic, expanding the scope of assistance given to relatives of the missing. In Central and Latin America, the authorities also received guidance on managing human remains in line with international practices. As part of an agreement with the Chilean authorities, the ICRC began storing DNA samples from relatives of missing people. Specialists trained in carrying out forensic work and managing information,

including by using the ICRC's data-management software. The ICRC helped increase the availability of support for families of the missing by training psychosocial health workers.

The ICRC sought better understanding of the issues facing migrants and their families. With Movement partners, it studied the plight of Haitian migrants deported from the Dominican Republic. It shared the results of a regional study on the needs of missing migrants' families with the families concerned and, subsequently, with the Guatemalan, Honduran, Mexican and Salvadoran authorities. The US authorities received a report on the humanitarian consequences of deportation/repatriation policies, based on the findings of American Red Cross/ICRC field missions in northern Mexico. The ICRC also supported assistance-based initiatives for migrants, notably backing the provision of water, health and/or first aid to over 60,000 people at National Society-run facilities in Guatemala, Honduras and Mexico.

## EUROPE AND CENTRAL ASIA

The bulk of the ICRC's operations in Europe and Central Asia took place in the context of the armed conflict in eastern Ukraine and its regionwide humanitarian consequences. At mid-year, the ICRC received additional funding to expand its presence and operations in the Russian Federation and Ukraine.

The ICRC pursued dialogue with the authorities, *de facto* authorities and other key players; this enabled it to emphasize the most pressing issues and to seek acceptance for its work. In Ukraine, these discussions covered the obligation of the parties to the conflict to respect and protect those not or no longer taking part in the hostilities; however, the ICRC struggled with a lack of security guarantees and suspended its activities for two months in the east after the death of an ICRC delegate. It only resumed operations after the authorities and the opposition confirmed their acceptance of its work. Elsewhere, the ICRC was the only humanitarian organization present, as in Crimea and South Ossetia.

Throughout the region, the ICRC sought to build emergency-response capacities, particularly first aid. Working mainly with National Societies, it trained/equipped first-responders. It also helped nurses and doctors cement their ability to stabilize the wounded, perform war surgery and manage patient influxes. It provided ad hoc support to 45 hospitals, as violence surged in Ukraine. In parallel, it ran safe behaviour workshops and implemented other practical measures, as in Armenia and Azerbaijan, to help mitigate the risks people faced.

Water and habitat activities – donations of water-treatment chemicals and repairs to public infrastructure – enabled over 300,000 people in Ukraine to regain access to water or shelter. To lesser degrees, similar projects were implemented in Armenia, Azerbaijan, Georgia, Kyrgyzstan and the Russian Federation.

The ICRC visited detainees and provided them with family-links services. The people visited included those held for security-related reasons (such as detainees at two prisons in Northern Ireland), migrants (many of them unaccompanied minors) and persons convicted/remanded by international tribunals. It continued seeking regular access to other detainees. It submitted an offer of services to the Ukrainian authorities regarding those detained in connection with the ongoing situation and conducted ad hoc visits in the meantime; in Turkmenistan, the ICRC and the authorities agreed on a roadmap for ICRC visits to detainees there.

The authorities received support for enhancing detainees' conditions, particularly in relation to health-care access. Notably, the Kyrgyz authorities improved TB treatment and primary health care for many detainees following the ICRC's renovation of health/medical facilities; in Georgia, the authorities assumed responsibility for an ICRC-led primary health care programme that covered 12 facilities by year-end.

As a neutral intermediary, the ICRC helped people cope with movement restrictions: hundreds obtained medical treatment or reunited with relatives across administrative boundary lines. In Armenia and Azerbaijan, it arranged family contact for people held in relation to the Nagorny Karabakh conflict, and facilitated the handover/repatriation of civilian internees and the remains of several deceased persons.

The ICRC urged governments to address the issue of missing persons. Several of them progressed, albeit slowly, in strengthening applicable laws; the ICRC facilitated discussions among Tajik officials on the findings of a study comparing their laws and internationally recognized standards, and provided a parliamentary committee with examples of other countries' laws. It provided support for handling human remains, transferring remains across borders and returning them to their families. It worked with State bodies and commissions and/or within coordination mechanisms involving, for example, the Abkhaz, Georgian, Russian and South Ossetian stakeholders or authorities in the Western Balkans. Through the Abkhaz-Georgia mechanism, for instance, 56 sets of human remains were recovered and 18 identified and handed over to the deceased's next-of-kin. The ICRC helped manage ante-mortem data from families of the missing to ensure that this was done according to international practice. It also provided training options/technical expertise to help those performing these tasks. In some cases, as in the Western Balkans, it mobilized the international community to maximize the impact of such efforts. The ICRC's support helped close hundreds of missing persons' cases regionwide, although many more remained unresolved. Families of missing persons obtained psychosocial and legal assistance from ICRC-supported local providers.

The ICRC focused on migrants, recognizing their likelihood of going missing. In Cyprus, Greece and Malta, vulnerable migrants, including survivors of disasters at sea, phoned their relatives. National Societies along migratory routes received assistance for handling these cases, including through improved coordination mechanisms. After Hellenic Red Cross tracing services were suspended, the ICRC processed hundreds of pending cases and provided family-links services to vulnerable migrants in Greece.

Armed/police forces attended talks and training events on IHL and internationally recognized standards, helping them learn more about the norms applicable to their work, which often included law enforcement operations. The Council of Defence Ministers of the Commonwealth of Independent States and the Georgian and Tajik forces each signed agreements with the ICRC to formalize cooperation. The ICRC encouraged the authorities to advance the integration of IHL into their respective country's domestic law.

Links with influential figures enabled the ICRC to build support for humanitarian principles/action. Notably, the Uzbek national human rights centre published a handbook on IHL and human rights. The UK authorities initiated events on sexual violence in

armed conflicts and health care insecurity; the ICRC submitted written evidence on the latter topic to a parliamentary inquiry.

Formal agreements and partnerships with a number of European National Societies helped strengthen cooperation and boost operations in certain fields of action or contexts.





## PROTECTION MAIN FIGURES AND INDICATORS

PROTECTION														
	CIVILIANS													
	RCMs collected	RCMs distributed	Phone calls facilitated between family members	Names published on the ICRC family-links website	People reunited with their families	UAM/SC* cases still being handled by the ICRC/National Society at the end of the reporting period	People transferred/repatriated	Human remains transferred/repatriated	People located (tracing cases closed positively)	People to whom travel documents were issued	Detainees visited	of whom women	of whom minors	Detainees visited and monitored individually
Armenia	30	37							2		11	1		11
Azerbaijan	44	49	85					1	14	1	11,421	169	45	196
Georgia	323	279			20		695	9	43		10,843	279	42	96
Kyrgyzstan	6	4							17	34	9,263	634	96	258
Ukraine	5	1	122			1			216		155	10		155
Europe (regional)	12	6	1,891						259		1,979		208	98
Moscow (regional)	30	22	7		2			1	10	14				
Tashkent (regional)	4	2	19						1					
Western Balkans (regional)		1	1	9,775					646	1	23			23
Brussels											1			1
London											72			72
Paris											2			2
Colombia	64	37					19	11	141		81,459	6,846	364	597
Haiti		14									10,404	431	282	
Brasilia (regional)											98	9	4	98
Caracas (regional)										8				
Lima (regional)	4	5	5								10,262	647	145	272
Mexico City (regional)		10	20,251			1			3		30,885	3,263	565	89
Washington (regional)			587							1	155			141
<b>Total</b>	<b>522</b>	<b>467</b>	<b>22,968</b>	<b>9,775</b>	<b>22</b>	<b>2</b>	<b>714</b>	<b>22</b>	<b>1,352</b>	<b>59</b>	<b>167,033</b>	<b>12,289</b>	<b>1,751</b>	<b>2,109</b>

\* Unaccompanied minors/separated children

## PEOPLE DEPRIVED OF THEIR FREEDOM

of whom women	of whom girls	of whom boys	Detainees newly registered	of whom women	of whom girls	of whom boys	Number of visits carried out	Number of places of detention visited	RCMs collected	RCMs distributed	Phone calls made to families to inform them of the whereabouts of a detained relative	Detainees visited by their relatives with ICRC/National Society support	Detainees released and transferred/repatriated by/via the ICRC	People to whom a detention attestation was issued	
1			1				9	6							Armenia
3	1	3	97	1		1	65	21	130	71	45	3	11	2	Azerbaijan
4			54	1			74	13	84	26	33	11		3	Georgia
12		10	112	3		10	117	46				206	1		Kyrgyzstan
10			155	10			21	10	1		53				Ukraine
		208	53				11	11		1	46				Europe (regional)
									2	4		349		3	Moscow (regional)
									2	4		112			Tashkent (regional)
							9	9						171	Western Balkans (regional)
							1	1							Brussels
			72				2	2							London
							2	2							Paris
42	4	17	227	13	4	16	117	45	23	11					Colombia
							109	23	21						Haiti
8	1	3	41	3	1	3	24	15				31			Brasilia (regional)
															Caracas (regional)
70			62	13			52	25	3	3		146		3	Lima (regional)
2			28	1			139	51	15		1	19			Mexico City (regional)
							7	1	1,811	893	123			11	Washington (regional)
152	6	241	911	45	5	30	759	281	2,092	1,013	301	877	12	193	Total

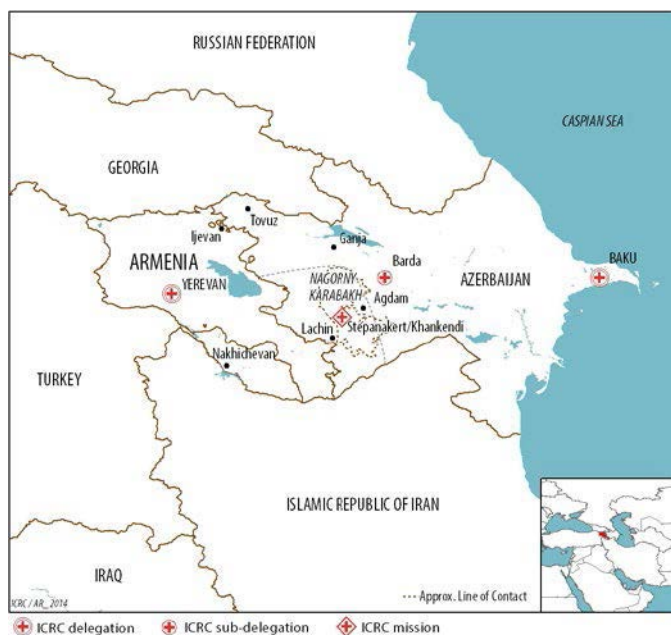
## ASSISTANCE MAIN FIGURES AND INDICATORS

ASSISTANCE													
	CIVILIANS											PEOPLE DEPRIVED OF THEIR FREEDOM	
	Civilians - Beneficiaries							Health centres				Food commodities	Essential household items
	Food commodities	Essential household items	Productive inputs	Cash	Vouchers	Work, services and training	Water and habitat activities	Health centres supported	Average catchment population	Consultations (patients)	Immunizations (doses)		
Armenia			5,484	567			2,904						
Azerbaijan		57		2,019		2,205	7,569						108
Colombia	11,281	12,337	27,840	26,719		103,616	22,283	39	224,998				
Georgia	522	495		2,492		1,120	10,586						21
Haiti													1,440
Kyrgyzstan		3,923					35,582					2	13,695
Ukraine	46,113	44,295			35,480		390,282						3
Brasilia (regional)				3		90							
Lima (regional)	90	250	30	619	30	2	2,155					1	15,800
Mexico City (regional)				386			71,414	23	91,282	29,965	973	35	1,129
Moscow (regional)	27,219	27,243	2,166	1,493			4,075					638	332
Tashkent (regional)		60		1,563									
<b>Total</b>	<b>85,225</b>	<b>88,660</b>	<b>35,520</b>	<b>35,861</b>	<b>35,510</b>	<b>107,033</b>	<b>546,850</b>	<b>62</b>	<b>316,280</b>	<b>29,965</b>	<b>973</b>	<b>676</b>	<b>32,528</b>
of whom women	45%	35%	29%	37%	47%	31%	35%			5,924			
of whom children	28%	20%	43%	37%	13%	35%	20%			3,968	524		
of whom IDPs	45,501	44,562	8,426	25,594	35,500	100,056	31,766						

**ASSISTANCE**

Water and habitat activities	WOUNDED AND SICK												
	Hospitals				First aid	Physical rehabilitation							
	Hospitals supported	of which provided data	Admissions (patients)	of whom weapon-wounded	First-aid posts supported	Centres supported	Patients receiving services	New patients fitted with prostheses	New patients fitted with orthoses	Prostheses delivered	Orthoses delivered	Patients receiving physiotherapy	
													Armenia
													Azerbaijan
4						6	12,062	446	2,645	748	3,330	8,101	Colombia
54													Georgia
8,392													Haiti
1,021	7												Kyrgyzstan
	45	6	550	550	7								Ukraine
													Brasilia (regional)
4,800													Lima (regional)
21,827						8	8,450	125	750	239	1,028	3,693	Mexico City (regional)
	8	8	1,974	26									Moscow (regional)
	11												Tashkent (regional)
<b>36,098</b>	<b>71</b>	<b>14</b>	<b>2,524</b>	<b>576</b>	<b>7</b>	<b>14</b>	<b>20,512</b>	<b>571</b>	<b>3,395</b>	<b>987</b>	<b>4,358</b>	<b>11,794</b>	<b>Total</b>
			682	8			6,025	174	582	256	822		of whom women
			47				2,399	55	2,094	78	2,545		of whom children
	of which for victims of mine or explosive remnants of war									90	23		of whom IDPs

# ARMENIA



The ICRC has been working in Armenia since 1992 in relation to the Nagorno Karabakh armed conflict. It focuses on the issue of missing persons and on detainees held for conflict-related or security reasons, and works to protect and assist communities living along the international border with Azerbaijan. It promotes the national implementation of IHL and its integration into the armed and security forces' doctrine, training and sanctions and into academic curricula. The ICRC works in partnership with and aims to help the Armenian Red Cross Society strengthen its capacities.

## KEY RESULTS/CONSTRAINTS

In 2014:

- ▶ the authorities were reminded of their responsibility to protect civilians, especially those living near the international border with Azerbaijan, and border troops learnt more about IHL at dissemination sessions
- ▶ civilians living near the international border with Azerbaijan improved their livelihoods, had better access to water and coped with conflict-related losses, aided by ICRC supplies, construction projects or grants
- ▶ with the ICRC acting as a neutral intermediary, 8 civilian internees were voluntarily repatriated from Azerbaijan, and the remains of 1 civilian were returned to his family for burial
- ▶ the pilot phase of collecting DNA samples from families of missing persons was completed; families met their psychosocial/other needs through the Armenian Red Cross Society and local service providers
- ▶ the authorities and forensic specialists strengthened their capacities to clarify the fate of missing persons by learning best practices on a study tour abroad
- ▶ with ICRC support, the National Society held a series of first-aid courses for conflict-affected communities and organized a national moot court competition in IHL for students

### EXPENDITURE (in KCHF)

Protection	513
Assistance	1,193
Prevention	399
Cooperation with National Societies	271
General	-
<b>Total</b>	<b>2,376</b>

of which: Overheads 145

### IMPLEMENTATION RATE

Expenditure/yearly budget	100%
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### PERSONNEL

Mobile staff	4
Resident staff (daily workers not included)	30

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

**HIGH**

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
<b>Red Cross messages (RCMs)</b>	
RCMs collected	30
RCMs distributed	37
People located (tracing cases closed positively)	2
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
<b>ICRC visits</b>	
Detainees visited	11
Detainees visited and monitored individually	11
Number of visits carried out	9
Number of places of detention visited	6

ASSISTANCE	2014 Targets (up to)	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>		
<b>Economic security, water and habitat</b> (in some cases provided within a protection or cooperation programme)		
Productive inputs <sup>1</sup>	Beneficiaries 120	5,484
Cash	Beneficiaries 100	567
Water and habitat activities	Beneficiaries 4,000	2,904

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



## CONTEXT

The consequences of the unresolved Nagorny Karabakh conflict continued to be felt, particularly along the international border between Armenia and Azerbaijan and the Line of Contact. An upsurge of military activity and incidents of cross-border fire, coupled with the continued presence of mines/explosive remnants of war (ERW), resulted in an increase in military and civilian casualties, and in conflict-related detention, compared with recent years. The insecurity limited daily movement, access to basic services and livelihood opportunities for civilians in border areas. Hundreds of families in Armenia remained without answers on the fate of relatives missing in relation to the conflict.

High-level meetings between the presidents of Armenia and Azerbaijan, held under the aegis of the Minsk Group of the Organization for Security and Co-operation in Europe, helped to ease tensions. However, no progress was made towards a peaceful resolution to the conflict. May marked 20 years since the ceasefire agreement.

## ICRC ACTION AND RESULTS

The ICRC continued working to alleviate the humanitarian consequences of the Nagorny Karabakh conflict. It monitored the situation of civilians living on both sides of the international border between Armenia and Azerbaijan, raised concerns with the relevant authorities and reminded them of their obligations under IHL.

The ICRC took an integrated approach to helping border communities improve their living conditions and strengthen their resilience. At the request of local leaders, communities received trees that they planted near schools to help reduce their exposure to cross-border shooting. A kindergarten underwent rehabilitation and had protective walls built around it, enhancing the safety of students and teachers. Farming households increased their harvest with ICRC-provided agricultural supplies/equipment, and households that lost their sources of income following border incidents received cash to help them through the winter. Residents of three villages benefited from upgraded water networks that brought clean water closer to their homes. Border communities learnt first aid from Armenian Red Cross Society trainers.

Resolving the fate of people who went missing during the conflict remained a priority. The ICRC, in coordination with the Armenian State Commission on Prisoners of War, Hostages and Missing Persons (CEPOD) and in cooperation with the National Society, carried out the pilot phase of a DNA sample-collection project to facilitate future efforts to identify human remains. Trained National Society/ICRC teams collected buccal swabs from relatives of missing persons, whose informed consent had been obtained and who had access to psychological support throughout the process. The CEPOD, with ICRC technical support, continued to compile ante-mortem information on missing persons in a centralized database. During a study tour in Georgia, CEPOD members and forensic specialists gleaned best practices from work on cases of missing persons.

Families of the missing addressed some of their needs with help from the National Society, local service-providers and the ICRC, which provided psychosocial, legal and medical support through individual visits, group information sessions and commemorative events. Economically vulnerable families also received assistance

in the form of grants for income-generating activities, vocational training, cash or home repairs. The authorities designated a place for a monument to be erected in recognition of missing persons. The adoption of a law protecting the rights of their families, however, remained pending.

The National Society/ICRC continued to collect and analyse information on the needs of victims of mines/ERW and their families, with a view to providing them with assistance and sharing the findings with the authorities to help them develop a national strategy addressing weapon contamination-related issues.

Security detainees had their treatment and living conditions monitored during ICRC visits. At the request of all parties concerned, the ICRC facilitated the repatriation of civilian internees and the remains of a deceased civilian from Azerbaijan.

Humanitarian issues arising from the conflict remained central to dialogue with all actors. IHL promotion among military personnel continued, notably through a course for commanding officers, training of trainers, and briefings for peacekeeping troops and for units deployed along the international border with Azerbaijan. The authorities, with the ICRC's encouragement, confirmed their interest in establishing a national IHL committee and agreed to consider the adoption of constitutional amendments necessary to ratify the Rome Statute. Drawing on ICRC resources, the media helped raise awareness of the plight of conflict-affected people and of ICRC activities in their behalf. Academics took part in various IHL events held by the National Society, other local partners and the ICRC.

The National Society built its emergency-preparedness and communication capacities with financial, material and technical support from the ICRC.

## CIVILIANS

### **Parties to the conflict are reminded to take extra precautions**

For civilians living along the international border between Armenia and Azerbaijan, exchanges of fire and the presence of mines/ERW were sources of constant insecurity and at times caused casualties. Through its presence in border regions and contacts with local communities, civilian and military authorities and National Society branches, the ICRC kept abreast of the humanitarian situation, monitored respect for IHL among the parties to the conflict and noted issues faced by the population. It raised concerns with the relevant authorities and reminded them of their obligations under IHL, especially with regard to the protection of civilians and the need to take extra precautions, particularly during the farming season, public holidays and the implementation of ICRC activities for border communities.

### **Border communities have more accessible water supply**

The ICRC continued to address the humanitarian needs of border communities through an integrated approach aimed at helping them strengthen their coping mechanisms and improve their living conditions.

At the request of local community leaders, residents of three villages in Tavush region, near the international border, received 450 trees, which they planted near schools and kindergartens; this helped reduce their exposure to the line of fire, making access to the schools safer for some 3,000 people. In Aygepar village, 30 children and staff benefited from structural improvements to their kindergarten, such as repairs to a corridor and to a playroom

that could double as a safe room in case of emergencies, and the construction of protective walls around the school. Community members acquired first-aid skills through a series of training sessions conducted by the National Society.

In Chinari, Movses and Nerkin Karmiraghbyur villages, more than 2,870 people had better access to clean water after improvements to their water networks, which took into account their specific requests. For example, a gravity-fed mechanism kept water flowing with minimal need for maintenance, and additional pipelines brought drinking water closer to their homes, sparing residents – most of them elderly – long treks.

Some 680 farming households (2,424 people) increased their wheat harvest with fertilizers, herbicides and protective clothing provided by the ICRC. In six border villages, 91 households (367 individuals) affected by the escalation of hostilities in July/August received cash grants to compensate for the loss of their properties/livelihoods and to help them through the winter.

The National Society collected information on 457 mine/ERW victims and their families in order to assess their needs, with a view to providing them with assistance and sharing the analysis with the Armenian Center for Humanitarian Demining and Expertise, in support of its efforts to develop a national strategy addressing weapon contamination and its consequences.

#### **Pilot phase of DNA-collection project is successfully completed**

By the end of 2014, 4,542 people remained unaccounted for as a result of the Nagorny Karabakh conflict, of whom 401 were registered as missing in Armenia.

To facilitate future efforts to identify human remains and provide answers to the families concerned, the Ministry of Defence, the Ministry of Health's forensics centre and the ICRC agreed on a protocol for the collection of DNA samples from missing persons' families. In the pilot phase of the initiative, trained National Society and ICRC staff collected buccal swabs from 86 relatives of missing persons in Ararat region, in line with standard operating procedures that included obtaining the families' informed consent and ensuring respect for confidentiality. Samples sent for profiling and quality control to a DNA laboratory abroad returned with a 100% success rate. Psychological support was made available to the families throughout the process.

The ICRC continued to review and hand over files containing ante-mortem data provided by the families, together with the pertinent documents, photographs and information regarding DNA samples, to the Armenian CEPOD. A database administrator, aided by ICRC technical support, entered the data into the CEPOD's centralized database. To ensure the quality of data entry, administrators from the Armenian, Azerbaijani and *de facto* CEPODs attended a refresher course in Tbilisi, Georgia. Following a study visit to the same country, Armenian CEPOD representatives and forensic specialists brought home best practices and lessons learnt from the work of their Georgian counterparts in exhuming and identifying human remains in the context of past armed conflict. To strengthen the CEPOD's institutional and technical capacities, the Ministry of Defence, as CEPOD chair, took steps towards establishing a full-time CEPOD working group office.

Progress in clarifying the fate of the missing continued to be hampered by the absence of an agreed-upon mechanism for sharing

information between the sides; the ICRC, as a neutral intermediary, facilitated the exchange of queries about missing persons between the respective CEPODs. Coordination with them continued, with a view to consolidating a list of missing persons that would serve as a common source of reference for following up cases.

#### **Families of missing persons obtain comprehensive support**

Many families continued to struggle with not knowing the fate of missing relatives. They often faced emotional, psychological, health, economic, legal and administrative difficulties.

With the help of ICRC-trained National Society staff and other local partners, 59 people received psychosocial, legal, and/or medical assistance, as well as help in obtaining social benefits. Some received follow-up home visits to check on their well-being. During nearly 70 information sessions held in Yerevan and nine other regions, and attended by local NGOs, specialists and the authorities, over 279 people discussed their multifaceted needs and learnt of services that could help them. Commemorative and recreational events organized with the involvement of community members, religious leaders and the authorities helped the families cope more effectively with their situation, raised awareness of the issues they faced and spurred community and peer support for them. With help from the authorities, a place in Yerevan was designated for the construction of a monument to commemorate missing persons in Armenia and acknowledge the plight of their families.

Forty-two economically vulnerable families (150 people) started small businesses using grants or interest-free loans, or covered their household needs through unconditional cash assistance. Thirty-eight people boosted their employment prospects by participating in skill-building workshops. The homes of 13 families (50 people) were repaired, the result of a joint programme with the Fuller Center for Housing in Armenia.

#### **PEOPLE DEPRIVED OF THEIR FREEDOM**

##### **Civilian internees voluntarily repatriated under ICRC auspices**

Detainees at six places of detention received visits conducted in accordance with standard ICRC procedures, following which delegates shared their findings and recommendations confidentially with the authorities concerned. Foreigners held at a women's prison restored/maintained contact with their families abroad using ICRC-provided phone cards.

At the request of all parties concerned, eight civilian internees held in Azerbaijan – including a family of five interned for nearly five years – were repatriated to Armenia under the auspices of the ICRC, which acted as a neutral intermediary (see *Azerbaijan*). It likewise facilitated the repatriation of the remains of one deceased civilian, enabling his family to bury him. Armenian families maintained contact with relatives held in Azerbaijan through RCMs.

#### **ACTORS OF INFLUENCE**

The humanitarian consequences of the Nagorny Karabakh conflict, and the ICRC's work for conflict-affected people, remained at the core of discussions with the authorities, armed forces, the diplomatic corps, international organizations and members of civil society.

##### **Commanders familiarize themselves with IHL considerations in military decision-making**

Dialogue with military authorities focused on their responsibilities under IHL, particularly the need to protect civilians, and the

ICRC's role as a neutral intermediary (see *Civilians and People deprived of their freedom*).

Around 480 military personnel serving along the international border with Azerbaijan familiarized themselves with IHL principles and the ICRC's mandate at information sessions, during which the National Society also presented its activities; over 130 peacekeeping troops also learnt about IHL and the ICRC during predeployment briefings. Twelve operational commanders learnt more about the necessity of incorporating IHL considerations in military decision-making processes at a seminar organized with the Defence Ministry's policy department; one colonel attended an advanced course abroad (see *International law and policy*). Through a train-the-trainer workshop, 15 military institute instructors strengthened their ability to teach IHL to future army officers.

### **Authorities consider constitutional amendments to enable ratification of Rome Statute**

Discussions with the authorities encouraged Armenia's accession to key treaties. As constitutional reforms were in progress, dialogue promoted the adoption of amendments that would enable Armenia to ratify the Rome Statute. The Commission for Constitutional Amendments included these in its final concept paper.

At an ICRC-convened round-table, representatives of the Constitutional Court and of the Defence, Foreign Affairs and Justice Ministries confirmed their interest in creating a national committee to facilitate the incorporation of IHL in domestic law and policies.

The adoption by Parliament of the ICRC-promoted law on missing persons remained pending.

### **Academics advance IHL development**

With local partners, the International and Comparative Law Center (ICLaw) and the ICRC pursued joint initiatives promoting the study and development of IHL. Almost 30 law students and legal professionals broadened their knowledge through lectures, case studies and interaction with experts during a summer course jointly organized with the American University of Armenia. Thirty researchers from various countries discussed contemporary IHL issues at a youth conference hosted by the Russian-Armenian Slavonic University and the ICRC; a side event tackled challenges to humanitarian access worldwide. Teams from four universities gained practical experience at a National Society-organized IHL moot court competition; previous winners sharpened their skills at a competition in Belarus. University students and civil servants also learnt about IHL-related matters during ICRC guest lectures. ICLaw received publications for its IHL resource centre.

IHL specialists, professors and legal professionals enriched their knowledge and exchanged views with their peers at experts' meetings and workshops, locally and abroad. Some contributed their expertise during IHL events, for example by facilitating sessions.

### **Media raise visibility of humanitarian issues**

The media played a key role in keeping humanitarian issues visible and informing stakeholders and the wider public of the ICRC's multidisciplinary activities for conflict-affected people. Drawing on ICRC briefings, press releases/events and interviews, journalists reported on missing persons, people living along the international border with Azerbaijan and POWs/civilian internees. A series of reports aired online highlighted the daily challenges faced by missing persons' families; a report on public television featured the

Defence Ministry and the ICRC's efforts to ensure respect for IHL in military operations (see above). Twelve reporters learnt about their roles and responsibilities in conflict reporting during a workshop organized jointly with the Media Initiatives Center. They heard first-hand accounts from families of missing persons and mine/ERW victims during a three-day field visit to Syunik region, and subsequently produced reports to raise awareness of their plight.

### **RED CROSS AND RED CRESCENT MOVEMENT**

The Armenian Red Cross was the ICRC's main partner in activities for families of missing persons and mine/ERW victims (see *Civilians*). With ICRC financial, material and technical support, including practical guidelines on the Safer Access Framework, it built up its capacities to fulfil its humanitarian role. It reinforced its first-aid capacities, holding refresher courses for 14 trainers, two regional first-aid competitions and first-aid courses for border communities (see *Civilians*). It also worked to boost its public profile, pursuant to its 2013–20 communication strategy. It assumed responsibility for organizing the annual moot court competition, participated in IHL-dissemination sessions for military units (see *Actors of influence*) and launched an online campaign as part of the Movement-wide "My Red Cross Story" initiative on World Red Cross and Red Crescent Day. A draft law to strengthen the National Society's legal basis had not yet been finalized.

Movement partners gave updates on their activities and discussed common concerns during coordination meetings.

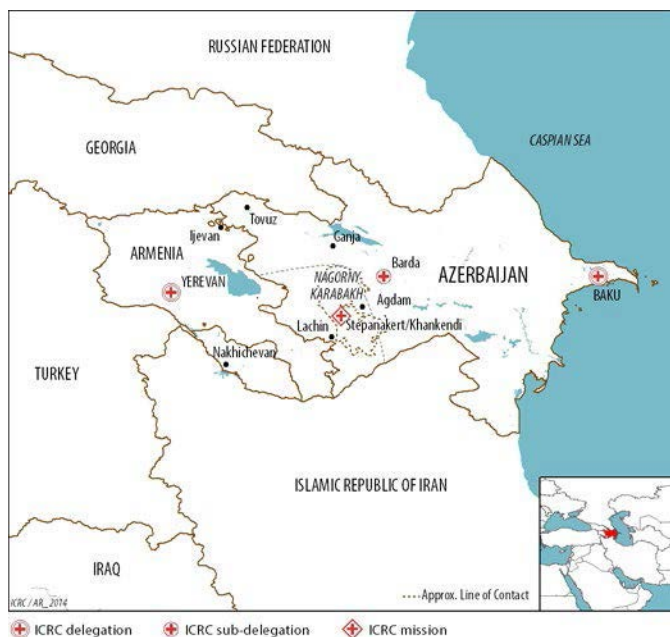
MAIN FIGURES AND INDICATORS: PROTECTION		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>Red Cross messages (RCMs)</b>					
			UAMs/SCs*		
RCMs collected		30			
RCMs distributed		37			
<b>Tracing requests, including cases of missing persons</b>					
			Women	Girls	Boys
People for whom a tracing request was newly registered		2			
People located (tracing cases closed positively)		2			
Tracing cases still being handled at the end of the reporting period (people)		402	23		6
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>					
<b>ICRC visits</b>					
			Women	Minors	
Detainees visited		11	1		
			Women	Girls	Boys
Detainees visited and monitored individually		11	1		
Detainees newly registered		1			
Number of visits carried out		9			
Number of places of detention visited		6			

\* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Productive inputs <sup>1</sup>	Beneficiaries	5,484	29%	42%
Cash	Beneficiaries	567	39%	31%
	<i>of whom IDPs</i>	2		
Water and habitat activities	Beneficiaries	2,904	40%	20%

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

# AZERBAIJAN



The ICRC has been working in Azerbaijan since 1992 in relation to the Nagorno Karabakh armed conflict. It focuses on the issue of missing persons and on detainees held for conflict-related or security reasons, and works to protect and assist communities living along the Line of Contact and the international border with Armenia. It promotes implementation of IHL and its integration into armed and security forces' training and into academic curricula. The ICRC works in partnership with and aims to help the Red Crescent Society of Azerbaijan strengthen its capacities.

## KEY RESULTS/CONSTRAINTS

### In 2014:

- ▶ the authorities were reminded of their responsibility to protect civilians, especially those living close to the front lines; armed forces personnel attended courses on IHL and its application in military decision-making
- ▶ civilians in front-line villages better protected themselves against shooting and improved their livelihoods through National Society/ICRC projects, though the security situation hampered some activities
- ▶ with the ICRC acting as a neutral intermediary, 10 civilian internees were voluntarily transferred/repatriated across front lines, and the remains of 2 deceased civilians were returned to their families for burial
- ▶ the pilot phase of collecting DNA samples from families of missing persons was completed; families obtained support for their psychosocial/other needs with the help of ICRC-trained local service providers
- ▶ the authorities and forensic specialists strengthened their capacities to clarify the fate of missing persons by learning best practices on a study tour abroad
- ▶ the renewal of an agreement with the Azerbaijani authorities on access to all detainees in Azerbaijan remained pending

EXPENDITURE (in KCHF)	
Protection	2,041
Assistance	4,422
Prevention	770
Cooperation with National Societies	369
General	-

**7,602**

of which: Overheads **464**

IMPLEMENTATION RATE	
Expenditure/yearly budget	<b>100%</b>

PERSONNEL	
Mobile staff	13
Resident staff (daily workers not included)	73

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

**MEDIUM**

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
<b>Red Cross messages (RCMs)</b>	
RCMs collected	44
RCMs distributed	49
Phone calls facilitated between family members	85
People located (tracing cases closed positively)	14
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
<b>ICRC visits</b>	
Detainees visited	11,421
Detainees visited and monitored individually	196
Number of visits carried out	65
Number of places of detention visited	21
<b>Restoring family links</b>	
RCMs collected	130
RCMs distributed	71
Phone calls made to families to inform them of the whereabouts of a detained relative	45

ASSISTANCE	2014 Targets (up to)	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>		
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>		
Essential household items	Beneficiaries	57
Productive inputs <sup>1</sup>	Beneficiaries	545
Cash	Beneficiaries	1,365
Work, services and training <sup>1</sup>	Beneficiaries	20
Water and habitat activities	Beneficiaries	5,400
		7,569

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



## CONTEXT

The consequences of the unresolved Nagorny Karabakh conflict continued to be felt, particularly along the Line of Contact and the international border between Azerbaijan and Armenia. An upsurge in military activity and incidents of cross-border fire, coupled with the continued presence of mines/explosive remnants of war (ERW), resulted in an increase in military and civilian casualties, and in conflict-related detention, compared with recent years. The insecurity limited daily movement, access to basic services and livelihood opportunities for civilians in front-line areas. Thousands of families remained without answers on the fate of relatives missing in relation to the conflict.

High-level meetings between the presidents of Azerbaijan and Armenia, held under the aegis of the Minsk Group of the Organization for Security and Co-operation in Europe, temporarily eased tensions. However, no progress was made towards a peaceful resolution to the conflict. May marked 20 years since the ceasefire agreement.

## ICRC ACTION AND RESULTS

The ICRC continued working to alleviate the humanitarian consequences of the Nagorny Karabakh conflict. It monitored the situation of civilians living near the Line of Contact and the international border between Azerbaijan and Armenia, raised concerns with the relevant authorities and reminded them of their obligations under IHL.

In partnership with the Red Crescent Society of Azerbaijan, the ICRC implemented an integrated approach to help communities in front-line areas strengthen their resilience and pursue their daily activities more securely. Residents in three districts gained reliable access to clean water following improvements to their water networks. Economically vulnerable households regained their self-sufficiency by launching their own micro-economic initiatives. Villagers reduced their exposure to crossfire after planting ICRC-donated trees along vulnerable areas; some had their homes modified and protective walls built around them. Despite reminders to the relevant authorities to take extra precautions, activities had to be put on hold several times owing to the intensity of exchanges across the front lines. To reinforce their ability to cope with the precarious security conditions, communities learnt life-saving first-aid skills from National Society trainers.

In Nagorny Karabakh, families of mine/ERW victims improved their living conditions with the help of livelihood grants and home repairs. Monthly cash allowances enabled elderly pensioners to meet their basic needs.

Resolving the fate of people who went missing during the conflict remained a priority. The ICRC, in coordination with the Azerbaijani State Commission on Prisoners of War, Hostages and Missing Persons (CEPOD) and the *de facto* commission in Nagorny Karabakh, piloted a DNA sample-collection project to facilitate future efforts to identify human remains. Trained staff collected buccal swabs from missing persons' relatives, whose informed consent was obtained and who had access to psychological support throughout the process. Aided by the ICRC's technical expertise, the two commissions continued to compile ante-mortem data on missing persons in their centralized databases. During a study tour in Georgia, Azerbaijani CEPOD members and forensic specialists gleaned best practices from work on cases of missing persons.

Families of the missing addressed their needs with the assistance of ICRC-trained service providers. They received psychological support provided in groups or individually, obtained health services and had their legal concerns referred to the appropriate authorities.

The ICRC visited detainees, including those held in relation to the conflict, and monitored their treatment and living conditions to ensure compliance with IHL/internationally recognized standards. Visits to detainees under the purview of Azerbaijan's Ministry of Internal Affairs however remained suspended, pending the renewal of an agreement on ICRC access to detainees. At the request of all parties concerned, the ICRC facilitated the transfer/repatriation of civilian internees and human remains across the Line of Contact and the international border.

Humanitarian issues arising from the conflict remained central to dialogue with the authorities, weapon bearers and other stakeholders. ICRC presentations and seminars for the Azerbaijani armed forces and for the *de facto* armed forces in Nagorny Karabakh emphasized the need to consider IHL principles in military decision-making; front-line troops of the latter also attended IHL briefings. Azerbaijani police and internal troops learnt more about international policing standards and the ICRC's work during training sessions. Work with the authorities on measures to implement IHL progressed slowly; a planned round-table on the protection of cultural property in armed conflict was postponed. Local and international events fostered expertise in IHL among academic circles.

With support from Movement partners, the Azerbaijani Red Crescent strengthened its core capacities, particularly in first aid, restoring family links and public communication. Movement partners regularly coordinated their activities.

## CIVILIANS

### Parties to the conflict are reminded to take extra precautions

For civilians, including IDPs, living along the Line of Contact and the international border between Azerbaijan and Armenia, exchanges of fire and the presence of mines/ERW were sources of constant insecurity and at times caused fatal injury. Through its presence in front-line regions and contacts with local communities, civilian and military authorities and National Society branches, the ICRC kept abreast of the humanitarian situation, monitored respect for IHL among the parties to the conflict and noted issues faced by the population. It raised concerns with the relevant authorities, including the *de facto* authorities in Nagorny Karabakh, and reminded them of their obligations under IHL, especially with regard to the protection of civilians and the need to take extra precautions, particularly during the farming season, public holidays and the implementation of ICRC activities for front-line communities. In some cases, however, the ICRC was unable to obtain temporary security agreements to facilitate these activities, owing to the intensity of exchanges across the front lines.

### Communities living near the front lines reduce their exposure to risks

The ICRC, in partnership with the National Society, addressed the humanitarian needs of front-line communities through an integrated approach aimed at helping them strengthen their existing coping mechanisms and improve their living conditions.

At their request, around 1,540 residents of a village in Terter district, near the Line of Contact, received 3,000 trees, which they

planted along roads leading to agricultural fields, schools and the most exposed houses, giving them added protection against bullets as they went about their daily activities. In Tovuz district along the international border, 32 households (approximately 150 people) had their homes modified and protective walls built, making their houses safer from shooting. Some similar projects were put on hold as the security situation deteriorated later in the year.

In Agdam, Dashkesan and Gazakh districts, some 5,350 people had safer and more reliable access to clean water following the construction and rehabilitation of water networks and repairs to electrical systems. Technical training helped 20 operators from three district water boards maintain pumping stations more efficiently, benefiting some 1,150 residents. Over 2,380 beneficiaries of a water-supply system constructed in 2013 learnt about the sustainable use of water and infrastructure through a National Society/ICRC awareness campaign.

Nearly 300 economically vulnerable households (1,330 individuals) in six front-line villages, including those headed by civilians injured in crossfire, received cash grants with which they pursued income-generating activities of their choice, enabling them to meet their daily needs. Training sessions with local professionals on, *inter alia*, business skills, livestock rearing and beekeeping prepared them for these activities. Some 3,000 residents of six villages also benefited from community-based projects that they helped conceptualize. These included the distribution of seed and fertilizer, which boosted food production, and the construction/rehabilitation of community infrastructure, such as a road leading to a cemetery, which helped prevent villagers from straying into insecure areas. To further strengthen the National Society's ability to assist conflict-affected communities, 18 staff/volunteers underwent training in needs assessment, and the Dashkesan branch received office equipment and a vehicle.

Sixty community members from Agdam and Terter districts learnt life-saving first-aid skills from National Society trainers.

### **Mine/ERW victims and other vulnerable people regain their self-sufficiency**

Twelve families that had lost their breadwinners to mine/ERW incidents put up small businesses using grants distributed by the National Society in Azerbaijan.

In Nagorny Karabakh, 60 mine/ERW-affected households (297 people) likewise augmented their income through micro-economic initiatives that they launched with ICRC support. Five families (21 people), including the family of one civilian killed on the Line of Contact, had the costs of their home repairs covered. ICRC teams continued to collect data on mine-related incidents and the needs of the victims and/or their families, and provided technical support to the *de facto* authorities in managing such information. Efforts to mobilize the *de facto* authorities and relevant agencies to meet the needs of mine/ERW victims and other vulnerable people continued. Around 300 elderly people living alone in Nagorny Karabakh supplemented their pensions with monthly cash allowances distributed by the ICRC in coordination with the *de facto* Ministry of Labor and Social Affairs, enabling them to reach a minimum standard of living.

### **Pilot phase of DNA-collection project is successfully completed**

By the end of 2014, 4,542 people remained unaccounted for as a result of the Nagorny Karabakh conflict: 4,140 were registered as missing in Azerbaijan, including 426 in Nagorny Karabakh.

To facilitate future efforts to identify human remains and provide answers to the families concerned, the ICRC, in coordination with the relevant authorities, completed the first phase of DNA sample collection from missing persons' families. Trained ICRC staff and hospital personnel collected buccal swabs from 205 relatives of missing persons, in line with protocols and standard procedures agreed with the authorities and other stakeholders, which included obtaining families' informed consent and ensuring respect for confidentiality. Samples sent for profiling and quality control to a DNA laboratory abroad returned with a 100% success rate. Psychological support was made available to the families throughout the process.

The ICRC continued to review and hand over files containing ante-mortem data provided by the families of missing persons, together with pertinent documents, photographs and information regarding DNA samples, to the Azerbaijani CEPOD and the *de facto* commission in Nagorny Karabakh. Trained administrators entered the data into the centralized ante/post-mortem databases of the commissions. To ensure the quality of data entry, administrators from the Azerbaijani, Armenian and *de facto* CEPODs attended a refresher course in Tbilisi, Georgia. Following a study visit to the same country, Azerbaijani CEPOD representatives and forensic specialists brought home best practices and lessons learnt from the work of their Georgian counterparts in exhuming and identifying human remains in the context of past armed conflict.

Progress in clarifying the fate of the missing continued to be hampered by the absence of an agreed-upon mechanism for sharing information between the sides; the ICRC, as a neutral intermediary, facilitated the exchange of queries about missing persons between the respective CEPODs. Coordination with them continued, with a view to consolidating a list of missing persons that would serve as a common source of reference for following up cases.

### **Families of missing persons obtain comprehensive support**

Many families continued to struggle with not knowing the fate of missing relatives. They often faced emotional, psychological, health, economic, legal and administrative difficulties, exacerbated in part by the lack of official recognition for their status.

Over 700 members of families of missing persons obtained support for their multifaceted needs with the help of ICRC-trained counsellors and local service providers. Some 560 people spoke about their difficulties and received psychological support during peer-support sessions and individual home visits/follow-up. Over 80 people had their legal and administrative concerns referred to local authorities, and 145 were referred to health services provided by the Red Crescent Society of the Islamic Republic of Iran. Over 50 people received material assistance according to their specific needs, including wheelchairs and heaters.

In Nagorny Karabakh, 45 people with a missing family member received similar support, through home visits, counselling from ICRC-trained psychologists, peer-group discussions and sessions with specialists on medical, legal, social and other issues affecting them. Four people had the costs of their medical treatment reimbursed by the ICRC. Twenty-three people acquired new skills at vocational workshops, opening up more opportunities for them to improve their families' financial situation. Nine families (35 people) generated additional income using supplies and equipment they purchased with ICRC-provided grants. Six families (25 people) with elderly members improved their living conditions following the rehabilitation of their homes, funded by the ICRC.

## Separated relatives restore contact

Members of families dispersed by the conflict maintained contact with relatives (see *People deprived of their freedom*) by exchanging RCMs, photos and short messages relayed by ICRC delegates. Members of one family separated by the Line of Contact met each other twice in Georgia.

## PEOPLE DEPRIVED OF THEIR FREEDOM

### Civilian internees voluntarily repatriated/handed over under ICRC auspices

Over 11,400 detainees, including 1 POW and 12 civilians held in relation to the Nagorny Karabakh conflict, received ICRC visits, conducted in accordance with the organization's standard procedures. Delegates checked whether their treatment and living conditions complied with internationally recognized standards and IHL and, following visits, shared their findings and recommendations confidentially with the authorities concerned. Visits to detainees held under the authority of Azerbaijan's Ministry of Internal Affairs remained suspended, pending the renewal of an agreement with the government on ICRC access to detainees.

Detainees contacted their families through RCMs, oral messages relayed by ICRC delegates, and, in the case of foreign inmates, phone calls. Some detainees at the main prison in Nagorny Karabakh received visits from their families, whose travel costs were covered by the ICRC. Over 400 particularly vulnerable detainees received food, clothes, hygiene items and/or books to ease their situation.

Acting as a neutral intermediary and at the request of all parties concerned, the ICRC facilitated the handover of two civilian internees and the remains of one civilian across the Line of Contact, and the repatriation of eight civilian internees and the remains of another to Armenia.

### Foreign authorities learn from Azerbaijan's TB-control model

Foreign government officials expressed interest in learning from the Azerbaijani authorities' efforts to address multi-drug-resistant TB (MDR-TB) in prisons. Officials and technical staff from Kyrgyzstan's penitentiary department and representatives from China observed this first-hand during three study tours organized

by the ICRC in coordination with the medical department of the Ministry of Justice. The Azeri-language version of the documentary film *Combating MDR-TB in Detention* was released.

## ACTORS OF INFLUENCE

The humanitarian consequences of the Nagorny Karabakh conflict, along with the ICRC's work for conflict-affected people, remained at the core of discussions with the authorities, armed forces, the diplomatic corps, international organizations and civil society representatives. Regular contacts, supported by newsletters and media reports based on ICRC press materials, kept them and the wider public informed about these topics and contributed to securing acceptance for the ICRC's mandate, access to people affected and respect for IHL (see *Civilians* and *People deprived of their freedom*).

### Armed forces familiarize themselves with IHL considerations in military operations

At an ICRC presentation, 12 military personnel attending courses at the Military College in Azerbaijan enhanced their knowledge of IHL and neutral, impartial and independent humanitarian action. Eighteen officers of the armed forces – including army and navy officers, members of Azerbaijan's battalion for joint operations with NATO, and legal personnel – attended a workshop on IHL considerations in planning and executing military operations; the ICRC also gave a presentation on respecting IHL in combat operations at a NATO Partnership for Peace predeployment exercise conducted by the joint-forces battalion. Ministry of Defence representatives participated in an IHL course in San Remo, Italy. During training sessions, officers of the police and the internal troops, and heads of temporary detention facilities in Baku, learnt more about international rules and standards for policing, and about IHL and the ICRC's work for detainees.

In Nagorny Karabakh, over 1,700 military personnel stationed along the Line of Contact learnt about IHL basics, their application in armed conflict, and the ICRC's mandate during dissemination sessions organized in coordination with the *de facto* Ministry of Defence. Thirteen commanding officers furthered their understanding of the need to incorporate IHL in military planning and decision-making processes at a workshop on the subject.

PEOPLE DEPRIVED OF THEIR FREEDOM	RELATED TO THE NAGORNY KARABAKH CONFLICT	NOT RELATED TO THE NAGORNY KARABAKH CONFLICT
<b>ICRC visits</b>		
Detainees visited	13	11,408
	<i>of whom women</i>	1
	<i>of whom minors</i>	4
Detainees visited and monitored individually	13	183
	<i>of whom women</i>	1
	<i>of whom girls</i>	1
	<i>of whom boys</i>	3
Detainees newly registered	7	90
	<i>of whom women</i>	1
	<i>of whom boys</i>	1
Number of visits carried out	29	36
Number of places of detention visited	4	17
<b>Restoring family links</b>		
RCMs collected	65	65
RCMs distributed	54	17
Phone calls made to families to inform them of the whereabouts of a detained relative	1	44
Detainees visited by their relatives with ICRC/National Society support		3
Detainees released and transferred/repatriated by/via the ICRC	10	
People to whom a detention attestation was issued	1	1

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## **Work on IHL-implementation measures makes minimal progress**

While mobilizing the authorities to advance efforts to clarify the fate of missing persons and meet the needs of their families (see *Civilians*), the ICRC worked on updating a previously conducted study on the compatibility of Azerbaijani legislation with a draft law on the status of missing persons and the rights of their families. It incorporated input from local NGOs working with families of the missing and prepared recommendations to support the authorities in taking the necessary legislative measures. The ICRC also reviewed a compatibility study relating to the implementation of the Hague Convention on Cultural Property, in preparation for dialogue on the subject at a round-table co-chaired with the Ministry of Foreign Affairs; however, the round-table did not take place owing to other government priorities.

## **Academics gain practical knowledge at IHL events**

Over 150 law, journalism and international relations students at two Azerbaijani universities broadened their knowledge of IHL during ICRC guest lectures and at a summer course; the latter also enabled IHL professionals in Azerbaijan to meet international experts and thus expand their academic networks. The donation of IHL publications to Baku State University gave students, lecturers and researchers more opportunities to pursue related studies or enrich IHL instruction. Law students from Nagorny Karabakh participated in a summer course and an international conference in Armenia (see *Armenia*).

Drawing on ICRC leaflets, local media in Nagorny Karabakh produced features on the ICRC's work in behalf of families of missing persons, vulnerable elderly people and civilian internees (see *Civilians*). Two journalists improved their ability to report on humanitarian topics through a media workshop in Armenia. Azerbaijani journalists covering the situation in front-line areas attended a similar workshop in Barda.

Visitors who viewed photo exhibitions on “150 years of humanitarian action” in Barda and Nagorny Karabakh learnt more about humanitarian principles and the ICRC's activities for conflict-affected people.

## **RED CROSS AND RED CRESCENT MOVEMENT**

The Azerbaijani Red Crescent worked in partnership with ICRC teams to assist conflict-affected people (see *Civilians*). It also reinforced its core capacities in emergency preparedness, restoring family links and promoting the Fundamental Principles. With support from Movement partners, it continued to work on its contingency plan and drafted security regulations, incorporating elements of the Safer Access Framework. It conducted refresher courses for first-aid trainers from front-line branches and, with the Austrian Red Cross and the ICRC, carried out an assessment of its first-aid services to identify further capacity-building measures. Following an upsurge in clashes in late 2014, front-line branches were equipped with first-aid bags and stretchers. Managerial staff participated in an ICRC-sponsored seminar on fundraising and resource mobilization.

Movement partners met regularly to coordinate their activities.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>Red Cross messages (RCMs)</b>			UAMs/SCs*		
RCMs collected		44			
RCMs distributed		49			
Phone calls facilitated between family members		85			
<b>Reunifications, transfers and repatriations</b>					
Human remains transferred/repatriated		2			
<b>Tracing requests, including cases of missing persons</b>			Women	Girls	Boys
People for whom a tracing request was newly registered		38	12	4	3
People located (tracing cases closed positively)		14			
Tracing cases still being handled at the end of the reporting period (people)		4,170	335	22	71
<b>Documents</b>					
People to whom travel documents were issued		1			
Official documents relayed between family members across borders/front lines		1			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>					
<b>ICRC visits</b>			Women	Minors	
Detainees visited		11,421	169	45	
			Women	Girls	Boys
Detainees visited and monitored individually		196	3	1	3
Detainees newly registered		97	1		1
Number of visits carried out		65			
Number of places of detention visited		21			
<b>Restoring family links</b>					
RCMs collected		130			
RCMs distributed		71			
Phone calls made to families to inform them of the whereabouts of a detained relative		45			
Detainees visited by their relatives with ICRC/National Society support		3			
Detainees released and transferred/repatriated by/via the ICRC		10			
People to whom a detention attestation was issued		2			

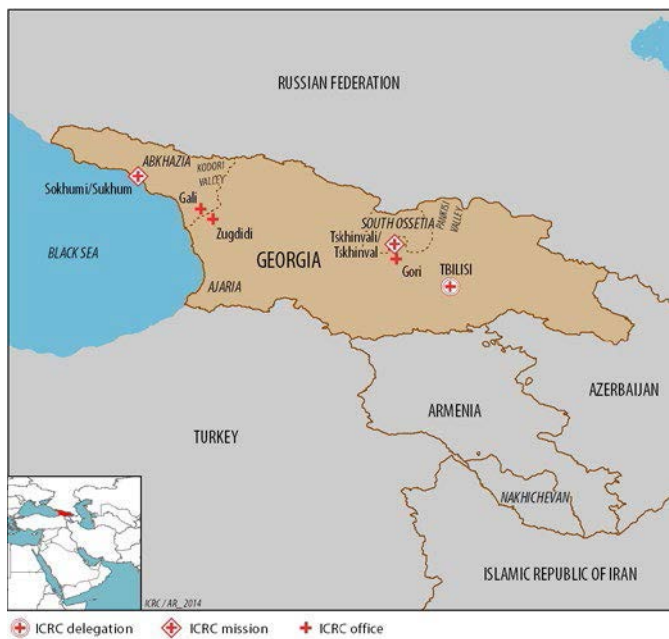
\* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Essential household items	Beneficiaries	57	46%	0%
	<i>of whom IDPs</i>	17		
Productive inputs <sup>1</sup>	Beneficiaries			
Cash	Beneficiaries	2,019	50%	25%
	<i>of whom IDPs</i>	159		
Work, services and training <sup>1</sup>	Beneficiaries	2,205	36%	37%
	<i>of whom IDPs</i>	1,294		
Water and habitat activities	Beneficiaries	7,569	40%	23%
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>Economic security<sup>1</sup>, water and habitat (in some cases provided within a protection programme)</b>				
Essential household items	Beneficiaries	108		
Productive inputs	Beneficiaries	320		

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



# GEORGIA



The ICRC has been present in Georgia since 1992. Acting as a neutral intermediary, it contributes to efforts to clarify the fate/whereabouts of missing persons, including by offering its forensic expertise to the actors concerned. It supports the families of missing persons and works to protect and assist displaced people and other vulnerable groups in conflict-affected regions. It visits detainees throughout Georgia, including South Ossetia. It promotes the national implementation of IHL and its integration into armed and security forces' doctrine, training and sanctions and into academic curricula. The ICRC helps the Red Cross Society of Georgia strengthen its capacities.

## KEY RESULTS/CONSTRAINTS

### In 2014:

- ▶ through the bipartite coordination mechanism for persons missing in connection with the Georgia-Abkhazia conflict, the remains of 18 persons were identified and handed over to their families
- ▶ families of missing persons coped with their situation with psychosocial and legal support, and local actors strengthened their ability to aid these families, with financial and technical backing from the ICRC
- ▶ people crossed Abkhaz and South Ossetian administrative boundary lines to obtain medical attention or rejoin their families, with the ICRC acting as a neutral intermediary to facilitate their passage
- ▶ while visits to detainees in Abkhazia remained suspended, people held in Georgia proper and South Ossetia received ICRC visits and, in some instances, family visits as well
- ▶ thousands of vulnerable people began/expanded income-generating activities with ICRC support, but some relief and income support activities were cancelled/reduced after being found unsuitable
- ▶ with ICRC encouragement, Georgia signed/ratified two IHL-related instruments, and the *de facto* authorities in South Ossetia began the process of drafting a local law on missing persons

EXPENDITURE (in KCHF)	
Protection	2,686
Assistance	5,261
Prevention	1,481
Cooperation with National Societies	674
General	-
	<b>10,102</b>

of which: Overheads 617

IMPLEMENTATION RATE	
Expenditure/yearly budget	<b>93%</b>

PERSONNEL	
Mobile staff	18
Resident staff (daily workers not included)	177

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

**HIGH**

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
<b>Red Cross messages (RCMs)</b>	
RCMs collected	323
RCMs distributed	279
People located (tracing cases closed positively)	43
People reunited with their families	21
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
<b>ICRC visits</b>	
Detainees visited	10,843
Detainees visited and monitored individually	96
Number of visits carried out	74
Number of places of detention visited	13
<b>Restoring family links</b>	
RCMs collected	84
RCMs distributed	26
Phone calls made to families to inform them of the whereabouts of a detained relative	33

ASSISTANCE		2014 Targets (up to)	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>			
<b>Economic security, water and habitat</b> (in some cases provided within a protection or cooperation programme)			
Food commodities	Beneficiaries	435	522
Essential household items	Beneficiaries	1,112	495
Productive inputs	Beneficiaries	3,120	
Cash	Beneficiaries		2,492
Work, services and training	Beneficiaries	10	1,120
Water and habitat activities	Beneficiaries	2,370	10,586

## CONTEXT

Civilians continued to feel the effects of past conflicts, particularly on their economic security. The families of over 2,000 missing persons remained without news of their relatives.

The demarcation of the Abkhaz and South Ossetian administrative boundary lines continued, hampering the free movement of people and goods, and access to water. People attempting to cross the boundaries were reportedly arrested.

Following the election of a new *de facto* president in August, Abkhazia signed a strategic partnership agreement with the Russian Federation in October. South Ossetia made preparations for signing a similar agreement with the Russian Federation in 2015.

Peace negotiations – the “Geneva Talks” involving representatives of Georgia, the Russian Federation, Abkhazia and South Ossetia, and mediated by the European Union (EU), the Organization for Security and Co-operation in Europe (OSCE) and the UN – continued, but made little progress. Monthly meetings of the Incident Prevention and Response Mechanism, facilitated jointly by the EU Monitoring Mission and the OSCE, helped maintain regular contacts between the parties, for example, on humanitarian issues related to the demarcation of the administrative boundaries.

## ICRC ACTION AND RESULTS

The ICRC continued to assist people affected by the demarcation of the administrative boundary lines, families of missing persons, and others coping with the effects of past conflicts. Dialogue with the authorities in Georgia proper and the *de facto* authorities in Abkhazia and South Ossetia emphasized their obligation to facilitate civilians’ access to humanitarian aid and essential services. The ICRC remained the only international organization conducting humanitarian activities in South Ossetia.

Discussions with the parties involved in past conflicts emphasized the need to clarify the fate of persons who remained unaccounted for. The ICRC continued to support the bipartite coordination mechanism between Georgia and Abkhazia on the issue of persons missing in relation to the 1992–93 conflict, and the tripartite coordination mechanism between Georgia, the Russian Federation and South Ossetia on persons missing in connection with the 2008 and earlier conflicts. The ICRC provided financial and technical backing for efforts to identify human remains and facilitated their transfer across administrative boundaries. Within the framework of the bipartite coordination mechanism, 56 sets of human remains were recovered, and the remains of 18 persons identified and handed over to their families in Georgia proper and Abkhazia. Families of missing persons obtained psychosocial and legal assistance from local providers supported by the ICRC.

Conflict-affected households started/expanded food-production or income-generating activities with ICRC cash grants; however, some planned economic-assistance projects were cancelled or scaled down after they were found to be unsuitable. Households whose access to water was affected by the boundary demarcation benefited from efforts by the local authorities and the ICRC to improve the water supply. ICRC assistance enabled victims of mines and other explosive remnants of war (ERW) to obtain prosthetic/orthotic devices and cover costs related to their treatment.

While visits to detainees in Abkhazia remained suspended, pending the *de facto* authorities’ acceptance of the ICRC’s standard procedures, the ICRC visited detainees in Georgia proper and South Ossetia. The authorities and *de facto* authorities received feedback on detainees’ treatment and conditions. The primary-health-care programme for prisons in Georgia proper was extended to 12 facilities and handed over to the Georgian authorities at end-2014.

Detainees in Georgia proper and South Ossetia benefited from ICRC-facilitated family visits and parcel deliveries. Detainees in Georgia proper, Abkhazia and South Ossetia restored/maintained contact with relatives through RCMs. In Georgia proper, the families of people held in Abkhazia and South Ossetia addressed administrative concerns using power-of-attorney documents drawn up by their detained relatives, supported by ICRC-issued letters. Earlier in the year, Abkhaz detainees in Georgia proper used phone calls to speak with their families; however, the service was suspended by the authorities, citing security concerns.

With ICRC encouragement, Georgia signed the Arms Trade Treaty and ratified the 2010 amendments to the Rome Statute; the *de facto* authorities in South Ossetia began the process of drafting a local law on missing persons.

The Georgian Ministry of Defence and the ICRC signed an agreement to cooperate in incorporating IHL in the armed forces’ doctrine, training and sanctions system; subsequently, at ICRC-organized workshops, military officers discussed the incorporation of IHL in military decision-making. The ICRC conducted IHL training for Georgian military personnel preparing for peace-support missions abroad, and dissemination sessions for Abkhaz militia personnel and security/customs officers; an offer to conduct similar sessions for the South Ossetian armed forces was not accepted.

The Red Cross Society of Georgia worked to strengthen the legal basis for its activities, for instance, by proposing to the parliament amendments to the law governing its status and the use of the red cross emblem. With ICRC backing, it strengthened its ability to provide humanitarian assistance by increasing the number of its branches, obtaining European certification for its first-aid programme and developing its family-links capacities.

## CIVILIANS

### People get medical treatment and rejoin relatives across boundary lines

Dialogue with the Georgian authorities and the *de facto* Abkhaz and South Ossetian authorities emphasized the concerns of people living along the administrative boundaries, particularly regarding the impact of movement restrictions.

People crossed boundary lines to obtain medical attention or rejoin their families; the ICRC, acting as a neutral intermediary, facilitated their passage. Some 200 people were transferred to medical facilities. The remains of nine people were handed over to their families by the ICRC, which also facilitated the return of five other sets of remains to relatives. Families on different sides of the boundaries exchanged RCMs, and 21 people rejoined their relatives. Fifty-six official documents were relayed across boundary lines, benefiting 44 people.

In South Ossetia, the Tskhinvali/Tskhinval hospital boosted its ability to treat patients using ICRC-supplied surgical equipment.

The *de facto* health authorities received medicines and supplies for distribution to various hospitals.

### **Local actors help clarify the fate of missing persons**

Georgian and Abkhaz representatives to the ICRC-chaired bipartite coordination mechanism dealing with the issue of persons missing in relation to the 1992–93 conflict, and the forensic working group attached to it, continued their work. Local forensic scientists, coached by Argentine forensic anthropologists, performed exhumations in Digomi, Georgia proper, and in Babushera, Ochamchira and three other sites in Abkhazia. The teams recovered 56 sets of human remains. All the remains exhumed in Babushera were transferred to the National Forensic Bureau in Georgia proper for forensic analysis; the ICRC acted as a neutral intermediary to facilitate passage across the Abkhaz administrative boundary.

The families of 18 persons found some closure after their missing relatives' remains were identified and handed over to them; 4 sets of remains had been recovered in Babushera earlier in the year, and the other 14 sets had been exhumed in Park Slavy, Abkhazia, in 2013.

In Georgia proper and Abkhazia, local forensic professionals, with ICRC technical assistance, collected DNA samples from relatives of missing persons for use in future identification efforts. National Society/ICRC personnel collected ante-mortem data from the families of missing persons in Georgia proper; ICRC-trained representatives of the Abkhaz commission on missing persons did the same in Abkhazia.

No meetings were convened by the Georgian, Russian and South Ossetian participants in the tripartite coordination mechanism dealing with persons missing in connection with the 2008 and earlier conflicts; the ICRC maintained dialogue with all three parties.

The South Ossetian *de facto* authorities participated in ICRC training in the collection of ante-mortem data, as they prepared to collect such data from relatives of people missing in relation to the 1990–92 conflict. However, at year's end, data collection had not begun, as the agreement between the *de facto* authorities and the ICRC on these activities awaited the approval of the former.

### **Families of the missing offer each other psychosocial support**

Through the accompaniment programme conducted by partner NGOs with financial and technical backing from the ICRC, families of missing persons met some of their needs with psychosocial and legal assistance. Some 300 families in Georgia proper joined the programme, bringing the total number of families assisted since 2010 to over 1,100. Relatives of missing persons had emotional support during difficult occasions, such as the collection of ante-mortem data and DNA samples or the identification/handover of remains. One additional NGO and several National Society branches joined those lending their support to the programme.

Families in South Ossetia participated in commemorative projects, which were presented to the public on the International Day of the Disappeared (see *Actors of influence*). With ICRC assistance, members of a South Ossetian family association visited their counterparts in Abkhazia to share experiences and offer support and encouragement. In July, the ICRC concluded its psychosocial-support sessions for families of missing persons in South Ossetia; 30 families participated in 76 sessions.

### **Conflict-affected households regain self-sufficiency**

Some 670 conflict-affected households (2,401 people) in Georgia proper and Abkhazia, including families of missing persons or mine/ERW victims and people living near the administrative boundaries, worked towards economic recovery by starting/expanding food-production or income-generating activities with the help of ICRC cash grants. When households were surveyed nine months after receiving such assistance, it was found that 80% had developed sustainable livelihoods and 63% had increased their income by 30%. In South Ossetia, 20 households (64 people) acquired basic business skills through ICRC training and used cash grants to start small enterprises.

The South Ossetian *de facto* authorities, supported by the ICRC, boosted local farmers' access to agricultural services. For instance, 17 government veterinarians treated livestock more effectively after attending refresher courses and receiving instruments and medicines. The *de facto* authorities and farmers' associations were supplied with tractors and other equipment to help farmers till their land during the next planting season (collectively benefiting over 1,000 people). Irrigation projects and initiatives to assist apple growers were cancelled, and fewer cash grants were given than initially planned, after these activities were found to be unsuitable.

Vulnerable people met their immediate needs with ICRC aid. In South Ossetia, 192 destitute households (484 people) coped with harsh weather conditions following the provision of household/hygiene items, and were able to eat three meals a day after receiving food parcels. Among the beneficiaries were 12 elderly people with physical disabilities, who received such assistance during home visits. Eleven children whose boarding school had burnt down also benefited from food and household/hygiene items. In Abkhazia's remote Kodori Gorge, 16 households (27 people) supplemented their diet with food supplies.

### **Relatives of detainees address administrative concerns**

In Georgia proper, families of people detained in Abkhazia and South Ossetia obtained social benefits, applied for passports for minors, or initiated other administrative procedures using power-of-attorney documents drawn up by their detained relatives; these documents were supported with letters from the ICRC.

Until July, when the authorities suspended the programme for security reasons, Abkhaz families spoke with their relatives detained in Georgia proper using a phone service at the ICRC office in Gali, Abkhazia (see *People deprived of their freedom*).

### **Mine/ERW victims recover mobility**

The ICRC collected data on the needs of mine/ERW victims in Abkhazia and, with the National Society, in Georgia proper. Following these efforts, people in need of prosthetic/orthotic devices were identified and referred to the Georgian Foundation for Prosthetic Orthopaedic Rehabilitation. Some 110 mine/ERW victims obtained such devices and had their transport, food and accommodation costs covered by the ICRC. With ICRC assistance, 350 mine/ERW victims started/resumed income-generating projects (see above), benefiting a total of 1,267 people. In South Ossetia, 11 people met their various prosthetic/orthotic needs with ICRC assistance.

## **Communities have more reliable water supply and improved housing**

Georgian water authorities boosted their ability to increase people's access to water after the ICRC provided them with pumps and technical support for maintaining their water-supply systems, benefiting 5,010 people; another 3,180 people in Georgian villages close to the South Ossetian administrative boundary had better access to water after the authorities installed some of these pumps with ICRC assistance. Local technicians learnt to operate the pumps with ICRC training.

In South Ossetia, some 1,310 people had more water after local authorities repaired/maintained existing water-supply systems with technical and material support from the ICRC. Twelve destitute families (34 people) stayed warm in winter after one room in each of their houses was repaired.

In western Georgia, around 1,050 IDPs had better living conditions after the authorities and the ICRC carried out infrastructure repairs and improvements at the collective centres housing them.

## **PEOPLE DEPRIVED OF THEIR FREEDOM**

### **People detained have their treatment and living conditions monitored**

Detainees in Georgia proper and South Ossetia – including people held in connection with past conflicts, for crossing administrative boundaries, or on security-related charges – received ICRC visits conducted in accordance with the organization's standard procedures. During visits, detainees' treatment and living conditions were monitored. The Georgian authorities and the South Ossetian *de facto* authorities received confidential feedback and, where necessary, recommendations for improvement.

However, visits to people held in Abkhazia remained suspended, pending the *de facto* authorities' acceptance of the ICRC's standard procedures.

With ICRC assistance, foreign detainees, including asylum seekers and stateless persons, notified their embassies or local UNHCR representatives of their detention. Detaining authorities were reminded of the need to uphold the principle of *non-refoulement*.

### **Detainees maintain family links across boundary lines**

Eight people from South Ossetia detained in Georgia proper benefited from family visits, some as long as 24 hours; acting as a neutral intermediary, the ICRC facilitated their relatives' safe passage across boundary lines. Three people held in South Ossetia also received family visits. Detainees in Georgia proper, Abkhazia and South Ossetia stayed in touch with their relatives through RCMs. Some detainees in Georgia proper also spoke to their families in Abkhazia, who used an ICRC phone service (see *Civilians*).

Several detainees benefited from the delivery across boundary lines of parcels from relatives who could not travel.

### **Authorities continue to ensure detainees' access to health care**

Georgian authorities began implementing an action plan for penitentiary health care reform, reaffirming their commitment to making health care accessible to detainees. The primary-health-care programme in Georgian prisons was extended to 12 facilities and handed over to the authorities at year's end. Through the programme, detainees benefited from, among others, health screening, medical treatment and a suicide-prevention initiative.

Health staff developed their capacities through training, for example, in mental-health care and medical documentation. Health facilities were repaired and equipped by the authorities and the ICRC.

Efforts to improve a South Ossetian prison's heating system progressed after some delays.

## **ACTORS OF INFLUENCE**

### **Authorities advance IHL implementation**

Discussions with the Georgian authorities and the Abkhaz and South Ossetian *de facto* authorities focused on their responsibility to assist people affected by the demarcation of the administrative boundaries, the issue of missing persons and their families' needs, and other consequences of past conflicts, and the ICRC's role as a neutral intermediary. The ICRC received the *de facto* authorities' approval to operate in South Ossetia until the end of the year, where it remained the only international organization conducting humanitarian activities.

In 2014, Georgia signed the Arms Trade Treaty and ratified the 2010 amendments to the Rome Statute. With ICRC support, members of the national IHL committee enriched their understanding of IHL implementation at a regional conference, and participated in consultations in Switzerland on the "Strengthening IHL" process (see *International law and policy*).

In South Ossetia, at an ICRC-organized round-table in August, representatives of the *de facto* authorities and members of civil society organizations discussed the possibility of establishing a local law on missing persons. The *de facto* authorities confirmed in December that they had begun the process of drafting such a law.

### **Ministry of Defence commits to integrating IHL into its doctrine, training and sanctions system**

The Georgian Ministry of Defence and the ICRC signed an agreement to work together to incorporate IHL in the doctrine, training and sanctions system of the armed forces. A working group, composed of defence officials and military officers, was created to oversee the implementation of the agreement. Commanding officers and legal advisers discussed the application of IHL in military decision-making during ICRC-organized workshops, which were conducted within the framework of the agreement.

Military personnel bound for Afghanistan and the Central African Republic on peace-support missions learnt more about IHL through training sessions and briefings on the ICRC's mandate and its work in those countries. With ICRC support, military instructors strengthened their IHL teaching skills through a train-the-trainer workshop, and IHL-related teaching materials were translated into Georgian. Sponsored by the ICRC, a senior officer of the armed forces participated in the Senior Workshop on International Rules Governing Military Operations (see *International law and policy*).

Militia personnel and security and customs officers in Abkhazia became more familiar with ICRC activities during dissemination sessions. The ICRC's offer to conduct such sessions for the armed forces of South Ossetia was not accepted.

### **Media highlight issues related to missing people and weapon contamination**

The media increased public awareness of humanitarian concerns and the ICRC's activities across Georgia, particularly in relation to missing persons, including efforts to recover and identify human



remains. In South Ossetia, families presented projects to commemorate their missing relatives. The public learnt more about mine/ERW risks through various awareness-raising activities in Abkhazia and South Ossetia, including events marking the International Day for Mine Awareness and Assistance in Mine Action.

### Students and teachers add to their knowledge of IHL

With support from the ICRC, a young IHL specialist attended an international conference (see *Armenia*). At an ICRC-organized meeting, IHL professors discussed their experiences and the challenges they faced. University students in Georgia proper participated in national and international IHL competitions, while law students and military cadets in western Georgia reinforced their knowledge of the ICRC's mandate and work during presentations. Through an essay-writing competition, 23 school-children were selected to participate in the third IHL Summer School in South Ossetia.

## RED CROSS AND RED CRESCENT MOVEMENT

### National Society works to strengthen the legal framework for its activities

The Georgian Red Cross continued to work with Movement partners to develop its institutional and operational capacities. It proposed to the parliament amendments to the law governing its status and the use of the red cross emblem. It also reviewed its management structure and improved communication between headquarters and branches.

The National Society increased the number of its branches, which helped strengthen its support for the families of missing persons (see *Civilians*). It obtained the European First Aid Certificate for its first-aid programme and created an emergency response plan based on the Safer Access Framework. It boosted its family-links services by developing new procedures and monitoring/evaluation tools, reinforcing these efforts through regular meetings with the ICRC.

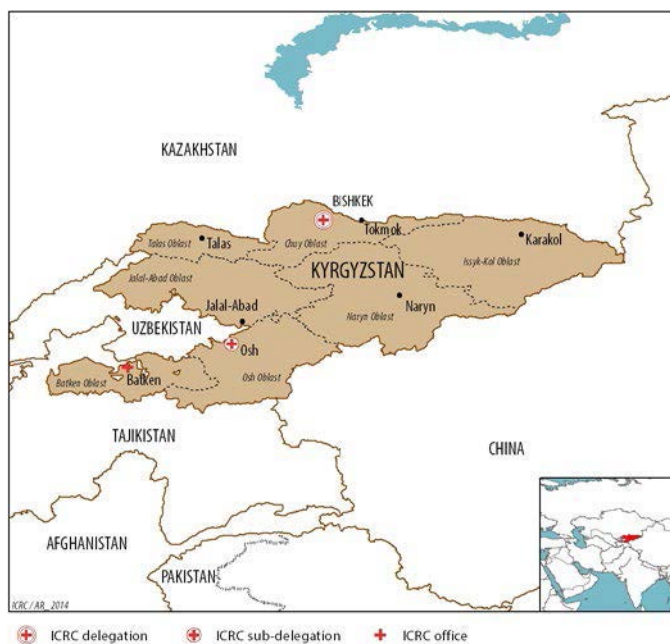
MAIN FIGURES AND INDICATORS: PROTECTION		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
Red Cross messages (RCMs)			UAMs/SCs*		
RCMs collected		323			
RCMs distributed		279			
<b>Reunifications, transfers and repatriations</b>					
People reunited with their families		21			
	<i>including people registered by another delegation</i>	1			
People transferred/repatriated		695			
Human remains transferred/repatriated		9			
<b>Tracing requests, including cases of missing persons</b>			Women	Girls	Boys
People for whom a tracing request was newly registered		610	93	8	21
People located (tracing cases closed positively)		43			
Tracing cases still being handled at the end of the reporting period (people)		2,377	383	15	48
<b>Documents</b>					
Official documents relayed between family members across borders/front lines		56			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>					
<b>ICRC visits</b>			Women	Minors	
Detainees visited		10,843	279	42	
			Women	Girls	Boys
Detainees visited and monitored individually		96	4		
Detainees newly registered		54	1		
Number of visits carried out		74			
Number of places of detention visited		13			
<b>Restoring family links</b>					
RCMs collected		84			
RCMs distributed		26			
Phone calls made to families to inform them of the whereabouts of a detained relative		33			
Detainees visited by their relatives with ICRC/National Society support		11			
People to whom a detention attestation was issued		3			

\* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Food commodities	Beneficiaries	522	36%	45%
	<i>of whom IDPs</i>	6		
Essential household items	Beneficiaries	495	34%	45%
	<i>of whom IDPs</i>	6		
Cash	Beneficiaries	2,492	44%	22%
	<i>of whom IDPs</i>	1,394		
Work, services and training	Beneficiaries	1,120	5%	1%
Water and habitat activities	Beneficiaries	10,586	37%	21%
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection programme)</b>				
Essential household items	Beneficiaries	21		
Water and habitat activities	Beneficiaries	54		
<b>Health</b>				
Number of visits carried out by health staff		60		
Number of places of detention visited by health staff		12		



# KYRGYZSTAN



Active in the country since 1992, the ICRC opened a delegation in Kyrgyzstan in 2011. It works to protect and assist people affected by tensions or violence and people detained for security reasons, while providing support regarding health-related issues, particularly TB, in places of detention. The ICRC promotes norms relevant to the use of force among security forces and the incorporation of IHL into national legislation, academic curricula and the armed forces' doctrine, training and sanctions. The ICRC works in partnership with the Red Crescent Society of Kyrgyzstan and helps it strengthen its capacities.

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

**MEDIUM**

## KEY RESULTS/CONSTRAINTS

### In 2014:

- ▶ the authorities made progress in streamlining TB treatment in the penitentiary sector, notably by transferring all TB-affected detainees to newly constructed/renovated facilities at Penal Institution 31
- ▶ detainees at 5 places of temporary detention had access to health services following ICRC-supported repair work and provision of supplies, in line with a memorandum of understanding with the authorities
- ▶ people in violence-prone areas had better access to emergency treatment at ICRC-renovated health facilities and from health professionals trained by ICRC-supported doctors
- ▶ the authorities included emergency-room trauma courses in the training curriculum for post-graduate medical students
- ▶ following efforts by the national IHL committee and others, the parliament considered proposals for penalizing war crimes and protecting missing persons and their families, and approved accession to an IHL treaty
- ▶ the Red Crescent Society of Kyrgyzstan strengthened its emergency response capacity and helped build regional preparedness, for example, via a simulation exercise with other Central Asian National Societies

### EXPENDITURE (in KCHF)

Protection	1,008
Assistance	5,282
Prevention	561
Cooperation with National Societies	409
General	-

**7,259**

of which: Overheads 443

### IMPLEMENTATION RATE

Expenditure/yearly budget	<b>90%</b>
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### PERSONNEL

Mobile staff	14
Resident staff (daily workers not included)	77

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
Red Cross messages (RCMs)	
RCMs collected	6
RCMs distributed	4
People located (tracing cases closed positively)	17
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
ICRC visits	
Detainees visited	9,263
Detainees visited and monitored individually	258
Number of visits carried out	117
Number of places of detention visited	46

ASSISTANCE	2014 Targets (up to)	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)		
Essential household items	Beneficiaries	3,923
Water and habitat activities	Beneficiaries	15,000
35,582		
<b>WOUNDED AND SICK</b>		
Hospitals		
Hospitals supported	Structures	1
7		
<b>Water and habitat</b>		
Water and habitat activities	Number of beds	11
200		

## CONTEXT

The security situation in Kyrgyzstan remained relatively calm, but tensions owing to demarcation issues in the south, competition for access to water and land/pasture, and socio-economic discontent among the population persisted. Sporadic clashes along the country's borders with Tajikistan and Uzbekistan led to injuries and, in some cases, deaths among civilians and weapon bearers, and to the destruction of property.

Strategic discussions with the Russian Federation on economic, security and military issues continued. In December, Kyrgyzstan signed an agreement to join the Eurasian Economic Union, which expanded on and replaced the Customs Union of Armenia, Belarus, Kazakhstan and the Russian Federation. It took part in military exercises with other Central Asian countries and the Russian Federation within the framework of the Collective Security Treaty Organization (CSTO). A comprehensive reform of the country's armed forces got under way.

Kyrgyzstan also pursued dialogue with China through the Shanghai Cooperation Organization, and continued to forge ties with Turkey and the member States of the Gulf Cooperation Council. The US-run military air base at Manas airport was closed down; some infrastructure was handed over to Kyrgyzstan.

## ICRC ACTION AND RESULTS

In view of the lingering tensions and the sporadic incidents of violence in Kyrgyzstan, the ICRC helped strengthen local emergency preparedness and response capacities. It monitored the situation of people in tension-prone areas, and worked with the authorities to address the humanitarian needs of detainees and the families of missing persons. It also promoted the domestic implementation of IHL and built awareness of humanitarian principles.

To ensure access to health care during emergencies, the ICRC helped emergency-service providers, particularly those working in the south, to reinforce their capacities, and drew attention to the goals of the Health Care in Danger project. It provided the Red Crescent Society of Kyrgyzstan with technical, financial and material support for enhancing its capacity to respond to emergencies, particularly in terms of providing first aid, restoring family links and distributing relief items to vulnerable households in violence-prone areas.

Hospital staff, military medical personnel and medical professors honed their trauma-management skills during courses led by ICRC-trained government doctors; the authorities included such courses in the training curriculum of post-graduate medical students. Hospitals and health-care centres in the south were renovated and/or provided with medical supplies.

The ICRC visited detainees, including those held in relation to the events of 2010, at places of detention run by the Ministry of the Interior, the State Committee for National Security (GKNB), the State Drug Control Service and the State Service for the Execution of Punishments (GSIN). It continued to seek access to all detainees within its purview. The ICRC shared its findings and recommendations – concerning the detainees' treatment and living conditions – confidentially to the authorities; it paid particular attention to the situation of detainees serving life sentences and stressed the importance of ensuring that detainees could contact their relatives. It helped the authorities improve prison facilities and provided family-links services to detainees.

Within the framework of a 2013 memorandum of understanding with the authorities, on providing health care in places of temporary detention, the ICRC supported the renovation of five police stations under the Interior Ministry. Work on training their medical staff was in progress. The ICRC also continued to provide the GSIN and the Health Ministry with extensive support for managing TB in the penitentiary sector. It supported the establishment of a centralized TB treatment facility at Penal Institution 31, where all TB-affected detainees from other facilities had been transferred at year's end; construction of a hospital for patients with multi-drug resistant (MDR) TB was completed.

The ICRC helped the families of 19 persons still missing in relation to the events of June 2010 to seek news of their relatives, mainly by urging the authorities to provide the families with updates on pertinent developments. To promote the rights of the missing and their families, the ICRC provided support for a study – conducted by a government research institute – on the compatibility of domestic legislation and international norms on the subject; the findings/recommendations were submitted to the authorities and included in a draft document being reviewed by the parliament.

To foster an environment conducive to humanitarian action, the ICRC promoted the implementation of IHL, helped IHL specialists further their knowledge, and engaged in dialogue with the authorities, weapon bearers and members of civil society. The national IHL committee drew on ICRC expertise to advance the country's accession to IHL treaties, particularly the Environmental Modification Convention, and the incorporation of IHL/humanitarian norms in the penal code. Dissemination sessions helped military/police personnel learn more about IHL and other norms applicable to their duties, and about the ICRC's mandate/activities. Similar sessions, as well as public events, helped build awareness of IHL-related issues among civil society and the wider public.

## CIVILIANS

The situation of people in the south and other tension-prone areas was monitored by the ICRC – for example, through dialogue with the authorities. Discussions with the authorities also served to encourage them to develop emergency preparedness/response measures and protocols, and to train/equip first responders and other specialists in first aid and restoring family links. After an ICRC assessment, government offices involved in managing human remains during emergencies received material assistance and technical advice on best practices in this area, with the aim of helping them mitigate the risk of disappearances. Ad hoc distributions, by the National Society, of ICRC-donated essential supplies helped ease the conditions of vulnerable households in violence-prone areas.

With the approval of the authorities, 34 individuals without valid identification papers received ICRC travel documents, facilitating their resettlement within the framework of IOM and UNHCR programmes.

## Families of missing persons stand to benefit from review of domestic legislation

The families of 19 persons still missing in relation to the events of June 2010 remained without news of their relatives. Representations were made to the authorities, urging them to update the families on the status of the search for their missing relatives. Although direct support for the families was reduced, in favour of activities with longer-term objectives (see below), some families received,

at their request, assistance in obtaining legal or administrative support; they attended a commemorative event organized by the ICRC in Osh.

The Kyrgyz government's National Institute for Strategic Studies conducted, with ICRC support, a study comparing the country's existing laws and internationally recognized standards on the rights of missing persons and their families. Findings and recommendations were conveyed to working groups overseeing legal reforms, with a view to encouraging the authorities to improve domestic legislation in this regard.

#### **Rural communities gain better access to water**

Some 35,580 people living in the towns of Kochor-Ata and Massy in the Jalal-Abad province had more regular access to clean water for household and livelihood use, after local water boards upgraded and maintained their water supply networks with material/technical support from the ICRC.

### **PEOPLE DEPRIVED OF THEIR FREEDOM**

#### **Detainees' treatment and living conditions monitored**

Over 9,260 people held in 46 places of detention run by the Interior Ministry, the GKNB, the G SIN and the State Drug Control Service received ICRC visits, conducted according to the organization's standard procedures. Of these, 258 potentially vulnerable inmates – security detainees, those serving life sentences, women, minors and foreigners – were followed up individually. Discussions with the authorities, on an agreement seeking access to all detainees within the ICRC's purview, continued.

After these visits, findings and recommendations were communicated confidentially to the authorities, with a view to helping them ensure that detainees' treatment and living conditions were in line with internationally recognized standards. The authorities also received a comprehensive report on the humanitarian situation of detainees serving life sentences and, in lieu of a study tour, benefited from technical advice from a prison management specialist.

Discussions with the authorities also stressed the importance of ensuring that detainees could contact their relatives. The G SIN requested ICRC support for implementing the recommendations of a report submitted to them in 2013. Although RCMs were not used owing to the availability of mobile communication channels, detainees still benefited from other ICRC family-links services; 206 detainees were visited by their relatives, including children. After his release from prison, a minor returned home to Tajikistan under ICRC auspices.

#### **Inmates see improvements in their living conditions**

Particularly vulnerable detainees received blankets, mattresses, hygiene kits and other essential supplies; books and recreational items helped ease their confinement.

Detaining authorities continued to draw on ICRC support to ensure that detainees' living conditions were in line with internationally recognized standards. For example, 158 detainees saw tangible improvements in their living conditions because of ICRC-backed renovations of prison barracks and rooms for family visits. At a workshop, 20 maintenance personnel improved their ability to ensure the facilities' upkeep.

Construction of a pre-trial detention facility in Jalal-Abad got under way within the framework of an agreement between the

authorities, the Organization for Security and Co-operation in Europe and the ICRC.

#### **Detainees at five police stations begin to receive health services**

Cooperation continued between the authorities and the ICRC in the provision of health services to detainees at places of temporary detention, as per an agreement signed with the Health and Interior Ministries in 2013. On the basis of assessments conducted jointly with members of an inter-ministerial committee, five police stations were renovated (benefiting some 180 detainees) and provided with medical supplies/equipment. Doctors and nurses were appointed by the authorities, enabling detainees to receive health services; the committee began to draft related guidelines and protocols. Preparations were under way for training sessions for medical staff assigned to the facilities.

#### **TB-affected detainees obtain treatment at central facility**

The G SIN and the Ministry of Health continued to tackle the serious threat posed by TB, particularly MDR TB – with ICRC support, which included sending specimen samples abroad for testing. The handover of the caseload from Médecins Sans Frontières-Switzerland (MSF-CH) to the ICRC was completed in April, on the basis of a plan agreed by the G SIN, MSF-CH and the ICRC. By year's end, 129 detainees had completed their treatment, while that of 218 others – including 107 with MDR TB – continued. Efforts to promote a holistic model of care, one that included psychosocial support, continued.

Penal Institution 31 underwent further infrastructural/maintenance work supported by the ICRC, with a view to establishing a central treatment facility for up to 340 detainees with various forms of TB. Construction of a hospital (64 beds) for detainees with MDR TB was completed. Other projects included the implementation of infection-control measures, the renovation of prison barracks, and the construction of a building for patients at risk of MDR TB and another for socially vulnerable patients. Although some infrastructural work was still ongoing at Penal Institution 31, all TB-affected detainees from Penal Institution 27 and other places of detention had been transferred to it by the end of December.

The staff at Penal Institutions 27 and 31 continued to receive daily on-site support for managing TB. They ensured that conditions were conducive to the well-being of detainees and to the work of the medical staff, mainly by overseeing the functioning of infrastructure/services.

#### **Authorities pursue efforts to streamline TB management**

The penitentiary authorities maintained, with ICRC material/technical support, an electronic database for keeping track of and periodically evaluating the performance of the country's prison TB-management programme.

Working groups – for developing national TB infection-control guidelines, training medical and non-medical penitentiary staff in various matters related to TB, strengthening the TB surveillance system and optimizing the local TB laboratory network – received technical support. The national TB reference laboratory in Bishkek and the inter-provincial reference laboratory in Osh – both providers of diagnostic services to the prison sector – bolstered their capacities with ICRC material/technical assistance. Laboratory technicians participated in ICRC-supported study tours of the prison TB-control programme in Baku, Azerbaijan (see *Azerbaijan*).

## WOUNDED AND SICK

### Health workers add to their skills with the help of Health Ministry doctors

Medical personnel from throughout Kyrgyzstan bolstered their capacities to manage potential influxes of wounded patients, helping strengthen emergency preparedness/response throughout the country. In all, 37 surgeons/anaesthetists from hospitals in the south, 20 military medical staff and 20 medical professors from Bishkek and Osh honed their trauma-management skills at courses led by Health Ministry doctors equipped with ICRC training and technical/financial support. Following discussions with the ICRC, the authorities included these courses in the training curriculum for post-graduate medical studies.

Participants in these courses also furthered their understanding of the protection and respect due to patients and medical workers, among the primary concerns of the Health Care in Danger project. These issues were also highlighted in ICRC dissemination sessions and other events for the authorities, weapon bearers and members of civil society. At a Ministry of Health conference on legal protection for medical staff, attendees learnt more about the project's goals through an ICRC presentation.

To help strengthen their ability to address health needs during emergencies, two primary health care centres (performing a total 3,600 consultations/month; total: 200 beds) in the Batken and Jalal-Abad provinces were renovated and equipped with medical supplies. In Batken, patients at another centre, and at a hospital, benefited from donations of medical supplies by the ICRC. Ad hoc distribution of medical supplies helped three other health facilities treat wounded patients.

## ACTORS OF INFLUENCE

With ICRC support, the authorities worked towards incorporating IHL in domestic legislation; military personnel, police officers and members of civil society broadened their understanding of IHL, the ICRC and humanitarian issues, including those covered by the Health Care in Danger project. Contact with traditional leaders was being developed.

### Kyrgyzstan approves law on acceding to IHL treaty

The national IHL committee drew on ICRC support and advice during its meetings and for developing initiatives to promote domestic implementation of IHL. It finalized a draft law on acceding to the Environmental Modification Convention, which was adopted by the parliament and signed by the president at year's end. The working group overseeing the revision of Kyrgyzstan's penal code took into account recommendations made by the Defence Ministry/ICRC on behalf of the national IHL committee. It proposed to the parliament that war crimes be included in the draft penal code, which also incorporated recommendations from a compatibility study on domestic laws and internationally recognized standards on the rights of the missing and their families (see *Civilians*).

The Defence Ministry, on behalf of the General Staff, expressed interest in drawing on ICRC expertise for including IHL in the country's military doctrine – for example, by sharing draft documents with it.

### Academic circles help build IHL expertise countrywide

Members of the national IHL committee furthered their understanding of IHL at an ICRC-organized training session, at which two local professors lent their expertise. To build on such expertise

and facilitate support for the committee, contact with academics was pursued; discussions with them focused on the state of IHL instruction at universities. After these discussions, the national IHL committee expressed willingness to consider the inclusion of IHL in the national curriculum. Twelve universities periodically received IHL reference materials; some 280 students learnt about humanitarian issues and the ICRC during dissemination sessions.

### Weapon bearers learn more about IHL and law enforcement standards

By taking part in seminars and other events organized/attended by the ICRC, military and police officers added to their knowledge of IHL, international norms applicable to their duties and the ICRC's mandate and activities.

At a workshop, eight military commanders and two from the Border Service discussed IHL and its application in their operations. Some 145 military personnel, police officers and border troops attended dissemination sessions on detention and other issues. Pre-deployment briefings about the ICRC, organized for the first time in Kyrgyzstan, helped 40 peacekeepers bound for UN missions to familiarize themselves with the organization's mandate and activities. Participants in a military exercise for CSTO forces – hosted by the authorities and attended by the ICRC as an observer – learnt more about IHL and the ICRC's mandate through briefings.

### Public awareness of humanitarian principles and the ICRC develops

Various events, and media reports based on ICRC materials, helped spread awareness of the Movement and humanitarian issues to a wider audience. More than 1,000 people in Bishkek and Osh familiarized themselves with humanitarian issues at a photo exhibition organized jointly by the Swiss embassy in Bishkek and the ICRC. Journalists from print, broadcast and social media outlets attended ICRC briefings and events, helping them enhance their coverage of humanitarian issues. At a seminar, 17 journalists from Batken, Jalal-Abad and Osh learnt more about conflict reporting and the protection due to them under IHL.

## RED CROSS AND RED CRESCENT MOVEMENT

### National Society hosts regional course in emergency preparedness

The Kyrgyzstan Red Crescent reinforced its emergency preparedness and response capacities, particularly in first aid. Twenty-five emergency responders honed their skills and received supplies. Thirteen instructors completed a train-the-trainer workshop, enabling them to conduct first-aid courses for National Society volunteers, community leaders and others in violence-prone areas.

The National Society hosted, jointly with the ICRC, a three-day simulation exercise at which Central Asian National Societies strengthened their capacities to address humanitarian needs during emergencies and practised applying the Safer Access Framework. With ICRC support, the National Society equipped its branches in tension-prone areas, replenished emergency stocks and provided uniforms for its disaster response teams. Technical advice and training helped it develop its family-links services, in line with the Restoring Family Links Strategy for the Movement.

The National Society participated in meetings of the national IHL committee, international Movement meetings and other pertinent events, with a view to organizational development. It continued to work on securing approval for a law formally recognizing its status.

It carried out dissemination sessions and events to raise its visibility, promote the Movement and its Fundamental Principles, and attract volunteers.

<b>MAIN FIGURES AND INDICATORS: PROTECTION</b>		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>Red Cross messages (RCMs)</b>			UAMs/SCs*		
RCMs collected		6			
RCMs distributed		4			
<b>Tracing requests, including cases of missing persons</b>			Women	Girls	Boys
People for whom a tracing request was newly registered		32	7	8	5
People located (tracing cases closed positively)		17			
Tracing cases still being handled at the end of the reporting period (people)		113	20	17	11
<b>Documents</b>					
People to whom travel documents were issued		34			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>					
<b>ICRC visits</b>			Women	Minors	
Detainees visited		9,263	634	96	
			Women	Girls	Boys
Detainees visited and monitored individually		258	12		10
Detainees newly registered		112	3		10
Number of visits carried out		117			
Number of places of detention visited		46			
<b>Restoring family links</b>					
Detainees visited by their relatives with ICRC/National Society support		206			
Detainees released and transferred/repatriated by/via the ICRC		1			

\* Unaccompanied minors/separated children

<b>MAIN FIGURES AND INDICATORS: ASSISTANCE</b>		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Essential household items	Beneficiaries	3,923	19%	
Water and habitat activities	Beneficiaries	35,582	30%	30%
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection programme)</b>				
Food commodities	Beneficiaries	2		
Essential household items	Beneficiaries	13,695		
Water and habitat activities	Beneficiaries	1,021		
<b>Health</b>				
Number of visits carried out by health staff		98		
Number of places of detention visited by health staff		15		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	7		
<b>Water and habitat</b>				
Water and habitat activities	Number of beds	200		



# UKRAINE



In 2014, the ICRC expanded its presence in Ukraine, including by upgrading its Kyiv office into a delegation; it helps protect and assist conflict-affected people in eastern Ukraine. It responds to emergency needs, particularly in terms of providing basic relief assistance, facilitating access to medical care and other essential services, and restoring family links. The ICRC seeks access to all persons deprived of freedom. In dialogue with all parties to the conflict, it encourages compliance with IHL and humanitarian principles. The ICRC supports the Ukrainian Red Cross Society in improving its emergency preparedness and its delivery of humanitarian assistance.

## KEY RESULTS/CONSTRAINTS

### In 2014:

- ▶ people wounded in the fighting received emergency treatment at ICRC-supported first-aid posts and from Ukrainian Red Cross Society teams, who benefited from training and psychosocial support
- ▶ hospitals treated the weapon-wounded with the help of ICRC-provided equipment and supplies, and over 200 doctors strengthened their skills at war-surgery seminars
- ▶ tens of thousands of conflict-affected people met their immediate needs with food, household/hygiene items and shelter materials, but many others were out of the ICRC's reach owing to security and access constraints
- ▶ while formal agreement from the authorities remained pending, some detainees received visits from the ICRC and stayed in touch with their families through short oral messages

### EXPENDITURE (in KCHF)

See Moscow (regional)

### IMPLEMENTATION RATE

See Moscow (regional)

### PERSONNEL

See Moscow (regional)

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

**MEDIUM**

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
<b>Red Cross messages (RCMs)</b>	
RCMs collected	5
RCMs distributed	1
Phone calls facilitated between family members	122
People located (tracing cases closed positively)	225
People reunited with their families	1
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
<b>ICRC visits</b>	
Detainees visited	155
Detainees visited and monitored individually	155
Number of visits carried out	21
Number of places of detention visited	10
<b>Restoring family links</b>	
RCMs collected	1
Phone calls made to families to inform them of the whereabouts of a detained relative	53

ASSISTANCE	2014 Targets (up to) <sup>1</sup>	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>		
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>		
Food commodities	Beneficiaries	46,113
Essential household items	Beneficiaries	44,295
Vouchers	Beneficiaries	35,480
Water and habitat activities	Beneficiaries	390,282
<b>WOUNDED AND SICK</b>		
<b>Hospitals</b>		
Hospitals supported	Structures	45
<b>Water and habitat</b>		
Water and habitat activities	Number of beds	2,190

1. The targeted figures for Ukraine are presented in the table for the Moscow (regional) delegation, which was covering Ukraine when the targets were set in late 2013.

## CONTEXT

Violent demonstrations that began in late 2013 in Kyiv and other parts of Ukraine escalated in February, causing hundreds of casualties. An interim government was formed in March after the National Assembly's dismissal of the president.

Against the backdrop of the events in Kyiv, a referendum organized by the Crimean parliament in March resulted in a vote in favour of joining the Russian Federation, and the Autonomous Republic of Crimea (hereafter Crimea) declared independence from Ukraine. The Russian parliament ratified the accession of Crimea and the city of Sevastopol to the Russian Federation. The status of Crimea remained the subject of a political and territorial dispute between Ukraine and the Russian Federation.

In eastern and southern Ukraine, clashes took place between government forces and armed groups. The armed groups organized referendums in May, which indicated support for self-governance in the areas they controlled; the results were disputed by the Ukrainian authorities.

Amid the instability, a new president was elected in May and took office in June. Parliamentary elections took place in October.

Despite ceasefire agreements in September and December, fighting continued throughout the year, causing thousands of deaths and injuries, widespread displacement, the destruction of property and infrastructure, and weapon contamination.

## ICRC ACTION AND RESULTS

In 2014, the ICRC sought to respond to the immediate needs of people affected by the prevailing circumstances. Earlier in the year, it focused on supporting the Ukrainian Red Cross Society in its emergency-response activities during the clashes and demonstrations. The ICRC's increased presence in the country – which included the upgrading of its Kyiv office to a delegation and the opening of offices in Donetsk, Kharkiv, Lugansk, Mariupol, Odessa and Severodonetsk – enabled it to expand its efforts to directly provide assistance to people affected, particularly after hostilities broke out in the east.

However, lack of security guarantees limited the organization's access; engagement with the authorities and weapon bearers became even more crucial as a result. After a delegate was killed when a shell landed near the ICRC's Donetsk office in October, the ICRC reduced its activities in the east until end-November, when the authorities and armed groups reiterated their acceptance for its activities.

The ICRC built or reinforced contact with these actors to urge them to heed their obligations under IHL to respect and protect those not or no longer taking part in the hostilities and to facilitate their access to medical and other humanitarian aid; it conducted dissemination sessions on the ICRC and its work. It also conducted training sessions for the Ukrainian armed forces on incorporating IHL in operational planning.

People injured in the protests and clashes in Kyiv and other parts of Ukraine from February to April, and those wounded in the fighting between government forces and armed groups in eastern Ukraine during the rest of the year, received emergency treatment from ICRC-backed first-aid posts and National Society teams.

National Society volunteers benefited from training and psychosocial support, including peer support.

Health structures in conflict-affected areas, including the medical service of one armed group, received equipment and supplies to help them treat patients. At ICRC-backed training sessions, doctors and other health personnel enhanced their ability to care for the wounded.

The ICRC supported local actors in managing human remains and dealing with weapon contamination. An NGO recovering human remains from the front line was provided with body bags and personal protective equipment; its volunteers received basic training in forensic identification and human remains management. The authorities conducted weapon-clearance activities with ICRC-supplied demining equipment, and communities learnt about safe practices from ICRC communication materials.

With National Society/ICRC assistance, tens of thousands of people affected by the fighting met their immediate needs using cash vouchers and, in areas where the flow of money and goods had been disrupted, food and household/hygiene items. Those whose homes had been damaged by the fighting prepared for the winter with ICRC-supplied shelter and construction materials. Temporary accommodation centres for displaced people and health facilities were repaired with ICRC support. Conflict-affected people restored/maintained contact with their relatives through ICRC family-links services.

The ICRC submitted an offer of services to the Ukrainian authorities to visit people detained in connection with the ongoing situation. While the authorities' formal acceptance of the offer remained pending, the ICRC was able to conduct ad hoc visits and offer family-links services to detainees.

The ICRC kept the general public informed about its activities for people affected by the prevailing circumstances, including through social media. National and international media drew on ICRC materials to highlight humanitarian issues.

The National Society built its operational capacities, particularly in emergency response, with comprehensive support from the International Federation, the ICRC and other Movement partners. With ICRC assistance, the National Society set up a system for coordinating with Movement partners to maximize the impact of assistance efforts and prevent duplication.

## CIVILIANS

### Dialogue with the authorities and weapon bearers emphasizes respect for civilians

Although the ICRC had increased its presence in the country (see *ICRC action and results*), the lack of security guarantees restricted its access to many areas. To mitigate security risks, a system was put in place for notifying the Ukrainian security services, as well as armed groups, of ICRC activities.

The ICRC's dialogue with the authorities and weapon bearers emphasized their obligations under IHL to respect and protect those not or no longer taking part in hostilities and to facilitate their access to medical and other humanitarian aid. On the basis of documented allegations of violations, the ICRC issued general reminders and written representations to the parties to the conflict, urging them to ensure that their operations were in line with IHL and that other applicable norms were respected at all times.

## **People affected by fighting meet their immediate needs**

Although ICRC assistance reached fewer people than initially targeted, it enabled thousands of particularly vulnerable people to meet their immediate needs.

Some 11,690 displaced households (35,070 people) in Kharkiv and Mariupol covered their basic expenses through vouchers. In conflict-affected areas where the flow of money and goods was severely disrupted, 16,161 resident and displaced households (46,113 people) supplemented their diets with food rations, distributed in coordination with the National Society or the authorities. Among these beneficiaries were 446 resident and displaced households (1,064 people) in Lysychansk whose homes had been damaged by the fighting, 636 bedridden elderly people in Donetsk, 60 households (177 people) staying at public facilities that had been converted into bomb shelters, and 41 people at an orphanage in Makiyivka. A bakery in Lugansk region was given wheat flour, which it used to bake loaves of bread for 806 vulnerable households (2,133 people) in Lysychansk, Rubezhnoye and Severodonetsk. Some 15,800 resident and displaced households (44,300 people), many of whom also received food, dealt with their harsh conditions with the help of household/hygiene items. The beneficiaries included disabled IDPs housed in sanatoriums in Odessa, where living conditions were poor.

## **Conflict-affected communities prepare for the winter**

Over 390,000 people living close to the front line or in other areas affected by fighting had continued access to water and/or shelter, thanks in part to ICRC support. For instance, the water authorities in Lugansk received equipment and chemicals for water treatment, enabling them to maintain the supply for 270,000 residents; in Donetsk, a total of 107,200 people benefited from repairs made to public infrastructure using ICRC-provided building material.

Some 1,200 people used ICRC-supplied construction materials to repair their homes, which had been damaged by shelling, and prevented further damage to their roofs and windows with the help of donated tarpaulins and plastic sheeting. Around 2,900 people stayed warm in winter after their heating and water systems were maintained using ICRC equipment/supplies.

Over 180 people found shelter at two accommodation centres, which had been repaired with ICRC assistance. A blood bank continued its operations, benefiting 140 people, following ICRC-supported repairs.

## **Vulnerable people restore/maintain family links**

People in areas affected by the fighting sent “safe and well” messages to their relatives. In Odessa, 273 displaced households (410 people) staying at temporary accommodation centres restored/maintained family links using ICRC-provided mobile phone credit. With ICRC assistance, one elderly person rejoined relatives in the Russian Federation; the remains of one Russian national were repatriated. The National Society developed its capacities in providing family-links services with financial and training support from the ICRC.

Families of people missing in connection with the current situation approached the ICRC for help in locating their relatives. The ICRC pursued dialogue with all parties to the conflict regarding such inquiries.

With ICRC assistance, local actors built their capacities in the management of human remains. An NGO recovering human

remains from the front line was provided with personal protective equipment and 100 body bags. Some 30 volunteers from the NGO, as well as five National Society staff members and two local forensic experts, learnt more about forensic identification, human remains management and weapon-contamination risks at an ICRC training session. Morgues in conflict-affected areas received material assistance, including body bags, gloves and disinfectant.

## **Communities reduce weapon-contamination risks following weapon-clearance activities**

People living in or passing through weapon-contaminated areas were safer after the Ukrainian authorities carried out weapon-clearance activities using ICRC-provided demining equipment. ICRC-produced leaflets on mine risks were distributed to people living in areas affected; similar messages were incorporated in the training of volunteers involved in recovering human remains (see above). An ICRC assessment of weapon-contamination risks in conflict-affected areas helped guide the planning of activities for 2015.

## **PEOPLE DEPRIVED OF THEIR FREEDOM**

### **Detainees receive ICRC visits**

Through dialogue with the authorities and armed groups, the ICRC sought access to people held in connection with the ongoing situation. In April, it submitted to the Ukrainian authorities an offer of services to visit detainees under its purview; while no formal agreement was signed, the ICRC obtained the preliminary agreement of the Ukrainian security and penitentiary services to conduct visits to detainees. The ICRC also began dialogue with representatives of armed groups regarding access to places of detention.

The ICRC visited 155 detainees – all of whom it registered for individual follow-up – at 10 facilities. Some detainees got in touch with their families through short oral messages delivered by ICRC delegates. Three weapon-wounded detainees benefited from the provision of medical materials.

## **WOUNDED AND SICK**

### **The wounded receive medical aid**

People injured during the protests in Kyiv and other parts of Ukraine, or wounded in the fighting in eastern regions, received first aid from Ukrainian Red Cross emergency response teams supported by the International Federation and the ICRC. The National Society conducted first-aid training for volunteers in violence-affected areas. Through ICRC-supported train-the-trainers workshops, over 100 first-aiders in Donetsk, Kharkiv and Lugansk improved their teaching skills. National Society volunteers also received psychosocial support and were trained to provide such support to each other.

Forty-five public and military hospitals received drugs and supplies for treating patients with diabetes and/or on haemodialysis. Over 2,100 people benefited from the ICRC-backed repair of several hospitals. Medical facilities in Donetsk, Lysychansk and Slovyansk boosted their ability to treat patients following the receipt of surgical equipment; health structures in Donetsk, including the medical service of one armed group, received ad hoc donations of medical supplies.

With the agreement of the military’s medical structures and civilian hospitals, 200 doctors enhanced their skills at war-surgery seminars in Donetsk, Lugansk, Mariupol and Slovyansk. Health personnel learnt more about anaesthesia for the weapon-wounded at training sessions in Donetsk and Makiyivka.

## ACTORS OF INFLUENCE

### Dialogue fosters acceptance for the ICRC's activities

The ICRC's dialogue with the authorities and all weapon bearers focused on building understanding of and acceptance for its mandate and work, gaining humanitarian access to vulnerable groups, and obtaining security guarantees for its personnel and activities (see *Civilians*); for instance, the authorities and armed groups in the east assured the ICRC of their acceptance for its activities, enabling the organization to resume some of its activities there (see *ICRC action and results*). To these ends, the ICRC reinforced contact with the Ministries of Defence, Health, Foreign Affairs and Interior, the armed forces and the security services.

Through ICRC dissemination sessions, the Ukrainian armed forces, including commanders and legal advisers, as well as senior police officers, learnt more about incorporating IHL in operational planning. However, owing to the volatile situation, plans to facilitate the participation of senior officers in IHL courses abroad fell through.

### Public communication promotes awareness of humanitarian action

The general public learnt about the Movement's humanitarian activities in the current situation through National Society/ICRC communication activities, including website updates, social media posts and press conferences. National and international media drew on ICRC materials, and interviews with ICRC personnel, to highlight humanitarian issues. Potential beneficiaries, as well as influential actors, received leaflets describing the ICRC's work in Ukraine and around the world. Communication materials were produced in both Ukrainian and Russian, making them accessible to speakers of both languages. The National Society received financial and technical support to strengthen its capacities in operational communication, for instance, through the hiring of a communication specialist.

## RED CROSS AND RED CRESCENT MOVEMENT

### The National Society enhances its ability to assist vulnerable people

With financial, technical and training support from the International Federation and the ICRC, the Ukrainian Red Cross delivered humanitarian services to people affected by the ongoing situation and worked to strengthen its capacities, particularly in emergency response, including first aid (see *Wounded and sick*), and operational communication (see *Actors of influence*). It also launched information campaigns on the red cross emblem.

The National Society trained and equipped over 300 volunteers, who were organized in emergency-response teams in various regions. These teams administered first aid to some 1,500 people injured in clashes in Kyiv and in eastern and southern Ukraine. In June, following an ICRC assessment of National Society capacities, some 70 volunteers attended a training session on the Safer Access Framework. In November, 65 young volunteers learnt more about first aid, communication and volunteer management at an ICRC-supported assembly.

The National Society received ICRC support for paying the salaries of key headquarters personnel and of its staff in Donetsk and Lugansk. It boosted its assistance capacities after the ICRC provided it with four vehicles and funded the repair of one of its warehouses in preparation for winter.

With ICRC assistance, the National Society set up a system for coordinating with Movement partners to maximize the impact of aid efforts and prevent duplication.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>Red Cross messages (RCMs)</b>					
			UAMs/SCs *		
RCMs collected		5			
RCMs distributed		1			
Phone calls facilitated between family members		122			
<b>Reunifications, transfers and repatriations</b>					
People reunited with their families		1			
	<i>including people registered by another delegation</i>	1			
<b>Tracing requests, including cases of missing persons</b>					
			Women	Girls	Boys
People for whom a tracing request was newly registered		459	29	7	1
	<i>including people for whom tracing requests were registered by another delegation</i>	18			
People located (tracing cases closed positively)		225			
	<i>including people for whom tracing requests were registered by another delegation</i>	9			
Tracing cases still being handled at the end of the reporting period (people)		233	10	3	1
	<i>including people for whom tracing requests were registered by another delegation</i>	9			
<b>UAMs/SCs*, including unaccompanied demobilized child soldiers</b>					
			Girls		Demobilized children
UAMs/SCs newly registered by the ICRC/National Society		1			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		1			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>					
<b>ICRC visits</b>					
			Women	Minors	
Detainees visited		155	10		
			Women	Girls	Boys
Detainees visited and monitored individually		155	10		
Detainees newly registered		155	10		
Number of visits carried out		21			
Number of places of detention visited		10			
<b>Restoring family links</b>					
RCMs collected		1			
Phone calls made to families to inform them of the whereabouts of a detained relative		53			

\* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection programme)</b>				
Food commodities	Beneficiaries	46,113	42%	24%
	<i>of whom IDPs</i>	Beneficiaries	13,216	
Essential household items	Beneficiaries	44,295	42%	24%
	<i>of whom IDPs</i>	Beneficiaries	11,125	
Vouchers	Beneficiaries	35,480	47%	13%
	<i>of whom IDPs</i>	Beneficiaries	35,480	
Water and habitat activities	Beneficiaries	390,282	40%	20%
	<i>of whom IDPs</i>	Beneficiaries	27,473	
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection programme)</b>				
Essential household items	Beneficiaries	3		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	45		
	<i>of which provided data</i>	Structures	6	
Admissions	Patients	550		
	<i>of whom weapon-wounded</i>	Patients	550	
<b>First aid</b>				
First-aid posts supported	Structures	7		
<b>Water and habitat</b>				
Water and habitat activities	Number of beds	2,190		



# EUROPE (regional)

COVERING: Denmark, Germany, Netherlands, Norway, Spain, Sweden (with specialized services for other countries)

The ICRC engages in regular dialogue on IHL, its implementation, and issues of humanitarian concern with authorities in Europe; increases awareness of its mandate; and mobilizes political and financial support for its activities. It visits people held by international criminal tribunals based in Europe to check on their treatment and living conditions. It also follows up on people formerly held at the US internment facility at Guantanamo Bay Naval Station in Cuba. The ICRC works closely with the National Societies on their international activities and IHL promotion and, through them, enables vulnerable migrants to restore/maintain contact with their families.

## KEY RESULTS/CONSTRAINTS

In 2014:

- ▶ some 1,900 people, including unaccompanied minors, in 3 detention centres, shared their situations with ICRC delegates as monitoring visits to detained migrants resumed in Greece
- ▶ vulnerable migrants, including survivors of disasters at sea, restored links with their families through Movement efforts in Cyprus, Greece and Malta
- ▶ the authorities concerned tackled issues related to missing migrants through the first national meeting in Greece on identifying disaster victims, organized jointly by the Hellenic Police/INTERPOL/ICRC
- ▶ 36 people held under the jurisdiction of international criminal tribunals in the Netherlands benefited from an ICRC medical visit, which also enhanced dialogue on health issues with the authorities concerned
- ▶ European States, with encouragement from the ICRC, and aided by its expertise, ratified/signed IHL-related treaties – notably the Arms Trade Treaty, which 40 States signed and 34 ratified
- ▶ European National Societies and the ICRC signed/extended agreements, strengthening partnership in IHL promotion, family-links services, capacity building and developing/implementing Movement policies

## EXPENDITURE (in KCHF)

Protection	2,217
Assistance	-
Prevention	489
Cooperation with National Societies	435
General	-

**3,141**

of which: Overheads **192**

## IMPLEMENTATION RATE

Expenditure/yearly budget	<b>105%</b>
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## PERSONNEL

Mobile staff	0
Resident staff (daily workers not included)	8

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

**HIGH**

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
<b>Red Cross messages (RCMs)</b>	
RCMs collected	12
RCMs distributed	6
Phone calls facilitated between family members	1,891
People located (tracing cases closed positively)	262
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
<b>ICRC visits</b>	
Detainees visited	1,979
Detainees visited and monitored individually	98
Number of visits carried out	11
Number of places of detention visited	11
<b>Restoring family links</b>	
RCMs distributed	1
Phone calls made to families to inform them of the whereabouts of a detained relative	46

## CONTEXT

Europe remained a destination for migrants fleeing conflict and violence in Africa and the Middle East; many of them used routes through the Aegean and Mediterranean seas to reach Greece, Italy and Malta. Migrants' vessels were frequently involved in disasters at sea and many lives were lost.

Irregular migrants faced many difficulties when they arrived in Europe, including lack of access to basic services. Among the most vulnerable were unaccompanied minors and people held in reception/detention centres. Families of migrants who had gone missing had no information on their relatives. The lack of national databases and regional information-sharing mechanisms hampered States' ability to manage and identify the remains of migrants who might have died during their journey.

Security remained high on the agenda of European States, particularly in light of reports of people joining fighting groups abroad and subsequently returning to Europe. A number of suspected fighters were arrested and put on trial.

Many countries in the region exercised broad international influence on humanitarian, legal and other issues, as did regional and international organizations based in Europe. Spain was elected as a non-permanent member of the UN Security Council for a two-year mandate beginning in 2015.

Europe is home to the permanent International Criminal Court (ICC) and the ad hoc International Criminal Tribunal for the former Yugoslavia (ICTY), the Special Tribunal for Lebanon and the Residual Special Court for Sierra Leone (RSCSL), all based in The Hague, Netherlands. The UN Mechanism for International Criminal Tribunals (MICT) successfully began taking up the ICTY's residual functions.

Some people previously held at the US internment facility at Guantanamo Bay Naval Station in Cuba had resettled in Europe.

## ICRC ACTION AND RESULTS

The ICRC worked at several levels to raise the authorities' awareness of the humanitarian objectives of family tracing, particularly for minors; the aim was to help place the problems and vulnerabilities of migrants high on the European agenda. Coordination among Movement partners, through various platforms, aimed to strengthen the humanitarian response to migration-related issues.

In particular, the ICRC strove to bolster the capacities of National Societies along migration routes in providing family-links services and managing information related to missing migrants. Following the disruption of the Hellenic Red Cross's tracing services for migrants, the ICRC, with the National Society's agreement, took over and completed the processing of hundreds of pending tracing cases, and provided family-links services to vulnerable migrants stranded in or passing through Greece.

Together with the pertinent National Society, the ICRC strengthened dialogue with the authorities, particularly in Greece and Malta, to raise awareness among them of the specific needs and vulnerabilities of detained migrants, especially unaccompanied minors. It resumed monitoring visits to detained migrants in Greece, continued to provide family-links services to unaccompanied minors at detention centres and provided ad hoc support, with Movement partners, to improve their conditions.

Bilateral partnerships and formal agreements with European National Societies – particularly in Denmark, Germany, Norway, Spain and Sweden – helped strengthen cooperation, with an emphasis on promoting IHL, enhancing the Movement's response capacities in emergency contexts and addressing various humanitarian issues in different contexts.

The ICRC continued to visit people convicted by the ICTY and serving their sentences in European countries, and people remanded by the ICTY and the ICC in The Hague, Netherlands. It also continued to serve as a key source of reference for international criminal tribunals and penitentiary authorities in Europe, with a view to ensuring that their policies/practices complied with internationally recognized standards and best practices in detention when enforcing sentences in the future. An ad hoc medical visit to The Hague helped enhance dialogue on health issues.

Given the growth in understanding of data protection and confidentiality issues in European States, the ICRC prepared to resume dialogue with them on the possibility of visiting people held on security-related charges.

The ICRC, together with European National Societies, exchanged views regularly with States, regional authorities and international organizations; this helped advance adoption/ratification of IHL-related treaties and domestic IHL implementation. Such exchanges also enabled discussion of IHL-related and humanitarian issues, such as the impact of nuclear weapons, the goals of the Health Care in Danger project, legislation sanctioning IHL violations, the potential implications of EU data protection reforms and the importance of ratifying IHL-related treaties. Many European States signed/ratified the Arms Trade Treaty.

Working with the National Societies and the authorities concerned, the ICRC continued to follow up people previously held at the Guantanamo Bay internment facility, who had resettled in Europe after their release; particular attention was paid to helping them restore/maintain links with their families abroad.

## CIVILIANS

### Vulnerable migrants in Cyprus, Greece and Malta restore family links with Movement support

The ICRC worked to strengthen the capacities of European National Societies, particularly those along migratory routes, to respond to the humanitarian needs of vulnerable migrants. In Greece, it signed a memorandum of understanding with the Hellenic Red Cross to strengthen cooperation in restoring family links.

As part of the effort to help the Greek National Society provide tracing/family-links services to migrants stranded in Greece or passing through, the ICRC temporary presence in Athens finished handling the National Society's backlog of some 580 cases, which had been pending since 2010. This included forensics follow-up for over 16 cases dispersed across the country. People also availed themselves of the services of the antenna, which opened hundreds of new tracing cases on behalf of people searching for information on their missing relatives.

The Malta Red Cross Society, with technical and financial support from the British Red Cross Society and the ICRC, reinforced its family-links phone service in two places of detention for migrants in the archipelago (see *People deprived of their freedom*). It also joined other European Red Cross Societies as part of the Family

Posters' initiative, which helps people find missing relatives through photos published in posters across Europe.

In Italy, the pertinent authorities, the Medico-legal Institute of Milano University, the Italian Red Cross and the ICRC reinforced cooperation to clarify the identities of migrants who perished during their journey; half of the remains recovered from a disaster at sea off Lampedusa in 2013 had been identified by year-end.

#### **Authorities discuss issues related to missing migrants**

The ICRC responded to the succession of disasters at sea involving migrants' vessels (see *Context*) by following the authorities' management of human remains. Contacts developed with forensic specialists and coast guard services in the region enabled the ICRC and pertinent National Societies to swiftly gather information about human remains recovered at sea and identification procedures carried out by the authorities, in order to help ensure that their relatives were informed of their fate. For example, the Italian Red Cross drew on ICRC support for opening tracing cases and for training in family-links services, including the drafting of procedures in this connection; the ICRC also helped it to coordinate with other National Societies concerned.

At the first national meeting in Greece on identifying disaster victims, organized jointly by the Hellenic Police/INTERPOL/ICRC, some 150 representatives of agencies involved in searching for, recovering and identifying victims of disasters discussed their experiences and agreed, *inter alia*, on the need to improve coordination, establish standards and guidelines and have victims identified by an expert committee.

The authorities concerned also acquainted themselves with the recommendations – for managing information on missing/deceased migrants – that emerged from a previous conference held in Milan, Italy, and that the ICRC continued to disseminate. At a meeting in France, forensics professionals discussed how to follow up these recommendations.

#### **Dialogue with authorities focuses on the needs of unaccompanied minors**

In Greece, ad hoc donations of clothes, recreational/educational/hygiene items and telephone cards helped around 400 unaccompanied minors at eight open accommodation centres and two drop-in centres cope with their situation. Stakeholders, including the Labour Ministry, government agencies and local NGOs, drew on ICRC expertise in protecting children and harmonizing conditions of reception, particularly with regard to unaccompanied minors.

#### **Movement partners enhance coordination of response to humanitarian needs of vulnerable migrants**

Coordination with other European National Societies – including through meetings in Luxembourg and Portugal of the Platform for European Red Cross Cooperation on Refugees, Asylum Seekers and Migrants, and through the Centre for Cooperation in the Mediterranean (see *Tunis*) – dealt with a number of subjects: missing migrants, peer-to-peer support, vulnerable migrants (particularly women and unaccompanied minors), regulations on the transfer of minors, and the use of social media for tracing purposes. In Sofia, Bulgaria, 27 family-links representatives of European National Societies as well as participants from Australia, Canada, New Zealand and the United States, as well as from the Federation Europe Zone and the International Tracing Service in Bad Arolsen, Germany gathered for the annual family-links

meeting, which focused on new tools and the issue of missing migrants across the Mediterranean Sea.

The ICRC continued to provide technical support for National Societies in their dialogue with State authorities, which aimed to raise awareness of the humanitarian consequences of migration policies and remind the authorities of the National Societies' independent and neutral role. The Malta Red Cross Society drew on technical support for its discussions with the authorities – on its potential involvement in guardianship of unaccompanied minors or in running a detention centre for minors – and for its contribution to the UNHCR-led consultation of all parties in Malta concerned with migrants in detention.

Relations were also fostered with regional stakeholders/actors, including NGOs and European Union institutions, involved in asylum and border management policies.

#### **Released Guantanamo Bay internees maintain links with families**

The ICRC continued to follow up people previously held at the Guantanamo Bay internment facility, who had resettled in Europe after their release, as well as two people in Cabo Verde and Ghana. The ICRC organized visits from their families for five resettled internees, including two who had not seen their relatives since their internment. Three ICRC-organized video calls enabled one former internee to maintain contact with relatives in Turkey.

#### **PEOPLE DEPRIVED OF THEIR FREEDOM**

The ICRC visited 36 people under the jurisdiction of the international tribunals and detained in The Hague, and nine ICTY-convicted persons serving their sentences at prisons in five countries in Europe. Dialogue with the detaining authorities, at the prisons and at national level, focused on broad-based recommendations that would benefit the entire prison population rather than only those people visited by the ICRC.

Meetings with the international tribunals in The Hague, including the Residual Special Court for Sierra Leone, focused on enforcement of sentences and related matters. The international tribunals regularly sought the ICRC's expertise to ensure that their policies and practices complied with international standards for detention and best practices. For example, the ICC took into account an ICRC report related to preparations for the start of its enforcement activities; following discussions, it requested further technical advice from the ICRC. An *ad hoc* medical visit to 36 people held under the jurisdiction of the ICC or the ICTY/MICT in The Hague provided opportunities for enhancing dialogue on health issues with both tribunals.

Given the growth in understanding of data protection and confidentiality issues in European States, the ICRC prepared to resume dialogue with them on the possibility of visiting people held on security-related charges.

#### **Detained unaccompanied minors in Greece and Malta restore family links through Movement efforts**

Some 1,900 people, including unaccompanied minors in three detention centres, shared their situations with ICRC delegates as monitoring visits to detained migrants in Greece resumed. Dialogue with the detaining authorities on general and individual issues (such as conditions of detention, procedural safeguards and respect for the principle of *non-refoulement*) were deepened.

Detained migrants at the centres stood to benefit from donations of essential items including clothes, shoes and educational and recreational items for minors.

In particular, detained unaccompanied minors, for example in the Amygdaleza centre, restored/maintained contact with their relatives through family-links services provided by ICRC such as 298 distributed phone cards. At the ICRC's urging, the authorities agreed to grant detained unaccompanied minors weekly access to their personal phones, enabling them to contact relatives.

Vulnerable minors and isolated women/mothers at the two detention centres for migrants in Malta, whose phones were confiscated on their arrival in the country, contacted their relatives to inform them of their whereabouts, through phone services run by the Malta Red Cross Society with ICRC support. All 552 migrants at the centres were able, for the first time, to re-establish links with their relatives.

### ACTORS OF INFLUENCE

Key actors in the region continued to show support for IHL and the ICRC. The ICRC, together with European National Societies, regularly engaged national authorities and regional organizations in dialogue, which helped advance adoption/ratification of IHL-related treaties and promoted support for common humanitarian concerns; the ICRC also followed up pledges made at the 31st International Conference, particularly regarding the strengthening of legal protection for victims of armed conflict (see *International law and policy*).

Bilateral dialogue with various national authorities on issues related to IHL implementation and sanctions for violations continued. Austria and Sweden took steps to sanction core international crimes, including through the finalization of reforms to the criminal code and the adoption of domestic legislation, respectively. High-level meetings between the Dutch Defence/Foreign Affairs Ministries and the ICRC provided opportunities for exchanging views on the humanitarian situation in Mali and Syrian Arab Republic, as well as on new weapons technology.

### Arms Trade Treaty signed by 40 States

The Arms Trade Treaty was signed by 40 European States; 34 ratified it (see *International Law and Policy*). At a high-level seminar organized by the French Ministry of Defence, the ICRC reminded

State representatives of the importance of implementing the treaty's provisions. Portugal and Sweden ratified Additional Protocol III.

National IHL committees in Europe, particularly in Germany, Spain and Switzerland, enhanced cooperation in IHL-related issues, with each other as well as with their counterparts in Latin America, through closer links forged by the ICRC.

At various events organized by French officials and Movement partners (see *Paris*), State representatives familiarized themselves with the ICRC's position on the impact, in humanitarian terms, of nuclear weapons. The ICRC also conducted country studies on legislation linked to the Health Care in Danger project, and – along with European National Societies and Médecins Sans Frontières – provided its expertise at three related events.

The ICRC provided expertise, and explained its position on various humanitarian issues, in numerous regional and global fora. Bilateral dialogue with European States and with the Council of Europe (see *Brussels*) focused on legislative reforms concerning data protection. Dialogue with UNESCO focused on the protection of cultural property in times of armed conflict. The ICRC also helped draft a memorandum for the French army on this subject. Dialogue with the Organization for Security and Co-operation in Europe concentrated on these subjects: the implementation of international rules and legal standards including IHL, the possibility of jointly organizing training sessions for judiciary members outside the Balkans, and the situations in Afghanistan, Azerbaijan and Ukraine. ICRC units/delegations took stock of the case law of the European Court of Human Rights, which was made available via bimonthly e-mails and a database.

Engagement with the media helped foster understanding and support among the wider public for humanitarian concerns and ICRC activities.

At the Jean-Pictet moot court competition in Portugal, future decision-makers furthered their understanding of the application of IHL (see *International law and policy*).

### RED CROSS AND RED CRESCENT MOVEMENT

European National Societies and the ICRC continued to strengthen cooperation, drawing on each other's areas of expertise to address humanitarian issues of common concern.

PEOPLE DEPRIVED OF THEIR FREEDOM	OTHER COUNTRIES	AUSTRIA	DENMARK	GREECE	ICC/ICTY/MICT	ITALY	SWEDEN
<b>ICRC visits</b>							
Detainees visited	1	2	3	1,934	36	1	2
<i>of whom minors</i>				208			
Detainees visited and monitored individually	1	2	3	53	36	1	2
<i>of whom boys</i>				208			
Detainees newly registered				53			
Number of visits carried out	1	1	2	2	2	1	2
Number of places of detention visited	1	1	2	2	2	1	2
<b>Restoring family links</b>							
RCMs distributed				1			
Phone calls made to families to inform them of the whereabouts of a detained relative				45	1		

The Swedish Red Cross and the ICRC focused on the implementation of the Movement and ICRC policies as an important domain of institutional partnership; notably, the Swedish Red Cross contributed to the development of a practical guide on the Safer Access Framework and to the implementation of the ICRC Policy on the provision of support for victims of torture and other forms of ill-treatment, with a cooperation agreement signed on the latter during a jointly-organized event marking the International Day in Support of Victims of Torture. The Norwegian Red Cross extended a similar partnership with the ICRC and finalized project agreements related to reducing the human cost of weapons, promoting weapons-related IHL treaties, raising awareness of issues related to gender/sexual violence and fundraising. Both National Societies worked with the ICRC to plan and implement projects in Africa and the Middle East, as well as initiatives related to the Health Care in Danger project. The Norwegian Red Cross co-organized the first international conference in Latin America on the humanitarian consequences of disregarding the legal obligation to respect medical services (see *Colombia*).

The Danish and Spanish National Societies strengthened their partnership with the ICRC in areas of common interest, including IHL, family-links services for vulnerable migrants, humanitarian diplomacy and capacity building for other National Societies. The Danish Red Cross successfully set up a base camp in South Sudan. The Spanish Red Cross signed a letter of intent with the ICRC to enhance cooperation in issues related to violence, migration and IHL promotion.

The German Red Cross and the ICRC discussed strategic areas for partnership and the extension of their partnership agreement.

During a roundtable, the Nordic National Societies and the ICRC discussed ways to strengthen the Movement's humanitarian response worldwide and identified issues to highlight during Movement meetings, including the Council of Delegates and the 32nd International Conference in 2015.

Movement partners met regularly at regional meetings organized by the International Federation and the ICRC, and pooled their efforts to ensure a uniform response to migration-related needs, including support for National Societies along the main migration routes (see *Civilians*). The ICRC mobilized the Swedish, Danish, Dutch and Norwegian National Societies to discuss how to support the Hellenic Red Cross's efforts to strengthen its response to the needs of vulnerable migrants; particular attention was given to the need to assess family-links needs/capacities in Greece.

The Hellenic Red Cross worked on finalizing its draft statutes, with guidance from both the International Federation and the ICRC.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>Red Cross messages (RCMs)<sup>1</sup></b>			<b>UAMs/SCs*</b>		
RCMs collected		12			
RCMs distributed		6			
Phone calls facilitated between family members		1,891			
<b>Tracing requests, including cases of missing persons</b>			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered		503	112	117	102
<i>including people for whom tracing requests were registered by another delegation</i>		14			
People located (tracing cases closed positively)		262			
<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)		756	147	170	168
<i>including people for whom tracing requests were registered by another delegation</i>		30			
<b>Documents</b>					
Official documents relayed between family members across borders/front lines		47			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>					
<b>ICRC visits</b>			<b>Women</b>	<b>Minors</b>	
Detainees visited		1,979		208	
			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually		98			208
Detainees newly registered		53			
Number of visits carried out		11			
Number of places of detention visited		11			
<b>Restoring family links</b>					
RCMs distributed		1			
Phone calls made to families to inform them of the whereabouts of a detained relative		46			

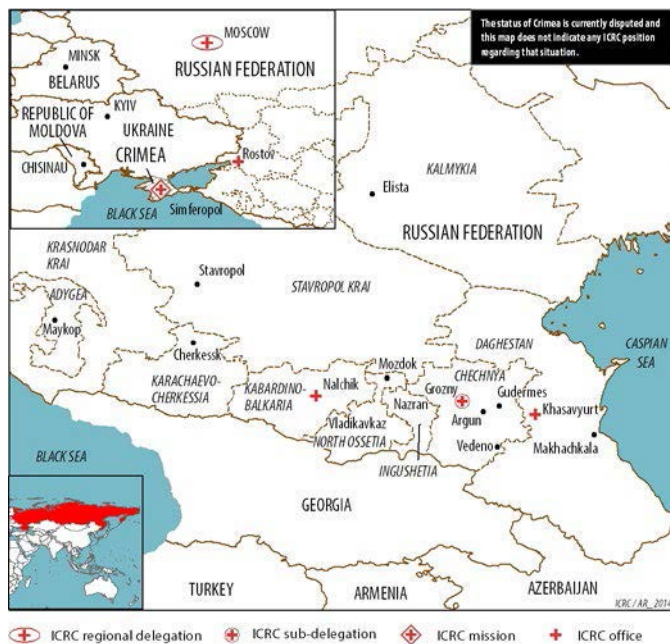
\* Unaccompanied minors/separated children

1. Greece. In other countries, cases of civilians for which family-links activities are deployed are recorded with the National Societies dealing with the cases.



# MOSCOW (regional)

COVERING: Belarus, Republic of Moldova, Russian Federation, Ukraine



Opened in 1992, the Moscow delegation combines operational functions in the Russian Federation with regional functions. It supports families of missing persons and, with the Russian Red Cross Society, works to protect and assist vulnerable conflict- and violence-affected populations, including people displaced from eastern Ukraine. It helps build the capacities of the region's National Societies, particularly in the fields of emergency preparedness and restoring family links. In the countries covered, it promotes implementation of IHL and other norms relevant to the use of force and fosters understanding of the ICRC's mandate and work.

## KEY RESULTS/CONSTRAINTS

- ▶ people in Belarus and the Russian Federation who had fled the fighting in Ukraine met their immediate needs with food and other assistance from the pertinent National Societies and the ICRC
- ▶ people in penal colonies throughout the Russian Federation, detained in connection with the situation in the northern Caucasus, restored/maintained contact with relatives through ICRC family-links services
- ▶ vulnerable people in the northern Caucasus coped with the effects of past conflict and/or lingering tensions with psychosocial support, livelihood assistance and water-supply improvements
- ▶ Russian military structures incorporated IHL modules in their training, and the Commonwealth of Independent States enforced recommendations for the implementation of two weapon-related treaties
- ▶ the National Societies of the region strengthened their ability to respond to people affected by past conflict and current emergencies, with financial, technical and training support from the ICRC

EXPENDITURE (in KCHF)	
Protection	5,193
Assistance	14,428
Prevention	4,199
Cooperation with National Societies	3,729
General	-
<b>Total</b>	<b>27,549</b>

of which: Overheads 1,681

IMPLEMENTATION RATE	
Expenditure/yearly budget	133%

PERSONNEL	
Mobile staff	46
Resident staff (daily workers not included)	216

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

**MEDIUM**

PROTECTION	Total <sup>1</sup>
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
<b>Red Cross messages (RCMs)</b>	
RCMs collected	30
RCMs distributed	22
Phone calls facilitated between family members	7
People located (tracing cases closed positively)	12
People reunited with their families	2
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
<b>Restoring family links</b>	
RCMs collected	2
RCMs distributed	4

1. Russian Federation

ASSISTANCE	2014 Targets (up to) <sup>1</sup>	Achieved <sup>2</sup>
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>		
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>		
Food commodities	Beneficiaries 10,000	27,219
Essential household items	Beneficiaries 10,000	27,243
Productive inputs	Beneficiaries 2,125	2,166
Cash	Beneficiaries 15,000	1,493
Water and habitat activities	Beneficiaries 2,800	4,075
<b>WOUNDED AND SICK</b>		
<b>Hospitals</b>		
Hospitals supported	Structures	8

1. These targeted figures include those for Ukraine, which was covered by the Moscow (regional) delegation when the targets were defined in late 2013.

2. Russian Federation

## CONTEXT

The Russian Federation maintained its influence in the former Soviet republics, for instance, through the Commonwealth of Independent States (CIS) and its Interparliamentary Assembly (IPA), and the Collective Security Treaty Organization (CSTO). It continued to play a prominent role in international affairs, for example, as a permanent member of the UN Security Council. It participated in the “Geneva Talks” with representatives of Georgia proper, Abkhazia and South Ossetia (see *Georgia*), and mediated in the Nagorny Karabakh conflict (see *Armenia* and *Azerbaijan*).

The status of Crimea remained the subject of a political and territorial dispute between the Russian Federation and Ukraine; in this connection, the European Union and the United States of America imposed economic sanctions on the Russian Federation.

Owing to the current situation in Ukraine, hundreds of thousands of people took refuge in Belarus and the Russian Federation.

Communities in the northern Caucasus continued to deal with the consequences of past conflict and lingering tensions, such as weapon contamination and the issue of missing persons.

## ICRC ACTION AND RESULTS

In 2014, the ICRC regional delegation in Moscow continued to engage in dialogue with the Russian and regional authorities regarding issues of humanitarian concern in the region and around the world. It scaled up its operations in southern and western Russia, for instance, by opening an office in Rostov-on-Don, to assist people fleeing the ongoing situation in Ukraine. Conversely, in response to the prevailing circumstances in the northern Caucasus, the ICRC continued to reduce its operations and presence there, for example, concluding its water and habitat assistance activities and closing its offices in Ingushetia and North Ossetia.

People in Belarus and the Russian Federation who had fled the fighting in Ukraine met their immediate needs with food and other assistance provided by the ICRC, directly or in coordination with the Red Cross Society of Belarus and the Russian Red Cross Society. The International Federation and the ICRC coordinated their efforts to support the National Societies in the region.

In the northern Caucasus, the ICRC focused on providing support to some of the most vulnerable groups. It continued to back the Russian Red Cross Society’s accompaniment programme for the families of missing persons, its home-visiting nurses programme, its psychosocial-support facilities for children in the northern Caucasus, and its assessment of the needs of victims of mines and other explosive remnants of war (ERW). Through ICRC micro-economic initiatives and agricultural projects, hundreds of vulnerable households worked towards economic self-sufficiency by starting or expanding food production or income-generating activities. People in rural Chechnya had access to water in their homes following the construction of a new water-supply system, the ICRC’s last such project in the northern Caucasus.

The ICRC visited several Ukrainian servicemen being treated at Russian hospitals, and provided medical evacuation services to take the four most seriously wounded back to Ukraine. Russian hospitals

received supplies and equipment. Health professionals from the Russian Federation and Ukraine enhanced their capacities through ICRC-supported courses. Medical educational establishments in the northern Caucasus received equipment for practical training.

The ICRC continued to provide family-links services to people in penal colonies across the Russian Federation who were being held in connection with the situation in the northern Caucasus.

The ICRC pursued dialogue on IHL promotion and implementation with the Belarusian, Moldovan and Russian authorities, including their national IHL committees, and with regional bodies. No new IHL-related instruments were ratified or implemented in the three countries, but some progress was made in this regard. The ICRC provided support for a working group of Russian legal experts for drafting amendments to help align the Russian criminal code with IHL; the amendments were subsequently presented for consideration to the pertinent parliamentary committee. The national IHL committees of Belarus and Moldova continued to plan the implementation of IHL-related instruments.

The IPA CIS, with ICRC support, adopted and enforced recommendations for implementing the Biological Weapons Convention and the Chemical Weapons Convention; the CIS Council of Defence Ministers signed an agreement to cooperate with the ICRC on IHL training.

With ICRC support, the Russian Ground Forces High Command and the Russian Military Psychological Service incorporated IHL modules in their training, and Russian officers added to their knowledge of IHL at international workshops.

The ICRC continued to cooperate on IHL promotion with influential Russian institutions, such as the Diplomatic Academy of the Russian Ministry of Foreign Affairs and the Russian Association of International Law. Russian media drew attention to humanitarian issues in the region and around the world; a regional competition for journalists was organized by the Union of Journalists of Russia as part of “150 years of humanitarian action”.

## CIVILIANS

### Emergency-affected people meet their immediate needs

To respond to the needs of people fleeing the situation in Ukraine, the ICRC scaled up operations in southern and western Russia, for example, by opening an office in Rostov-on-Don. Some 3,330 households (10,000 people) taking refuge in Adygea and Krasnodar Krai supplemented their diets with food assistance and benefited from household/hygiene items provided by the ICRC and distributed by the Russian Red Cross. Over 280 households (1,064 people) who had fled to Chechnya, Dagestan and North Ossetia covered their basic expenses using ICRC cash grants distributed by local Red Cross branches.

In Crimea, including Sevastopol, people displaced from eastern Ukraine benefited from monthly assistance from October to December; 5,196 households (15,395 people) met their immediate needs with food supplies and eased their living conditions with household/hygiene items. Local Red Cross branches distributed these items.

Some 460 households (1,830 persons) affected by floods in Adygea coped with their situation with the help of food supplies and

essential household items provided by the Russian Red Cross, with ICRC support. Five destitute families in Ingushetia (24 people) also received household/hygiene items provided by the ICRC through the Russian Red Cross.

### **Communities in the northern Caucasus work towards self-sufficiency**

The ICRC continued to reduce its activities for people affected by past conflict and/or lingering tensions in the northern Caucasus, for instance, bringing its water and habitat activities to a close, and cancelling plans to help IDPs and mine/ERW-affected households repair their dwellings. Nevertheless, some of the most vulnerable people continued to receive assistance.

Households in the northern Caucasus regained or maintained economic self-sufficiency by starting or expanding income-generating and food-production activities. The beneficiaries included displaced households in Ingushetia, families of missing persons, detainees and mine/ERW victims, and households in villages in southern Chechnya, where resources were in scarce supply. Using ICRC-provided supplies and equipment, some 420 households (2,200 people) augmented their existing income from farming or set up businesses such as food processing, beekeeping or trading. Ninety households (430 people) launched or boosted income-generating activities with the help of cash grants.

A survey conducted after the provision of such support found that 90% of the households had increased their income to 82% above the minimum amount necessary to meet their basic food needs; 96% of beneficiaries expressed satisfaction with the project.

In Gilyani, Chechnya, 1,400 people had access to water in their homes following the installation of a new water-supply system, completed after three years; at a four-day seminar, 25 local technicians and engineers learnt how to operate the system. In Dachu Borzoy and Meskety, 2,650 people benefited from improvements made to their water infrastructure with ICRC-provided technical support and equipment.

### **Vulnerable people obtain psychosocial support and family-links services**

Over 400 families of missing persons in Chechnya and Kabardino-Balkaria availed themselves of psychosocial support under the Russian Red Cross's accompaniment programme; 445 children from vulnerable families found some comfort at playrooms in Chechnya and Ingushetia and at a psychosocial rehabilitation centre in North Ossetia. Some 1,200 elderly people across the northern Caucasus benefited from medical, material and psychosocial support under the National Society's home-visiting nurses programme. These activities received continued backing, including through professional training and supervision from the ICRC.

In Belarus and southern Russia, people fleeing the situation in Ukraine benefited from family-links services provided by the pertinent National Societies supported by the ICRC. With ICRC assistance, the remains of one Russian national were repatriated from Ukraine (see *Ukraine*).

The families of migrants in temporary detention in Belarus restored/maintained contact with their detained relatives through phone and RCM services provided by the Red Cross Society of Belarus with ICRC support.

### **Needs of mine/ERW victims and their families are identified**

With ICRC support, volunteers from the Chechnya branch of the Russian Red Cross continued to collect data on the needs of mine/ERW victims, visiting over 580 affected families, 66 of which were selected for income-generating projects (see above). At a workshop, members of the Chechen government's explosive ordnance team acquainted themselves with the National Society's activities for mine/ERW victims and their families. The general public learnt about safer behaviour in relation to weapon contamination through media features on the International Day for Mine Awareness and Assistance in Mine Action. Some 120 schoolchildren and 15 teachers enhanced their understanding of mine/ERW risks through activities at a youth centre.

In Moldova and the Russian Federation, activities related to humanitarian demining and destruction of stockpiled ammunition, planned jointly with the national authorities, were delayed, partly because of the crisis in Ukraine.

### **PEOPLE DEPRIVED OF THEIR FREEDOM**

#### **Detainees held in relation to the prevailing situation in the northern Caucasus maintain family links**

People detained in connection with the situation in the northern Caucasus and held far from their homes, in penal colonies across the Russian Federation, maintained contact with their families through ICRC-facilitated family visits, RCMs and parcel deliveries. Nearly 350 detainees received visits from their relatives, some on more than one occasion; hundreds of inmates also benefited from the delivery of food and/or essential household/hygiene items.

### **WOUNDED AND SICK**

#### **Seriously injured Ukrainian soldiers are transported home**

Eight hospitals in the northern Caucasus, Rostov and Crimea received emergency medical kits; two of these hospitals had admitted weapon-wounded people, both civilians and combatants, from Ukraine.

A number of wounded Ukrainian servicemen being treated at Russian hospitals received ICRC visits. The ICRC provided medical evacuation services, in cooperation with the authorities concerned, to transport the four most seriously wounded back to Ukraine. In Crimea, staff of the Red Cross branches in Sevastopol and Simferopol honed their first-aid skills with financial, material and technical support from the ICRC.

#### **Health professionals enhance their skills**

With ICRC assistance, health-care providers increased their ability to treat weapon-wounded and mine/ERW victims. For instance, 34 doctors from the Russian Federation and Ukraine strengthened their skills at an emergency room trauma course in Vladikavkaz; 17 nurses and ambulance personnel from the northern Caucasus enhanced their emergency response capacities through advanced training.

Five medical educational institutions in the northern Caucasus expanded their options for practical training following the ICRC's provision of equipment.

### **ACTORS OF INFLUENCE**

#### **States and regional bodies take steps to implement IHL**

Dialogue with national and regional authorities focused on humanitarian issues in the region and around the world.

While no further IHL-related instruments were ratified or implemented in Belarus, Moldova or the Russian Federation, some progress was made in this regard. A working group of Russian legal experts received assistance for drafting amendments to help align the Russian criminal code with IHL; these were subsequently presented to the pertinent parliamentary committee for consideration. Members of a Russian State organization tasked with overseeing legislative activity participated in a round-table on legal protection for civilians during armed conflict, and developed recommendations for the Ministry of Defence. Russian government representatives participated in discussions on the “Strengthening IHL” process in Switzerland (see *International law and policy*).

The national IHL committees of Belarus and Moldova, aided by ICRC expertise, continued to plan the implementation of IHL-related instruments.

The IPA CIS, supported by the ICRC, adopted and enforced recommendations for implementing the Biological Weapons Convention and the Chemical Weapons Convention. The ICRC’s Health Care in Danger project was presented to the members of the IPA’s expert council on health care. It was agreed that the IPA CIS Permanent Commission on Social Policy and Human Rights would draw up pertinent legislative recommendations in 2015.

### **Russian and regional military structures advance the integration of IHL in their training**

Dialogue with the Russian Ground Forces High Command focused on the integration of IHL in the military educational system. A session on IHL, including a module on the ICRC’s mandate, was incorporated in the training for officers of the High Command.

The Russian Military Psychological Service included an IHL module in an annual training event for the Russian armed forces. Military psychologists participated in a competition on the prevention of IHL violations through psychological support for combatants.

The CIS Council of Defence Ministers and the ICRC signed an agreement to cooperate on IHL training. At a round-table organized jointly by the CSTO and the ICRC, representatives of CSTO working bodies discussed the incorporation of IHL in military training in CSTO member States.

Participants in a training exercise for CSTO forces hosted by Kyrgyzstan became more familiar with IHL and the ICRC’s mandate in relation to peacekeeping operations (see *Kyrgyzstan*). Senior military officials from Belarus, Moldova and the Russian Federation, as well as representatives of the CSTO and the CIS Council of Defence Ministers, attended a course in San Remo. Six senior officers representing Belarus, the Russian Federation and the CSTO participated in the Senior Workshop on International Rules Governing Military Operations (see *International law and policy*).

Through an IHL instructors’ course, 27 Russian military academics and representatives of the Russian Military Legal Service furthered their expertise in legal frameworks applicable to armed conflict and security operations. At a workshop in Belgium, officials from the Russian Ministry of Defence added to their knowledge of the legal protection for medical services during armed conflict (see *Brussels*); they also learnt about legal/ethical issues linked to autonomous weapon systems at an experts’ meeting in Switzerland. In Belarus, senior officers and air force personnel learnt more about IHL at

seminars organized jointly by the Belarusian Ministry of Defence and the ICRC.

### **Civil society helps promote IHL**

Cooperation on IHL promotion with influential Russian institutions, including the Diplomatic Academy of the Russian Ministry of Foreign Affairs and the Russian Association of International Law, continued. For instance, a State-affiliated civil society organization participated in a round-table on legal provisions for the protection of civilians during armed conflict, and developed recommendations for the Russian Ministry of Defence.

With ICRC support, Belarusian, Moldovan and Russian law students participated in international IHL events.

Moscow State University and the ICRC jointly organized a conference on information security, cyber warfare and international law, attended by Russian legal experts and representatives of State agencies.

### **Journalists raise awareness of humanitarian concerns and the Movement’s work**

The ICRC kept the general public informed about its humanitarian activities in Ukraine. Social media posts drew attention to ICRC efforts to provide emergency aid to those in need. Drawing on ICRC communication materials, Russian media gave wide coverage to humanitarian concerns, for example, issues linked to the situation in Israel and the occupied Palestinian territory and in the Syrian Arab Republic, and the plight of people affected by past conflicts and by emergencies such as Ebola. The Union of Journalists of Russia organized a regional competition as part of “150 years of humanitarian action”.

At an international round-table, journalists and researchers discussed the protection afforded by IHL to people covering situations of armed conflict. TV reporters travelling to crisis spots learnt basic first aid at an ICRC training session.

## **RED CROSS AND RED CRESCENT MOVEMENT**

### **Movement partners respond to needs arising from situations of violence**

With financial, technical and training support from the ICRC, Russian Red Cross branches in the northern Caucasus and southern Russia strengthened their ability to assist people fleeing the situation in Ukraine. The Russian Red Cross branch in Saint Petersburg received assistance for maintaining a temporary accommodation centre for people arriving from Ukraine, and for a hotline allowing people to ask for aid. With support from the ICRC, the Red Cross branches in Crimea enhanced their emergency preparedness (see *Wounded and sick*) and consolidated their set-up following their integration into the Russian Red Cross.

The Russian Red Cross continued to build its tracing capacities with ICRC assistance, implementing an action plan drafted after a 2012–13 audit.

The Red Cross Society of Belarus received financial assistance to provide people from Ukraine with food and winter clothes, replenish its emergency supplies and train its staff.

Staff from the National Societies of Belarus and the Russian Federation built their communication capacities at two ICRC training sessions. The International Federation and the ICRC coordinated their efforts to support the National Societies in the region.



## Russian Red Cross endeavours to strengthen the legal basis for its activities

The Russian Red Cross continued its years-long work on a draft law on the National Society and the emblem, encouraging government officials and academics to support the law; no progress was made, however. It continued to conduct first-aid training and to provide psychosocial and other assistance to vulnerable people (see *Civilians*).

MAIN FIGURES AND INDICATORS: PROTECTION <sup>1</sup>		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>Red Cross messages (RCMs)</b>			UAMs/SCs*		
RCMs collected		30			
RCMs distributed		22			
Phone calls facilitated between family members		7			
<b>Reunifications, transfers and repatriations</b>					
People reunited with their families		2			
Human remains transferred/repatriated		1			
<b>Tracing requests, including cases of missing persons</b>			Women	Girls	Boys
People for whom a tracing request was newly registered		45	5	2	
	<i>including people for whom tracing requests were registered by another delegation</i>	12			
People located (tracing cases closed positively)		12			
	<i>including people for whom tracing requests were registered by another delegation</i>	2			
Tracing cases still being handled at the end of the reporting period (people)		2,467	90	12	76
	<i>including people for whom tracing requests were registered by another delegation</i>	10			
<b>Documents</b>					
People to whom travel documents were issued		14			
Official documents relayed between family members across borders/front lines		2			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>					
<b>Restoring family links</b>					
RCMs collected		2			
RCMs distributed		4			
Detainees visited by their relatives with ICRC/National Society support		349			
People to whom a detention attestation was issued		3			

1. Russian Federation

MAIN FIGURES AND INDICATORS: ASSISTANCE <sup>1</sup>		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection programme)</b>				
Food commodities	Beneficiaries	27,219	58%	29%
	<i>of whom IDPs</i>	27,219		
Essential household items	Beneficiaries	27,243	59%	30%
	<i>of whom IDPs</i>	27,227		
Productive inputs	Beneficiaries	2,166	35%	40%
	<i>of whom IDPs</i>	1,127		
Cash	Beneficiaries	1,493	44%	33%
	<i>of whom IDPs</i>	1,271		
Water and habitat activities	Beneficiaries	4,075	20%	10%
	<i>of whom IDPs</i>	0		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection programme)</b>				
Food commodities	Beneficiaries	638		
Essential household items	Beneficiaries	332		
Productive inputs	Beneficiaries	10		
Cash	Beneficiaries	3		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	8		
	<i>of which provided data</i>	8		
Admissions	Patients	1,974	682	47
	<i>of whom weapon-wounded</i>	26	8	
	<i>of whom other surgical cases</i>	1,948		
Operations performed		1,510		

1. Russian Federation



# TASHKENT (regional)

COVERING: Kazakhstan, Tajikistan, Turkmenistan, Uzbekistan



Opened in 1992, the delegation in Central Asia combines operational functions in Tajikistan with regional functions. With the Red Crescent Society of Tajikistan, it works to protect and assist vulnerable populations affected by past conflicts and current violence. It helps build the capacities of the region's National Societies, particularly in the fields of emergency preparedness and restoring family links. In all the countries covered, it promotes implementation of IHL and other norms relevant to the use of force, and fosters understanding of the ICRC's mandate and work.

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

**MEDIUM**

## KEY RESULTS/CONSTRAINTS

### In 2014:

- ▶ in Tajikistan, families of people killed in past violence and of victims of weapon contamination eased their situation by covering their basic needs or starting income-generating activities using cash grants
- ▶ doctors in Kazakhstan, Tajikistan and Uzbekistan enhanced their emergency-care capacities, and government personnel in Tajikistan and Uzbekistan honed their first-aid skills, at National Society/ICRC courses
- ▶ the region's National Societies reinforced their emergency preparedness and response capacities, particularly in providing first aid and restoring family links, at domestic and regional training sessions
- ▶ the Turkmen authorities and the ICRC finalized a cooperation road map on humanitarian issues in detention, while discussions with the Tajik authorities on this subject continued
- ▶ senior military/law enforcement officers learnt more, through National Society/ICRC initiatives, about incorporating IHL and other relevant norms in their training, decision-making and operations

EXPENDITURE (in KCHF)	
Protection	1,228
Assistance	1,600
Prevention	2,476
Cooperation with National Societies	1,799
General	-

**7,104**

of which: Overheads 434

IMPLEMENTATION RATE	
Expenditure/yearly budget	<b>88%</b>

PERSONNEL	
Mobile staff	16
Resident staff (daily workers not included)	133

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
Red Cross messages (RCMs)	
RCMs collected	4
RCMs distributed	2
Phone calls facilitated between family members	19
People located (tracing cases closed positively)	3
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
Restoring family links	
RCMs collected	2
RCMs distributed	4

ASSISTANCE	2014 Targets (up to)	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)		
Essential household items	Beneficiaries	400
Cash	Beneficiaries	1,200
Work, services and training	Beneficiaries	20
<b>WOUNDED AND SICK</b>		
Hospitals		
Hospitals supported	Structures	11
Water and habitat		
Water and habitat activities	Number of beds	200
		512

## CONTEXT

Geopolitical issues of interest to Central Asian countries included the withdrawal of international troops from Afghanistan and the prevailing situation in Ukraine. Among their concerns were refugee influxes and the potential spillover effects of the conflict in Afghanistan. Central Asian countries participated in Russia-led bodies such as the Collective Security Treaty Organization and the Commonwealth of Independent States; they engaged with China through the Shanghai Cooperation Organization (SCO).

The countries covered continued to deal with border demarcation issues, competition for natural resources and interethnic discord; these were the main sources of tensions that often led to violence. Regional flashpoints included border areas, particularly around the enclaves in the Fergana Valley; a confrontation between Kyrgyzstan and Tajikistan troops occurred in January.

In Tajikistan, thousands of families were still without news of relatives missing in relation to past conflicts or migration. Communities along the country's borders with Afghanistan and Uzbekistan were at risk from mines and explosive remnants of war (ERW).

High levels of unemployment and poverty, especially in Tajikistan, continued to cause large-scale migration; Kazakhstan and the Russian Federation were the main destinations. Migrants and their families often lived in trying conditions; some experienced difficulty maintaining contact.

## ICRC ACTION AND RESULTS

The ICRC sustained its efforts in helping the region's authorities and National Societies strengthen their emergency preparedness and response capacities; in Tajikistan, it supported local initiatives to address the humanitarian consequences of past violence. It continued to promote IHL and encourage its implementation in all the countries covered.

In Tajikistan, families of mine/ERW victims, and of those killed during the violence in the Rasht Valley in 2010 and in Khorog in 2012, eased their situation with ICRC financial support, which they used to cover their essential needs or pursue income-generating activities. Assessments of the needs of these families continued, with a view to providing them with suitable assistance and helping local actors boost their capacity to manage mine-action information. Residents of weapon-contaminated areas learnt about risk-reduction measures during Red Crescent Society of Tajikistan/ICRC information sessions and through projects coordinated with the Tajikistan Mine Action Centre.

The ICRC supported the Tajik authorities' efforts to improve domestic laws on the rights of missing persons and their families. It facilitated discussions among State officials on the findings/recommendations of a study comparing these laws and internationally recognized standards, and provided a parliamentary committee with examples of legislation adopted by other countries. With the National Society, the ICRC assessed the needs of these families, with the aim of sharing the findings/recommendations with the authorities concerned.

Throughout the region, the ICRC continued to help ensure the availability of quality medical services during emergencies. It helped medical professionals in Kazakhstan, Tajikistan and Uzbekistan bolster their trauma-management skills by organizing – jointly with the authorities and the National Societies of

these countries – emergency room trauma courses. Surgeons in Uzbekistan honed their war-surgery skills at a seminar, and government officials in Tajikistan and Uzbekistan received first-aid training. Health facilities in emergency-prone areas of Tajikistan improved their services with the help of ICRC-donated medical supplies and ICRC-supported renovations of facilities. With ICRC technical/financial/material support, the region's National Societies enhanced their capacities to respond to emergencies, particularly their skills in administering first aid, restoring family links and applying the Safer Access Framework.

In Tajikistan and Turkmenistan, the ICRC continued its dialogue with the authorities on securing permission to undertake humanitarian activities for detainees. This led, in Turkmenistan, to the completion of a cooperation road map on the next steps towards potential ICRC visits to detainees there. The ICRC helped detainees in Tajikistan and Uzbekistan to maintain contact with their relatives through family visits. It supported a project of the Kazakh Red Crescent Society to provide legal and other assistance to people previously held at the US internment facility at Guantanamo Bay Naval Station in Cuba, and who had subsequently been resettled in Kazakhstan.

Dialogue with the authorities in the region sought to promote the ratification and implementation of IHL treaties. Discussions with the Kazakh government focused on cooperation on humanitarian issues related to the use of nuclear weapons. Dissemination sessions helped military and law enforcement officers in the region add to their knowledge of IHL and other humanitarian norms to consider in their decision-making and operations. More broadly, cooperation with the region's National Societies helped draw attention to humanitarian issues and raise awareness of IHL and the Movement's work among authorities, weapon bearers, civil society and the general public.

## CIVILIANS

In discussions with them, Tajik authorities were encouraged to address the needs of vulnerable people, including the families of missing persons (see below). The situation of people in violence-prone areas was monitored, mainly through contacts with Tajikistan Red Crescent branches and other local sources.

### Violence-affected households improve their living conditions

Families of people killed during past violence in the Rasht Valley (2010) and Khorog (2012), or of mine/ERW victims in Dushanbe, Khatlon, Rasht and Soghd, and in the Gorno-Badakhshan Autonomous Oblast (GBAO), improved their circumstances with ICRC support. Over 200 households (1,560 individuals) addressed their immediate needs – including medical care and house repairs – or started income-generating activities using ICRC cash grants.

Families of mine/ERW victims were supported on the basis of assessments undertaken with the Tajikistan Mine Action Centre and the National Society, with a view to centralizing information on the victims, building local data-collection capacities, and sharing the findings with the authorities. By year-end, the needs of 199 mine/ERW victims had been assessed. At workshops, National Society staff honed their capacity to use an international system for managing information on mine action.

Communities in weapon-contaminated areas reduced their exposure to risk by learning safe behaviour through National Society/ICRC

dissemination sessions and projects carried out in coordination with the mine action centre. At training courses, National Society volunteers refreshed their skills in conducting said sessions.

More generally, National Society volunteers strengthened their capacities to assist vulnerable people during emergencies (see *Red Cross and Red Crescent Movement*).

### Families of missing persons set to gain from steps to improve pertinent laws

To better address the needs of the families of missing persons (see *Context*), the Tajik authorities explored ways to improve domestic legislation accordingly. During technical meetings, and at an interministerial round-table organized by the National Centre of Legislation and the ICRC, government officials discussed the findings and recommendations of a study comparing domestic laws and internationally recognized standards on the rights of missing persons and their families. In parallel, 195 families participated in a National Society/ICRC-conducted assessment of their needs; analysis of the findings was underway, with a view to submitting a report to the authorities to encourage them to address these needs.

Two families in Tajikistan kept in touch, through ICRC-facilitated phone/video calls, with relatives detained in Afghanistan or held at the US internment facility at Guantanamo Bay Naval Station in Cuba. Some families visited relatives detained in Tajikistan and Uzbekistan (see below). Family members in Kazakhstan and Tajikistan separated by labor migration maintained contact through Movement family-links services. Migrants held at a retention centre in Kazakhstan obtained legal, material and other assistance through the Kazakh Red Crescent Society.

## PEOPLE DEPRIVED OF THEIR FREEDOM

### Turkmenistan and ICRC finalize cooperation road map on humanitarian issues related to detention

The obtainment of permission to visit people deprived of their freedom continued to be covered in dialogue with Tajik and

Turkmen authorities. The matter was discussed with senior government officials in Tajikistan when the ICRC vice-president visited the country in May.

In Turkmenistan, meetings with the authorities, on areas of mutual interest and the ICRC's humanitarian mandate/activities, led to the completion of a cooperation plan on humanitarian issues, which included a road map on the next steps towards potential ICRC visits to detainees in the country. This plan was awaiting formal approval at year-end.

### Detainees maintain contact with their families

In Uzbekistan, 66 detainees were visited by their relatives, whose travel expenses were covered by the ICRC. Similarly, 46 detainees in Tajikistan, including women and minors, received family visits and parcels, with the ICRC providing financial/material assistance to their relatives.

Five people previously held at the Guantanamo Bay internment facility, and subsequently resettled in Kazakhstan, had access to medical, legal and other assistance through an ICRC-supported project of the Kazakh Red Crescent.

## WOUNDED AND SICK

### Weapon-wounded patients stand to benefit from better care

People wounded during emergencies were more likely to receive life-saving treatment because of the improved first-aid capacities of government personnel in Tajikistan and Uzbekistan (see *Actors of influence*) and National Society staff/volunteers in the region (see *Red Cross and Red Crescent Movement*).

Those needing advanced care stood to benefit from enhanced treatment, as 122 doctors and other medical professionals in Kazakhstan, Tajikistan and Uzbekistan bolstered their capacities through emergency room trauma courses. These were organized with the Health Ministry and the National Society of each country; participants also learnt about the Health Care in Danger project

CIVILIANS	TAJKISTAN	UZBEKISTAN
<b>Red Cross messages (RCMs)</b>		
RCMs collected	4	
RCMs distributed	2	
Phone calls facilitated between family members	19	
<b>Tracing requests, including cases of missing persons</b>		
People for whom a tracing request was newly registered	4	1
<i>of whom women</i>	1	
<i>including people for whom tracing requests were registered by another delegation</i>	2	
People located (tracing cases closed positively)	2	1
<i>including people for whom tracing requests were registered by another delegation</i>	2	
Tracing cases still being handled at the end of the reporting period (people)	2	

PEOPLE DEPRIVED OF THEIR FREEDOM	TAJKISTAN	UZBEKISTAN
<b>Restoring family links</b>		
RCMs collected	2	
RCMs distributed	4	
Detainees visited by their relatives with ICRC/National Society support	46	66

PEOPLE DEPRIVED OF THEIR FREEDOM	TAJKISTAN
<b>Economic security, water and habitat</b>	
Essential household items <sup>1</sup>	Beneficiaries
Cash <sup>1</sup>	Beneficiaries 414

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

and the ICRC's mandate and activities. The authorities and the ICRC discussed the inclusion of such courses in their respective countries' academic curricula.

In Uzbekistan, government surgeons honed their war-surgery skills at a seminar, which was organized after a doctor attended a similar course abroad.

### **People in Tajikistan receive health services at ICRC-renovated/equipped facilities**

To help ensure that people wounded during instances of violence obtained treatment, one hospital in Dushanbe, four in the GBAO and five in the Rasht Valley were regularly provided with medical supplies. Two hospitals – in Khorog and in the Vorukh enclave in Soghd province in the Fergana Valley – each received a medical/surgical kit.

In the Rasht Valley, the construction of latrines at the district hospital in Gharm and a stockroom at the Tavildara central hospital, and repairs to the water pipeline in one village, helped ensure health-care delivery. Support for equipping the operating room of the hospital in Vorukh was discussed with the authorities.

## **ACTORS OF INFLUENCE**

### **Military/law enforcement personnel expand their knowledge of IHL**

Members of armed/police forces learnt more about IHL and international human rights law at events organized by the ICRC and National Societies. Turkmen military officers, for instance, attended dissemination sessions conducted by the Red Crescent Society of Turkmenistan.

Military and law enforcement officers also took steps to learn more about incorporating IHL and other relevant norms into their training, decision-making and operations. Tajikistan's Defence and Internal Affairs Ministries and the State Committee for National Security (GKNB) renewed their cooperation agreements with the ICRC in this regard. At workshops in Tajikistan and Uzbekistan, senior officers discussed IHL and other humanitarian norms to consider in military/police decision-making. Military instructors in Turkmenistan and Uzbekistan attended advanced IHL courses; Tajik officers invited the ICRC to a round-table on police reforms.

### **Government officials develop their first-aid skills**

Some 140 officers from Tajikistan's Defence and Internal Affairs Ministries and GKNB, and 125 from Uzbekistan's Internal Affairs Ministry, bolstered their ability to administer first aid after receiving training – coupled with IHL briefings – and kits from their respective National Societies and the ICRC. Surgeons at military/police hospitals in Uzbekistan attended a war-surgery seminar (see *Wounded and sick*).

### **Authorities take steps to incorporate IHL into domestic legislation**

The Tajik authorities, with ICRC advice/support, continued their efforts to improve laws concerning the rights of missing people and their families (see *Civilians*); a parliamentary committee working on the matter received examples of pertinent legislation adopted by other countries. A compatibility study of domestic law and the Rome Statute was completed.

Turkmen authorities and the ICRC discussed cooperation on humanitarian activities for detainees (see *People deprived of their freedom*) and other vulnerable people in the wider region, the

conduct of a compatibility study of domestic legislation and IHL/ other international norms, and other subjects of common concern. At an ICRC-organized meeting, national IHL committee members updated their knowledge of the developments and challenges in implementing IHL. The Hague Convention on Cultural Property was translated into Turkmen.

Dialogue with the Kazakh government continued to focus on cooperation on humanitarian issues related to the use of nuclear weapons, the legal prohibition of which formed the basis of a joint research agreement between the Eurasian National University and the ICRC. Efforts towards the ratification of the agreement on the ICRC's presence in the country advanced.

The National Human Rights Centre of the Republic of Uzbekistan published, with ICRC support, a manual on IHL and international human rights law, intended for the authorities, lawyers and scholars. The authorities drew on ICRC input on the process of forming a national IHL committee.

### **Parties concerned further their awareness of humanitarian issues and the Movement**

Throughout the region, military/civilian authorities (see above) and civil society actors learnt more about humanitarian issues and the Movement's work through National Society/ICRC initiatives. Law professors and students in Tajikistan and Turkmenistan learnt more about IHL and the ICRC through lectures and conferences. Efforts to engage religious circles in dialogue on the common ground between Islamic law and IHL were pursued.

Senior SCO officials, including those from its Regional Anti-Terrorism Structure, broadened their awareness of the ICRC's mandate and activities during meetings/presentations.

Media coverage, of the ICRC's activities in the region and its vice-president's visit to Tajikistan, helped relay humanitarian messages to a wider audience.

## **RED CROSS AND RED CRESCENT MOVEMENT**

### **National Societies bolster their emergency preparedness and response capacities**

The region's National Societies worked with the ICRC to assist vulnerable people, among them mine/ERW victims and their families (see *Civilians*). The Tajikistan Red Crescent received material assistance to help people affected by floods/landslides in the Rasht Valley.

With ICRC financial, technical and material support, the National Societies reinforced their emergency preparedness and response capacities, particularly in assessing needs, administering first aid, restoring family links and applying the Safer Access Framework. The Red Crescent Society of Uzbekistan signed a partnership framework agreement with the ICRC on these matters and on communication and IHL promotion and communication.

At a regional simulation exercise in Kyrgyzstan, representatives of Central Asian National Societies practised responding to different emergencies (see *Kyrgyzstan*). The Red Crescent Society of Uzbekistan signed an agreement with the Ministry of Emergency Situations on cooperation in building countrywide emergency preparedness.

Staff/volunteers of the Tajikistan Red Crescent refreshed their first-aid skills at ICRC-supported courses. The National Societies

of Kazakhstan and Turkmenistan expanded their pools of first-aid trainers. Staff/volunteers of the Kazakhstan and Tajikistan National Societies enhanced their abilities in restoring family links.

The National Societies of Kazakhstan, Tajikistan and Uzbekistan helped the ICRC organize emergency room trauma courses (see *Wounded and sick*).

### National Societies pursue improvements to their legal/statutory bases

The National Societies of Kazakhstan and Uzbekistan continued to strengthen their legal bases with International Federation/ICRC support, which, in Kazakhstan, included legal advice on the use of the emblem. The Red Crescent Society of Turkmenistan received support for revising its statutes.

The region's National Societies promoted IHL and humanitarian principles and helped foster understanding of the Movement's work through dissemination sessions and various public events – to mark World Red Cross and Red Crescent Day (8 May), for instance – involving civilian/military authorities and the public. The National Societies of Turkmenistan and Uzbekistan opened IHL resource centres, which helped improve access to reference materials for local authorities, young people and others.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>Red Cross messages (RCMs)</b>			UAMs/SCs*		
RCMs collected		4			
RCMs distributed		2			
Phone calls facilitated between family members		19			
<b>Tracing requests, including cases of missing persons</b>			Women	Girls	Boys
People for whom a tracing request was newly registered		5	1		
<i>including people for whom tracing requests were registered by another delegation</i>		2			
People located (tracing cases closed positively)		3			
<i>including people for whom tracing requests were registered by another delegation</i>		2			
Tracing cases still being handled at the end of the reporting period (people)		2			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)<sup>1</sup></b>					
<b>Restoring family links</b>					
RCMs collected		2			
RCMs distributed		4			
Detainees visited by their relatives with ICRC/National Society support		112			

\* Unaccompanied minors/separated children

1. Tajikistan, Uzbekistan

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Essential household items <sup>1</sup>	Beneficiaries	60		
Cash <sup>1</sup>	Beneficiaries	1,563	27%	51%
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)<sup>2</sup></b>				
<b>Economic security, water and habitat (in some cases provided within a protection programme)</b>				
Essential household items <sup>3</sup>	Beneficiaries			
Cash <sup>3</sup>	Beneficiaries	241		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	11		
<b>Water and habitat</b>				
Water and habitat activities	Number of beds	512		

1. Tajikistan

2. Tajikistan, Uzbekistan

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



# WESTERN BALKANS (regional)

COVERING: Albania, Bosnia and Herzegovina, Croatia, Kosovo\*, Former Yugoslav Republic of Macedonia, Montenegro, Serbia



The ICRC has been working in the countries covered since the early 1990s. The organization strives to respond to the needs remaining from armed conflicts in the region. In particular, it seeks to help clarify the fate of missing persons and to address the needs of their families. Throughout the region, the ICRC visits detainees, works with the authorities and civil society to promote IHL and supports the development of the National Societies.

## KEY RESULTS/CONSTRAINTS

In 2014:

- ▶ national authorities in the region continued working to clarify the fate of persons missing in relation to past conflicts, helping resolve 572 cases in Bosnia and Herzegovina, 85 in Croatia and 68 in Kosovo
- ▶ families of missing persons met their psychosocial, legal and administrative needs with support from family associations and National Societies or Red Cross units backed by the ICRC
- ▶ Albania, Bosnia and Herzegovina, Croatia, the former Yugoslav Republic of Macedonia, Montenegro and Serbia ratified the Arms Trade Treaty, with encouragement from the ICRC
- ▶ detainees in Bosnia and Herzegovina and Serbia received ICRC visits, and the ICRC began discussions with the Kosovar authorities on resuming visits to detainees under its purview
- ▶ with ICRC assistance, the region's National Societies developed their capacities in restoring family links and addressing weapon contamination, notably in connection with migration and flooding respectively

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

**HIGH**

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
Red Cross messages (RCMs)	
RCMs distributed	1
Phone calls facilitated between family members	1
People located (tracing cases closed positively)	646
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
ICRC visits	
Detainees visited	23
Detainees visited and monitored individually	23
Number of visits carried out	9
Number of places of detention visited	9

EXPENDITURE (in KCHF)	
Protection	2,351
Assistance	-
Prevention	518
Cooperation with National Societies	360
General	-

**3,229**

of which: Overheads 197

IMPLEMENTATION RATE	
Expenditure/yearly budget	<b>93%</b>

PERSONNEL	
Mobile staff	7
Resident staff (daily workers not included)	43

\* UN Security Council Resolution 1244

## CONTEXT

The countries of the Western Balkans continued to address problems inherited from past conflicts. The thousands of unresolved cases of missing persons remained the most pressing humanitarian challenge in the region. War-crimes proceedings continued in Bosnia and Herzegovina, Croatia, Kosovo, Montenegro and Serbia. The dispersal of families during migration or disasters – for instance, during floods in Bosnia and Herzegovina, Croatia and Serbia in May – was also a concern.

The prime ministers of Kosovo and Serbia continued to engage in discussions facilitated by the European Union (EU), with a view to implementing their 2013 agreement to normalize relations.

Serbia began formal accession talks with the EU; Albania was granted candidate status for EU membership. Negotiations between the EU and Kosovo, over a Stabilization and Association Agreement, continued. Bosnia and Herzegovina's inability to establish stable interethnic dialogue continued to hamper its pursuit of EU membership.

Kosovo police began operations to arrest people on charges of "terrorism". The parliaments of all countries in the Western Balkans adopted amendments to their criminal codes placing sanctions on citizens participating in or organizing recruitment for armed conflicts abroad.

## ICRC ACTION AND RESULTS

The ICRC continued to back the efforts of the authorities in the region to ascertain the fate of persons missing in connection with past conflicts and, with the pertinent National Societies and Red Cross units, to ensure their families' access to psychosocial and other assistance. Together with international stakeholders, including the EU Rule of Law Mission in Kosovo (EULEX) and the International Commission on Missing Persons (ICMP), it continued to encourage national authorities to fulfil their obligations to the missing and their families. National authorities were urged to intensify their search for new information, for example by increasing cooperation with other parties concerned. Local actors were persuaded to assume further responsibilities and supported in strengthening their ability to do so.

As a result of these efforts, 572 cases of missing persons in Bosnia and Herzegovina and 68 cases in Kosovo were resolved. The Croatian Red Cross reported that 85 cases had been resolved in Croatia.

Acting as a neutral intermediary, the ICRC chaired four sessions of the Kosovo-Serbia Working Group on Missing Persons, which were attended by members of the international community, associations of families of missing persons and the National Societies/Red Cross units of the two sides. Within the framework of the working group, the remains of 52 persons reported missing were exhumed, identified and returned to Kosovo for handover to their families.

The ICRC continued to help national authorities take over the lead role in resolving the issue of missing persons. It helped the Missing Persons Institute (MPI) in Bosnia and Herzegovina boost its capabilities in preparation for managing all open cases of missing persons and maintaining a central register of information on the missing. It continued to hand over responsibility for following up cases to the Red Cross Society of Bosnia and Herzegovina.

Throughout the region, families of the missing eased their situation with psychosocial/legal/administrative assistance from family associations and the pertinent National Societies/Red Cross units, all of which received ICRC support.

The ICRC supported the national authorities in the region in enacting or implementing legislation in line with IHL. The authorities in Bosnia and Herzegovina, assisted by the ICRC, reviewed the implementation status of the Convention on Enforced Disappearance and the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. In view of the continuing prosecution in the region of people alleged to have committed war crimes, the ICRC, in cooperation with national/international stakeholders, organized a regional conference to discuss the role of national jurisdictions in implementing IHL. With encouragement from the ICRC, Albania, Bosnia and Herzegovina, Croatia, the former Yugoslav Republic of Macedonia (hereafter FYR Macedonia), Montenegro and Serbia ratified the Arms Trade Treaty.

In Bosnia and Herzegovina and Serbia, vulnerable detainees, including those held for security-related reasons, received ICRC visits conducted according to the organization's standard procedures. The authorities received confidential feedback and, where necessary, recommendations to improve detainees' treatment and living conditions. The ICRC pursued discussions with the Kosovar authorities on conducting visits to detainees under its purview. People formerly held at the US internment facility at Guantanamo Bay Naval Station in Cuba, now resettled in Bosnia and Herzegovina, visited relatives in foreign countries with ICRC support. Also in Bosnia and Herzegovina, the family of one person currently held at the Guantanamo Bay internment facility restored contact with him through an ICRC video call.

The ICRC continued to back the region's National Societies/Red Cross units in bolstering their ability to undertake humanitarian activities independently, particularly promoting IHL, restoring family links and addressing risks related to mines and other explosive remnants of war (ERW), for example, during the floods in Bosnia and Herzegovina, Croatia and Serbia in May.

## CIVILIANS

Efforts to clarify the fate of persons missing in connection with past conflicts continued. Progress was slow owing to the lack of new information on gravesites and the difficulty of identifying human remains already recovered. Of 34,891 people reported missing in relation to the conflicts, 10,915 remained unaccounted for at end-2014.

Local actors built their capacities in addressing the issue with ICRC assistance and were encouraged to assume further responsibilities. National authorities received updated information, obtained through the various mechanisms working to clarify the fate of the missing, and were urged to share information in their possession, support institutions involved in the exhumation and identification process, and enact legislation protecting the rights of the missing and their families (see *Actors of influence*). The EU and other key international actors were urged to reiterate to national authorities the importance of fulfilling their obligation to provide answers to the families concerned.

The names of persons still being sought in the region were available on the ICRC family-links website ([familylinks.icrc.org](http://familylinks.icrc.org)).

## Local actors strengthen their ability to resolve cases of missing persons

### Bosnia and Herzegovina conflict 1992–95

At end-December, the families of 7,129 individuals for whom cases were opened with the ICRC remained without news of their missing relatives. During 2014, 572 cases were solved, most of them using information from the MPI on recovered and identified remains; 13 persons were found alive.

With filing equipment and increased data-storage capacity provided by the ICRC, the MPI continued to work on the creation of a central register of missing persons. With financial/material/technical support from the ICMP and the ICRC, the MPI continued to develop its capabilities in preparation for eventually taking over the management of all open cases of missing persons. Owing to delays in locating and informing families, the handover of cases from the ICRC to the MPI was not completed by end-2014, as initially planned. Bosnia and Herzegovina's National Society continued to assume more responsibility for following up cases and maintaining contact with families of missing persons. The MPI and the National Society cooperated more efficiently after establishing standard procedures for their joint work.

The National Society/ICRC kept families informed of impending changes related to the handover of responsibilities. With ICRC assistance, 11 people travelled to identify the remains of their relatives, which enabled them to arrange dignified burials afterwards.

### Kosovo conflict 1999

Serbian authorities completed exhumation work at a site in Raska, Serbia, where human remains had been discovered in 2013. The Serbian Commission on Missing Persons led the work, with technical/material assistance from the ICRC and other stakeholders. The families of 52 persons found some relief from uncertainty after the remains of their relatives were recovered from the Raska site and subsequently identified.

At the Kosovar and Serbian authorities' request, the ICRC coordinated the sharing among the various stakeholders of information pertaining to the recovery and identification of human remains. Such information was exchanged at four public sessions of the ICRC-chaired Working Group on Missing Persons, which members of the international community, family associations, the Red Cross of Serbia and the Red Cross units of Kosovo attended as observers. Based on requests from the Kosovar authorities, put forth through the Working Group, the Serbian authorities assessed

two possible gravesite locations; no remains were found at either site.

In Kosovo, the Government Commission on Missing Persons and the Department of Forensic Medicine continued to work on the establishment of a central register of missing persons, using the ICRC's ante/post-mortem data-management software.

The ICRC continued to gather information on possible gravesite locations from national/international archives and to share this with stakeholders, particularly EULEX, which carried out forensic work in place of the national authorities. Following mobilization efforts, international stakeholders provided documents thought to contain information that might help clarify the fate of missing persons.

As a result of these activities and the concerted efforts of stakeholders, 68 cases of persons missing in relation to the conflict were resolved during the year, with one person found alive. At end-2014, 1,655 individuals remained unaccounted for in connection with the Kosovo conflict.

The ICRC continued to encourage the Kosovar and Macedonian authorities to reach an agreement to search for and eventually repatriate human remains allegedly buried in FYR Macedonia in relation to the Kosovo conflict.

### Croatia conflicts 1991–95

At end-2014, 2,131 people missing in relation to the Croatian conflicts remained unaccounted for. The Croatian Red Cross reported that 85 cases of missing persons were closed; three people were found alive.

Fifty-eight persons from Serbia found some closure after they identified the remains of their relatives at the Forensic Institute in Zagreb, Croatia; the ICRC facilitated their journey and attended the sessions as an observer.

Owing to the nature of the issue and the political tensions between the two countries, no meetings of the Croatia-Serbia Working Group on Missing Persons were held in 2014. The ICRC continued to urge the participants to intensify their efforts to provide answers to the families of the missing.

## Families of missing persons lend each other support and increase public awareness of their plight

Throughout the region, during difficult occasions – for instance,

CIVILIANS	BOSNIA AND HERZEGOVINA	CROATIA	SERBIA	KOSOVO
<b>Red Cross messages (RCMs)</b>				
RCMs distributed	1			
Phone calls facilitated between family members	1			
Names published on the ICRC family-links website	8,056			1,719
<b>Tracing requests, including cases of missing persons<sup>1</sup></b>				
People for whom a tracing request was newly registered				15
<i>of whom women</i>				3
<i>of whom minors at the time of disappearance - boys</i>				1
People located (tracing cases closed positively)	572	1		73
Tracing cases still being handled at the end of the reporting period (people)	7,129	18		1,675
<i>of whom women</i>	997	3		237
<i>of whom minors at the time of disappearance - girls</i>	85			21
<i>of whom minors at the time of disappearance - boys</i>	291			85
<b>Documents</b>				
People to whom travel documents were issued			1	

\* Unaccompanied minors/separated children

1. Not including cases of persons missing in relation to the Croatia conflicts 1991–95, dealt with by the Croatian Red Cross and the Red Cross of Serbia

identification of human remains and burial ceremonies – the families of missing persons received psychosocial support and, in some cases, first aid from family associations and National Societies/Red Cross units backed by the ICRC. In Bosnia and Herzegovina, Kosovo and Serbia, families obtained social benefits and initiated other legal or administrative procedures using documents, issued by the ICRC and distributed by National Societies/Red Cross units, attesting that their relatives were missing.

In Bosnia and Herzegovina, Kosovo and Serbia, families of missing persons shared their experiences and concerns at peer-support gatherings. Kosovar and Serbian families organized commemorative activities, which helped mobilize additional support from their communities. Family associations in the three countries developed their capacities with ICRC backing, including training in public communication and event organization in Kosovo, technical assistance for online fundraising in Serbia and support in communicating with the authorities in Bosnia and Herzegovina.

### National Societies bolster their tracing capacities

With ICRC support, the National Societies of Bosnia and Herzegovina and Croatia followed up tracing requests more efficiently and in line with data-protection requirements using ICRC-developed family-links software. Through ICRC training, 100 volunteers from the Red Cross units in Kosovo enhanced their skills in providing family-links services; one of the units reinforced its logistical capabilities with an ICRC-donated motor vehicle. The Serbian Red Cross, which had taken over the task of managing data on missing persons, continued to receive technical advice from the ICRC in this connection.

With financial/technical support from the ICRC, the National Societies of Croatia and Serbia organized a meeting on restoring family links disrupted by migration; the National Societies of Bosnia and Herzegovina, Bulgaria, FYR Macedonia and Montenegro participated. The Red Cross of former Yugoslav Republic of Macedonia, with ICRC support, organized a similar meeting with its Bulgarian and Serbian counterparts.

### Members of families dispersed by floods stay in touch

With help from their National Societies and the ICRC, people affected by floods in Bosnia and Herzegovina, Croatia and Serbia restored or maintained contact with their families.

In Bosnia and Herzegovina, some 5,000 people were registered by the National Society as having been evacuated, and their personal details published on its website for the benefit of relatives seeking them. Enquiries into the whereabouts of 29 persons from the areas affected were received from other countries; seven of them were located. People in Serbia made phone calls to their relatives through the National Society. Others used mobile phones donated by local

telecommunications companies and ICRC-provided phone credit. In both countries, families were reunited by the National Societies, supported by the ICRC with staff, vehicles and equipment.

In Bosnia and Herzegovina, where floodwaters and landslides dislodged mines/ERW, national/international organizations assessed the risks and alerted the people concerned, with ICRC assistance. Through National Society presentations and promotional materials, some 2,800 schoolchildren and 2,900 hunters and fishermen learnt about safe practices in weapon-contaminated areas. Children reduced their exposure to mines/ERW after the National Society, with ICRC support, built two playgrounds in safer areas.

In Croatia, which was affected to a lesser extent, the National Society compiled lists of people missing or displaced, and processed tracing requests.

## PEOPLE DEPRIVED OF THEIR FREEDOM

### Vulnerable detainees receive ICRC visits

In Bosnia and Herzegovina and Serbia, people held for security-related reasons and other vulnerable detainees received ICRC visits carried out according to the organization's standard procedures. Following visits, the authorities received confidential feedback and, where appropriate, recommendations for improving detainees' treatment and living conditions. The ICRC continued its dialogue with the Kosovar authorities on conducting visits to detainees under its purview. In Macedonia, owing to internal administrative constraints, the ICRC was unable to conduct its annual visit to detainees. It nevertheless reaffirmed to the authorities its readiness to continue visits to detainees in the country, including those arrested for participating in armed conflicts abroad.

People previously detained in connection with past conflicts in Bosnia and Herzegovina, Croatia and Serbia addressed legal or administrative concerns using attestations of detention issued by the ICRC.

With ICRC assistance, two persons previously held at the Guantanamo Bay internment facility, now resettled in Bosnia and Herzegovina, visited their families in Algeria; one person from Bosnia and Herzegovina visited his father, a former internee, who had resettled in France (see *Paris*). Also in Bosnia and Herzegovina, the family of one person currently held at the Guantanamo Bay internment facility got in touch with him through an ICRC-facilitated video call.

## ACTORS OF INFLUENCE

### The public learns more about the plight of missing persons' families

Through commemorative activities held on the International Day of the Disappeared, media coverage of related events and an ICRC-produced television spot, the plight of the families of persons still missing in connection with past conflicts in the Western Balkans

PEOPLE DEPRIVED OF THEIR FREEDOM	BOSNIA AND HERZEGOVINA	SERBIA
<b>ICRC visits</b>		
Detainees visited	14	9
Detainees visited and monitored individually	14	9
Detainees newly registered	6	3
Number of visits carried out	6	3
Number of places of detention visited	6	3
<b>Restoring family links</b>		
People to whom a detention attestation was issued	144	27



came to the forefront of public attention. The national authorities, international stakeholders and the public had access, through ICRC communication initiatives, to information on the steps taken to ensure a transparent process of exhumation, identification and handover of remains to the families.

A planned regional workshop for journalists was cancelled owing to administrative constraints.

### **Authorities take steps to strengthen legal frameworks protecting victims of past conflict**

While Bosnia and Herzegovina had yet to establish a national IHL committee, the authorities kept issues of humanitarian concern on their agenda. With ICRC support, they reviewed the current legislative/institutional framework for clarifying the fate of the missing and organized a round-table at which national/international stakeholders discussed further implementation of the Convention on Enforced Disappearance. The authorities also reviewed the implementation of the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, with a view to establishing a legal framework that would enable victims of war crimes and other abuses, including sexual violence, to exercise their rights.

With ICRC encouragement, Albania, Bosnia and Herzegovina, Croatia, FYR Macedonia, Montenegro and Serbia ratified the Arms Trade Treaty and began the process of incorporating its provisions in domestic legislation; Serbia adopted a law on the export/import of weapons and military equipment. The Serbian authorities participated in a workshop on domestic frameworks protecting health care during armed conflict and other emergencies (see *Brussels*), and in a consultative process on strengthening compliance with IHL (see *International law and policy*). Backed by the ICRC, the Serbian Red Cross pushed for the country's accession to the Convention on Cluster Munitions and for the elimination of nuclear weapons.

### **Court officials discuss the prosecution of people alleged to have violated IHL**

At a conference in May, 65 judges, prosecutors and defence lawyers dealing with war crimes in south-eastern Europe discussed the role of national jurisdictions in implementing IHL; the conference took place in Sarajevo, Bosnia and Herzegovina, and was organized jointly by the Court of Bosnia and Herzegovina, the Organization for Security and Co-operation in Europe (OSCE) Mission to Bosnia and Herzegovina, the Office for Democratic Institutions and Human Rights of the OSCE, the Swiss embassy in Sarajevo and the ICRC, in line with "150 years of humanitarian action." The protection of detainees, the clarification of the fate of missing persons and the prosecution of war crimes involving sexual violence were among the topics discussed.

### **Armed forces enrich their understanding of the Movement's work**

Through the annual "Viking 14" exercise led by the Swedish government, members of the Serbian armed and police forces, and members of armed forces from 11 other countries, including Bosnia and Herzegovina and FYR Macedonia, learnt more about their humanitarian responsibilities in peace-support operations and the respective roles of National Societies and the ICRC.

During an ICRC presentation at an OSCE seminar in Bosnia and Herzegovina, members of the armed/security forces, civil society representatives and the media learnt about IHL in the context of implementing the OSCE code of conduct, and about new ICRC initiatives.

### **Local actors advance teaching on IHL**

Education authorities continued to work towards incorporating the Exploring Humanitarian Law programme in school curricula. In Bosnia and Herzegovina, one university began to offer the programme as a mandatory course. Kosovo's Ministry of Education continued to take steps to incorporate the programme in its civic-education syllabus, producing a textbook on the subject with ICRC assistance. Young volunteers with one of the Red Cross units in Kosovo strengthened their ability, with ICRC support, to conduct training sessions on the programme; a brochure in Albanian was printed for their use. Backed by the ICRC, Serbian students participated in an international moot-court competition.

## **RED CROSS AND RED CRESCENT MOVEMENT**

### **National Societies enhance their ability to deliver humanitarian services**

With financial/material/technical support from the ICRC, the National Societies in the region and the Red Cross units in Kosovo developed their capacities in providing humanitarian assistance (see *Civilians*) and promoting IHL (see *Actors of influence*).

With the International Federation and the ICRC, Bosnia and Herzegovina's National Society explored ways to advance its institutional development, strengthen its financial sustainability and position itself as a key humanitarian actor. It also worked to address weapon contamination after the floods in May (see *Civilians*).

With assistance from the Swiss embassy and the ICRC, the Serbian Red Cross organized three round-tables at which local authorities and academics discussed developments in IHL since the adoption of the original Geneva Convention in 1864. After bolstering their public-communication skills through ICRC training, the National Society in Bosnia and Herzegovina and the Red Cross units in Kosovo conducted dissemination sessions on humanitarian principles for national/local authorities and young people.



<b>MAIN FIGURES AND INDICATORS: PROTECTION</b>				
		Total		
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Red Cross messages (RCMs)<sup>1</sup></b>				
		UAMs/SCs*		
RCMs distributed	1			
Phone calls facilitated between family members	1			
Names published on the ICRC family-links website	9,775			
<b>Tracing requests, including cases of missing persons<sup>2</sup></b>				
		Women	Girls	Boys
People for whom a tracing request was newly registered	15	3		1
People located (tracing cases closed positively)	646			
Tracing cases still being handled at the end of the reporting period (people)	8,822	1,237	106	376
<b>Documents<sup>3</sup></b>				
People to whom travel documents were issued	1			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)<sup>4</sup></b>				
<b>ICRC visits</b>				
		Women	Minors	
Detainees visited	23			
		Women	Girls	Boys
Detainees visited and monitored individually	23			
Number of visits carried out	9			
Number of places of detention visited	9			
<b>Restoring family links</b>				
People to whom a detention attestation was issued	171			

\* Unaccompanied minors/separated children

1. Bosnia and Herzegovina, Kosovo

2. Bosnia and Herzegovina, Croatia and Kosovo; not including cases of persons missing in relation to the Croatia conflicts 1991–95, dealt with by the Croatian Red Cross and the Red Cross of Serbia

3. Serbia

4. Bosnia and Herzegovina, Serbia

# BRUSSELS

**COVERING:** Institutions of the European Union, NATO, the NATO Parliamentary Assembly, specific armed forces in Western Europe, Belgium

The ICRC has been working in Brussels since 1999, building strong institutional and operational relations with European Union institutions, NATO and its Parliamentary Assembly, specific armed forces based in Western Europe, and Belgium. It aims to make the ICRC's mandate better known, to mobilize political, diplomatic and financial support for its activities and to ensure that relevant military decision-makers in Western Europe view the ICRC as the main reference point for neutral and independent humanitarian action, as well as for IHL.

## KEY RESULTS/CONSTRAINTS

### In 2014:

- ▶ sustained dialogue with institutions of the European Union ensured that IHL-related issues and humanitarian concerns related to crises around the world were addressed at the highest levels
- ▶ NATO considered incorporating, in its military doctrine, ICRC recommendations for protecting health-care services in armed conflicts, and including ICRC e-learning tools in its training resources
- ▶ an experts' workshop organized with the Belgian authorities and National Society produced a report/guidance tool to help States strengthen laws protecting health-care services in armed conflicts/other emergencies

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

**HIGH**

EXPENDITURE (in KCHF)	
Protection	44
Assistance	-
Prevention	2,607
Cooperation with National Societies	198
General	-
	<b>2,850</b>
	<i>of which: Overheads 174</i>
IMPLEMENTATION RATE	
Expenditure/yearly budget	<b>90%</b>
PERSONNEL	
Mobile staff	2
Resident staff (daily workers not included)	14

PROTECTION	Total
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
<b>ICRC visits</b>	
Detainees visited	1
Detainees visited and monitored individually	1
Number of visits carried out	1
Number of places of detention visited	1

## CONTEXT

The European Union (EU) maintained its involvement in crisis management and conflict resolution worldwide through political mediation and other means, and remained a major global humanitarian donor. It expressed particular concern about the conflicts in the Central African Republic (hereafter CAR), the Democratic Republic of the Congo, Israel and the occupied territories, South Sudan, the Syrian Arab Republic (hereafter Syria) and Ukraine, as well as regionalized conflicts in the Horn of Africa and the Sahel region of West Africa. It launched a military mission in the CAR and two civilian missions, in Mali and Ukraine, bringing the total number of active missions under the EU Common Security and Defence Policy to 17 at the end of the year.

EU member States and institutions pursued efforts to develop the EU's Common Foreign and Security Policy, particularly by refining the positioning of the European External Action Service (EEAS), headed by the High Representative of the Union for Foreign Affairs and Security Policy. The Political and Security Committee was a key body in this regard.

Elections to the European Parliament were held in May, a newly appointed European Commission took office in November, and a new president headed the European Council as of December. The bi-annual EU presidency, held in 2014 by Greece and Italy, chaired certain working groups of the EU Council. The European Commission's Directorate-General for Humanitarian Aid and Civil Protection (ECHO) remained the primary EU body handling humanitarian affairs.

NATO completed the withdrawal of the International Security Assistance Force (ISAF) from Afghanistan at the end of the year. It shifted its role from combat to training/advisory support for Afghan forces, and prepared to launch its Resolute Support Mission in 2015.

Belgium held general elections in May and formed a new government in October. It remained committed to supporting humanitarian action and to developing and promoting IHL.

## ICRC ACTION AND RESULTS

The Brussels delegation continued to foster relations with EU institutions and NATO, and contributed to ICRC headquarters' dialogue with the Council of Europe and the Organization for Security and Co-operation in Europe (OSCE), to ensure that IHL and humanitarian issues were given due consideration in the decisions, policies and programmes of these bodies. It highlighted specific humanitarian issues, such as sexual violence and access to health care in armed conflicts and other emergencies, with a view to aiding European efforts to protect and assist people affected by armed conflicts/violence worldwide.

Discussions with EU institutions – among them the EU presidency, the EU Council, the European Commission, including ECHO, and the EEAS – centred on the humanitarian situation/ICRC response to various crises, such as those in the CAR, Syria and Ukraine, and on IHL-related issues. Dialogue tackled issues relating to sexual violence in armed conflict, the goals of the Health Care in Danger project, the Arms Trade Treaty, the “Strengthening IHL” process, and the potential implications of EU data protection reforms for humanitarian activities. Meetings between the ICRC president and senior EU officials brought pressing humanitarian concerns to the forefront of discussions at the highest levels.

Operational dialogue with NATO headquarters, and with NATO's Allied Command Operations (ACO) and Allied Command Transformation (ACT), continued. Talks covered the specific role/mandate of the ICRC, IHL/humanitarian concerns related to military operations, and other humanitarian matters of common interest, particularly safe health-care delivery, lessons learnt during operations in Afghanistan, and sexual violence in armed conflict. ICRC presentations for troops and engagement with NATO units during collective training exercises enhanced dialogue and mutual understanding at field and central levels. ACT and the ICRC also began discussions on the potential inclusion of ICRC e-learning tools in NATO training resources.

Brussels' network of think-tanks and humanitarian actors provided opportunities for the ICRC to promote IHL and its development. Events organized with the College of Europe, the EU Institute for Security Studies and the Network on Humanitarian Action created space for European, international and national civil servants, and academics, to learn more about the subject and to discuss current humanitarian challenges.

The ICRC maintained regular dialogue with the Belgian authorities and cooperation with the Belgian Red Cross on IHL-related and other humanitarian concerns. A workshop attended by international experts resulted in the production of a report and a guidance tool containing recommendations for States to enhance legal protection for health-care services during emergencies.

Continuous contact with the Red Cross/EU Office ensured coherence in Movement-wide humanitarian diplomacy, particularly in efforts to clarify the strictly humanitarian objectives of the Movement's family-links activities for vulnerable migrants in Europe.

## PEOPLE DEPRIVED OF THEIR FREEDOM

One detainee convicted by the International Criminal Tribunal for the former Yugoslavia and serving his sentence in Belgium received a visit from the ICRC, which checked on his conditions.

## ACTORS OF INFLUENCE

### Meetings with EU institutions tackle humanitarian concerns at the highest level

Meetings with the EU Council, the European Commission, the EU presidency and the EEAS encouraged the incorporation of IHL/humanitarian perspectives in their decisions, policies and programmes, and enlisted/reinforced support for the ICRC and its activities. These included high-level dialogue between the ICRC president and the presidents of the European Council and the European Parliament, the commissioners for humanitarian aid and crisis management, the commissioner for budgets and human resources, and senior EEAS officials, as well as interaction with the Working Group on Humanitarian Aid and Food Aid.

Discussions tackled, among other things: the humanitarian situation and operational priorities in conflict-affected countries (see *Context*); the ICRC's mandate/working procedures and approach to sexual violence in armed conflict; ICRC concerns regarding certain provisions of EU data protection laws and their potential implications for humanitarian activities; and the Health Care in Danger project. A briefing for the Working Group on Conventional Arms Export emphasized the importance of broad participation in and proper interpretation of the Arms Trade Treaty; the Working Group on Public International Law was briefed on the Swiss-ICRC initiative on strengthening IHL compliance. ECHO and the ICRC signed

an agreement strengthening strategic partnership; a joint photo exhibition at the European Parliament drew attention to the challenges facing health-care services during armed conflict.

The ICRC participated in the spring and autumn sessions of the NATO Parliamentary Assembly. The Council of Europe and the OSCE received advice on IHL/humanitarian issues through dialogue led by ICRC headquarters with the delegation's support.

### **NATO headquarters affirms support for Health Care in Danger project**

Dialogue with NATO and Europe-based armed forces furthered understanding of the ICRC's mandate and reinforced the organization's standing as the main source of reference on IHL-related matters.

The ninth NATO-ICRC staff talks in November involved headquarters-level interaction between the two organizations. Meetings at policy and operational levels covered NATO's crisis management approach; its operations and lessons learnt in Afghanistan and the ICRC's contributions to the latter, particularly with regard to the conduct of hostilities and the protection of civilians; and sexual violence and access to health care in armed conflicts/other emergencies.

NATO headquarters' support for the Health Care in Danger project was approved by the Military Committee's chairman and endorsed by the International Military Staff's director-general. Discussions focused on the incorporation into military doctrine of operational lessons learnt and recommendations formulated at a 2013 ICRC workshop on protecting medical services during conflict. These also fed into lessons-learnt exercises, on humanitarian issues, being developed with other NATO commands and components.

### **NATO considers ICRC training input**

ICRC relations with NATO's Strategic Commands – ACO and ACT – continued to develop in line with a 2012 tripartite agreement. Participation in collective training exercises related to the NATO Response Force certification process enabled the ICRC to engage with standby units and headquarters likely to respond in the event of a crisis. ACT and the ICRC drew up an action plan outlining training/education events to which the ICRC was invited to attend in 2015.

Through courses held at NATO schools/colleges or at member States' training institutes, NATO officers/troops familiarized themselves with IHL and the ICRC's work. Similar presentations were given to ISAF officers prior to their deployment. At ACT, discussions began on the prospective inclusion of ICRC-produced tools in the development of e-learning, immersive training environments and virtual reality for NATO training. The ICRC attended ACT's e-learning conference in Norfolk, Virginia, United States of America, to this end.

Relations with US forces based in Europe were maintained through ICRC visits and working-level interaction with the US Europe and US Africa Commands, and with US Army Europe headquarters in Germany.

### **Experts produce recommendations for strengthening legal protection for health-care services**

Dialogue with the Belgian authorities covered IHL promotion, development and implementation and ICRC operations in crisis-stricken contexts, emphasizing issues relating to sexual violence and access to health care.

In January, the Belgian national IHL committee, the Belgian Red Cross and the ICRC organized a three-day experts' workshop on legal protection for medical services during armed conflicts/other emergencies. Some 50 specialists and academics from 25 countries and regional/specialized organizations discussed how domestic laws could better protect health-care services. Participants recommended legal prohibitions against obstructions to health care – such as interfering with the safe passage of ambulances – in addition to existing laws prohibiting direct attacks against medical personnel/facilities. The recommendations were collected in a report, and a guidance tool produced, to help States enact the necessary measures.

Meetings with Brussels-based humanitarian actors and participation in events hosted by various organizations contributed to strengthening humanitarian coordination and enabled the ICRC to exchange views on operational developments and IHL/humanitarian issues. European civil servants, diplomats and humanitarian workers were introduced to IHL and its application in contemporary conflicts at a seminar organized with the Network on Humanitarian Action and the Belgian Red Cross. Law students attended IHL courses co-organized with the College of Europe, with Swiss government support. Experts from governments, international organizations, armed forces and various universities discussed legal issues related to detention in armed conflicts at the 15th Bruges Colloquium on IHL, likewise co-organized with the College of Europe. Policy-makers, NGO representatives and academics tackled the issue of sexual violence and the protection of women during armed conflict at a colloquium hosted jointly with the EU Institute for Security Studies.

EU, NATO and Belgian contacts and European media kept abreast of ICRC operations through news releases/updates.

### **RED CROSS AND RED CRESCENT MOVEMENT**

Coordination with the Red Cross/EU Office ensured the coherence of Movement-wide humanitarian diplomacy with European institutions, particularly of efforts to clarify the strictly humanitarian nature of the Movement's family-links services for migrants (see *Europe*). It also helped monitor progress in pledges made by EU member States/National Societies at the 31st International Conference.

The Platform for European Red Cross Cooperation on Refugees, Asylum Seekers and Migrants and the European Legal Support Group drew on the ICRC's IHL expertise.

The Belgian Red Cross and the ICRC sustained cooperation in humanitarian/IHL-related initiatives. A joint exhibition in Ypres showcased the Movement's humanitarian activities during the First World War.

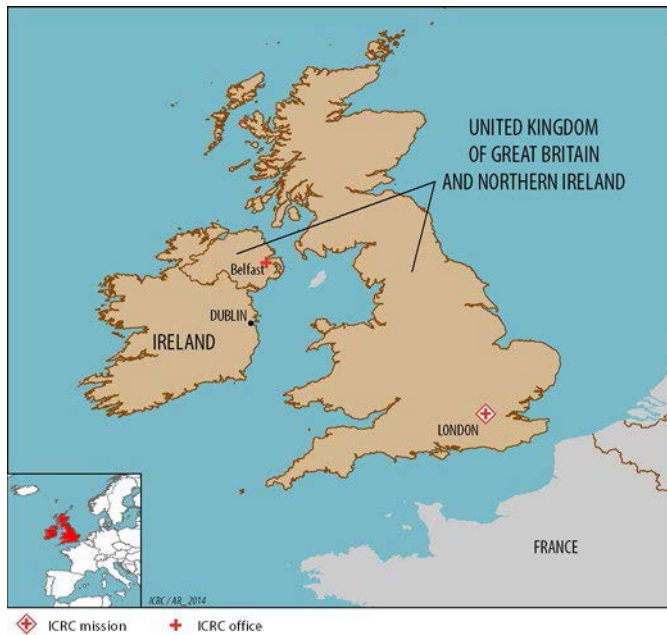
<b>MAIN FIGURES AND INDICATORS: PROTECTION</b>				
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>ICRC visits</b>				
	Total	Women	Minors	
Detainees visited	1			
		Women	Girls	Boys
Detainees visited and monitored individually	1			
Number of visits carried out	1			
Number of places of detention visited	1			

\* Unaccompanied minors/separated children



# LONDON

COVERING: Ireland, United Kingdom of Great Britain and Northern Ireland



Set up in 2003, the London mission focuses on pursuing humanitarian diplomacy and facilitating ICRC operations in the field. Through contact with the British government, armed forces, members of parliament, think-tanks, the media and international NGOs, it seeks to secure broad support for IHL and ICRC and Movement operations. It has similar contact with the Irish authorities and is developing its cooperation with the armed forces. The mission operates in partnership with the British Red Cross on a range of common areas, while cooperation with the Irish Red Cross is concentrated on IHL and issues related to Movement coordination.

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

HIGH

## KEY RESULTS AND CONSTRAINTS

In 2014:

- ▶ British parliamentary committees reflected IHL considerations in a report on UK defence policies and received ICRC input on violence affecting health care during armed conflict
- ▶ at events and via multimedia platforms, policy-makers and members of academic, legal, humanitarian and diaspora circles discussed operational and other issues, with the ICRC providing expert opinion
- ▶ detainees at 2 prisons in Northern Ireland, particularly those held in relation to the past conflict or the current situation, received visits to monitor their treatment and living conditions
- ▶ some 4,000 people affected by past or ongoing violence in Northern Ireland benefited from counselling, mediation services and other forms of assistance from 12 ICRC-supported community-based organizations
- ▶ the British Red Cross and the ICRC maintained their partnership – renewed through a 2014–16 framework agreement – in addressing humanitarian needs and pursuing humanitarian diplomacy

PROTECTION	Total
<b>PEOPLE DEPRIVED OF THEIR FREEDOM<sup>1</sup> (All categories/all statuses)</b>	
<b>ICRC visits</b>	
Detainees visited	72
Detainees visited and monitored individually	72
Number of visits carried out	2
Number of places of detention visited	2

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

## EXPENDITURE (in KCHF)

Protection	1,163
Assistance	-
Prevention	1,105
Cooperation with National Societies	527
General	-

**2,794**

of which: Overheads 171

## IMPLEMENTATION RATE

Expenditure/yearly budget	<b>117%</b>
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## PERSONNEL

Mobile staff	2
Resident staff (daily workers not included)	12

## CONTEXT

The United Kingdom of Great Britain and Northern Ireland (hereafter UK) continued to play a major role in international affairs. It participated in multilateral military operations in Iraq; it ended its combat operations in Afghanistan in October 2014. The country maintained a generous international aid programme and showed leadership on key issues, including: humanitarian support for people affected by the conflict in the Syrian Arab Republic (hereafter Syria) and prevention of sexual violence in armed conflict. Emergencies elsewhere – in the Central African Republic (hereafter CAR), South Sudan and Sudan, for instance – were also on the UK's international agenda.

In Northern Ireland, sectarian violence, fuelled by intercommunal tensions, the 2012 flag protests and the legacy of past conflict, persisted.

The security alert level in the UK in relation to potential acts of international "terrorism" was upgraded to 'severe', mainly owing to the situation in Iraq and in Syria.

## ICRC ACTION AND RESULTS

In 2014, the ICRC consolidated its position as a key source of reference on IHL and humanitarian issues. Through interaction with the authorities, civil society and the wider public, the ICRC promoted the development of informed positions on humanitarian issues, encouraged policy/decision-making that took humanitarian considerations into account and enlisted support for the Movement. It pursued activities to address humanitarian needs created by armed conflicts and other situations of violence, including in Northern Ireland.

Through bilateral meetings, high-level visits and briefings, ICRC representatives kept government departments, parliamentary committees and other influential bodies up to date on the humanitarian situation and ICRC operations in contexts of military or diplomatic interest to the UK. The ICRC submitted written evidence – on violence endangering patients and health services during armed conflict – to a parliamentary inquiry into the UK's international activities to strengthen health systems. Reports published by a parliamentary committee that reviewed the UK's defence framework included evidence provided by the ICRC in 2013. These reports reflected the organization's views on strengthening IHL implementation and on the development/use of new weapons and means and methods of warfare.

Dialogue with the Ministry of Defence and the UK armed forces continued to focus on operational and policy concerns, including military detention practices and the conduct of hostilities. ICRC presentations – on the protection of medical services during armed conflict, for instance – helped military personnel enrich their knowledge of humanitarian issues and broaden their awareness of ICRC activities. Discussions were ongoing with the pertinent authorities on potential ICRC visits to people detained under anti-terrorist legislation.

Contact with a broad network of stakeholders from various groups, and authorities in Belfast, Dublin and London, enabled the ICRC to raise awareness of the humanitarian needs arising from past and ongoing violence in Northern Ireland. Such efforts also helped clarify the neutral, impartial, independent and humanitarian nature of the ICRC's response. The ICRC supported 12 community-based organizations that helped people cope with the consequences of ongoing

violence and the legacy of past conflict. Efforts to resolve the cases of persons still missing in connection with past conflict continued, but little progress was made. The ICRC pursued its confidential dialogue with various parties concerned in order to gain insight into the situation of detainees held in relation to the violence in Northern Ireland. Following meetings with the authorities, it secured permission to conduct visits, according to its standard procedures, to monitor the treatment and living conditions of detainees at the Maghaberry and Hydebank Wood prisons. The visits were carried out in November and December, with a view to sharing feedback/recommendations to the authorities.

The ICRC engaged with circles of influence in Ireland and the UK by organizing/attending events and undertaking initiatives that covered operational and IHL-related issues, including addressing sexual violence in armed conflict. These events drew attention to the plight of conflict-affected people worldwide, communicated key messages based on IHL and humanitarian principles, and secured support for the Movement's activities. Multimedia content, disseminated via print, broadcast and digital platforms, relayed humanitarian messages to a wider audience.

The ICRC's partnership with the British Red Cross continued, both locally and globally. Renewed with a 2014–16 framework agreement, it covered promotion of IHL, institutional cooperation and international activities. The Irish Red Cross Society and the ICRC continued to cooperate on areas of mutual interest and relevance, particularly IHL dissemination.

## CIVILIANS

Communities in Northern Ireland continued to deal with intercommunal tensions, the legacy of past conflict and continuing violence, in which young people were often involved. Dialogue with the authorities in Belfast, Dublin and London, and networking with civil society organizations, paramilitary groups and other stakeholders, focused on humanitarian needs arising from the violence and on ways to address them. For instance, at an ICRC-facilitated round-table, the authorities and other stakeholders discussed sexual violence in relation to past conflict and the prevailing situation. Contact with these actors also promoted humanitarian principles and fostered understanding of the ICRC's neutral approach and activities in Northern Ireland.

### Violence-affected people access support from community-based organizations

Twelve community-based organizations working to mitigate the effects of the violence in Northern Ireland received ICRC financial and technical assistance, enabling them to provide various forms of support to some 4,000 individuals. For example, through these organizations' projects, some 560 vulnerable young people accessed individual counselling, advice on safe behaviour, and training and other activities that helped boost their employment opportunities; this helped prevent their involvement in violence. More than 1,300 former detainees and members of armed groups received support for coping with psychological and social needs born of past conflict; 405 individuals targeted by paramilitary groups benefited from mediation services. More broadly, the organizations' initiatives contributed to a decrease in the number of recorded attacks on police/emergency vehicles, the level of street violence and intercommunal tensions in the areas they covered.

Six of the 17 people officially known as 'the disappeared', who had gone missing during past conflict, are still unaccounted for; their

cases remained under investigation. Dialogue with key stakeholders – the Independent Commission for the Location of Victims’ Remains, the British and Irish authorities, relatives of the missing, the victims’ organization WAVE Trauma Centre and armed groups – aimed to facilitate the exchange of any information that could help in locating remains, but little progress was made.

## PEOPLE DEPRIVED OF THEIR FREEDOM

### **Detainees at two prisons in Northern Ireland receive ICRC visits**

In Northern Ireland, the ICRC continued, through dialogue with various parties concerned, to seek insight into the situation of people detained in relation to past conflict and the current violence; it focused on those held in separate wings of the Maghaberry maximum security and Hydebank Wood prisons. Dialogue on this basis was maintained with the Department of Justice and the Northern Ireland Prison Service; a third report on humanitarian issues relayed to ICRC delegates was submitted to them.

Following these efforts, and other meetings, the authorities granted the ICRC permission to visit, according to its standard procedures, the detainees in these two prisons. Thus, 82 detainees at Maghaberry, and 3 at Hydebank Wood, had their treatment and living conditions monitored during visits carried out by ICRC delegates in November and December, respectively. Comprehensive reports on the ICRC’s feedback and, where necessary, recommendations were being prepared for sharing with the authorities.

Discussions continued with the authorities concerned on potential ICRC visits to people held on suspicion of “terrorism” in the rest of the UK.

Dialogue with the Permanent Joint Headquarters and military commands and units focused on military detention policies and practices (see *Actors of influence*). The ICRC supported training activities and contributed to policy/legal analyses – for instance, in connection with the revision of guidelines for military detention abroad.

## ACTORS OF INFLUENCE

Bilateral meetings, and briefings and high-level visits from ICRC representatives, kept the authorities and parliamentarians in the UK up to date on humanitarian needs, operational challenges and ICRC activities in contexts such as Afghanistan, the CAR, Iraq, South Sudan and Syria, as well as in Northern Ireland (see *Civilians* and *People deprived of their freedom*). Dialogue also emphasized the need for decision-making that took humanitarian principles into account and supported IHL and neutral, impartial and independent humanitarian action; where pertinent, these officials were encouraged to take action. Both Ireland and the UK ratified the Arms Trade Treaty.

Discussions continued with the UK authorities on the identification of the remains of Argentinians in the Falkland/Malvinas Islands.

### **UK parliament draws on ICRC expertise for reviewing the country’s policies**

Interaction with the UK parliament, the Department for International Development, the Ministry of Defence, and the Foreign and Commonwealth Office continued to broaden and deepen. Key parliamentary committees and government departments drew on the ICRC’s expertise for humanitarian policy-making and IHL-related issues.

The ICRC submitted formal evidence to an inquiry, by the parliament’s International Development Committee, into current and

future UK activities to strengthen health systems in developing countries. It drew attention to the violence endangering patients and medical services/workers during armed conflict and the protection afforded to them by IHL – issues covered by the Health Care in Danger project. ICRC contribution to the Defence Select Committee’s 2013 parliamentary inquiry, into existing and future defence and security policies, was reflected in the committee’s reports. The committee echoed the ICRC’s views on the importance of strengthening IHL implementation and on the need for careful assessment of the humanitarian consequences of developing/using new weapons and means and methods of warfare.

Dialogue continued with the UK Ministry of Defence on operational/legal matters and policies related to the conduct of hostilities: for instance, in connection with the UK’s participation in multilateral air strikes in Iraq, and with operations before its troops’ withdrawal from Afghanistan. Discussions also covered the ICRC’s offer to contribute to post-engagement reviews on lessons learnt during the operation in Afghanistan. Members of the British armed forces learnt more about IHL, the protection/provision of health care during armed conflict, other humanitarian issues and ICRC activities through presentations at military colleges and training institutions.

Networking efforts with various parties in Northern Ireland concentrated on the humanitarian consequences of past conflict and current violence (see *Civilians*). Discussions with the Police Service of Northern Ireland covered law enforcement policies, and helped police officers enhance their understanding of the ICRC’s humanitarian action in the area. Contact with paramilitary groups focused on perceived punishment practices.

Ireland’s Defence Forces expressed interest in developing joint activities with the ICRC – for instance, predeployment training in IHL for its troops and workshops for ICRC staff on responding to chemical, biological, radiological and nuclear emergencies.

### **Events and media engagement enrich discussions of IHL and humanitarian issues**

Authorities, policy-makers, think-tanks, legal experts, academics, NGOs, diaspora networks and other circles of influence exchanged views on a wide range of issues at events organized/attended by the ICRC, which provided input, based on its field experience, on humanitarian needs in contexts experiencing armed conflict or other situations of violence.

In June, at a summit hosted by the UK Foreign and Commonwealth Office, humanitarian and development professionals discussed ways to tackle sexual violence in armed conflict; the ICRC described its policies and activities in this regard. During an event on the state of international law, local/foreign lawyers, journalists and government officials heard the ICRC’s president, at the invitation of the UK authorities, describe the contemporary challenges confronting IHL. At a workshop organized by the British Red Cross, the Muslim Charities Forum and the ICRC, representatives of Islamic NGOs furthered their understanding of IHL. In Ireland, during a round-table hosted by the Irish Red Cross, government officials, civil society representatives and the ICRC shared their views on the humanitarian response to sexual violence in armed conflict. Other events covered topics such as: humanitarian action and security in conflict-affected countries, multilateral military operations, the Health Care in Danger project, cyber warfare and autonomous weapons.

Public communication initiatives provided additional channels to: promote IHL; relay key messages about and foster support for humanitarian action among decision-makers; and broaden awareness of the Movement's work. Various audiences learnt more about humanitarian issues and ICRC activities, particularly in Northern Ireland, through articles, videos and updates posted on the ICRC's website and social media platforms. An interview with the ICRC's director-general, on the difficulties of doing humanitarian work in today's conflicts, was broadcast on BBC television, reaching viewers worldwide.

Dialogue was maintained with the Irish Red Cross, including on its efforts to develop its international operations department. The Irish Red Cross continued its IHL dissemination activities, and hosted, with ICRC support, a round-table on sexual violence in armed conflict.

## RED CROSS AND RED CRESCENT MOVEMENT

Partnership with the British Red Cross – renewed through a new 2014–16 framework agreement – continued locally and globally. Cooperation on operational and institutional priorities covered, among others: assistance for conflict- and violence-affected people, including in Northern Ireland; promotion of humanitarian principles, IHL and the Movement; support for the goals of the Health Care in Danger project; application of the Safer Access Framework to the British Red Cross's domestic and overseas activities; and information sharing and coordination. The British Red Cross/ICRC continued to update the online customary IHL database (see *International law and policy*).

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
PEOPLE DEPRIVED OF THEIR FREEDOM <sup>1</sup> (All categories/all statuses)					
ICRC visits					
Detainees visited	72	Women	Minors		
		Women	Girls	Boys	
Detainees visited and monitored individually	72				
Detainees newly registered	72				
Number of visits carried out	2				
Number of places of detention visited	2				

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

# PARIS

COVERING: France, Monaco



ICRC delegation

Throughout the region, the ICRC engages in regular dialogue on IHL, its implementation, and other humanitarian concerns with the authorities, military and academic circles, and third country representatives; increases awareness of its mandate; and mobilizes political and financial support for its activities. It visits people held by international criminal tribunals based in the region. It also follows up on people formerly held at the US internment facility at Guantanamo Bay Naval Station in Cuba. The ICRC works with the National Societies on their international activities and IHL promotion and, through them, enables migrants to contact their families.

## KEY RESULTS/CONSTRAINTS

In 2014:

- ▶ agreements signed with the French authorities and the Organisation internationale de la Francophonie bolstered cooperation in humanitarian activities and efforts to promote IHL
- ▶ dialogue with the French Defence Ministry's strategic planning and conduct of operations centre created new possibilities for interaction with military bodies involved in training/education/external operations
- ▶ experts and members of the general public discussed humanitarian issues through communication efforts such as webcast debates and at a conference on sexual violence in armed conflict
- ▶ the French Red Cross and the ICRC signed a letter of intent and strengthened cooperation in first aid, IHL promotion, family-links services for migrants, and communication

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

HIGH

PROTECTION	Total
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
<b>ICRC visits</b>	
Detainees visited	2
Detainees visited and monitored individually	2
Number of visits carried out	2
Number of places of detention visited	2

EXPENDITURE (in KCHF)	
Protection	44
Assistance	-
Prevention	1,407
Cooperation with National Societies	101
General	-

**1,552**

of which: Overheads 95

IMPLEMENTATION RATE	
Expenditure/yearly budget	97%
PERSONNEL	
Mobile staff	10
Resident staff (daily workers not included)	14



## CONTEXT

France continued to play a major role in international affairs, undertaking high-profile diplomatic and/or military initiatives in contexts such as the Central African Republic (hereafter CAR), Mali and the Sahel region, Iraq, the Syrian Arab Republic (hereafter Syria) and Ukraine.

The French government reorganized its forces in the Sahel, ending Operation Serval in Mali, and launching Operation Barkhane, aimed at countering armed groups in Africa with a 3,000-strong force spanning Burkina Faso, Chad, Mali, Mauritania and Niger. French forces continued to engage in operations against armed groups in the CAR under Operation Sangaris, and in Iraq under Operation Chammal. They also participated in several overseas operations within the framework of European Union (EU) and UN peacekeeping and military operations; France maintained logistical forces in Afghanistan.

French security forces remained on high alert in view of the perceived threat of violence by religious extremists, domestically or against French interests abroad. Security remained high on the agenda, particularly in light of arrests/detention of people allegedly connected to fighting groups abroad.

As a permanent member of the UN Security Council, France regularly communicated its views on policy and legal issues, including those relating to detention, the Arms Trade Treaty and new technologies of warfare.

## ICRC ACTION AND RESULTS

The Paris delegation remained a key element of the ICRC's humanitarian diplomacy network, through which the organization sought support for its operations worldwide, promoted IHL and its incorporation in domestic legislation, increased understanding of its mandate and stimulated debate on humanitarian issues. In France, this network consisted of the French authorities, Paris-based international organizations and representatives of foreign opposition groups.

The signature of a cooperation agreement between the Organisation internationale de la Francophonie (OIF) and the ICRC paved the way for enhanced cooperation between the two organizations in the French-speaking world. The ICRC also signed a framework agreement with the French government, which reaffirmed the government's support for the ICRC's activities, including through funding. Regular contact between the authorities and the ICRC included high-level meetings with the French president, the Defence/Foreign Affairs Ministries, and the Commission nationale consultative des droits de l'homme (CNCDDH), which provided opportunities to exchange views on common concerns such as detention, new technologies of warfare, the conduct of hostilities and multinational forces.

Dialogue with the Defence/Foreign Affairs Ministries focused on issues of common interest – in the CAR, Iraq, Mali and the Sahel region, Ukraine, Syria, and elsewhere – and on the potential implications for humanitarian activities of ongoing EU data protection reforms. The ICRC also assisted the Defence Ministry and military academies in further incorporating IHL in military doctrine/training/operations, including through IHL training for legal advisers preparing for deployment abroad.

Dialogue was also established with the French Defence Ministry's strategic planning and conduct of operations centre, which created

new possibilities for interaction with French military bodies involved in training and education, as well as commands engaged in external operations.

Contacts with key members of civil society and engagement on social media helped raise awareness of and support for IHL, humanitarian principles/activities and the Movement. This also contributed to media coverage of Movement and ICRC activities worldwide, and encouraged the wider public to contribute to dialogue on humanitarian issues, including through webcast debates within the framework of the "5 à 7 du CICR" series and the ICRC's annual conference (on sexual violence in armed conflict). The ICRC's Centre for Multimedia Communication increased its production of audiovisual materials, which enhanced the delegation's ability to produce and disseminate materials promoting the organization's key messages to audiences in France and abroad.

Delegates visited one detainee convicted by the International Criminal Tribunal for the former Yugoslavia (ICTY), and serving his sentence in France. Afterwards, they communicated their findings to the detaining authorities, as part of the ICRC's ongoing dialogue with European States on enforcing international sentences. A French national, previously detained in Afghanistan – and met several times by the ICRC before his transfer to France – was also visited.

The ICRC also continued to follow up persons previously held at the US internment facility at Guantanamo Bay Naval Station in Cuba and resettled in France.

Cooperation with the French Red Cross and the Red Cross of Monaco centred on contexts in which both the pertinent National Society and the ICRC were operational. A letter of intent, strengthening partnership with the French National Society, was signed.

## PEOPLE DEPRIVED OF THEIR FREEDOM

France was one of several States that had signed an agreement with the ICTY on the enforcement of sentences. The ICRC visited, according to its standard procedures, one detainee convicted by the ICTY and serving his sentence in France.

Subsequently, the detaining authorities received feedback and recommendations, tying into the ICRC's ongoing dialogue with European States on the enforcement of international sentences.

High-level meetings and correspondence with the authorities, including the prime minister, explored common concerns related to detention, and the possibility of ICRC visits to persons detained in France in connection with conflicts to which the French army was party. The French authorities developed, with contributions from the ICRC, legal frameworks for arrests and detention in the CAR and Niger.

A French national, previously detained in Afghanistan and met several times by the ICRC there, was transferred to France; delegates made a follow-up visit to him. The findings of the visit were shared with the detaining authorities.

With ICRC support, one person previously held at the Guantanamo Bay internment facility, and resettled in France, received a visit from his son living in Bosnia and Herzegovina. Dialogue resumed with two other resettled former internees on their situation.

## ACTORS OF INFLUENCE

In light of France's influence in international affairs, the ICRC, in its interaction with the authorities – including the president, the armed forces and civil society – sought to advance discussions on IHL and humanitarian issues and to gather support for the ICRC's work worldwide.

### Cooperation agreements signed with French authorities and the OIF

Dialogue with the OIF led to the signing of a cooperation agreement on promoting IHL and its incorporation in the training programmes of the OIF's member States. The ICRC participated in the 15th Francophonie Summit where the French selection of the *International Review of the Red Cross* was also launched (see *Dakar*). The French authorities and the ICRC also signed a framework agreement, which reaffirmed the government's support for the ICRC's activities, including through funding.

The CNCDH continued to involve the ICRC as an observer in its meetings. Drawing on the organization's input, the CNCDH learnt more about the "Strengthening IHL" process and detention activities, and called for the inclusion in diplomatic/international discussions of the need to provide more effective protection for humanitarian workers.

### Humanitarian concerns shared with Defence and Foreign Affairs Ministries

Meetings organized by the delegation enabled the French presidency, the Defence and Foreign Affairs Ministries to exchange positions with visiting ICRC representatives, including the ICRC president, on the humanitarian situations in the CAR, Iraq, Mali, Nigeria, the occupied Palestinian territory, Syria and Ukraine and topics such as the potential implications of EU data protection reforms for humanitarian activities, cyber warfare and legal issues related to French military operations abroad, particularly on detention and the conduct of hostilities. An ICRC president visited Monaco for the first time: these issues were discussed there as well.

Dialogue was established with the French Defense Ministry's strategic planning and conduct of operations centre, which created new possibilities for interaction with French military bodies involved in training and education, and with commands engaged in external operations.

Contacts with military operational commands and academies focused on IHL and its further incorporation in military doctrine/training/operations. ICRC presentations enabled 50 senior French and foreign officers, as well as representatives of the Centre for Higher Defence Studies, to refine their knowledge of IHL and the ICRC; 23 legal advisers from the Defence Ministry, preparing to serve abroad, learnt more about issues related to non-international armed conflict and about detention issues related to armed conflict in general.

Discussions with France-based representatives of foreign opposition groups, such as those from the CAR, Niger, and Syria, helped them enhance their understanding of humanitarian principles and ICRC operations.

### General public discuss humanitarian issues during ICRC webcast debates and other events

The general public learnt more about humanitarian issues and the ICRC's work through some 60 sets of audiovisual materials produced by the Centre for Multimedia Communication. A broader audience did the same through videos promoting the ICRC's activi-

ties worldwide, which were subtitled in various languages and disseminated via several platforms. The centre also provided support for other delegations' efforts: for producing a series on the humanitarian consequences of the conflict in Ukraine, for example.

Members of civil society followed and discussed humanitarian issues on the ICRC's regularly updated French-language blog and social media accounts, and participated in four ICRC webcast debates on such topics as women in armed conflict and dialogue with armed groups, as part of the "5 à 7 du CICR" series.

Senior officials from the Defence/Foreign Affairs/Justice Ministries, as well as representatives of NGOs, women's associations, and the legal and medical communities, participated in the ICRC's annual conference (on sexual violence in armed conflict).

University students and researchers learnt more about IHL and the ICRC at various presentations. A French military officer and an academic scholar took part in reviewing the Commentaries on the Geneva Conventions.

Journalists, basing themselves on interviews and other ICRC materials, published articles drawing attention to humanitarian issues, including the situation in the CAR, Mali, the occupied Palestinian territory and Syria, and to the 150th anniversary of the Geneva Conventions. A photojournalist won the fourth Visa d'Or Humanitaire competition for his depiction of the dangers faced by emergency response and health-care providers in the CAR.

## RED CROSS AND RED CRESCENT MOVEMENT

The French Red Cross and the ICRC signed a letter of intent strengthening cooperation, particularly in IHL promotion, restoring family links for migrants, communication and first-aid, which opened more opportunities for technical exchange and review meetings.

With ICRC support, the French Red Cross continued to help restore family links for migrants in France and to facilitate the authentication of ICRC detention attestations by the authorities responsible for asylum seekers.

Through regular dialogue, the French Red Cross and the ICRC coordinated their activities and shared their perspectives on contexts in which both were operational, including the CAR, Iraq, Mali and Niger. Emphasis was placed on efforts to bolster the French Red Cross's activities in support of the response to the Ebola outbreak in Guinea (see *Guinea*).

The French Red Cross worked with the ICRC to mark its 150th anniversary via various communication projects, including a documentary that was disseminated on social media platforms, and also through high-level participation in related events.

Relations were also deepened with the Red Cross of Monaco, including through a high-level meeting. The ICRC and the National Society jointly organized a regional first-aid meeting in Burkina Faso (see *Abidjan*), and agreed to formalize their partnership with an agreement concerning first aid.

<b>MAIN FIGURES AND INDICATORS: PROTECTION</b>				
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>		<b>Total</b>		
<b>ICRC visits</b>		<b>Women</b>	<b>Minors</b>	
Detainees visited	2			
		<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually	2			
Number of visits carried out	2			
Number of places of detention visited	2			

# COLOMBIA



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

## KEY RESULTS/CONSTRAINTS

### In 2014:

- ▶ conflict/violence-affected people, including IDPs, recovered from their losses through food, essential household items and/or livelihood support provided by the Colombian government or the ICRC
- ▶ in Medellín, women and young people learnt to provide peer support to victims of sexual violence, some of whom also benefited from medical/psychological assistance from the Colombian Red Cross/ICRC
- ▶ at an event organized with the Colombian government, representatives from 12 Latin American countries discussed ways to address the humanitarian consequences arising from disregard for medical services
- ▶ detainees benefited from enhanced national health-care services, such as referrals to specialized care and disease monitoring, in line with the new penitentiary code that incorporated some ICRC recommendations
- ▶ to help ensure post-trial guarantees for detainees, including juvenile offenders, the judiciary worked with the ICRC to draft proposals for improving services and reviewing/finalizing certain detainees' sentences
- ▶ people across 40 municipalities better understood the plight of families of missing persons through an ICRC media campaign that also mobilized the authorities to share the information with 1,000 civil servants

### EXPENDITURE (in KCHF)

Protection	9,026
Assistance	15,858
Prevention	3,624
Cooperation with National Societies	1,594
General	411

**30,513**

of which: Overheads 1,862

### IMPLEMENTATION RATE

Expenditure/yearly budget	<b>92%</b>
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### PERSONNEL

Mobile staff	61
Resident staff (daily workers not included)	306

In Colombia since 1969, the ICRC strives to protect and assist victims of the armed conflict, to secure greater compliance with IHL by all weapon bearers, and to promote integration of IHL into the armed forces' doctrine, training and operations. The ICRC visits security detainees. For IDPs and residents in rural and urban areas, it provides relief, helps ensure access to health care, and carries out small-scale repairs to infrastructure. It runs a comprehensive mine-action programme. It works closely with the Colombian Red Cross and other Movement components active in Colombia.

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

**HIGH**

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
<b>Red Cross messages (RCMs)</b>	
RCMs collected	64
RCMs distributed	37
People located (tracing cases closed positively)	141
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
<b>ICRC visits</b>	
Detainees visited	81,459
Detainees visited and monitored individually	597
Number of visits carried out	117
Number of places of detention visited	45
<b>Restoring family links</b>	
RCMs collected	23
RCMs distributed	11

ASSISTANCE	2014 Targets (up to)	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>		
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>		
Food commodities	Beneficiaries	11,281
Essential household items	Beneficiaries	12,337
Productive inputs	Beneficiaries	27,840
Cash	Beneficiaries	26,719
Work, services and training	Beneficiaries	103,616
Water and habitat activities	Beneficiaries	17,500
22,283		
<b>Health</b>		
Health centres supported	Structures	39
<b>WOUNDED AND SICK</b>		
<b>Physical rehabilitation</b>		
Centres supported	Structures	4
Patients receiving services	Patients	20,000
12,062		

## CONTEXT

Peace negotiations between the Colombian government, led by re-elected president Juan Manuel Santos, and the Revolutionary Armed Forces of Colombia – People's Army (FARC-EP) were temporarily suspended after the FARC-EP captured and retained a Colombian general in November. Negotiations resumed after the general's release in December; both parties sought to reach an agreement on the three points that remained of the six on the agenda, which now included a point on the peace deal's implementation. However, armed confrontations between the two parties continued. In December, the FARC-EP declared an indefinite ceasefire, reportedly leading to the lowest level of conflict-related violence in 30 years.

The peace process between the government and the National Liberation Army (ELN) remained in the exploratory stage.

Other armed groups continued to fight among themselves or with security forces for control of land, natural resources and trade routes.

Mass protests over social and economic issues sometimes led to confrontations between demonstrators and the police.

Tensions between these various groups often resulted in casualties, displacement, movement restrictions, weapon contamination, sexual violence, disappearances and/or the disruption of people's access to basic services, particularly medical care.

## ICRC ACTION AND RESULTS

Confidential dialogue and consistent operational presence in conflict-affected areas allowed the ICRC in Colombia to strengthen acceptance of its neutral intermediary role among parties to the conflict and other weapon bearers. These enabled the organization to facilitate the release of persons held by armed groups and the transfer of human remains for identification and burial. Delegates addressed written and oral representations, based on documented allegations of violations, to the authorities and to armed actors, reminding them of the importance of protecting civilians and medical services.

The ICRC worked with the authorities to raise support for IHL and other internationally recognized standards; security forces reviewed the application of these norms to their doctrine, training and operations. To promote respect for health-care services and facilitate the exchange of best practices, the government co-organized an international seminar that convened parties concerned from various Latin American countries. The authorities also paid particular attention to two other issues: the plight of the families of missing persons and the proper use of force. Public communication campaigns and partnerships with the media fostered public awareness of these and other humanitarian concerns.

Regular cooperation in addressing humanitarian needs improved the capacities of both the Colombian Red Cross and the ICRC. The National Society developed the skills of its volunteers and staff through ICRC-facilitated training, particularly in emergency response and restoring family links.

The government's victim assistance unit increased its capacity to assist victims of conflict/violence; it received ICRC technical and material support to this end. To fill the gaps in the State's response, the ICRC, usually with the National Society, provided direct assistance to IDPs and vulnerable communities, which enabled them to meet their food and other material needs, restore their livelihood and access health care.

In Medellín, the ICRC used community-based activities to raise awareness among women and young people of sexual/reproductive health and sexual violence. It also facilitated access to medical treatment and psychological support for victims of sexual violence. ICRC-organized training enabled emergency responders/community health workers and medical personnel to reinforce their skills in first aid and weapon-wound management, respectively. Disabled persons continued to benefit from rehabilitative care at centres supported by the ICRC.

In areas affected by weapon contamination, the National Society/ICRC organized workshops where community members learnt to mitigate the risks to them, and built/improved community infrastructure to make the population's daily activities safer.

Through its family-links services, the ICRC helped members of dispersed families re-establish contact with each other. Construction of the necessary facilities and/or training helped improve the management and storage of human remains. The needs of the families of missing persons continued to be addressed through psychosocial assistance and regular coordination meetings among stakeholders.

In accordance with the organization's standard procedures, ICRC delegates visited detainees to monitor their treatment and living conditions, and provided the authorities with confidential feedback based on these visits; at several detention facilities, fewer allegations of ill-treatment were reported than in the past. Training for penitentiary staff in internationally recognized standards on the use of force and cooperation with the judiciary to ensure post-trial guarantees supplemented these efforts. The ICRC continued to support the authorities in providing better prison health services, particularly the monitoring of diseases and referrals to specialized care.

## CIVILIANS

### Weapon bearers in urban areas discuss how to protect residents

Acceptance for its role as a neutral intermediary, notably in the context of the peace talks, enabled the ICRC to engage the parties to the conflict in dialogue on humanitarian concerns, particularly protection for civilians and health services (see *Actors of influence*); however, discussions on the effects of State policies on communities were limited. Confidential written/oral representations on documented allegations of violations reminded armed actors of their obligations under IHL and other applicable legal norms.

In the urban areas of Buenaventura, Medellín and Tumaco, weapon bearers discussed how residents could be protected. A teaching manual on humanitarian principles was incorporated into the curricula of 14 high schools in Medellín; this enabled over 25,000 students to learn about these matters.

Some 6,700 health personnel/emergency responders familiarized themselves with their rights and duties, while 142 medical facilities were marked with the protective emblem. Mass protesters learnt about the need to ensure the safety of medical services and patients.

### IDPs meet their food and material needs

The State's victim assistance unit continued to expand its capacity to assist conflict/violence-affected people; however, it still faced challenges in the form of budgetary constraints and the volume of claims. By itself or with trained National Society volunteers, the ICRC filled the gaps in State coverage.



More than 50,000 persons enlisted as government beneficiaries on mass-registration days organized with ICRC support. In 26 conflict/violence-affected municipalities, local authorities facilitated the registration of applicants using ICRC-donated equipment.

Over 6,100 IDPs (some 1,300 households) covered their needs with ICRC-distributed household essentials; some 5,000 of them also received food rations for one month. Cash grants enabled approximately 7,600 IDPs (2,050 households) to add variety to their meals. Around 4,300 IDPs had better access to safe shelter, drinking water, hygiene items and sanitation facilities following infrastructure projects.

Over 867 IDPs obtained short-term employment – with the ICRC covering a percentage of their salaries – and/or enrolled in vocational training programmes, boosting their job prospects and helping alleviate the economic impact of their displacement.

Using ICRC-provided materials and equipment, some 625 heads of returnee households (2,650 people) began/resumed livelihood activities; this enabled them to restore food production to 40% of the pre-displacement amount and eased their reintegration into their communities.

### **Heads of violence/conflict-affected households rebuild/reinforce their sources of income**

Around 6,200 people (some 1,500 households) in rural and urban neighbourhoods received food rations, of which 5,453 benefited from household essentials; others received cash. In addition, 305 residents exchanged community-based work for these material/financial benefits. To better respond to the consequences of conflict/violence, over 1,470 households attended workshops on the topic; five community centres received household essentials.

In rural areas, 4,345 breadwinners (19,406 people) engaged in agricultural activities using ICRC-provided materials/equipment. Nearly 360 heads of households (1,508 people), including 208 in Medellín, earned more income as a result of apprenticeships, job referrals, vocational training or micro-credits to start small businesses.

Nearly 40 health facilities serving a population of about 225,000 benefited from ICRC-provided medical materials, including those used to treat weapon-wounded patients. Infrastructural upgrades improved services at four of these health posts in Caquetá, Nariño and Norte de Santander.

For over 18,000 residents in Buenaventura and 46 rural communities, including those affected by weapon contamination, the construction of water, sanitation and other facilities and the conduct of hygiene-promotion activities helped decrease health hazards and keep them safe; the distribution of construction materials facilitated the renovation of community infrastructure/housing.

### **Women and young people learn to provide peer support to victims of sexual violence**

In Medellín, women and youth enhanced their knowledge of sexual/reproductive health and learnt to provide peer support to victims of sexual violence. Some 380 victims obtained appropriate medical care and psychological support with National Society/ICRC assistance; 75 benefited from referrals to local health services.

Around 9,100 people – community members, local authorities, and emergency committee representatives – in eight Medellín neighbourhoods learnt safe practices and became more aware of victims' rights at National Society and/or ICRC-organized dissemination sessions on weapon contamination. The construction of six school facilities in rural communities improved attendance and helped 661 children lower their risk of exposure to weapon contamination or recruitment by armed groups. Over 1,500 residents in Putumayo traveled more safely through contaminated areas following the installation of a pedestrian bridge.

### **Families of missing persons benefit from psychosocial support**

Some 64 RCMS were collected and 37 distributed, including from/to minors previously associated with armed groups; in this way, people restored contact with their family members.

Eleven sets of human remains were recovered by the ICRC and handed over to the authorities for identification. At cemeteries in Buenaventura and Quibdó, the management and/or storage of unidentified human remains improved following the construction of vaults/other facilities and/or the training of undertakers. At round-tables/seminars, public prosecutors, investigators and forensic experts discussed the need for a multidisciplinary approach to forensic investigation and identification. Dialogue with the Attorney-General's Office and the National Institute for Legal Medicine and Forensic Sciences focused on establishing a national registry for unidentified remains. With ICRC support, 92 families were able to bury their relatives.

Psychosocial assistance helped alleviate the suffering of over 100 relatives of missing persons. Associations of missing persons' families in Nariño received ICRC technical/advisory support; working groups in six departments facilitated coordination among those concerned. An ICRC proposal for assessing the needs of missing persons' families was being drafted for submission to the pertinent authorities.

## **PEOPLE DEPRIVED OF THEIR FREEDOM**

### **Penitentiary officers incorporate international human rights law into their training**

Over 81,000 detainees, including 6,846 women and 364 minors, received ICRC visits according to its standard procedures, aimed at monitoring detainees' treatment, living conditions and access to health-care services. Notifications of arrest/capture of people held by armed forces in relation to the conflict were also followed up.

After ICRC visits, findings and recommendations were reported confidentially to the authorities. The authorities continued to be encouraged to detain people closer to their homes to facilitate family visits. At several detention facilities, there were fewer documented cases of alleged ill-treatment than in the past. Officials at one prison took measures to improve detainees' access to drinking water and sanitation.

At training sessions jointly organized with the National Police, penitentiary officers and guards furthered their understanding of international human rights law and of standards for the use of force in law enforcement and detention. The officers incorporated what they had learnt into their own training for new prison guards.

The judiciary worked with the ICRC to help ensure post-trial guarantees and, in effect, reduce prison overcrowding. Activities

included drafting recommendations for improving judicial services and reviewing/finalizing the sentences of certain detainees, some of whom were juvenile offenders.

### **Inmates benefit from improved national health-care services**

The new penitentiary code and health-care provision model for prisons included some ICRC recommendations, such as strengthening health-promotion activities and regularizing medical examinations. After implementing its guidelines for addressing TB in prisons, the Health Ministry created an inter-institutional working group, with a view to developing a similar strategy for all public health issues.

All prisons were registered in the national epidemiological surveillance system, and reported regularly on prevalent diseases; in 2014, they submitted over 700 reports, approximately 500 more than in 2013. Medical brigades at the 32 biggest prisons helped reduce the backlog of patient referrals.

Young people held in two rehabilitation centres in Medellín learnt basic humanitarian principles through a National Society-organized programme, which resumed after its temporary suspension due to riots.

Detainees communicated with relatives through RCMs. Under ICRC auspices, 18 persons held by armed groups were released and handed over to their families.

### **WOUNDED AND SICK**

#### **Weapon-wounded patients receive timely treatment from trained health-care providers**

First-aid courses equipped a broad range of people to provide life-saving care to the injured: some 1,700 first-responders from 21 conflict/violence-affected communities; 433 health personnel from 85 facilities serving approximately 919,000 people; and 50 weapon bearers.

Over 100 health professionals at 50 health facilities (catchment population: 797,000) in Arauca, Pasto, Popayán and Puerto Asis underwent training in weapon-wound management. Monitoring confirmed that almost half of these facilities later implemented contingency plans and protocols for treating victims.

Future doctors attended war-surgery courses co-organized with universities in Bogotá and Medellín; Universidad del Bosque integrated a course on this topic into its curriculum. Nineteen surgeons from various conflict/violence-affected areas participated in train-the-trainer sessions conducted with the Colombian Association of Surgery.

Through National Society/ICRC assistance, 1,985 wounded and 949 sick people obtained timely medical treatment, and psychological support when needed. ICRC referrals/support helped 277 victims of weapon contamination receive financial compensation and/or free medical care. Eighty families of these victims were able to lodge claims for State assistance because of ICRC financial support during administrative procedures.

#### **Physical rehabilitation specialists sharpen their skills through training courses**

Over 12,000 disabled persons benefited from physical rehabilitation services at ICRC-supported centres, which included the provision of assistive devices.

Orthotic technicians from the government, the private sector and NGOs added to their knowledge of patient assessment and manufacturing processes through training courses; specialists and teachers attended seminars in physiotherapy. As a step towards securing international recognition, Colombia's two prosthetic/orthotic schools received a visit from the International Society for Prosthetics and Orthotics.

A regulation on the manufacture of prostheses/orthoses, revised by the Health Ministry with ICRC support, was pending approval by the authorities concerned; bilateral dialogue with stakeholders helped promote support for its future implementation. The revision of national guidelines for the use of orthoses proceeded with technical input from Argentinian experts and the ICRC.

### **ACTORS OF INFLUENCE**

#### **Government jointly organizes international conference on respect for medical services**

Dialogue with the authorities and weapon bearers focused on issues related to the protection of civilians/civilian infrastructure and medical services, and on strengthening acceptance for the ICRC's role, helping the organization ensure its safe and unhindered access to communities affected by conflict/violence. With ICRC support/guidance, the government and other parties concerned strove to respond more effectively to the needs of conflict/violence-affected people (see *Civilians*).

Political, judicial and security officials jointly organized/participated in several ICRC events on IHL and human rights, including on judicial procedures; these activities aimed to increase policy-makers' knowledge and guide their application of these norms. The IHL technical working group under the National Human Rights and IHL System convened a workshop on the protection of civilian property in armed conflict, which was attended by representatives of various State bodies. Over 100 legal advisers participated in two workshops on observing IHL and international human rights law.

The vice-president, the Health Ministry, the Colombian and Norwegian National Societies and the ICRC organized the first international conference in Latin America on the humanitarian consequences owing to a lack of respect for medical services. Representatives from 12 Latin American countries exchanged best practices and proposed action plans.

#### **Parliament adopts new penitentiary code and law for victims of sexual violence**

The IHL technical working group incorporated ICRC recommendations in an action plan and policy guidelines draft for national IHL implementation. The authorities aimed to strengthen the legal framework for identifying human remains by revising, with ICRC technical advice, a 1993 law facilitating the use of dental charts in forensic identification. The parliament adopted a new penitentiary code (see *People deprived of their freedom*) and a law that enabled victims of sexual violence during armed conflict to obtain health and judicial services. The government's ratification of certain weapon-related treaties remained pending.

#### **Military reviews application of internationally recognized standards to operations**

The security forces pursued the integration of IHL and internationally recognized standards on the use of force into their doctrine, training and operations.

In line with a new Defence Ministry directive, 167 military personnel reviewed the extent to which these norms had been integrated into their operations. Military officers attended events focused on a variety of issues: trends in reported IHL violations, the protection of medical services and the protective emblems.

At national workshops, military, police and penitentiary officers discussed law enforcement and the use of force, while at an international symposium, 46 representatives from the army and police enhanced their understanding of legal norms applicable to their public order duties.

Some 650 police officers from Medellín also participated in workshops on specific issues; one attended an international course in Mexico.

### Civil servants and the public learn more about the plight of the families of the missing

Partnerships with the media and communication efforts contributed to raising public awareness of humanitarian principles, IHL and the ICRC. These efforts included organizing a public performance in Medellín to further understanding of issues related to violence in urban settings.

ICRC seminars enabled over 140 journalists from conflict/violence-affected areas to improve their ability to report on victims of the fighting, on the peace process and on IHL. Following these events, some 50 articles on the conflict's humanitarian consequences, and on the ICRC's response, were published. Editors from 20 local media outlets exchanged ideas at a round-table on reporting humanitarian issues.

In 40 municipalities across Colombia, ICRC media campaigns on the plight of the families of the missing, which included radio interviews and informational materials posted in public transportation, helped raise public awareness and mobilize the parties concerned.

As a result, the Interior Ministry and the National Institute of Legal Medicine and Forensic Sciences relayed the campaign's messages to over 1,000 civil servants.

Academic institutions supported ICRC communication campaigns; for instance, the Universidad de la Amazonia's law faculty co-produced a video commemorating International Mine Awareness Day.

Information sessions helped deepen the understanding of representatives from the government, the international community, the private sector, the media and civil society of the humanitarian consequences of conflict/violence and on the ICRC's response.

### RED CROSS AND RED CRESCENT MOVEMENT

The Colombian Red Cross remained the ICRC's main partner in responding to the needs of people affected by conflict/violence or other emergencies (see *Civilians* and *Wounded and sick*); it reinforced its capacities with ICRC technical/financial support. During protests, the National Society helped organize humanitarian convoys that delivered medical supplies to hospitals and facilitated safe passage for health personnel/vehicles.

Over 300 National Society volunteers from 13 branches in violence-prone areas strengthened their capacities in emergency response management using the Safer Access Framework, and their ability to guide victims through legal procedures for assistance.

Movement partners held meetings regularly and exchanged security/operational information, thereby reinforcing communication and coordination mechanisms.

MAIN FIGURES AND INDICATORS: PROTECTION	Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Red Cross messages (RCMs)</b>		<b>UAMs/SCs*</b>		
RCMs collected	64	42		
RCMs distributed	37	4		
<b>Reunifications, transfers and repatriations</b>				
People transferred/repatriated	19			
Human remains transferred/repatriated	11			
<b>Tracing requests, including cases of missing persons</b>		<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered	390	60	35	63
<i>including people for whom tracing requests were registered by another delegation</i>	10			
People located (tracing cases closed positively)	141			
Tracing cases still being handled at the end of the reporting period (people)	322	34	31	42
<i>including people for whom tracing requests were registered by another delegation</i>	4			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>ICRC visits</b>		<b>Women</b>	<b>Minors</b>	
Detainees visited	81,459	6,846	364	
		<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually	597	42	4	17
Detainees newly registered	227	13	4	16
Number of visits carried out	117			
Number of places of detention visited	45			
<b>Restoring family links</b>				
RCMs collected	23			
RCMs distributed	11			

\* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Food commodities	Beneficiaries	11,281	28%	45%
	<i>of whom IDPs</i>	5,037		
Essential household items	Beneficiaries	12,337	29%	41%
	<i>of whom IDPs</i>	6,187		
Productive inputs	Beneficiaries	27,840	29%	45%
	<i>of whom IDPs</i>	7,299		
Cash	Beneficiaries	26,719	35%	40%
	<i>of whom IDPs</i>	22,767		
Work, services and training	Beneficiaries	103,616	33%	37%
	<i>of whom IDPs</i>	98,762		
Water and habitat activities	Beneficiaries	22,283	35%	38%
	<i>of whom IDPs</i>	4,293		
<b>Health</b>				
Health centres supported	Structures	39		
Average catchment population		224,998		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection programme)</b>				
Water and habitat activities	Beneficiaries	4		
<b>Health</b>				
Number of visits carried out by health staff		17		
Number of places of detention visited by health staff		4		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Patients whose hospital treatment has been paid for by the ICRC	Patients	945		
<b>Water and habitat</b>				
Water and habitat activities	Number of beds	60		
<b>Physical rehabilitation</b>				
Centres supported	Structures	6		
Patients receiving services	Patients	12,062	5,814	1,532
New patients fitted with prostheses	Patients	446	159	33
Prostheses delivered	Units	748	230	50
	<i>of which for victims of mines or explosive remnants of war</i>	61		
New patients fitted with orthoses	Patients	2,645	501	1,497
Orthoses delivered	Units	3,330	756	1,676
	<i>of which for victims of mines or explosive remnants of war</i>	7		
Patients receiving physiotherapy	Patients	8,101	4,135	763
Crutches delivered	Units	85		
Wheelchairs delivered	Units	285		



ICRC / AR, 2014  
 + ICRC delegation \* Dominican Republic is covered by the ICRC delegation in Haiti

The ICRC opened a fully fledged delegation in Haiti in 2004. It responds to acute humanitarian situations in prisons and supports national authorities in improving conditions of detention and respect for judicial guarantees. It seeks contact with all weapon bearers, particularly in violence-prone neighbourhoods in Port-au-Prince. It helps the security forces organize training sessions, with a view to integrating international human rights norms into their doctrine. With other Movement partners, the ICRC helps strengthen the emergency response capacity of the Haitian National Red Cross Society and the neighbouring Dominican Red Cross.

## KEY RESULTS/CONSTRAINTS

### In 2014:

- ▶ detainees at one prison protected themselves against cholera or obtained treatment, with ICRC assistance, and over 5,800 detainees at six detention facilities were vaccinated against the disease
- ▶ penitentiary legal staff reinforced their capacities to address prolonged pre-trial detention and advocated the immediate resolution of certain cases, which resulted in several detainees being released
- ▶ Haitian authorities failed to re-launch the sectorial coordination platforms working on prisons and prolonged pre-trial detention
- ▶ the Dominican Republic adopted regulations on the use of the red cross emblem after receiving a draft law prepared by the national IHL committee with ICRC support
- ▶ the Dominican and Haitian National Societies explored ways to boost their family-links services and set out future activities/areas of cooperation to address common migration-related concerns

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

**MEDIUM**

PROTECTION <sup>1</sup>	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
Red Cross messages (RCMs)	
RCMs distributed	14
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
<b>ICRC visits</b>	
Detainees visited	10,404
Number of visits carried out	109
Number of places of detention visited	23
<b>Restoring family links</b>	
RCMs collected	21

1. Haiti

EXPENDITURE (in KCHF)	
Protection	748
Assistance	2,547
Prevention	273
Cooperation with National Societies	828
General	-

**4,395**

of which: Overheads 268

IMPLEMENTATION RATE	
Expenditure/yearly budget	<b>98%</b>

PERSONNEL	
Mobile staff	7
Resident staff (daily workers not included)	64



## CONTEXT

Haiti faced continued political instability and impasses. The long-overdue legislative elections – scheduled for October 2014 – were postponed to mid-2015. In December, the prime minister resigned.

In line with the planned reduction of troops, the UN Stabilization Mission in Haiti (MINUSTAH) and the Haitian authorities, with the support of international donors, strove to reinforce the Haitian National Police (HNP) and to develop a new civil defence force.

Detention conditions remained harsh; levels of prison health and sanitation were below internationally recognized standards, increasing the risk of communicable diseases. The HNP tackled organized crime and gang-related violence, but arrests were not matched by adequate judicial follow-up.

The general population endured poverty, food insecurity and high rates of TB and HIV/AIDS.

The expulsion of Haitian migrants from the Dominican Republic led to heightened tensions between the two countries. Irregular Haitian migrants in the Bahamas were at risk of being forcibly repatriated, following new regulations adopted in November.

The Dominican Republic chaired the Central American Integration System (SICA).

## ICRC ACTION AND RESULTS

The ICRC continued to focus on issues related to detention. It visited detainees in prisons and at police stations used as permanent places of detention. Following these visits, it shared findings and recommendations with the authorities concerned, and urged them to improve hygiene/sanitation and detainees' access to health care, fresh air, and food in sufficient quantities. Contacts with other influential stakeholders concerned were reinforced, to relay to the authorities the need to address these concerns.

To tackle chronic prolonged pre-trial detention, the ICRC supported the judicial authorities and legal assistants of the penitentiary administration in identifying affected detainees for the necessary follow-up of their cases; these efforts led to the release of several detainees.

During the cholera outbreak in the Port-au-Prince Civil Prison (PCPP), the ICRC stepped in with emergency assistance – notably, helping set up a treatment centre, instituting/expanding comprehensive hygiene measures, providing drugs and medical supplies and supporting preventive vaccination campaigns – to help detainees reduce their risks of contracting the disease or obtain treatment. The ICRC also continued to work with the prison authorities and other partners on a pilot health project covering six prisons, which led to systematic screening for disease among detainees and their early diagnosis and treatment. Some moderately/severely malnourished detainees received high-calorie supplements, helping them recover their health.

The ICRC provided support for improving prison infrastructure. Upgrades carried out by penitentiary engineers with ICRC guidance – new bunk beds, repaired water facilities and additional washrooms – benefited thousands of detainees. A mobile hygiene team raised awareness of key hygiene practices and trained certain

detainees to instruct others in these practices. Following ICRC advocacy efforts, a specialized team was created within the prison administration to oversee hygiene-related activities.

The ICRC reminded the authorities of their responsibility to work towards ensuring detainees' proper treatment and living conditions. Regular coordination meetings with local and international stakeholders provided opportunities to discuss ways to encourage the authorities to keep these issues on their agenda.

The ICRC maintained frequent contact with the authorities, weapon bearers and members of civil society, with a view to raising interest in and support for Movement activities, as well as awareness of IHL and humanitarian principles. Haiti signed the Arms Trade Treaty, but did not take up the ICRC's offer of technical support for IHL implementation. In the Dominican Republic, the national IHL committee drew on the ICRC for technical assistance in completing a draft law on the use of the emblem; the Dominican government subsequently adopted these regulations. Haitian students and police recruits continued to attend talks on IHL, while the graduate school of the Dominican Armed Forces built up its instructional capacities with the help of the ICRC.

The Haiti National Red Cross Society received ICRC assistance for its restructuring process and operations, particularly first-aid and family-links services. Efforts were ongoing to define future means of support to the Dominican Red Cross and the Haitian Red Cross for activities benefiting Haitian migrants. The two National Societies signed an agreement to jointly address these concerns.

Following the revision of the Movement coordination framework in Haiti, for which the ICRC provided feedback, Movement partners met to coordinate activities and discuss issues of common concern.

## PEOPLE DEPRIVED OF THEIR FREEDOM

Over 10,400 detainees in 23 prisons and police stations used as permanent places of detention received visits conducted according to the ICRC's standard procedures. Delegates monitored detainees' treatment and living conditions, paying close attention to vulnerable individuals, such as women and minors. Afterwards, findings and recommendations were discussed with the authorities concerned.

In parallel to the dialogue with the penitentiary administration, contacts were renewed and strengthened with several other actors of influence, such as the HNP, Justice Ministry and the Office of the Prime Minister – with whom the ICRC's assessments of the situation were also shared (see below).

Minors contacted their families through family-links services provided jointly by the Haitian Red Cross and the ICRC.

### Eligible detainees released from overcrowded prisons after better follow-up of their cases

In order to improve respect for judicial guarantees, penitentiary legal staff drew on ICRC support – for instance, towards reinforcing their working procedures – to lobby the judicial authorities to expedite the resolution of detainees' cases. They called for the scheduling of hearings and reviews with regard to cases of detainees in prolonged pre-trial detention; following individual representations made on their behalf, 68 inmates were released.

Judicial committees in Jacmel and Les Cayes worked to identify best practices to address prolonged pre-trial detention. The authorities were urged to recruit more legal assistants for prisons, with a view to tackling this issue in other prisons and, in turn, helping alleviate overcrowding in the long term.

### **Detainees in cholera-affected prison reduce their risk of contracting the disease**

Given the bleak conditions of detention and the limited resources allocated to the prison system, the ICRC provided direct support for detainees to meet some of their most urgent needs.

In the face of the cholera outbreak in the PCPP, detainees minimized their risk of contracting the disease or received treatment, thanks to the ICRC's emergency assistance. These included the creation of a treatment centre within the prison, medical supplies for the treatment of 170 inmates and intensive hygiene awareness/promotion measures throughout the entire structure to avoid cross-contamination. Apart from these, over 5,800 detainees at six places of detention received preventive vaccinations.

In the six prisons covered by a pilot health project run by the ICRC, the penitentiary authorities and other partners, inmates were systematically screened, which enabled early diagnosis and treatment of the most prevalent infectious diseases. However, the project's official extension and continued implementation faced difficulties, including the partnership agreement, proposed by the ICRC in March 2013, still not being signed by the authorities.

Some 1,000 moderately/severely malnourished inmates benefited from year-round provision of high-calorie food supplements, while others relied on the ICRC's regular donation of essential medicines.

### **Hygiene promotion team raises awareness of safe behaviour, trains future peer instructors**

Around 3,000 detainees at 10 places of detention, including the country's largest prisons, had better living conditions after infrastructure upgrades carried out by local penitentiary engineers with ICRC support/guidance. For instance, the entire inmate population (637 detainees) of the Les Cayes prison had access to more water, thanks to improvements to the prison's water storage capacity and staff training in using/maintaining the system. At the PCPP, the construction of three water basins allowed some 1,000 inmates to take daily baths; 450 of them also benefited from bunk beds. Likewise, the construction of bunk beds at the Cap-Haïtien prison helped mitigate the effects of overcrowding, to the benefit of 578 inmates.

Donations of mattresses to the Hinche prison and to four police stations used as permanent places of detention helped alleviate the harsh conditions for 640 inmates. Some 1,000 detainees also benefited from recreational material.

The mobile hygiene promotion team continued its monthly visits to places of detention and contributed to the response to a cholera outbreak (see above). A total of 8,392 inmates, as well as many prison staff, learnt more about hygiene and health, particularly practices preventing the spread of communicable diseases; certain detainees were trained to instruct others in these practices. About 1,440 detainees received personal hygiene kits and cleaning materials so that they could put into practice what they had learnt.

### **Authorities urged to keep detention-related reform on government agenda**

The authorities were reminded of their responsibility to ensure proper conditions and treatment for detainees, including respect for judicial guarantees and regular access to fresh air, sufficient food, health care and sanitation. The Haitian authorities were urged to revive the sectorial coordination platforms working on prisons and prolonged pre-trial detention, under the leadership of the Justice Ministry; in the platforms' absence, the ICRC pursued mobilization efforts and other initiatives aimed at fostering cooperation among the different actors working in this area. Regular coordination meetings with local and international actors covered broad and specific detention-related issues, as well as ways to keep these issues on the government's agenda; however, efforts to persuade the authorities to institute and follow through on structural changes continued to be hindered by the government's other priorities and constraints.

Nonetheless, ICRC advocacy efforts helped lead to the hiring of additional health staff for the PCPP during the cholera outbreak and the appointment of a pharmacist and a national hygiene team. The authorities continued to discuss a draft prison health policy. In the Cap-Haïtien and Les Cayes prisons, some improvement was noted in detainees' access to fresh air.

At a workshop organized by the ICRC and the prison authorities, close to 200 prison guards discussed their roles in implementing practical solutions to the detention-related issues mentioned above. After this session, the ICRC was invited to the next institutional training course for prison administrators.

### **ACTORS OF INFLUENCE**

The ICRC continued to focus on promoting IHL and humanitarian principles and on seeking support for its activities. In particular, dialogue with influential actors, as well as public communication efforts, continued to push for detention-related reforms (see *People deprived of their freedom*). Contact with the HNP and gang members in the popular quarters helped facilitate Movement activities.

In Cité Soleil, the water authorities received support for drafting an action plan to mobilize internal and external resources – including from within the Movement – that would enable them to maintain the ICRC-repaired water network. Although the ICRC initially considered this activity completed by the end of 2013, it renewed its support after finding that lack of maintenance prevented the population's regular access to water.

### **IHL implementation stalls in Haiti**

Haiti signed the Arms Trade Treaty, but other government priorities continued to hamper the adoption of legislation related to prison and judicial reform and other IHL-related issues; offers of technical support were not taken up. As MINUSTAH was in charge of drafting the penitentiary administration's strategic development plan and budget and of merging the drafts of the penal code, the ICRC did not pursue work in these areas to avoid duplication of effort; however, it provided some input on war crimes.

The Dominican national IHL committee drew on ICRC support to finalize draft legislation on the use of the red cross emblem; the government subsequently adopted the proposed regulations.

At the SICA security meeting in Santo Domingo, participants learnt more about the norms applicable to the use of force and the assis-

tance due to victims of violence. The SICA Security Commission also received assistance for the drafting of a model law on the use of force.

### **Weapon bearers learn more about Movement activities**

Some 200 MINUSTAH military and police officers supporting the HNP learnt more about basic humanitarian principles and the roles of the various Movement components. More than 1,000 recruits at the Haitian Police Academy attended similar sessions, which additionally covered the appropriate use of force. Discussions were ongoing with the academy on cooperation regarding briefings for inspectors and commissioners.

To contribute to the capacity-building efforts of the Dominican Armed Forces, its graduate school continued to receive ICRC support; notably, an instructor received sponsorship to attend a course in San Remo. A Dominican military officer also participated in the Senior Workshop on International Rules Governing Military Operations (SWIRMO) in China (see *International law and policy*).

### **Future decision-makers add to their knowledge of IHL**

In Haiti, seminars were organized at three law and diplomacy faculties to promote IHL among students and to encourage its incorporation in their curricula. More than 80 legal professionals attended an introductory course on IHL and the protection it affords children during armed conflict.

## **RED CROSS AND RED CRESCENT MOVEMENT**

### **Thousands receive first aid from ICRC-supported Haitian Red Cross volunteers**

Working in violence-prone neighbourhoods and/or during public events, the Haitian National Society administered first-aid to the injured, with the help of ICRC-provided kits, stretchers and ambulances. However, the two first-aid posts in Cité Soleil remained closed, owing to judicial disputes between volunteers and the Haitian Red Cross. In Martissant, volunteers treated over 2,000 people and passed on messages related to good hygiene, disease prevention and hurricane preparedness to some 12,000 people. Discussions with the Haitian Red Cross – on granting the Martissant volunteers full recognition and attaching them to a local branch – were ongoing.

The ICRC provided financial/logistical support and expertise towards the development of the Haitian Red Cross, which continued its restructuring process, amidst understaffed departments and other constraints. The National Society began an assessment of its capacities and held three regional assemblies to help it draft its action plans. It also received assistance for building up its ability to conduct communication activities. ICRC-supported training sessions emphasized the Fundamental Principles and the roles of the various Movement components.

Following the revision of the Movement coordination framework in Haiti, to which the ICRC contributed, Movement partners met to coordinate activities and discuss common concerns. The different components learnt more about working in the popular quarters during an ICRC-organized briefing to advocate the integration of these neighborhoods into their programmes.

### **Dominican and Haitian National Societies renew agreement on common migration-related concerns**

The Haitian Red Cross drew on ICRC assistance to improve its family-links services; its national coordinator received regular coaching, while 35 volunteers benefited from training and clearly

defined working procedures. This enabled the National Society to offer these services countrywide. The ICRC made progress in identifying future modes of support to the Dominican National Society for its family-links activities. The Movement components concerned gained keener insight into the situation of Haitian migrants forcibly returned from the Dominican Republic, which helped them plan support/activities to address the issue. The two National Societies renewed a bilateral cooperation agreement and drew up an operational plan to address common migration-related concerns.

With ICRC support, the Dominican and Haitian National Societies secured funding from the American Red Cross for their family-links services in 2015.

Owing to a lack of capacity and, in some instances, cultural factors, human remains management was not included in the emergency response planning of the two National Societies.

MAIN FIGURES AND INDICATORS: PROTECTION <sup>1</sup>		Total		
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Red Cross messages (RCMs)</b>				
RCMs distributed		14	UAMs/SCs*	
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>ICRC visits</b>				
Detainees visited		10,404	Women	Minors
			431	282
			Women	Girls
				Boys
Number of visits carried out		109		
Number of places of detention visited		23		
<b>Restoring family links</b>				
RCMs collected		21		

\* Unaccompanied minors/separated children

1. Haiti

MAIN FIGURES AND INDICATORS: ASSISTANCE <sup>1</sup>		Total	Women	Children
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection programme)</b>				
Essential household items	Beneficiaries	1,440		
Work, services and training	Beneficiaries	4,500		
Water and habitat activities	Beneficiaries	8,392		
<b>Health</b>				
Number of visits carried out by health staff		83		
Number of places of detention visited by health staff		6		

1. Haiti

# BRASILIA (regional)

COVERING: Argentina, Brazil, Chile, Paraguay, Uruguay



ICRC regional delegation (circle with cross), ICRC mission (diamond with cross), ICRC office (square with cross), \* ICRC regional communication support centre (star)

The ICRC has been present in the region since 1975. It visits security detainees and responds to situations of violence and social unrest, often with the region's National Societies, which it supports in developing their capacities to act in such situations. It helps authorities identify human remains so as to provide families with information on their missing relatives. The ICRC promotes the incorporation of IHL into national legislation and the doctrine, training and operations of armed forces, and works with police forces to integrate international human rights law applicable to the use of force into theirs.

## KEY RESULTS/CONSTRAINTS

In 2014:

- ▶ as the ICRC wrapped up its multidisciplinary project in Rio de Janeiro's *favelas*, local partners began replicating some activities, especially in the areas of first aid, mental health and self-protection
- ▶ Brazil took on board ICRC recommendations on a new manual on law and order operations for the armed forces and on its revised rules of engagement for personnel operating in the *favelas*
- ▶ as part of an agreement between the Chilean forensic institute and the ICRC, 3,500 DNA samples from relatives of missing people were transferred for safekeeping to the ICRC's archives centre in Switzerland
- ▶ police officers in Chile and Paraguay, after they had been trained by the ICRC, conducted courses in international human rights law for future instructors

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

**MEDIUM**

PROTECTION	Total
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
ICRC visits	
Detainees visited	98
Detainees visited and monitored individually	98
Number of visits carried out	24
Number of places of detention visited	15

ASSISTANCE	2014 Targets (up to)	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>		
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>		
Productive inputs	Beneficiaries 3,500	
Cash	Beneficiaries	3
Work, services and training	Beneficiaries	90

EXPENDITURE (in KCHF)	
Protection	1,752
Assistance	1,377
Prevention	2,738
Cooperation with National Societies	1,366
General	367
	<b>7,600</b>

of which: Overheads 464

IMPLEMENTATION RATE	
Expenditure/yearly budget	<b>101%</b>

PERSONNEL	
Mobile staff	8
Resident staff (daily workers not included)	55



## CONTEXT

Amidst its growing international influence, several of Brazil's cities remained troubled by violence, particularly sections of Rio de Janeiro. The Rio de Janeiro state government pursued its “pacification” programme – large-scale law enforcement operations involving both the military and the police – in several slums, known as *favelas*. Clashes took place between these forces and armed gangs.

Brazil's National Truth Commission released its final report, which recognized victims of the military regime and called for a partial revocation of the amnesty law.

In southern Chile, the national police force – known as *Carabineros* – intervened in the increasing tensions between Mapuche communities and other groups over issues linked to land tenure; the situation was marked by violent confrontations, casualties on all sides, and the detention of several Mapuche leaders.

In Concepcion and San Pedro, Paraguay, clashes took place between security forces and armed elements, which led to injuries and deaths, the detention of several people and, for the communities affected, diminished access to basic goods and services.

The countries covered were members of various regional organizations and bodies, such as the Southern Common Market (MERCOSUR), the Organization of American States (OAS) and the Union of South American States (UNASUR).

## ICRC ACTION AND RESULTS

As unrest in the region continued, the Brasilia delegation drew the attention of authorities, weapon bearers and other influential actors – particularly in Brazil, Chile and Paraguay – to the concerns of the civilian population. It also engaged these actors in dialogue on the place of human rights norms in their work.

In Rio de Janeiro, the ICRC continued to urge the national and local authorities, including education/health officials, to replicate its recently concluded multidisciplinary project for mitigating the effects of armed violence in the *favelas*. The authorities received preliminary reports on the project – which concluded at the end of 2013 – and its results; the ICRC also provided them with technical and training support as they began their own initiatives. The authorities trained health workers to provide mental-health care and psychosocial support to violence-affected people, including adolescent mothers and their children. Health staff, students and teachers learnt about safe practices for dealing with the dangers they faced.

At the governments' requests, the ICRC lent some guidance towards keeping efforts to resolve cases of missing persons in line with international best practices and the wishes of the families concerned. Hence, it worked with the Argentine authorities to develop a consultation process with the families concerned regarding the recovery and identification of remains of soldiers who died during the Falklands/Malvinas Islands conflict; in Brazil, it pursued joint efforts with the authorities to establish mechanisms for the exhumation and identification of remains found in unmarked graves. As part of an agreement with the Chilean forensic institute, 3,500 DNA samples from relatives of people who went missing during the Chilean military regime were handed over to the ICRC for safekeeping, for the next 30 years, at its archives centre in Switzerland.

ICRC delegates visited detainees in Chile, Paraguay and Uruguay and, in line with the organization's standard procedures, monitored their treatment and living conditions; afterwards they submitted their findings/recommendations confidentially to the authorities concerned. The ICRC continued to support, with the Paraguayan Red Cross, a local livelihood project that enabled female detainees to produce handicrafts and textiles for sale, which provided them with a source of income and eased their social reintegration after their release.

The ICRC provided the Brazilian, Chilean and Paraguayan security/police forces with input on ensuring that international human rights law and other norms governing the use of force were reflected in their training programmes, in their planning processes and in the conduct of their operations. Thus, the Brazilian forces drew on feedback related to its manuals, as did Chile's *Carabineros*; in Chile and Paraguay, police officers also trained in instructing their colleagues on human rights norms.

To help advance IHL implementation, the ICRC focused on supporting the work of national IHL committees; the Argentine and Uruguayan committees finished preparing draft bills that sought the prohibition of certain weapons and the criminalization of people who persisted in their trade and use. Officials from the countries covered participated in international IHL events, such as those linked to the Health Care in Danger project and to the resolutions adopted at the 31st International Conference.

Working with Movement partners, particularly the National Society of the country concerned, the ICRC carried out communication activities marking “150 years of humanitarian action” and drawing attention to key humanitarian issues and the ICRC's activities.

The Argentine Red Cross, Brazilian Red Cross, Chilean Red Cross and Paraguayan Red Cross received specific assistance – technical advice and training – to build their operational capacities, particularly in first-aid/family-links services, and to ease their reorganization.

## CIVILIANS

### **Brazilian authorities encouraged to replicate the Rio project**

After the conclusion of the multidisciplinary initiative – known as the Rio project – to mitigate the effects of armed violence in selected *favelas* in Rio de Janeiro, the ICRC focused on encouraging/supporting the State and municipal education/health departments to replicate the projects that comprised the initiative. While it continued confidential dialogue with police and security forces operating in the city's *favelas*, including the “pacification” forces (see *Actors of influence*), the organization presented to the authorities its preliminary findings regarding the project and its outcomes.

### **Municipal health authorities strive to make mental-health care more accessible in the *favelas***

Health workers in Rio de Janeiro were better equipped to offer mental-health care and psychosocial support for people suffering the effects of violence-related trauma, as a result of the work done by the municipal health authorities to improve training modules on these subjects. The health authorities created a working group for replicating an ICRC project that provided adolescent mothers and their children with access to health and psychosocial assistance; the group also oversaw training for future instructors. In 2014, the authorities, with the ICRC's assistance, trained hundreds of health professionals in this area.

## **Health workers, students and teachers learn more about safe practices**

Health staff were instructed in the Safer Access Framework, helping them cope with the risks they faced when working in violence-prone areas. Such training reached almost 2,500 health staff at 47 family health units, which contributed to making primary health care more accessible to around 700,000 people in the *favelas*. The municipal health authorities in Rio de Janeiro published safety guidelines on their website and shared them with their counterparts in two other cities.

Students and teachers in several *favelas* stood to benefit from the continuation of efforts to help them adopt safer practices. The State Secretariat of Education (SEEDUC) established train-the-trainer mechanisms to replicate the Safer Behaviour programme throughout Rio de Janeiro. Two regional directorates organized workshops at three schools without ICRC support, demonstrating the authorities' growing ownership of the initiative. SEEDUC also prepared to implement the Creating Humanitarian Spaces programme – which encourages students and teachers to discuss basic humanitarian principles – at 20 schools in 2015.

Partnership agreements signed with the Brazilian National Society's Rio de Janeiro state branch (CVB-FERJ) and four community-based first-aid associations formalized cooperation in providing timely aid and safe evacuation to health facilities for more sick/injured people.

## **Influential actors in Chile and Paraguay receive reports on civilians' concerns**

In Chile and Paraguay, the ICRC brought up allegations of abuse with the authorities and/or other actors concerned; it continued to follow up these cases in subsequent contact with them. This was facilitated by the organization's proximity to victims, which developed from its expanded presence, and from efforts to broaden its networks in the two countries.

Through sessions conducted by the ICRC and the National Society concerned, people in Arroyito and Tacutay Poty in Paraguay, and in remote Mapuche communities in Chile, learnt basic first aid; Chile's *Carabineros* also acquired some first-aid skills during similar sessions. Around 50 Mapuche families benefited from health-care services delivered by the National Society/ICRC; some particularly vulnerable children received psychosocial support, and plans were under way to extend this support to adults.

Livelihood-support activities – notably a vegetable garden and a water-supply improvement project – began in two rural communities in Paraguay, following multidisciplinary assessments conducted by the ICRC.

## **DNA samples from Chilean families of missing persons stored by the ICRC**

In Argentina, the ICRC continued to pay attention to developments in the identification of remains thought to be of some 120 soldiers killed in the Falklands/Malvinas Island conflict. After the government resumed consultations with the families concerned, the ICRC contributed to the development of procedures to ensure the families' informed consent regarding the process; this included training the government team that would interview the families. The ICRC also continued to advocate the purely humanitarian nature of the initiative.

The Brazilian authorities drew on ICRC advice for their work to identify remains found in a mass grave in São Paulo; such support

was geared towards establishing a mechanism for the exhumation and identification efforts and towards keeping the process in line with international best practices and the wishes of the families concerned. The ICRC maintained regular dialogue with associations of the families of the missing and with local/federal authorities.

In Chile, 3,500 DNA samples from relatives of people who went missing when the country was under military rule were handed over to the ICRC for safekeeping, for the next 30 years, at its archives centre in Switzerland, as part of an agreement with the Chilean forensic institute.

## **Forensic experts share best practices and pursue regional cooperation**

Forensic workers in the region, particularly in Brazil, received support for adding to their expertise; a Brazilian police officer was trained in the use of the ICRC's ante/post-mortem data-management software. Experts were encouraged to attend capacity-building workshops and conferences abroad, so as to foster the sharing of best practices and bilateral cooperation in human remains management. An ICRC-organized regional conference for directors of medico-legal institutes brought together some 20 representatives from across Latin America; they reiterated the importance of defining/respecting international practices and of seeking out avenues of cooperation.

## **Brazilian authorities request ICRC help for assessing vulnerable migrants' conditions**

The Brazilian authorities received the ICRC's findings/recommendations regarding the humanitarian situation of vulnerable migrants at a reception centre in Acre state along the Bolivia-Peru border; the ICRC had carried out the assessment at the authorities' request.

## **PEOPLE DEPRIVED OF THEIR FREEDOM**

Detainees in Chile, Paraguay and Uruguay were visited by ICRC delegates, who – in line with the organization's standard procedures – monitored their treatment and living conditions. The detainees visited included: Mapuche community leaders, three of whom were on hunger strike, in Chile; alleged members of armed groups in Paraguay; and people serving sentences for crimes against humanity in Uruguay. Following these visits, the ICRC submitted its findings – and, where necessary, its recommendations for improvements – confidentially to the authorities. In Paraguay, the ICRC's visits also presented the opportunity for multidisciplinary assessments; these, as well as the penitentiary reforms initiated by the authorities at the end of 2013, helped reshape the ICRC's analysis of the penitentiary system.

In Chile, the ICRC's meetings with the authorities concerned helped define priority issues in connection with the revision of a study on respect for detainees' judicial guarantees.

Twenty-seven detainees in Paraguay were visited by their family members, with the help of ICRC funding; these visits enabled several of the detainees to receive some assistance from their families.

## **Female inmates in Paraguay become professional artisans and gain a sustainable source of income**

With ICRC support, around 30 female inmates of the Buen Pastor Prison in Asunción, Paraguay produced handicrafts and textiles for sale, which were displayed at an international trade fair; they also received certificates identifying them as professional artisans. The Paraguayan National Society and the ICRC helped the detainees

establish a cooperative to formalize the initiative, which strengthened former detainees' connection to the project and contributed to their social reintegration. Hundreds of female inmates at the same prison received hygiene kits from the ICRC, with logistical assistance from the National Society.

In Chile, three released detainees received cash assistance to help them pursue income-generating activities and ease their post-release conditions.

## ACTORS OF INFLUENCE

ICRC discussions with the authorities, armed/police forces and other influential players in the region centred on the importance of respecting international human rights law while conducting law enforcement operations and of addressing the needs of violence-affected communities. After the Rio project concluded, the Brazilian authorities received ICRC reports on issues relating to the protection of the civilian population (see *Civilians*); in Brazil and Chile, aiming to create a community of concern around the issue, the ICRC discussed the Health Care in Danger project with the actors concerned.

### Brazil makes use of ICRC recommendations regarding rules of engagement in the favelas

The region's armed and police forces developed, to various degrees, directives and protocols for incorporating IHL and international human rights law in their plans and training programmes, so as to ensure respect for the law in the conduct of their operations; in some cases, they did this with ICRC support.

Brazil adopted a manual on law enforcement operations for the armed forces, to which civil society and international organizations, including the ICRC, contributed. The Defence Ministry and the Land Operations Command also took into account several ICRC recommendations while drawing up rules of engagement for personnel involved in the "pacification" of the *favelas*. In Chile, the *Carabineros'* human rights department made use of ICRC advice/suggestions while developing protocols for police intervention in indigenous areas.

### Police officers in Brazil, Chile, Paraguay add to their knowledge of international human rights law

In Chile, 34 police officers learnt how to relay messages on human rights to their colleagues; ICRC-trained instructors in Paraguay conducted their own sessions, resulting in 25 new trainers.

While progress was slow in integrating human rights norms into the curricula of Brazil's military police academy, the education department of the Army Joint Staff edited its programme of military ethics to emphasize IHL and human rights norms. The National Secretariat of Public Security and the school specifically for "pacification" forces in Rio de Janeiro developed/revised their e-learning courses for thousands of officers, with ICRC assistance.

Police officers from Brazil, Chile and Paraguay participated in regional meetings on the norms applicable to their work; at one such gathering in Ecuador, they shared their experiences in applying human rights norms during operations to maintain public order (see *Lima*). Senior officers from Argentina and Chile attended dissemination sessions on human rights and police administration.

The Argentine, Brazilian and Chilean armed forces sent high-level representatives to the Senior Workshop on International Rules Governing Military Operations (see *International Law and Policy*).

### Argentina and Brazil cover war crimes in their revised criminal codes

The region's governments continued to discuss IHL-related issues with the ICRC. They were urged to advance domestic legislation for implementing IHL: Argentina and Brazil both included chapters on war crimes in their revised criminal codes; Chile began to draft a bill that would protect the rights of land mine victims. The Argentine and Uruguayan national IHL committees concluded bills on the prohibition of certain weapons and the prosecution of those involved in their trade and use.

Argentina, Brazil and Chile participated in experts' meetings on legal protection for health-care services during armed conflict and other emergencies (see *Brussels*) and on the resolutions adopted at the 31st International Conference. Brazil also sent representatives to international events on developments/trends in conflict, such as cyber-warfare and autonomous weapons (see *Europe*).

### ICRC communication activities build public awareness of key humanitarian issues

University students in the region learnt more about IHL during seminars and through ICRC legal papers. Argentine students demonstrated their knowledge of IHL at competitions abroad, including the Jean-Pictet Competition in IHL (see *Europe*).

PEOPLE DEPRIVED OF THEIR FREEDOM	BRAZIL	CHILE	PARAGUAY
<b>ICRC visits</b>			
Detainees visited	20	16	62
<i>of whom women</i>		1	8
<i>of whom minors</i>		1	3
Detainees visited and monitored individually	20	16	62
<i>of whom women</i>		1	7
<i>of whom girls</i>			1
<i>of whom boys</i>		1	2
Detainees newly registered	20	5	16
<i>of whom women</i>		1	2
<i>of whom girls</i>			1
<i>of whom boys</i>		1	2
Number of visits carried out	3	10	11
Number of places of detention visited	3	5	7
<b>Restoring family links</b>			
Detainees visited by their relatives with ICRC/National Society support			31

The general public deepened its awareness of the ICRC's activities through photo exhibits and communication campaigns on topics such as "150 years of humanitarian action" and the Health Care in Danger project in Brazil, Chile and Paraguay. Media coverage of humanitarian issues and Movement initiatives drew further attention to these subjects.

The ICRC had some contact with the private sector, with a view to raising awareness of and support for its activities.

## RED CROSS AND RED CRESCENT MOVEMENT

### National Societies build their emergency response capacities

The region's National Societies – particularly those of Brazil, Chile and, to a lesser extent, Paraguay – strengthened their capacities to provide first aid during situations of violence or other emergencies, with ICRC training/financial/technical support. In Chile, volunteers trained/equipped by the ICRC, mainly from Araucanía and Santiago de Chile, assisted people wounded during demonstrations. The Chilean Red Cross also received support for coordinating with the security forces and with influential student organizations, which helped reinforce respect for its mandate and activities. Some of its branches, including those along the Peruvian border, received training and security/office equipment, and strengthened contact with nearby branches of the Peruvian Red Cross, in anticipation of emergencies in the area.

In Rio de Janeiro, the CVB-FERJ prepared its four-year action plan, drafts of security procedures during situations of violence, and protocols for first-aid services during demonstrations.

### Family-links focal points create a regional network

The Argentine, Brazilian, Chilean and Paraguayan National Societies developed their family-links services. In São Paulo, 20 new volunteers participated in a capacity-building workshop; Chilean volunteers explored the psychosocial dimension of family-links services during their session. Focal points from the four National Societies took part in a regional seminar in Brazil, at which they

learnt more about their duties and created a regional network for restoring family links; the Paraguayan focal point received ICRC support to conclude an assessment of the Paraguayan Red Cross's needs and capacities in this regard.

With backing from Movement partners, the Brazilian and Paraguayan National Societies pursued restructuring processes. The latter updated its statutes to include provisions for financial control mechanisms. The Brazilian Red Cross organized a workshop for branch secretary-generals, leading to increased coordination/contact within the National Society; its recovery plan also reflected points made in the independent external audit report commissioned by the International Federation and the ICRC.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits					
Detainees visited		98	Women	Minors	
			9	4	
			Women	Girls	Boys
Detainees visited and monitored individually		98	8	1	3
Detainees newly registered		41	3	1	3
Number of visits carried out		24			
Number of places of detention visited		15			
Restoring family links					
Detainees visited by their relatives with ICRC/National Society support		31			

\* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Cash	Beneficiaries	3	33%	
Work, services and training	Beneficiaries	90	37%	29%
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat (in some cases provided within a protection programme)				
Productive inputs	Beneficiaries	26		

# CARACAS (regional)

**COVERING:** Suriname, Bolivarian Republic of Venezuela and the English-speaking countries of the Caribbean Community: Antigua and Barbuda, Bahamas, Barbados, Belize, Dominica, Grenada, Guyana, Jamaica, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Trinidad and Tobago



ICRC regional delegation

The Caracas regional delegation was established in 1971. It reinforces the capacities of the region's National Societies in the fields of IHL promotion, restoring family links, emergency response and assistance to victims of violence. It seeks to visit security detainees in Venezuela and monitors the humanitarian situation along the Venezuelan border with Colombia. It promotes the incorporation of IHL into national legislation and into the operational procedures and training of the region's armed forces, as well as the inclusion of human rights standards in police manuals and training.

## KEY RESULTS/CONSTRAINTS

### In 2014:

- ▶ during protests in the Bolivarian Republic of Venezuela (hereafter Venezuela), 145 people received life-saving care from ICRC-supported volunteers of 6 Venezuelan Red Cross branches
- ▶ people living in states along the Colombia-Venezuela border benefited from basic health care, such as cancer screening for women, provided by newly launched Venezuelan Red Cross health camps
- ▶ at round-tables in their countries, Belizean, Jamaican and Trinbagonian security officials discussed the integration of internationally recognized standards for law enforcement into joint police/military operations
- ▶ Venezuela's National Assembly approved a law promoting respect for the Movement's emblems and another one on the creation of a national IHL commission
- ▶ dialogue with the Venezuelan authorities on the resumption of ICRC visits to detainees – suspended since 2012 – made no headway

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

EXPENDITURE (in KCHF)	
Protection	549
Assistance	-
Prevention	1,718
Cooperation with National Societies	1,049
General	-
	<b>3,316</b>
	<i>of which: Overheads 202</i>
IMPLEMENTATION RATE	
Expenditure/yearly budget	<b>154%</b>
PERSONNEL	
Mobile staff	5
Resident staff (daily workers not included)	11



## CONTEXT

In the Bolivarian Republic of Venezuela (hereafter Venezuela), massive street protests, reportedly related to the deteriorating economic situation, erupted in several cities in February and lasted for nearly three months. Some 40 people were killed, 835 injured and around 3,300 arrested during the violence accompanying these protests.

Communities in border areas hosted people who had fled the conflict in Colombia.

In a number of States in the Caribbean Community (CARICOM), many urban districts continued to grapple with high rates of crime and violence; military forces were often required to support the police in law enforcement operations.

## ICRC ACTION AND RESULTS

The internal disturbances in Venezuela led the ICRC to prioritize its support for the emergency response activities of the Venezuelan Red Cross. As a result, the implementation of the organization's other objectives for 2014 faced delays or made little progress. Visits to detainees in Venezuela remained suspended.

ICRC financial, material and technical support enabled the Venezuelan Red Cross to conduct communication campaigns, give first aid to people injured during the disturbances and evacuate them to hospital. Such support also allowed National Society volunteers to maintain first-aid services to people in states along the Colombian border; the launch of National Society health camps gave people in one of these states access to comprehensive health-care services.

Some CARICOM countries advanced the incorporation of internationally recognized standards on the use of force in security forces' training/operations, notably through workshops and round-tables on joint police/military operations for instructors and officials concerned in Belize, Jamaica and Trinidad and Tobago. The ICRC continued to provide technical support to the region's authorities for ratifying humanitarian treaties and integrating their provisions into domestic law. As a result, five countries ratified the Arms Trade Treaty; Venezuela approved a law promoting respect for the Movement's emblems and another on the creation of a national IHL commission. To foster understanding of humanitarian issues of common concern, the ICRC maintained dialogue and cooperation with regional bodies and multilateral fora.

The region's other National Societies continued to receive various kinds of ICRC support for strengthening their operational, managerial and legal capacities, for example, to be able to respond more effectively to violence. The Jamaica Red Cross School maintained its educational activities for children in violence-affected neighbourhoods. Regular coordination among Movement partners helped ensure effective implementation of projects.

## CIVILIANS

### People injured during protests in Venezuela receive timely medical assistance

ICRC financial, material and technical support enabled the Venezuelan Red Cross to strengthen its ability to respond effectively to outbreaks of violence and to the needs of people in areas along the border with Colombia. Training for National Society volunteers and staff focused on the Safer Access Framework, first-aid services and logistics management. Radio spots helped

raise awareness of the National Society's emergency response capacities, notably among community leaders and security forces.

In six cities affected by the mass protests (see *Context*), 145 injured people received first aid and/or were promptly taken to hospital. Surgical kits pre-positioned at its branches in these cities ensured the National Society's preparedness to support hospitals dealing with an influx of patients.

### Venezuelan border communities affected by the Colombian conflict benefit from health services

People fleeing the conflict in Colombia received first aid from staff members of Venezuelan Red Cross branches in the border states of Apure, Táchira and Zulia. Some 70% of the communities in one region in Apure boosted their emergency response capacities by participating in first-aid training. In line with its health objectives, and at the request of community leaders, the National Society branch in Apure set up a series of one-day health camps. Displaced persons and residents, including members of host communities, benefited from basic health care, such as cancer screening for women; they also attended dissemination sessions on sexual violence.

At the Jamaica Red Cross School, financially supported by the ICRC, close to 90 children living in violence-affected Kingston neighbourhoods learnt effective methods of self-protection and benefited from informal/alternative education and vocational training.

Networking and field trips helped the ICRC understand issues of widespread concern in the region and to formulate appropriate responses together with parties concerned. Contacts with the authorities, security forces and civil society organizations in Caribbean countries resulted in an ICRC study on patterns of violence in urban settings and on the use of force by State actors. The American Red Cross, the International Federation and the ICRC conducted an evaluation mission, with a view to determining the nature of their support for the Bahamas Red Cross Society's work for migrants in detention and irregular migrants.

## PEOPLE DEPRIVED OF THEIR FREEDOM

Dialogue between the Venezuelan authorities and the ICRC on the resumption of ICRC visits – suspended since administrative changes in detention facilities in 2012 – made no headway.

## ACTORS OF INFLUENCE

### Police/military officers take steps to incorporate internationally recognized policing standards in joint operations

Given the military's frequent involvement in law enforcement operations in CARICOM countries, training in internationally recognized standards on the use of force and the integration of these standards into police/military doctrine, training and operations remained a priority.

Discussions with the police/defence forces of Belize, Guyana and Jamaica aimed to encourage the dissemination of these standards among personnel. In Jamaica, judicial and law enforcement authorities boosted their understanding of the ICRC's mandate and activities during briefings at the Office of the Public Defender.

In Belize, Jamaica and Trinidad and Tobago, some 90 police/defence forces instructors were trained to promote internationally recognized standards on the use of force among their personnel. A course

organized with the Royal Saint Lucia Police Force furthered understanding of the practical aspects of these standards among 32 officers.

To identify issues that recurred in joint police/military operations and to further adapt operational procedures to applicable standards, senior officials from the security forces of Belize, Jamaica and Trinidad and Tobago attended round-tables, some organized jointly with the authorities concerned. The participation of officers from the Jamaican and Guyanese defence forces in an international workshop on rules governing military operations supported these efforts (see *International law and policy*).

In Venezuela, the organization of similar activities for/with the security forces was delayed owing to the security situation and the turnover of staff concerned. However, dialogue on the importance of such activities was broached with various national authorities and parties of influence, such as the Ombudsman's Office.

Senior officials of the CARICOM Implementing Agency for Crime and Security (IMPACS) received ICRC briefings on issues of humanitarian concern, particularly in connection with the proper use of force during law enforcement operations. At the Annual Conference of the Association of Caribbean Commissioners of Police, police authorities throughout the region and the ICRC engaged on the subjects mentioned above; some of the participating authorities committed themselves to establishing working groups to ensure their personnel's respect for these standards.

#### **Venezuelan National Assembly approves law creating a national IHL commission**

The Foreign Affairs and National Security Ministries of Belize, Saint Lucia, and Trinidad and Tobago, and the ICRC, maintained dialogue on issues of humanitarian concern and on domestic implementation of pertinent treaties.

Belize ratified the Convention on Cluster Munitions; Bahamas, Jamaica, Saint Kitts and Nevis, Saint Lucia, and Saint Vincent and the Grenadines ratified the Arms Trade Treaty. Twenty government officials from 12 CARICOM member States attended a regional seminar in Trinidad and Tobago, organized by IMPACS and the ICRC, and received technical guidance for facilitating domestic implementation of the Arms Trade Treaty.

In Venezuela, the National Assembly approved a new law promoting respect for the Movement's emblems and another for creating a national IHL commission. Surinamese government officials convened a workshop to discuss the establishment of a national IHL committee.

A Venezuelan parliamentarian and the Venezuelan Red Cross's health director attended two international workshops on issues related to the Health Care in Danger project (see *Brussels* and *Colombia*). They discussed with their counterparts ways to help ensure the safety of health personnel and facilities, and a related draft law they submitted for legislative approval.

Dialogue continued between regional bodies/multilateral fora and the ICRC on issues of humanitarian concern; however, there was little progress in making these issues the subject of national debate or in ensuring these were taken into account in pertinent legal frameworks.

## **RED CROSS AND RED CRESCENT MOVEMENT**

### **National Societies take steps to integrate the Safer Access Framework into their operations**

The National Societies in the countries covered continued to receive technical, financial and material support from Movement partners to improve their operational capacities and institutional set-up. Such support enabled the Venezuelan Red Cross to respond promptly to the consequences of the violence that occurred during protests (see *Civilians*).

To bolster their emergency response capacities, staff members and volunteers from some National Societies, including the Jamaica Red Cross, were trained in the Safer Access Framework. The National Societies in Belize and Trinidad and Tobago drafted guidelines for emergency response in line with the framework. The Venezuelan Red Cross reviewed the internal promotion of and training of staff in the Safer Access Framework guidelines in Spanish. In Guyana, modules on the framework were integrated into National Society training sessions in community health.

Representatives of the Bahamas Red Cross participated in a regional meeting on family-links services (see *Mexico City*); however, the National Society did not advance in incorporating these services in its emergency response.

Through dialogue, online publications and interviews in local media, the Venezuelan Red Cross helped raise the authorities' and the public's awareness of humanitarian concerns, the Movement and its emblems, and the Health Care in Danger project.

### **National Societies enhance their legal capacities**

To strengthen its operational/managerial capacities, the Venezuelan Red Cross launched an organizational capacity assessment; newly elected officials of the Barbadian and Surinamese National Societies participated in the Movement's induction and leadership course in Switzerland.

With a view to helping the Belizean, Guyanese, Saint Lucian, Surinamese and Trinbagonian National Societies develop their statutes or emblem laws or strengthen their ability to lobby for domestic IHL implementation, legal advisers were sponsored to attend meetings abroad and/or received technical guidance. The Suriname Red Cross Society supported ICRC efforts to promote the establishment of a national IHL committee (see *Actors of influence*).

Movement partners throughout the region held coordination meetings periodically to ensure effective implementation of projects and to share experiences.

<b>MAIN FIGURES AND INDICATORS: PROTECTION <sup>1</sup></b>		<b>Total</b>		
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Tracing requests, including cases of missing persons</b>				
		<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Tracing cases still being handled at the end of the reporting period (people)	1		1	
<b>Documents</b>				
People to whom travel documents were issued	8			

1. Bolivarian Republic of Venezuela

# LIMA (regional)

COVERING: Plurinational State of Bolivia, Ecuador, Peru



The delegation in Lima opened in 1984, becoming a regional delegation in 2003. The ICRC visits detainees, addresses the issue of missing persons and monitors the humanitarian situation along the Ecuadorean border with Colombia. It seeks to respond to needs arising from armed conflict/other situations of violence and helps the region's National Societies reinforce their capacities to do the same. It assists security forces in integrating human rights norms applicable to the use of force into their doctrine, training and operations, and the armed forces in doing the same with IHL. It promotes the incorporation of IHL into national legislation.

## KEY RESULTS/CONSTRAINTS

### In 2014:

- ▶ after ICRC reminders, the Peruvian armed forces decreased their occupation of civilian infrastructure in the Apurímac-Ene y Mantaro Valley (VRAEM) and established a system to reduce the warning shots they fired
- ▶ health staff in the VRAEM and students and teachers in violence-affected border areas of northern Ecuador learnt safe practices and self-protective measures
- ▶ the Ministry of Women and Vulnerable Populations drafted a protocol to address the needs of minors and their adult relatives who had left camps run by the militarized Communist Party of Peru (PCP-M)
- ▶ penitentiary staff in the region added to their knowledge of good practices in prison management, and future instructors in Ecuador and Peru were trained to pass such information on to their colleagues
- ▶ the region's armed/police forces strengthened their ability to ensure that officers understood and respected IHL and other applicable norms – notably, Bolivian and Ecuadorean forces finalized their IHL handbooks

### EXPENDITURE (in KCHF)

Protection	2,514
Assistance	255
Prevention	2,622
Cooperation with National Societies	205
General	-
<b>Total</b>	<b>5,595</b>

of which: Overheads 341

### IMPLEMENTATION RATE

Expenditure/yearly budget	<b>96%</b>
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### PERSONNEL

Mobile staff	5
Resident staff (daily workers not included)	44

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

**HIGH**

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
Red Cross messages (RCMs)	
RCMs collected	4
RCMs distributed	5
Phone calls facilitated between family members	5
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
<b>ICRC visits</b>	
Detainees visited	10,262
Detainees visited and monitored individually	272
Number of visits carried out	52
Number of places of detention visited	25
<b>Restoring family links</b>	
RCMs collected	3
RCMs distributed	3

ASSISTANCE	2014 Targets (up to)	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>		
<b>Economic security, water and habitat</b> (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	90
Essential household items	Beneficiaries	250
Productive inputs	Beneficiaries	30
Cash	Beneficiaries	619
Vouchers	Beneficiaries	30
Work, services and training	Beneficiaries	2
Water and habitat activities	Beneficiaries	1,400
		2,155
<b>WOUNDED AND SICK</b>		
<b>Physical rehabilitation</b>		
Patients receiving services	Patients	20

## CONTEXT

In Peru, armed confrontations continued to take place between government troops and the militarized Communist Party of Peru (PCP-M) in the Apurímac-Ene y Mantaro Valley (VRAEM). Joint police/military operations against drugs-related activities increased. This led to casualties, arrests and damage to infrastructure; residents had limited access to essential goods and services, such as water, education and health care. Protests and their accompanying violence reportedly decreased, as the Peruvian government sought to address people's socio-economic concerns.

Communities in northern Ecuador, particularly along the Putumayo and San Miguel rivers, continued experiencing the spillover consequences of the non-international armed conflict in Colombia. Skirmishes between the Ecuadorian armed forces and the Revolutionary Armed Forces of Colombia-People's Army (FARC-EP) continued.

As the Plurinational State of Bolivia (hereafter Bolivia) focused on preparing for its general elections, which took place in October, some humanitarian issues were left unanswered.

Bolivia, Ecuador and Peru maintained multilateral relations with other Latin American States through regional bodies such as the Organization of American States (OAS) and the Union of South American Nations (UNASUR); Bolivia and Ecuador also did so through the Bolivarian Alliance for the Peoples of Our America (ALBA).

## ICRC ACTION AND RESULTS

The Lima regional delegation continued to focus on helping alleviate the consequences of the violence in Peru's VRAEM region and of the spillover effects of the Colombian conflict into border areas of Ecuador.

In Peru, the ICRC reminded the authorities and other actors, including the military, of the need to address civilians' concerns, such as the inaccessibility of essential services. The national authorities took steps to address these issues: for instance, the Ministry of Women and Vulnerable Populations (MoWVP) drafted a protocol to address the needs of minors and their relatives who had been rescued from or left PCP-M camps.

Likewise, the ICRC pursued discussions with the Ecuadorian authorities on the conditions of those living along the country's violence-affected border areas, providing them with feedback on the issues the organization identified there and on the need to update military procedures.

In Peru, assistance activities were undertaken to help improve the conditions of those who were most vulnerable. In the VRAEM, these included repairs to the water supply infrastructure and improvements to school facilities in the Ayacucho and Junín regions, and funding for the construction of a pedestrian bridge in the Mazángaro valley. Donations of food and household/hygiene items or vouchers helped some victims of violence in Ecuador and Peru meet their most urgent needs.

The ICRC provided training for health staff in the VRAEM and for students and teachers in Ecuador's Esmeraldas province on the self-protection mechanisms they could adopt, given the dangers they faced. Health staff manning posts in the VRAEM also learnt more about promoting healthy/hygienic practices in their communities.

In Peru, the ICRC maintained coordination with the authorities and civil society actors to strengthen efforts to clarify the fate of people who had gone missing during the 1980-2000 non-international armed conflict, address their families' needs and enhance State forensic capacities. It also encouraged the Bolivian and Ecuadorian authorities to incorporate human remains management and family-links services in their countries' risk management programmes.

ICRC delegates visited detainees in the three countries to monitor their treatment and living conditions and provided the authorities with confidential recommendations in this respect. Detainees in Bolivia and Peru were helped to stay in contact with their families, and particularly vulnerable detainees received some material assistance. In Peru, the ICRC started to work with the authorities in tackling overcrowding and prolonged pre-trial detention, taking account of the link between the two problems. The authorities in Bolivia, Ecuador and Peru drew on ICRC support to train penitentiary staff in effective prison management.

Training sessions, presentations and dialogue – involving the region's key political authorities, military/police commands, educational institutions, and bodies such as UNASUR – contributed to furthering their understanding of IHL and internationally recognized standards on the use of force, and helped them update/strengthen their training tools and protocols. Coordination with the region's national IHL committees and engagement with the media reinforced these activities.

Targeted communication activities raised public awareness of key humanitarian concerns, such as the issue of missing people.

Cooperation with Movement partners helped facilitate the humanitarian responses implemented in the three countries. Moreover, the Bolivian Red Cross, Ecuadorian Red Cross and Peruvian Red Cross drew on Movement assistance, which helped them strengthen their emergency-response capacities, particularly in the areas of family-links services and the Safer Access Framework.

## CIVILIANS

### Armed forces reduce their occupation of civilian infrastructure in the VRAEM

People in conflict/violence-affected communities explained their concerns to ICRC staff, particularly in relation to the conduct of hostilities, how they were affected by the violence and their access to basic services. The ICRC discussed these issues with the military, police and political authorities, and followed up on recommendations. After ICRC reminders, the armed forces reduced their occupation of civilian infrastructure in the VRAEM and established a system to decrease the warning shots they fired.

Dialogue with the Peruvian authorities focused on encouraging them to adopt a holistic response to the needs of people who had either left PCP-M camps or had been rescued from them, and to facilitate access to basic services in the VRAEM. The MoWVP drafted a protocol for addressing these needs; however the protocol covered only minors and their adult relatives who had either left PCP-M camps or had been rescued from them – leaving out adults who had left the camps without minor relatives and others affected by the violence in the VRAEM.

In Ecuador, the ICRC shared with high-level officials the humanitarian problems it had identified at the border with Colombia and urged them to address these issues (see *Actors of influence*).



## Violence-affected people learn self-protection mechanisms

With ICRC support, the Peruvian Health Ministry tackled the findings of a 2013 evaluation of the security and working conditions of health staff in the VRAEM. It created a working group to draft material on health staff's rights and responsibilities, measures for self-protection and the proper use of the emblem by health workers and on vehicles/buildings. At 11 workshops on promoting safe health care, 288 health staff shared their experiences and learnt to mitigate the risks to themselves.

In Ecuador's violence-stricken Esmeraldas province, 349 students and 67 teachers discussed how they could protect themselves from violence; at risk-education sessions, 70 people from the VRAEM learnt about safe practices in weapon-contaminated areas.

## Isolated communities in the VRAEM gain better access to essential services

In the Ayacucho and Junín regions, 1,110 people from two communities acquired a reliable source of clean water after the communities constructed water-supply facilities with ICRC funding. Washrooms were built and classrooms refurbished at seven schools, benefiting 367 students.

In the Mazángaro valley, some 480 people from six isolated communities gained better access to their fields and a health facility and faced less difficulty in transporting food, because of the ICRC-supported construction of a pedestrian bridge.

Around 200 staff at 41 health posts serving 41,000 people throughout the VRAEM were better equipped to promote healthy/hygienic habits after ICRC training.

Especially vulnerable people received some direct assistance – such as food, essential household/hygiene items, or cash/vouchers with which these supplies could be purchased. Among these beneficiaries

were people who had been rescued from or left PCP-M camps, wounded civilians, IDPs, orphans, people at the Colombia-Ecuador border, and, at the request of the Peruvian Foreign Affairs Ministry, Iraqi and Syrian refugees.

A preliminary evaluation of the cacao livelihood project, which concluded in 2013 and aimed at improving employment prospects for two communities in Ecuador's Sucumbíos province, found that the results were mixed: some households began cultivating their plants, but others had difficulty in doing so. These findings guided the design of a comprehensive evaluation set for 2015 and the planning of future activities.

## Disabled people in Bolivia fitted with mobility aids

In the VRAEM, seventy military doctors and ten doctors from the Health Ministry enriched their knowledge of weapon-wound treatment, with the help of ICRC training.

In Bolivia, 29 destitute people with disabilities were fitted with prosthetic/orthotic devices through the Bolivian Institute for Rehabilitation, in coordination with the ICRC Special Fund for the Disabled. The teams responsible for selecting these patients attended training courses to help them carry out their duties. The ICRC visited a number of people in hospital, including police officers wounded during situations of violence. Planned first-aid training for local organizations was cancelled after unsuccessful attempts to raise interest in these activities.

## Hundreds of relatives of missing persons travel to exhumation sites to identify remains

The three countries' authorities were encouraged by the ICRC and their respective National Societies to step up efforts to ascertain the fate of missing people, and to incorporate human remains management and family-links services in their national risk management programmes. In Peru, the authorities were urged to address the issue

CIVILIANS	BOLIVIA	ECUADOR	PERU
<b>Red Cross messages (RCMs)</b>			
RCMs collected			4
RCMs distributed	1		4
Phone calls facilitated between family members			5
<b>Tracing requests, including cases of missing persons</b>			
People for whom a tracing request was newly registered		9	
<i>of whom women</i>		1	
<i>of whom minors at the time of disappearance - girls</i>		2	
<i>of whom minors at the time of disappearance - boys</i>		1	
Tracing cases still being handled at the end of the reporting period (people)		12	
<i>of whom minors at the time of disappearance - girls</i>		1	
<i>of whom minors at the time of disappearance - boys</i>		1	
<i>including people for whom tracing requests were registered by another delegation</i>		1	

CIVILIANS	BOLIVIA	ECUADOR	PERU
<b>Economic security, water and habitat</b>			
Food commodities	Beneficiaries	27	63
Productive inputs	Beneficiaries	30	
Cash	Beneficiaries	19	590
Vouchers	Beneficiaries		30
Work, services and training	Beneficiaries	2	
Water and habitat activities	Beneficiaries	2,155	



of people who had gone missing during the 1980-2000 conflict (see *Actors of influence*). Bolivian, Ecuadorian and Peruvian forensic experts attended national/international courses.

The Legal Medicine Institute in Peru and, to a lesser extent, the National Institute of Forensic Medicine in Bolivia received technical assistance for strengthening their human remains management capacities. Maintenance work was carried out on the La Paz morgue in Bolivia.

With ICRC assistance, an NGO in Peru helped the authorities streamline their reparations policy for the relatives of missing persons. A families' association in Ayacucho worked with the ICRC to improve its management system; they also began refurbishing their memorial museum.

In Peru, 570 relatives of missing persons travelled to exhumation sites, helped identify their family members' remains and collected these as appropriate, with ICRC financial assistance. During particularly difficult stages of this process, these relatives were offered psychosocial support by health workers, over 100 of whom had received ICRC training. Some people travelling to claim their relatives' remains were provided with accommodation by the Peruvian Red Cross's Ayacucho branch. The families of around 130 missing persons received some material assistance from the authorities, partly because of the advocacy efforts of the ICRC and others working in this field.

With financial and practical backing from the ICRC, the Peruvian Legal Medicine Institute organized a traveling exhibition of personal effects found with unidentified remains, in order to reach more families who might be able to identify their relatives.

One family in Ecuador identified and received the remains of a relative killed in the fighting along the northern border.

## PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees – including those held on security-related charges – in Bolivia, Ecuador and Peru received visits according to the ICRC's standard procedures. Their treatment and living conditions were monitored; on this basis, the authorities received confidential feedback and recommendations.

In Bolivia and Peru, detainees contacted their relatives using ICRC family-links services. They were mainly 146 people held far from their homes – 144 in Bolivia and 2 in Peru – who received visits from relatives. Several former detainees had the ICRC cover their expenses in returning home.

### Thousands of detainees in Bolivia have better living conditions after infrastructural upgrades

Some 4,800 detainees in Bolivia saw improved conditions, thanks to ICRC construction projects. These included repaired cooking facilities at the Palmasola prison, a rehabilitated health post at the San Pedro prison and newly constructed sports and carpentry areas at the Chonchocoro prison.

Throughout the region, thousands of detainees, as well as dozens of penitentiary staff, received household, hygiene and/or recreational/educational items to ease their time in detention. Notably, ICRC-donated supplies helped 259 children living with their parents at two prisons in Bolivia keep up with their studies.

### Penitentiary staff learn best practices in prison management, train to become instructors

In the three countries covered, ICRC cooperation with the authorities centred on building capacities to ensure good prison practices in the long term. At over half of Peru's prisons, ICRC-trained instructors from the National Penitentiary Institute (INPE) conducted a total of 73 courses for future trainers on prison management; a local ICRC-supported NGO held 34 similar

PEOPLE DEPRIVED OF THEIR FREEDOM		BOLIVIA	ECUADOR	PERU
<b>ICRC visits</b>				
Detainees visited		9,586	11	665
	<i>of whom women</i>	575	1	71
	<i>of whom minors</i>	145		
Detainees visited and monitored individually		12	11	249
	<i>of whom women</i>		1	69
Detainees newly registered		1	8	53
	<i>of whom women</i>		1	12
Number of visits carried out		25	7	20
Number of places of detention visited		9	6	10
<b>Restoring family links</b>				
RCMs collected		1		2
RCMs distributed				3
Detainees visited by their relatives with ICRC/National Society support		2		144
People to whom a detention attestation was issued				3

PEOPLE DEPRIVED OF THEIR FREEDOM		BOLIVIA	ECUADOR	PERU
<b>Economic security, water and habitat</b>				
Food commodities	Beneficiaries	1		
Productive inputs	Beneficiaries	724		
Cash	Beneficiaries	1		14
Water and habitat activities	Beneficiaries	4,800		

sessions. In Ecuador, future instructors learnt how to conduct dissemination sessions. Fifty Bolivian prison officials and police officers working in prisons began a four-month programme on prison management and human rights that had been developed with ICRC assistance.

The Ecuadorian authorities drew on ICRC advice to finalize their human rights manual – to be used as the basis for future training courses on good penitentiary practices.

In Peru, preventive detention and its link to overcrowding received attention. Some 240 public defenders were trained to deal with cases of detainees held in pre-trial detention, which helped increase the likelihood of such detainees receiving timely legal assistance. Over 100 judges participated in discussions with the Judicial Research Centre on preventive detention; 50 senior officials, as well as NGO representatives, brainstormed ways to address overcrowding during a round-table organized by the INPE and the ICRC.

Plans to hold training sessions concerning penitentiary benefits in Peru were put on hold, as the authorities had to clarify the applicable legislation. A working group, which included the ICRC, was created by the Justice Ministry, and began tackling the matter. The authorities also received financial assistance for drafting a protocol on the treatment of women detainees in line with applicable international norms.

#### **Prison health staff, detainees learn more about health in detention and first aid**

In Peru, the central prison health authorities disseminated their protocols on managing HIV/AIDS and TB throughout the prison system. They received financial/material support for following up on the programme in 14 prisons and supervising its national implementation. Penitentiary health staff at eight prisons learnt more about health insurance for detainees.

In Bolivia, the prison authorities organized a course for 30 health staff, helping them further their understanding of medical care for detainees. Through courses run by the Bolivian Red Cross, 40 detainees at the Palmasola prison learnt basic first aid, enabling them to support the health workers at that facility. Several detainees who had been injured during a riot received medical assistance.

### **ACTORS OF INFLUENCE**

#### **Authorities commit to addressing the humanitarian consequences of violence**

The authorities engaged with the ICRC on ways to reduce the humanitarian consequences of conflict or other situations of violence, particularly in Ecuador and Peru (see *Civilians*).

In Ecuador, following through on dialogue with the Foreign Affairs Ministry on improving the living conditions of Colombians living along the border, members of parliament met with the ICRC to discuss the coverage of Colombians without refugee status in a bill on people's right to mobility, and the protection and assistance due to specific groups of people on the move. The Foreign Affairs and Health Ministries agreed on a proposal to enhance the legislation on the Movement's emblems; the Defence Ministry reiterated the armed forces' commitment to respecting IHL in its operations and to incorporating matters related to IHL and human rights in its three-year agenda.

With ICRC support, Peru's Justice Ministry drafted a bill for clarifying the fate of missing persons and expanding the assistance given to their relatives. The OAS approved a draft resolution, submitted by the Peruvian authorities, on the same issues.

#### **Bolivia and Ecuador publish guides on IHL and other norms applicable to military/law enforcement operations**

Throughout the region, military/police forces, including crowd-control officers, learnt more about international norms applicable to the use of force. They included 200 police officers in Ecuador; in line with an action plan signed by the authorities concerned and the ICRC, 180 riot control officers in Bolivia; and 57 military officers in the VRAEM. Seven officers pursued further studies in France.

During a seminar in Ecuador, senior police officers from the region discussed their experiences in connection with the application of human rights norms during operations to maintain public order. UNASUR, in conjunction with the Peruvian armed forces and the ICRC, organized its first regional course on IHL and international human rights law.

The Ecuadorian Interior Ministry approved a set of internal rules, in line with applicable law/norms, on the use of force by the police; the Peruvian Interior Ministry established a commission to draft a bill on the same subject.

The authorities endeavoured to build local capacities to instruct armed/police officers on these rules: 320 military officers in Bolivia underwent training courses for future instructors, while the Peruvian police authorities organized train-the-trainer sessions focusing on international norms applicable to the use of force.

Bolivia and Ecuador published handbooks on IHL and other international norms that govern military/law enforcement operations. The Ecuadorian armed forces also began to update a handbook for military personnel on the northern border, particularly the sections on the detention of foreign citizens and the occupation/requisition of civilian property.

#### **Region's national IHL committees organize events to promote IHL**

Lawmakers and government officials learnt more about IHL and the ICRC during dissemination and training sessions. The three countries' national IHL committees – including the Bolivian committee, which had been inactive for several years – held courses locally. The national authorities also conducted such sessions with the help of the ICRC: in Bolivia, Justice Ministry officials added to their knowledge of the International Criminal Court and international criminal law; Peruvian judges and advisers gained keener insight into IHL and other applicable norms during a session put together by the country's constitutional court.

State representatives participated in international events, particularly those linked to the "Strengthening IHL" process and held in Geneva, Switzerland (see *International law and policy*).

Interviews, press releases, workshops and other communication efforts helped develop a network of journalists, members of the international community and other opinion leaders, which kept select audiences and the wider public abreast of key humanitarian concerns and the ICRC's activities – in Peru, for example, these included

two Health Ministry-produced radio spots on the Health Care in Danger project and ICRC newsletters to the VRAEM's authorities.

Ecuadorian and Peruvian university students put their IHL skills to the test during moot court competitions.

## RED CROSS AND RED CRESCENT MOVEMENT

With ICRC support, the region's National Societies strengthened their capacities to respond to emergencies, including those taking place during situations of violence. The National Societies organized courses on the Safer Access Framework and family-links services. The Ecuadorian Red Cross received support for conducting training sessions on first aid, hygiene and waste management, and disaster response. The Bolivian Red Cross received assistance

in identifying the areas in which its basic training course had to be updated; its volunteers attended courses on basic first aid and psychosocial support.

The Peruvian Red Cross approved new statutes in line with the recommendations of the Movement's Joint Statutes Commission.

The National Societies' humanitarian activities (see above) were often carried out in cooperation with Movement partners. They also worked with the ICRC to persuade their respective governments to ensure protection for the Movement's emblems.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>Red Cross messages (RCMs)</b>			<b>UAMs/SCs*</b>		
RCMs collected		4			
RCMs distributed		5			
Phone calls facilitated between family members		5			
<b>Tracing requests, including cases of missing persons</b>			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered		9	1	2	1
Tracing cases still being handled at the end of the reporting period (people)		12		1	1
	<i>including people for whom tracing requests were registered by another delegation</i>	1			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>					
<b>ICRC visits</b>			<b>Women</b>	<b>Minors</b>	
Detainees visited		10,262	647	145	
			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually		272	70		
Detainees newly registered		62	13		
Number of visits carried out		52			
Number of places of detention visited		25			
<b>Restoring family links</b>					
RCMs collected		3			
RCMs distributed		3			
Detainees visited by their relatives with ICRC/National Society support		146			
People to whom a detention attestation was issued		3			

\* Unaccompanied minors/separated children

ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Food commodities	Beneficiaries	90	15%	60%
	<i>of whom IDPs</i>	23		
Essential household items	Beneficiaries	250	4%	
Productive inputs	Beneficiaries	30	2%	
Cash	Beneficiaries	619	57%	2%
	<i>of whom IDPs</i>	1		
Vouchers	Beneficiaries	30	43%	10%
	<i>of whom IDPs</i>	20		
Work, services and training	Beneficiaries	2		
Water and habitat activities	Beneficiaries	2,155	35%	35%
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection programme)</b>				
Food commodities	Beneficiaries	1		
Essential household items	Beneficiaries	15,800		
Productive inputs	Beneficiaries	724		
Cash	Beneficiaries	15		
Water and habitat activities	Beneficiaries	4,800		

# MEXICO CITY (regional)

COVERING: Costa Rica, Cuba, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama



The Mexico delegation opened in 1998, becoming a regional delegation in 2002. It helps the region's National Societies strengthen their capacities and works with them to address the most urgent humanitarian needs of persons affected by organized violence and of vulnerable migrants; monitors detainees' conditions; and endeavours to ascertain the fate of missing persons. It helps integrate IHL into armed forces' doctrine and into academic curricula, and human rights norms applicable to the use of force into the doctrine, training and operations of security forces. The delegation hosts the regional advisory service on IHL.

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

**MEDIUM**

## KEY RESULTS/CONSTRAINTS

In 2014:

- ▶ vulnerable migrants eased their journey with the help of improved water, sanitation and health-care facilities, as well as family-links services, provided at ICRC-supported centres in Guatemala, Honduras and Mexico
- ▶ in El Salvador, Guatemala, Honduras and Mexico, 60 families of missing migrants coped with their uncertainty through accompaniment projects conducted by the respective National Society and the ICRC
- ▶ detainees in El Salvador and Honduras benefited from improved sleeping, water and sanitation facilities, and at 1 prison in Honduras, from a refurbished electrical network that reduced fire hazards
- ▶ some 7,500 security personnel regionwide furthered their understanding of internationally recognized standards on law enforcement, while 120 senior police instructors received teacher training in the topic
- ▶ with the government having adopted regulations to implement the law on the use of the red cross emblem, the Mexican Red Cross, supported by the ICRC, launched a countrywide campaign to promote the law

EXPENDITURE (in KCHF)	
Protection	6,796
Assistance	5,009
Prevention	2,675
Cooperation with National Societies	1,005
General	-

**15,485**

of which: Overheads 945

IMPLEMENTATION RATE	
Expenditure/yearly budget	<b>94%</b>

PERSONNEL	
Mobile staff	32
Resident staff (daily workers not included)	106

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
Red Cross messages (RCMs)	
RCMs distributed	10
Phone calls facilitated between family members	20,251
People located (tracing cases closed positively)	3
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
ICRC visits	
Detainees visited	30,885
Detainees visited and monitored individually	89
Number of visits carried out	139
Number of places of detention visited	51
Restoring family links	
RCMs collected	15
Phone calls made to families to inform them of the whereabouts of a detained relative	1

ASSISTANCE	2014 Targets (up to)	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme) <sup>1</sup>		
Cash	Beneficiaries	386
Water and habitat activities	Beneficiaries	47,135
Health	Structures	23
<b>WOUNDED AND SICK</b>		
Physical rehabilitation		
Centres supported	Structures	8
Patients receiving services	Patients	150
		8,450

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

## CONTEXT

National elections in Costa Rica, El Salvador, Honduras and Panama were held without incident; nevertheless, violence persisted throughout the region, resulting in a range of humanitarian consequences. The armed forces continued to be deployed alongside police personnel to maintain law and order in several countries.

Armed confrontations occurred with increased intensity between Mexican cartels and its allied groups, and security forces and, in some regions, local community militias. Heightened violence was observed in El Salvador and the truce between the two main gangs deteriorated.

The effects of the land dispute in the Bajo Aguán region of Honduras continued to be felt; in the Darién region of Panama, bordering Colombia, people had little access to basic services.

Cuba continued to host peace talks between the Colombian government and the Revolutionary Armed Forces of Colombia – People's Army (see *Colombia*).

Migrants heading for/being deported from the United States of America (hereafter US) remained at risk of abduction, physical injury, disappearance, death and other dangers along their route. The number of those apprehended at the US border rose, as did the proportion among them of the most vulnerable groups, such as women and children.

Families throughout the region continued to seek information about relatives who went missing during past armed conflicts, armed violence, migration or natural disasters.

## ICRC ACTION AND RESULTS

In cooperation with the region's National Societies and other Movement partners, the ICRC continued to focus on responding to the humanitarian consequences of armed violence. It also supported the various efforts by National Societies and other local partners to provide orientation sessions, temporary shelter facilities and health-care and family-links services for vulnerable migrants. An American Red Cross/ICRC field report on the consequences of certain deportation/repatriation practices was submitted to the US authorities.

Initiatives to facilitate the search for and identification of missing persons, including migrants, continued. These made some headway in Guatemala and Mexico, with government approval being given for the use of the ICRC's ante/post-mortem data-management software. Efforts to clarify the fate of people who went missing during past conflicts made little progress. To help the families of missing persons deal with their difficulties, the National Society concerned and/or the ICRC began accompaniment projects and trained Guatemalan and Mexican professionals in providing psychosocial support. An ICRC regional assessment of the needs of missing migrants' families was pending submission to the authorities of four countries.

In violence-affected areas in five countries, the ICRC continued to implement multidisciplinary projects that helped people cope with the humanitarian consequences of armed violence. Community members benefited from health-care services, such as psychological assistance, as well as improvements to drinking-water facilities.

Besides disseminating key messages of the Health Care in Danger project, the ICRC continued to facilitate training for health personnel in treating weapon-related injuries. Disabled persons, including migrants, received physical rehabilitation services at ICRC-supported facilities, as well as financial support for treatment and referrals to specialized care.

The ICRC visited, according to its standard procedures, detainees in El Salvador, Honduras, Mexico and Panama, and migrants at retention centres in Mexico. Confidential feedback, multidisciplinary evaluations and sponsorship to attend workshops encouraged the authorities concerned to improve detainees' treatment and living conditions. The ICRC provided structural and/or technical support for the penitentiary authorities in El Salvador and Honduras, which helped improve detainees' living conditions, and, in Honduras, enhanced safety measures at one prison and increased prison directors' preparedness in the event of fire.

At both national and regional levels, the ICRC drew the attention of policy-makers and other parties concerned to the importance of respecting IHL and internationally recognized standards for the use of force, for instance, through workshops for police/military officers and trainers. The results were reflected in the efforts by the Central American Integration System (SICA) to draw up a regional framework for the use of force, and in the Mexican authorities' drafting of a similar framework at the federal level, as well as in El Salvador's and Panama's ratification of the Arms Trade Treaty.

With ICRC support, National Societies developed contingency plans and reinforced the emergency response capacities of their personnel. They also strengthened their legal bases and their response to the psychosocial needs of violence-affected people.

## CIVILIANS

The concerns of migrants and violence-affected people, including the families of missing persons, remained a major theme of the ICRC's dialogue with the authorities. Instances of obstructing the safe provision of health care were discussed with non-State armed actors in El Salvador.

In line with the objectives of the Health Care in Danger project, workshops/seminars helped parties concerned in Mexico's health sector acquire a firmer grasp of their rights/duties and/or mobilized their support for protecting medical services. University of Guerrero's medical faculty included the subject in their curriculum; other academic institutions were encouraged to do the same.

### Migrants meet their basic needs while in transit

At key points along their routes in Guatemala, Honduras or Mexico, vulnerable migrants benefited from orientation sessions and assistance at centres run by the pertinent authorities, civil society actors and National Societies with ICRC support. Unaccompanied child migrants in Honduras were given hygiene kits and food.

Some 24,000 migrants received first aid and/or basic medical care at seven Mexican Red Cross/ICRC health facilities; approximately 5,000 repatriated migrants in Guatemala and around 24,000 migrants in Honduras received similar services. ICRC-provided equipment at centres in the three countries, as well as National Society training for staff at Mexican centres, helped enhance first-aid capacities.

Over 62,000 people received potable water at National Society-run facilities. Renovations at other centres, including three govern-



ment-run shelters in Mexico housing some 360 people a day, enabled migrants to benefit from improved water, sanitation and sleeping facilities. Informational posters at centres in Honduras and Mexico reminded migrants to maintain their hygiene.

Migrants staying at four Mexican Red Cross assistance points made a total of 2,828 phone calls to their families. At the ICRC's suggestion, a private company installed payphones at 10 shelters, enabling migrants staying in these facilities to make 3,300 calls to relatives using ICRC-distributed phone cards; those in Guatemala and Honduras did the same with the help of ICRC-funded phone services. Over 240 unaccompanied migrant children who had been deported from Mexico and temporarily accommodated in two transit shelters in Guatemala were reunited with their families, with National Society support and ICRC financial input. Approximately 1,100 vulnerable deportees at the shelters in Guatemala and Honduras received assistance to travel home.

To facilitate their social and economic reintegration, disabled migrants received psychological support and referrals to rehabilitative care (see *Wounded and sick*). In Honduras, 20 disabled migrants earned additional income through microeconomic initiatives.

The US Department of Homeland Security received a report on the humanitarian consequences of deportation/repatriation practices, based on the findings of American Red Cross/ICRC field missions in northern Mexico (see *Washington*). An assessment of the effects of Mexico's deportation policies on Honduras and Guatemala commenced.

### Families of missing migrants cope with their uncertainty

Initiatives continued to help improve the search for missing persons in El Salvador, Guatemala, Honduras and Mexico. Migration and child-protection authorities in Mexico, as well as the Jesuit Migrant Service, worked with the ICRC to improve procedures for tracing missing migrants; dialogue with parties concerned on creating a network to trace these migrants got under way. The American and Mexican National Societies and the ICRC identified ways to expand family-tracing activities along the Mexico-US border.

Specialists participated in ICRC training/seminars in ante/post-mortem data collection and identification. Guatemalan forensic experts, in partnership with ICRC-trained staff from 14 local NGOs, consolidated data on missing persons and possible gravesites. Mexico's Office of the Attorney-General approved the

use of the ICRC's ante/post-mortem data-management software in all 31 states and the Federal District; its Guatemalan counterpart implemented the software and trained its staff in its use. In Mexico, the Interior Ministry and the ICRC endeavoured, within the framework of a cooperation agreement, to revive a working group on missing persons.

With the help of technical advice/training, staff from organizations in Guatemala collected and centralized records of missing persons from the past conflict; however, human resources constraints held up the mapping of burial sites. ICRC efforts to facilitate the search for people who went missing during past conflicts in El Salvador and Panama made no progress.

The results of a regional assessment of the needs of missing migrants' families were shared with the families concerned before a report on the subject was presented to the Guatemalan, Honduran, Mexican and Salvadoran authorities. Accompaniment projects managed by the National Societies/ICRC helped 60 of these families ease their distress. People working with the families of missing persons in Guatemala and Mexico were trained in psychosocial support.

### Violence-affected communities obtain health services

Through community-based projects, residents of violence-prone urban and rural areas strengthened their ability to cope with the humanitarian consequences of armed violence. These projects used an approach that combined emergency response, livelihood training and psychological assistance.

In Honduras and Mexico, local educational authorities incorporated material about the humanitarian consequences of violence into the curricula of some schools. Around 7,500 students and teachers from 20 primary schools in five regions of Honduras familiarized themselves with self-protective measures to use in emergencies.

In El Salvador, Guatemala and Honduras, some 25,860 inhabitants of urban areas benefited directly or indirectly from first aid, psychosocial assistance and vocational training provided by National Societies with support from Movement partners. In Ciudad Juárez, Mexico, residents, including victims of sexual violence, received psychological first aid from 70 ICRC-trained teachers. Some 2,400 people there and those in another city had access to improved recreational and medical facilities.

CIVILIANS	EL SALVADOR	GUATEMALA	HONDURAS	MEXICO	PANAMA
<b>Red Cross messages (RCMs)</b>					
RCMs distributed	1	4	5		
Phone calls facilitated between family members		5,688	8,416	6,128	19
<b>Tracing requests, including cases of missing persons</b>					
People for whom a tracing request was newly registered	13	1	2	5	
<i>of whom women</i>	1			1	
<i>of whom minors at the time of disappearance - girls</i>	2				
<i>of whom minors at the time of disappearance - boys</i>	7			1	
People located (tracing cases closed positively)				3	
Tracing cases still being handled at the end of the reporting period (people)	16	1	2	10	1
<i>of whom women</i>	3				
<i>of whom minors at the time of disappearance - girls</i>	2			1	
<i>of whom minors at the time of disappearance - boys</i>	7				
<b>UAMs/SCs*, including unaccompanied demobilized child soldiers</b>					
UAM/SC cases still being handled at the end of the reporting period				1	

\* Unaccompanied minors/separated children

Thanks to a National Society/ICRC project, over 3,600 people in six vulnerable communities in the Bajo Aguán region of Honduras had access to primary-health-care services. Approximately 1,000 people from the Marañones community benefited from the construction of a community health centre, which provided an average of 25 consultations per day. Improvements to water distribution systems gave 1,839 people in three communities access to potable water.

In Darién, Panama, over 1,100 people improved their hygiene practices and 1,232 were given medical consultations during a Health Ministry/ICRC campaign. With the Education Ministry's support, 18 teachers were trained to disseminate public-health messages. A new spring-water-collection system gave some 180 people in two communities access to potable water. Some 570 people in three communities stood to benefit from improved health services with the construction of a health post.

## PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees in El Salvador, Honduras, Mexico and Panama received visits, in accordance with standard ICRC procedures, from ICRC delegates. They included people held in connection with conflict/violence, migrants at 12 retention centres in Mexico, and North Korean sailors detained in Panama. Recommendations/reports submitted confidentially gave encouragement and guidance to detention authorities, such as the National Migration Institute in Mexico, for improving detainees' treatment and living conditions. Salvadoran officials received an ICRC evaluation of their prison system, including health-care services; a similar report was pending submission to the Honduran authorities.

Honduran and Salvadoran officials furthered their understanding of internationally recognized prison management practices at a regional course held by the International Centre for Prison Studies/ICRC. Through dialogue and participation in various fora, the ICRC mobilized international organizations/the diplomatic community to provide support for the region's prison authorities. One embassy funded the construction of a bakery in a Salvadoran prison, enabling 130 inmates to gain employable skills they could use after their release.

Through RCMs and phone calls, 10 migrants detained in Mexico re-established contact with their families in El Salvador, Guatemala and Honduras after several years of not being in touch.

### Honduran prison directors take steps to reduce the risk of fire in detention facilities

Some 20,190 detainees at 17 prisons and police stations in El Salvador benefited from improved living conditions following

the provision of hygiene items and bunk beds and the renovation/construction of water systems, floors and roofs. In support of government efforts to address problems in detention facilities, 14 specialists charged with designing new prisons learnt, at training sessions, about public-health issues in penitentiary settings.

In Honduras, 1,639 detainees at six prisons, among them 272 women, had access to upgraded water/sanitation facilities; one result of this was more water daily for detainees at some of these prisons. Some of these detainees also received instruction in proper waste management. At the Nacaome prison, the electrical network was refurbished and the presence of combustible materials reduced as much as possible. This made the environment safer for 303 detainees, who were also trained in preventing/responding to fires. During a seminar organized with the national fire department, all 24 prison directors learnt more about implementing fire-prevention measures and drafting contingency plans.

In Mexico, 25 staff members from retention centres participated in training in public health and psychosocial support and detainees at one prison benefited from the improvement in services at a clinic upgraded by the ICRC. The provision of wheelchairs helped vulnerable detainees in El Salvador and Mexico regain their mobility.

## WOUNDED AND SICK

### Health personnel bolster their skills in weapon-wound management

At seminars in Guatemala and Mexico, over 1,000 health workers honed their skills in pre-hospital care and surgical treatment of weapon-related injuries. These subjects were also discussed at the Second Latin American Surgical Conference, attended by 279 health professionals from the region and organized by the Mexican Academy of Surgery, the Honduran Surgical Association, the Honduran Red Cross and the ICRC. The Mexican Academy of Surgery promoted the inclusion of these subjects in the curricula of three medical schools.

The Mexican Red Cross organized a second seminar on psychosocial programmes for emergencies, where 18 of its mental-health specialists enhanced their technical skills. ICRC training sessions, some organized with the Guatemalan and Mexican National Societies, enabled Guatemalan, Honduran and Mexican Red Cross volunteers and Mexican Federal Police personnel to manage stress after traumatic events.

Over 8,400 disabled persons, including disabled migrants, in El Salvador, Guatemala, Honduras and Mexico regained their mobility

CIVILIANS		GUATEMALA	HONDURAS	MEXICO	PANAMA
Economic security, water and habitat <sup>1</sup>					
Cash	Beneficiaries	386			
Water and habitat activities	Beneficiaries	5,878	24,627	39,599	1,310
Health					
Health centres supported	Structures	1	7	7	8
Average catchment population		10,000	23,942	55,000	2,340
Consultations	Patients	153	4,696	23,707	1,409
	<i>of which curative</i>	153	4,456	23,685	1,345
	<i>of which ante/post-natal</i>		240	22	64
Immunizations	Doses		95		878
	<i>of which for children aged five or under</i>		89		435
Referrals to a second level of care	Patients	7	57	47	4
Health education	Sessions		99	106	11

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

at eight ICRC-supported centres that provided prostheses/orthoses and physiotherapy. To enhance these centres' services, physiotherapists and technicians underwent further training. Use of a cost calculation tool improved the management of three of the centres.

## ACTORS OF INFLUENCE

ICRC technical input and organization of/participation in events, encouraged regional bodies, government institutions and security forces to promote and ensure respect for IHL and internationally recognized standards on the use of force and to sustain dialogue on issues of common concern.

Along with the adoption of various resolutions on humanitarian issues by the General Assembly of the Organization of American States (see *Washington*), the Inter-American Institute of Human Rights co-organized a training session with the ICRC where Inter-American Court of Human Rights lawyers learnt more about best practices in forensic science.

SICA continued to work on a draft regional framework for regulating the use of force.

### Two States ratify the Arms Trade Treaty

Mexico adopted regulations to implement its law on the use of the red cross emblem. It also hosted the Second Intergovernmental Conference on the Humanitarian Impact of Nuclear Weapons; representatives from 21 National Societies, as well as other Movement partners, attended.

The Cuban National Conference on Public International Law included IHL within its scope and hosted an ICRC presentation.

El Salvador and Panama ratified the Arms Trade Treaty.

### Senior police officers undergo training to teach standards for the use of force

Through training courses and workshops, nearly 7,500 police and military personnel regionwide familiarized themselves with inter-

nationally recognized standards for the use of force. Some 120 senior police officers from El Salvador, Honduras, Mexico and Panama attended train-the-trainer sessions in this regard. The Conference of Central American Armed Forces/ICRC organized seminars on cultural property and IHL for Guatemalan and Salvadoran troops.

Dialogue with Mexico's Interior Ministry focused on the drafting of a federal law regulating the use of force; at the ministry's request, the ICRC organized a meeting of senior representatives from four federal agencies involved in implementing existing regulations. Local authorities in Chiapas and Guerrero states received technical support for applying international standards for the use of force.

Guatemala's Defence Ministry and the ICRC signed a cooperation agreement on disseminating/implementing IHL and international human rights law. With ICRC technical assistance, the Honduran National Police continued to work on similar matters; a law on the use of force was drafted.

National Society/ICRC conferences on specific subjects, informational materials and/or articles and interviews for print and social media helped increase awareness of the Movement and of humanitarian issues, particularly in relation to the violence in the region. Staff from local institutions and Movement partners underwent training to help ensure effective communication while working in tension-prone areas.

No activities with academic circles were developed owing to other priorities.

## RED CROSS AND RED CRESCENT MOVEMENT

### Mexican Red Cross promotes the proper use of the emblem after the adoption of a new law

The National Societies of El Salvador, Guatemala, Honduras, Mexico and Panama, supported by Movement partners, continued to respond to emergencies and to the needs of vulnerable migrants and resident communities (see *Civilians*).

PEOPLE DEPRIVED OF THEIR FREEDOM		EL SALVADOR	HONDURAS	MEXICO	PANAMA
<b>ICRC visits</b>					
Detainees visited		20,813	6,572	3,445	55
	<i>of whom women</i>	2,143	328	792	
	<i>of whom minors</i>	130	32	403	
Detainees visited and monitored individually			6	28	55
	<i>of whom women</i>			2	
Detainees newly registered			5	15	8
	<i>of whom women</i>			1	
Number of visits carried out		77	23	31	8
Number of places of detention visited		17	12	19	3
<b>Restoring family links</b>					
RCMs collected		3	1	10	1
Phone calls made to families to inform them of the whereabouts of a detained relative				1	
Detainees visited by their relatives with ICRC/National Society support			1	11	7

PEOPLE DEPRIVED OF THEIR FREEDOM		EL SALVADOR	HONDURAS	MEXICO	PANAMA
<b>Economic security, water and habitat</b>					
Food commodities	Beneficiaries				35
Essential household items	Beneficiaries	1,121		3	5
Water and habitat activities	Beneficiaries	20,188	1,639		

Twenty-eight Cuban health personnel and six staff members from the Colombian and Costa Rican National Societies boosted their emergency response capacities during a Health Emergencies in Large Populations course organized by the Cuban Red Cross, the Latin American Centre for Disaster Medicine and the ICRC. Training in the Safer Access Framework enabled National Society volunteers in Costa Rica, El Salvador, Guatemala, Honduras, Mexico and Panama to build up the same capacities. The Honduran, Panamanian and Salvadoran National Societies developed contingency plans in preparation for national elections.

To enhance their abilities to provide and coordinate family-links services, 84 National Society volunteers in the countries covered underwent training and representatives from 12 National Societies in the region shared best practices at the annual restoring family-links meeting in Panama.

The Guatemalan, Honduran, Panamanian and Salvadoran National Societies continued to review their statutes, with a view to strengthening their legal bases. Following the adoption of a law on the use of the red cross emblem (see *Actors of influence*), the Mexican Red Cross, with ICRC technical advice, launched a countrywide campaign to promote it.

In line with its cooperation agreement with the ICRC, the Mexican Red Cross co-hosted a regional meeting of Latin American and Caribbean National Societies, at which participants reviewed the implementation of their plans of action and of the resolutions adopted at the 2011 Council of Delegates.

WOUNDED AND SICK		EL SALVADOR <sup>1</sup>	GUATEMALA	HONDURAS	MEXICO
<b>Physical rehabilitation</b>					
Centres supported	Structures		3	3	2
Patients receiving services	Patients	23	7,285	1,106	36
	<i>of whom women</i>	3	44	162	2
	<i>of whom children</i>		423	442	2
New patients fitted with prostheses	Patients	8	49	58	10
	<i>of whom women</i>		3	11	1
	<i>of whom children</i>		20	1	1
Prostheses delivered	Units	8	90	129	12
	<i>of which for women</i>		5	20	1
	<i>of which for children</i>		20	7	1
	<i>of which for victims of mines or explosive remnants of war</i>		29		
New patients fitted with orthoses	Patients		500	250	
	<i>of whom women</i>		32	49	
	<i>of whom children</i>		456	141	
Orthoses delivered	Units		680	348	
	<i>of which for women</i>		38	28	
	<i>of which for children</i>		599	270	
	<i>of which for victims of mines or explosive remnants of war</i>		16		
Patients receiving physiotherapy	Patients		79	3,614	
Crutches delivered	Units		2	84	5
Wheelchairs delivered	Units			13	1

1. Subsidized patients

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>Red Cross messages (RCMs)</b>			UAMs/SCs*		
RCMs distributed		10			
Phone calls facilitated between family members		20,251			
<b>Tracing requests, including cases of missing persons</b>			Women	Girls	Boys
People for whom a tracing request was newly registered		21	2	2	8
People located (tracing cases closed positively)		3			
Tracing cases still being handled at the end of the reporting period (people)		30	3	3	7
<b>UAMs/SCs*, including unaccompanied demobilized child soldiers</b>			Girls		Demobilized children
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		1			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)<sup>1</sup></b>					
<b>ICRC visits</b>			Women	Minors	
Detainees visited		30,885	3,263	565	
			Women	Girls	Boys
Detainees visited and monitored individually		89	2		
Detainees newly registered		28	1		
Number of visits carried out		139			
Number of places of detention visited		51			
<b>Restoring family links</b>					
RCMs collected		15			
Phone calls made to families to inform them of the whereabouts of a detained relative		1			
Detainees visited by their relatives with ICRC/National Society support		19			

\* Unaccompanied minors/separated children

1. El Salvador, Honduras, Mexico, Panama

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)<sup>1</sup></b>				
Cash <sup>2</sup>	Beneficiaries	386	16%	68%
Water and habitat activities <sup>3</sup>	Beneficiaries	71,414	11%	7%
<b>Health<sup>4</sup></b>				
Health centres supported	Structures	23		
Average catchment population		91,282		
Consultations	Patients	29,965		
	<i>of which curative</i>	Patients	5,598	3,968
	<i>of which ante/post-natal</i>	Patients	326	
Immunizations	Doses	973		
	<i>of which for children aged five or under</i>	Doses	524	
Referrals to a second level of care	Patients	115		
Health education	Sessions	216		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection programme)</b>				
Food commodities <sup>4</sup>	Beneficiaries	35		
Essential household items <sup>5</sup>	Beneficiaries	1,129		
Water and habitat activities <sup>6</sup>	Beneficiaries	21,827		
<b>WOUNDED AND SICK</b>				
<b>Physical rehabilitation<sup>7</sup></b>				
Centres supported	Structures	8		
Patients receiving services	Patients	8,450	211	867
New patients fitted with prostheses	Patients	125	15	22
Prostheses delivered	Units	239	26	28
	<i>of which for victims of mines or explosive remnants of war</i>	Units	29	
New patients fitted with orthoses	Patients	750	81	597
Orthoses delivered	pUnits	1,028	66	869
	<i>of which for victims of mines or explosive remnants of war</i>	Units	16	
Patients receiving physiotherapy	Patients	3,693	2,136	12
Crutches delivered	Units	91		
Wheelchairs delivered	Units	14		

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

2. Guatemala

3. Guatemala, Honduras, Mexico, Panama

4. Panama

5. El Salvador, Mexico, Panama

6. El Salvador, Honduras

7. El Salvador (subsidized patients), Guatemala, Honduras, Mexico



# WASHINGTON (regional)

COVERING: Canada, United States of America, Organization of American States (OAS)



Established in 1995, the Washington regional delegation engages in a regular dialogue on IHL and issues of humanitarian concern with government officials and bodies, academic institutions and other interested groups in Canada and the United States of America. The delegation heightens awareness of the ICRC's mandate and priorities within the OAS. It mobilizes political and financial support for ICRC activities and secures support for IHL implementation. It visits people held at the US internment facility at Guantanamo Bay Naval Station in Cuba. It works closely with the American Red Cross and the Canadian Red Cross Society.

## KEY RESULTS/CONSTRAINTS

In 2014:

- ▶ authorities in the region emphasized the need to protect civilians during military operations, through a draft military manual in the United States of America (hereafter US) and during a training course in Canada
- ▶ people held at the US internment facility at Guantanamo Bay Naval Station in Cuba received ICRC visits, with the authorities and policy-makers receiving confidential feedback and recommendations afterwards
- ▶ internees at the Guantanamo Bay facility and their relatives in various countries restored/maintained contact through RCMs and phone/video calls, and recorded video messages viewed by families at ICRC offices
- ▶ vulnerable migrants in the US contacted their relatives via American Red Cross phone stations and had the authorities apprised of their concerns through a report on the consequences of deportation
- ▶ students from 15 law schools and military service academies tested their knowledge of IHL at the first national IHL competition in the US, organized by the American Red Cross with ICRC support

## EXPENDITURE (in KCHF)

Protection	2,130
Assistance	252
Prevention	3,222
Cooperation with National Societies	607
General	44
<b>Total</b>	<b>6,256</b>

of which: Overheads 382

## IMPLEMENTATION RATE

Expenditure/yearly budget	<b>93%</b>
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## PERSONNEL

Mobile staff	10
Resident staff (daily workers not included)	25

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

**HIGH**

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
Red Cross messages (RCMs)	
Phone calls facilitated between family members	587
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
ICRC visits	
Detainees visited	155
Detainees visited and monitored individually	141
Number of visits carried out	7
Number of places of detention visited	1
Restoring family links	
RCMs collected	1,811
RCMs distributed	893
Phone calls made to families to inform them of the whereabouts of a detained relative	123

## CONTEXT

The United States of America (hereafter US) ended its combat operations in Afghanistan in October, and announced a reduction in its overall military presence in that country to some 9,800 troops by early 2015. Canada withdrew its last troops from Afghanistan in March.

Both States remained involved in other contexts, for instance, by participating in an international coalition carrying out air strikes on an armed group in Iraq and the Syrian Arab Republic (hereafter Syria). The US military was also engaged in Somalia, Yemen and elsewhere, mainly through the use of remotely piloted aircraft. Canada contributed to addressing the humanitarian consequences of conflict in key contexts such as South Sudan and Syria.

The transfer or repatriation of internees from the US internment facility at Guantanamo Bay Naval Station in Cuba continued throughout 2014. These included the transfer of five people to Qatar and another five to Kazakhstan. The Periodic Review Board – mandated to determine the status of the internees' cases and whether they were to be transferred or remain in custody – began to issue decisions, while continuing to examine the status of other cases.

There was a steep rise in the number of migrants, including thousands of unaccompanied minors, crossing the border into the US from Mexico.

## ICRC ACTION AND RESULTS

In its dialogue with US authorities, the ICRC continued to focus on: the protection of civilians during military operations; the humanitarian response in contexts of common interest; and US military detention policies/practices. Contact with Canadian authorities also focused on humanitarian, operational and legal concerns.

Both States took into account the ICRC's recommendations as they advanced the incorporation of measures to protect civilians in the planning/execution of military operations. US military authorities drafted a manual on this subject; Canadian foreign ministry officials organized, jointly with the ICRC, an interactive training course in IHL and the protection of civilians during armed conflict.

Dialogue was maintained with the US armed forces on their conduct of hostilities abroad, which included their involvement in a multilateral military operation in Iraq and Syria (see *Context*). The ICRC also offered input for consolidating the lessons learnt in Afghanistan, in light of US forces' withdrawal from combat operations in that country. Briefings and other events for Canadian/US commanders, operational units and students at military academies helped further their understanding of IHL and the ICRC's mandate and activities.

The ICRC visited people held at the Guantanamo Bay internment facility to monitor their treatment and living conditions; it shared its findings and recommendations confidentially with the authorities concerned. The ICRC particularly highlighted the importance of ensuring regular family contact, providing health-care services and respecting medical ethics. It sustained its dialogue with US policy-makers on the internees' humanitarian and legal concerns, particularly in relation to the ongoing review of their cases. It stressed the need to respect the principle of *non-refoulement* when transferring people from the Guantanamo Bay internment facility, as well as from the Parwan detention facility in Afghanistan.

Internees and their relatives abroad exchanged news through RCMs, phone/video calls and other ICRC family-links services. Within the framework of a memorandum of understanding between the US authorities and the ICRC, some families viewed, at ICRC offices near them, video messages recorded by their interned relatives.

The ICRC, in its role as a key source of reference on IHL, engaged the authorities and members of civil society in Canada and the US in substantive discussions on a wide range of IHL-related issues and humanitarian concerns – for instance, protection for the wounded and sick and medical services during armed conflict. It did so through briefings, seminars and other events and via its digital communication platforms, at times in partnership with the National Society concerned. It supported the American Red Cross in organizing its first national IHL competition. Such efforts fostered support for humanitarian action and raised public awareness of IHL.

The ICRC maintained regular contact with officials of the Organization of American States (OAS) and urged them to adopt resolutions on assisting vulnerable migrants and on other humanitarian issues.

The American Red Cross continued to offer phone services to vulnerable migrants at key transit points along the Mexico-US border. With ICRC support, it sought to identify ways to expand its family-links services, so as to address the surge in needs that accompanied a rise in the flow of migrants. The ICRC submitted a report on the humanitarian consequences of deporting migrants, which supplemented its dialogue with the authorities.

The ICRC sustained its cooperation with the American Red Cross and the Canadian Red Cross Society, with a view to boosting each other's operational/institutional capacities and developing a coherent approach to common concerns.

## CIVILIANS

### US military institute considers measures for the protection of civilians

Respect for IHL in connection with the conduct of hostilities, including the country's involvement in a multilateral operation against an armed group in Iraq and Syria, remained a major theme of dialogue with US civilian and military authorities. Through meetings, briefings and training exercises emphasizing compliance with IHL, senior officers/combat troops of the US armed forces furthered their understanding of humanitarian concerns. This enabled them to incorporate measures to protect civilians in the planning and execution of their operations. The US Army Peacekeeping and Stability Operations Institute, for example, took into account the ICRC's recommendations/suggestions in drafting a military manual on methods of protecting civilians.

Dialogue with key military decision-makers on lessons learnt from operations in Afghanistan (see *Actors of influence*) and other contexts reinforced such efforts. Discussions with US government and military officials raised their awareness of the violence endangering medical services during armed conflict; the ICRC also urged them to promote and support measures to ensure the safe provision of health care.

Canadian officials learnt more about the protection due to civilians during armed conflict through an interactive training

course organized jointly by the Department of Foreign Affairs, Trade and Development and the ICRC, with the support of the Canadian Red Cross.

### **Migrants restore contact with their families and have their concerns relayed to US authorities**

Vulnerable migrants in the US, including unaccompanied minors, restored/maintained contact with their families through phone stations set up by the American Red Cross at key transit points along the Mexico-US border. In response to an influx of migrants (see *Context*), the American Red Cross, in coordination with US border authorities and the ICRC, sought to expand migrants' access to these facilities and to identify other means of facilitating family contact.

Based on joint field missions carried out since 2013 by the American Red Cross with the ICRC's Mexico City and Washington regional delegations, a written report on humanitarian concerns linked to the deportation of migrants from the US to Mexico was submitted confidentially to the US Department of Homeland Security. Follow-up meetings with the pertinent authorities, including border guards, provided opportunities to discuss the report in depth.

With a view to facilitating the search for information on missing migrants, the Scientific Working Group for Forensic Anthropology and the Scientific Working Group on Disaster Victim Identification finalized guidelines – drafted with ICRC input – on standards and best practices in relation to the search, recovery, management and identification of human remains.

### **PEOPLE DEPRIVED OF THEIR FREEDOM**

People in US custody at the Guantanamo Bay internment facility received visits from the ICRC to monitor their treatment and living conditions; 141 of them were met individually. More than half of those monitored individually, which included some people held in the high-security area of Camp 7, discussed, in private, their current physical/psychological state and specific concerns.

After these visits, findings – and recommendations for improving the conditions of internment – were submitted confidentially to the authorities, to help ensure compliance with internationally recognized standards.

### **Families view video messages recorded by their relatives**

Internees and their relatives in various countries kept in touch through RCMs (1,811 sent and 893 received) and phone/video calls (587 made); 65 internees received food parcels sent by their relatives via the ICRC. Within the framework of a memorandum of understanding between the US authorities and the ICRC, some internees recorded video messages, which their relatives viewed at ICRC offices near them.

Administrators at the Guantanamo Bay internment facility and other key policy-makers considered the ICRC's suggestions for improving the internees' contact with their families. The US authorities remained open to further discussions on the ICRC's recommendation that internees be allowed visits from their relatives; the ICRC continued to explore ways to facilitate such visits should they take place.

The provision of health care, especially in light of the aging internee population, and the application of internationally recognized standards for medical ethics – in managing hunger strikes,

for instance – remained matters of priority in discussions with the US authorities. An ICRC doctor assessed the internees' health-care needs through meetings with medical/psychiatric staff and by reviewing medical records. Findings drawn from the doctor's assessment – on the availability of health-care services, including for internees with mental health or physical rehabilitation needs – were submitted confidentially to the authorities.

### **Authorities apprised of humanitarian concerns related to the transfer of internees/detainees**

Dialogue was maintained with the Department of Defense and other executive branches of the federal government on the legal framework, judicial guarantees and procedural safeguards applicable to Guantanamo Bay internees, particularly in connection with the ongoing examination of the status of pending cases (see *Context*). Discussions also covered the need to respect the principle of *non-refoulement* while transferring detainees out of US custody, and to minimize the humanitarian consequences of such transfers. As at 31 December, 127 persons remained at the Guantanamo Bay internment facility, 28 internees having been transferred during the year.

Predeployment briefings for military units assuming guard duties at the facility and, for the first time, briefings for the internees' legal counsel, helped clarify their understanding of the ICRC's mandate and its working procedures for detention visits.

The situation of third-country nationals still held at the Parwan detention facility in Afghanistan, and the US's residual responsibility after their transfer to Afghan custody (see *Afghanistan*), were also broached with the authorities concerned.

Confidential dialogue with the Canadian and US authorities – on access to detainees within the ICRC's purview, particularly people previously held by the US Department of Defense and transferred to Canadian or US territory – continued. The US Department of Defense confirmed its commitment to notify the ICRC of all detainees under its authority and facilitate access to them.

### **ACTORS OF INFLUENCE**

#### **Policy-makers affirm their support for humanitarian action**

Discussions with US civilian and military authorities helped foster respect for IHL and support for the ICRC. Such dialogue, which included high-level meetings with the ICRC's president, drew attention to the situation of internees at the Guantanamo Bay internment facility (see *People deprived of their freedom*) and to humanitarian issues in Afghanistan, Colombia, Iraq, Syria and other countries. The importance of confidentiality in the ICRC's working procedures was also emphasized.

The US Department of State promoted the Arms Trade Treaty within the international community; the US signed the treaty in 2013.

High-ranking Canadian officials had in-depth discussions with ICRC representatives on humanitarian, legal and policy issues of common interest.

The OAS's General Assembly approved resolutions, drafted with ICRC input, on humanitarian issues – for instance, on assisting vulnerable migrants. Briefings and meetings on IHL-related subjects served as venues for OAS and ICRC representatives to discuss: the progress of IHL implementation in the region; the issue of missing persons and the plight of their families; the protec-

tion of cultural property during conflict; and the ratification/implementation of weapons treaties. Participants in courses/events organized by bodies in the inter-American system furthered their understanding of IHL through ICRC briefings on these occasions.

### **Military decision-makers further their understanding of IHL and humanitarian issues**

Senior US military staff discussed, during high-level meetings with the ICRC, humanitarian concerns related to their operations and the applicable international legal framework. Dialogue on the conduct of hostilities in Afghanistan waned with the withdrawal of combat troops from that country, but the US army division tasked with consolidating lessons learnt in that context welcomed the ICRC's contributions to this process. Discussions continued on how the ICRC could help to incorporate such lessons, and IHL in general, in the training conducted by US forces for other armed/security forces, and on ensuring respect for the principles contained in the Montreux document on private military/security companies. Dialogue on the US military's conduct of hostilities in other contexts broadened (see *Context*).

During training exercises organized with technical guidance from the ICRC, Canadian and US command staff and troops gained practical experience in applying IHL. At briefings/dissemination sessions, US military police officers (see *People deprived of their freedom*), troops preparing for deployment to Afghanistan and civil-military operations teams – as well as Canadian military legal officers and peacekeepers – refreshed their knowledge of IHL/international human rights law and the ICRC's mandate/activities.

Future commanders and operational staff learnt more about humanitarian issues and the ICRC's mandate and activities through ICRC presentations/events at US military educational institutions, such as the National War College, the Joint Forces Staff College and the Defense Institute for International Legal Studies. Two service academies participated in the first edition of a national IHL competition (see below).

The Washington delegation facilitated contact with US-based NATO bodies and the UN Department of Peacekeeping Operations, with a view to supporting the ICRC's work with NATO and the UN.

### **Academics enrich the debate on contemporary challenges in IHL implementation**

Canadian and US academics and researchers contributed to debates on IHL issues, particularly on such topics as: the conduct of hostilities; the rules applicable to the end of hostilities; detention during armed conflict; the use of force in non-international armed conflicts; and the application of IHL to new technologies and cyber warfare. These discussions also covered humanitarian aid and access in conflict/violence-affected contexts.

Partnerships with leading universities – for instance, with Columbia University in organizing a seminar on legal challenges specific to non-international armed conflicts – cemented the ICRC's position as a key source of reference on IHL.

Students from 15 law schools and service academies tested their grasp of IHL at the first edition of a national IHL competition in the US, organized by the American Red Cross with ICRC technical support. Canadian students and law professors learnt more about IHL at conferences organized by the Canadian Red Cross/ICRC.

Engagement with the media, NGOs and other members of civil society drew attention to humanitarian issues, particularly the need to protect civilians and safeguard health care during armed conflict. Staff of US-based humanitarian NGOs shared their experiences and views at events organized jointly with their umbrella organization. Joint initiatives with think-tanks in Canada and the US promoted the goals of the Health Care in Danger project, and other matters of humanitarian concern, among government officials and members of civil society. An oral history project on the work of the Movement – co-organized with the American Red Cross – reached a wide audience.

Media coverage of the ICRC's activities and the organization's online presence, particularly through the *Intercross* blog and social media channels, helped broaden awareness of humanitarian issues and the ICRC's work among various audiences.

### **RED CROSS AND RED CRESCENT MOVEMENT**

In line with their strategic partnership, the Canadian Red Cross and the ICRC expanded their cooperation in responding to humanitarian needs – in Iraq and South Sudan, for instance – and in other activities. They exchanged updates on humanitarian issues, jointly briefed government officials and facilitated discussions on IHL (see *Actors of influence*). The Canadian Red Cross supported the ICRC's public communication efforts in Canada, on issues linked to the Health Care in Danger project and other subjects. Planned cooperation in identifying and mobilizing private sources of financial support was delayed, pending further dialogue to clarify the organizations' roles.

The American Red Cross maintained its response to the humanitarian concerns of vulnerable migrants (see *Civilians*) and kept up the implementation of its IHL-promotion programmes (see *Actors of influence*). It also supported the ICRC in facilitating contact between families and their relatives held in conflict zones. Dialogue on cooperation in future fundraising efforts continued.

Both National Societies incorporated technical advice from the ICRC in the training sessions/briefings for their personnel, including Canadian Red Cross staff on standby for rapid deployment and American Red Cross volunteers bound for US military bases abroad. This also helped reinforce their emergency response capacities.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Red Cross messages (RCMs)</b>				
Phone calls facilitated between family members <sup>1</sup>	587	UAMs/SCs*		
<b>Documents</b>				
People to whom travel documents were issued	1			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)<sup>2</sup></b>				
<b>ICRC visits</b>				
Detainees visited	155	Women	Minors	
		Women	Girls	Boys
Detainees visited and monitored individually	141			
Number of visits carried out	7			
Number of places of detention visited	1			
<b>Restoring family links</b>				
RCMs collected	1,811			
RCMs distributed	893			
Phone calls made to families to inform them of the whereabouts of a detained relative	123			
People to whom a detention attestation was issued	11			

\* Unaccompanied minors/separated children

1. Phone or video calls facilitated between people held at the Guantanamo Bay internment facility and their families abroad
2. Guantanamo Bay internment facility, Cuba

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>Health</b>				
Number of visits carried out by health staff		4		
Number of places of detention visited by health staff		1		



The multiple tasks and activities of the UN often have implications of a humanitarian nature. Operating since 1983, the ICRC delegation to the UN serves as a support and a liaison for ICRC operational and legal initiatives. The delegation conveys the ICRC's viewpoint and keeps updated on trends and developments relating to humanitarian issues and promotes IHL.

## KEY RESULTS/CONSTRAINTS

### In 2014:

- ▶ key actors at the UN reflected on IHL and humanitarian issues after ICRC statements to the Security Council and at the General Assembly, and following visits by senior ICRC officials, including the president
- ▶ the Department of Peacekeeping Operations (DPKO) and the Office of Legal Affairs (OLA) revised guidelines and procedures on peacekeeping, taking account of ICRC feedback on IHL-related issues
- ▶ the UN General Assembly resolution on the safety and security of humanitarian personnel emphasized the urgency of protecting health-care delivery and referred directly to the Health Care in Danger project
- ▶ UN officials and representatives of member States learnt more about specific ICRC operations, such as those in Africa and the Middle East, and about the humanitarian situation there
- ▶ the ICRC kept abreast of developments in the humanitarian field, which were incorporated in its institutional analysis of operational and other issues, and helped strengthen its field practice and activities

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

**HIGH**

EXPENDITURE (in KCHF)	
Protection	-
Assistance	-
Prevention	2,506
Cooperation with National Societies	-
General	-

**2,506**

*of which: Overheads 153*

IMPLEMENTATION RATE	
Expenditure/yearly budget	<b>105%</b>

PERSONNEL	
Mobile staff	3
Resident staff (daily workers not included)	11

## CONTEXT

The UN and the diplomatic community continued to grapple with crises throughout the world, particularly in the Central African Republic, the Democratic Republic of the Congo (hereafter DRC), Iraq, the occupied Palestinian territory, South Sudan, the Syrian Arab Republic (hereafter Syria) and Ukraine. These context-specific discussions often involved broad humanitarian concerns – for instance, access to violence-stricken contexts, children in armed conflict and women, peace and security, and other protection-related issues.

Peacekeeping missions authorized to use force at the tactical level, as in the cases of the UN Organization Stabilization Mission in the DRC (MONUSCO) and the UN Multidimensional Integrated Stabilization Mission in Mali (MINUSMA), have received extensions of their “robust” mandates. In light of the renewed violence in South Sudan, the Security Council passed a resolution in May 2014 to streamline the mandate of the UN Mission in South Sudan (UNMISS), which continued to host tens of thousands of IDPs at “protection-of-civilian” sites within its compounds. Plans were under way for a review of UN peacekeeping missions in 2015.

The Ebola outbreak in West Africa also figured prominently in the UN’s priorities, prompting it to pursue increased coordination and to establish its first system-wide emergency health mission.

Ahead of the World Humanitarian Summit, scheduled for 2016, the international community discussed the summit’s main themes: humanitarian effectiveness; reducing vulnerabilities and managing risks; transformation through innovation; and serving the needs of people in conflict. Discussions also encompassed the convergence of humanitarian assistance and development, as well as the post-2015 development goals.

## ICRC ACTION AND RESULTS

The ICRC’s New York delegation stayed in regular contact with UN bodies, member States and observers, and civil society organizations to emphasize the most pressing humanitarian concerns and to help strengthen respect for IHL. The organization used its field experiences to concretize discussions and to secure support for principled, apolitical humanitarian action. It also provided feedback on specific contexts and issues during policy debates and other discussions, as well as during the drafting of guidelines.

As a permanent observer at the UN, the ICRC maintained a regular presence at Security Council and General Assembly events. For instance, it served as an expert briefer at the Security Council’s open debate on the protection of civilians and delivered statements to the General Assembly on the rule of law, universal jurisdiction and the specific concerns of women, children and IDPs. These were opportunities for the ICRC to advocate for the strengthening of IHL with regard to peacekeeping operations, the use of and trade in weapons, and humanitarian access; it also pushed for a purely humanitarian approach to assisting victims of violence. Thanks in part to these efforts, UN discussions, reports and resolutions addressed IHL-related issues and reflected the ICRC’s feedback, as did the updated guidelines against the militarization of schools. The General Assembly resolution on the safety and security of humanitarian personnel contained strong language on the violence affecting health care and made direct reference to the Health Care in Danger project.

The ICRC kept up its cooperation with the Department of Peacekeeping Operations (DPKO) and the Office of Legal Affairs (OLA), providing IHL-related recommendations on guidelines and procedures for peacekeeping missions. At briefings for DPKO staff and for State representatives, the ICRC addressed the applicability of IHL to multinational forces. It continued to push for stricter regulation of weapons and for the further development and implementation of IHL in this regard.

It pursued direct engagement with officials of the UN and representatives of member States at frequent bilateral/multilateral meetings. These included the high-level events attended by the ICRC president and other senior officials – such as the ministerial debate, co-hosted by the WHO, on the importance of protecting health-care delivery. These contacts helped the ICRC keep abreast of pertinent developments in the humanitarian sphere, contributing to streamlining institutional practices in the field.

ICRC delegates delivered briefings on the organization’s operations, including those in Israel and the occupied territories, Somalia, South Sudan and Sudan, which aimed at reconciling ground realities with the discourse of policy-makers based in New York. The ICRC and the New York University School of Law jointly organized the 31st Annual Seminar for Diplomats on IHL, which was attended by over 90 State representatives. Diplomats regularly consulted the ICRC on matters within its remit, such as women and children in armed conflict, sexual violence, the protection due to those seeking/providing medical care, and other IHL and protection-related issues. Such exchanges helped decision-makers at different various levels to deepen their understanding of the ICRC’s distinct mandate and approach.

The ICRC continued to coordinate closely with other organizations and UN-affiliated consortia, and with Movement partners in particular. To increase public awareness of its priorities and activities, the ICRC also maintained its ties to New York-based NGOs and think-tanks and its contacts with UN-accredited media and academic institutions.

## ACTORS OF INFLUENCE

As a permanent observer at the UN, the ICRC helped ensure that IHL and other matters linked to the protection of civilians were at the forefront of discussions on key humanitarian issues. It used its operational experiences in areas high on the UN’s agenda (see *Context*) to concretize the importance of humanitarian access and action from a strictly apolitical, principled perspective.

## UN bodies develop guidelines reflecting ICRC expertise in IHL

The ICRC engaged with the UN and its bodies, agencies and member States at various fora, where it shared its thematic and operational expertise. As an expert briefer during the Security Council’s open debate on the protection of civilians, it emphasized States’ legal obligations to facilitate conflict victims’ access to assistance, and the urgent need to regulate weapon use and strengthen compliance with IHL. It also addressed the General Assembly – including during its 69th session and at committee debates – to draw attention to the relevance of the rule of law and universal jurisdiction and to the specific concerns of women, children and IDPs.

In the run-up to the Security Council’s adoption of a resolution on children and armed conflict, the ICRC provided advice on the protection due to medical personnel/facilities and schools, which

contributed to the resolution's IHL-related language; recommendations like these were also reflected in the subsequently updated guidelines on protecting schools against military use. Similarly, the General Assembly's resolution on the safety and security of humanitarian personnel contained strong language on the importance of safe health-care delivery and referred directly to the Health Care in Danger project; the ICRC president reiterated these sentiments at a ministerial debate hosted jointly with the WHO on the sidelines of the General Assembly session.

### **DPKO, OLA draw on ICRC feedback on peacekeeping guidelines**

The DPKO and the OLA drew on the ICRC's legal advice, using its recommendations and suggested language, to revise general UN guidelines on the use of force by peacekeeping missions with "robust" mandates and specific guidelines for MONUSCO on its internment procedures, and for MINUSMA and UNMISS on the protection of civilians; UNMISS guidelines also covered the security conditions at "protection-of-civilians" sites in South Sudan.

An ICRC briefing created space for DPKO staff to familiarize themselves with the organization's position on IHL in the context of peacekeeping. Six State representatives attended a similar session, where they also discussed policy-related issues.

The ICRC made recommendations to the UN Secretariat on the scope of a review of UN peacekeeping operations scheduled for 2015.

### **States work towards stricter weapons control regime**

The ICRC maintained its commitment to helping strengthen the regulations on the use and trade of weapons and encouraging the development of applicable norms. It encouraged further ratification and implementation of the Arms Trade Treaty, which entered into force in December, and also contributed to the general debate on the use of explosive weapons in densely populated areas, nuclear weapons, cyber-warfare and new technologies. Notably, it spoke out against the use of nuclear weapons during a panel discussion organized by the Japanese authorities on the margins of a meeting of the Preparatory Committee for the 2015 Review Conference of the Parties to the Treaty on the Non-Proliferation of Nuclear Weapons.

### **High-level interaction helps foster ties with emerging actors**

Regular meetings with UN officials and representatives of member States, including monthly meetings with the president of the Security Council, allowed for in-depth exchanges. At two high-level events on the sidelines of the General Assembly session, the ICRC president explained the organization's perspectives on the situation in South Sudan and in Syria. He also met with senior diplomats at an event hosted by the Humanitarian Liaison Working Group (HLWG), where he described the most pressing challenges confronting the ICRC. His meeting with regional leaders and representatives of emerging States buttressed the organization's efforts to expand relations with all humanitarian stakeholders.

Over 90 State representatives added to their knowledge of IHL, legal and humanitarian developments and ICRC operations during the 31st Annual Seminar for Diplomats on IHL, jointly organized by the New York University School of Law and the ICRC. A number of officials, many of whom had participated in the seminar, requested and received further advice from the ICRC on topics within its remit, such as women and children in armed

conflict, sexual violence, the protection of medical personnel/facilities, and other IHL and protection-related concerns or context-specific issues. Many government representatives also took part in briefings on the ICRC's major operations – in Israel and the occupied territories and in Somalia, for instance.

Such linkages helped key actors and policy-makers take note of IHL and the challenges in the field and, in turn, fostered their support for resolutions and policies (see above) that reflected these issues accordingly.

### **Humanitarian actors coordinate activities**

Meetings of the HLWG and the UN Inter-Agency Standing Committee facilitated coordination of humanitarian activities and allowed the ICRC to monitor policy developments and other thematic issues (e.g. those concerning accountability, early recovery and partnerships), to emphasize the importance of principled humanitarian action and to set out its priorities and concerns.

Frequent contact with Movement partners, NGOs, think-tanks and UN-affiliated humanitarian organizations furthered understanding of each other's roles and positions on pertinent issues and of the ICRC's distinct mandate. Notably, working with Movement partners to mark the 150th anniversary of the Geneva Conventions reinforced Movement cooperation. Participating in events organized by think-tanks and NGOs kept the ICRC updated on changes in the humanitarian sphere and enabled it to put forward its priorities to a wider base. Other organizations also drew on ICRC guidance on IHL-related matters.

These exchanges fed into the ICRC's own analysis of thematic and operational issues and, in effect, helped it strengthen its field practice.

### **Future decision-makers learn more about humanitarian principles and the Movement**

UN-accredited media covered ICRC activities, aided by the organization's press releases and publications. At ICRC events, future lawyers, leaders and decision-makers enriched their grasp of IHL. The delegation continued to develop its presence on social media and maintained its targeted communication initiatives.



# MIDDLE EAST

## KEY RESULTS/CONSTRAINTS

### In 2014:

- ▶ dialogue, contact and events with influential players helped foster respect for civilians and medical services and bolster support for neutral, impartial and independent humanitarian action, but with insufficient results
- ▶ millions of people in the Syrian Arab Republic met most of their immediate needs through joint Syrian Arab Red Crescent/ICRC action, although restrictions and insecurity hampered ICRC health activities
- ▶ IDPs and residents in Iraq continued to have access to water and health-care services and received food, essential household items and cash, helping them cope with the consequences of the armed conflict
- ▶ especially during the hostilities in the Gaza Strip, the Israeli and the Palestinian authorities were urged to respect IHL and other applicable norms, while civilians had their access to water and medical care ensured
- ▶ people fleeing the Syrian armed conflict benefited from National Society/ICRC assistance – which included medical and surgical care in Jordan and Lebanon – provided in coordination with other players
- ▶ National Societies addressed humanitarian needs, while strengthening their emergency preparedness and response capacities, for example at a regional event hosted by the Qatar Red Crescent Society and the ICRC

PROTECTION	Total
<b>CIVILIANS</b> (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	6,950
RCMs distributed	4,918
Phone calls facilitated between family members	9,824
People located (tracing cases closed positively)	539
People reunited with their families	16
<i>of whom unaccompanied minors/separated children</i>	1
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b> (All categories/all statuses)	
ICRC visits	
Detainees visited	105,345
Detainees visited and monitored individually	7,597
Number of visits carried out	1,172
Number of places of detention visited	286
<b>Restoring family links</b>	
RCMs collected	6,034
RCMs distributed	3,086
Phone calls made to families to inform them of the whereabouts of a detained relative	18,965

EXPENDITURE (in KCHF)	
Protection	48,121
Assistance	252,908
Prevention	26,414
Cooperation with National Societies	19,522
General	965
	<b>347,931</b>
	<i>of which: Overheads 21,231</i>

ASSISTANCE	Achieved
<b>CIVILIANS</b> (residents, IDPs, returnees, etc.)	
<b>Economic security, water and habitat</b> (in some cases provided within a protection or cooperation programme)	
Food commodities	Beneficiaries 6,637,804
Essential household items	Beneficiaries 2,228,132
Productive inputs	Beneficiaries 177,416
Cash	Beneficiaries 81,981
Vouchers	Beneficiaries 3,344
Work, services and training	Beneficiaries 13,193
Water and habitat activities	Beneficiaries 21,501,307
<b>Health</b>	
Health centres supported	Structures 85
<b>WOUNDED AND SICK</b>	
<b>Hospitals</b>	
Hospitals supported	Structures 102
<b>Water and habitat</b>	
Water and habitat activities	Number of beds 7,099
<b>Physical rehabilitation</b>	
Centres supported	Structures 17
Patients receiving services	Patients 100,924

IMPLEMENTATION RATE	
Expenditure/yearly budget	<b>88%</b>
<b>PERSONNEL</b>	
Mobile staff	366
Resident staff (daily workers not included)	1,838



## DELEGATIONS

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

## REGIONAL DELEGATIONS

Kuwait



 ICRC delegation  ICRC regional delegation  ICRC mission

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**Iraq.** A patient undergoing assessment at an ICRC-supported physical rehabilitation centre in Najaf. In 2014, the ICRC helped over 33,000 patients obtain services at nine ICRC-supported and one ICRC-managed physical rehabilitation centres. These continue to be provided with training and raw materials to manufacture equipment such as prostheses, crutches and wheelchairs.

## MIDDLE EAST

In 2014, ICRC operations in the Middle East focused on addressing the humanitarian consequences of armed conflicts and other situations of violence and occupation in the region, notably in Iraq, Israel and the occupied territories, the Syrian Arab Republic (hereafter Syria) and Yemen – four of the organization's largest operations worldwide – and in neighbouring countries affected by the encroaching consequences of the Syrian armed conflict.

To more effectively address people's needs, the ICRC adapted its humanitarian response, in nature and scale, to the opportunities and limitations afforded by the evolving situation in the countries affected and the region at large. It stepped up its response to the consequences of the Syrian armed conflict, including by opening new sub-delegations and an office in Jordan and Lebanon, thereby increasing its proximity to both refugees from Syria and, in Lebanon, people affected by violence. It also expanded its emergency response to the escalating conflict in Iraq, and to the armed hostilities between the Israeli authorities and the Gaza Strip *de facto* authorities and armed groups in mid-2014. These adjustments were supported by donor funding raised through budget extension appeals launched in the year.

The ICRC's main partners were the National Societies, which it provided with material, technical and financial assistance to help them strengthen their operational capacities, particularly emergency preparedness/response and family-links services. The ICRC also supported events with similar objectives, for example a regional disaster-preparedness workshop co-organized with the Qatar Red Crescent Society.

Regular interaction with a large network of contacts helped facilitate acceptance of and support for National Society/ICRC activities. This enabled the ICRC to reach people in Iraqi provinces most affected by the conflict and in some previously inaccessible areas in Yemen. In Syria, however, restrictions imposed by parties to the conflict and widespread insecurity continued to impede ICRC humanitarian initiatives for people in need. Security incidents/threats necessitated adjustments in activities and staff movements; for example, the ICRC closed its sub-delegation in Amran, Yemen. The three ICRC staff members abducted in Syria in 2013 had still not been released by year's end.

The ICRC developed its relations – through dialogue/networking – with State and *de facto* authorities, weapon bearers, traditional and religious leaders and other influential players to enlist their support for IHL and other legal norms protecting people and their rights, particularly during armed conflicts and other situations of violence. Whenever possible, the ICRC shared its humanitarian concerns with the pertinent parties, emphasizing their obligations under IHL and other applicable norms. In Syria, for example, discussions with the authorities and armed groups, although very limited, emphasized the right of all wounded and sick people to receive medical care. In Iraq, the ICRC reinforced its dialogue with most parties involved in the conflict, including members of the international coalition carrying out air strikes against the Islamic State group. It also stepped up its dialogue with the Israeli authorities and with the Palestinian authorities and armed groups on the protection of civilians and civilian infrastructure and on the

conduct of hostilities, particularly on the principles of precaution, distinction and proportionality.

Amid the insecurity in the region, dialogue and training sessions with various parties highlighted the importance of ensuring the safety, at all times, of people seeking or providing medical/health care – in line with the Health Care in Danger project. The ICRC documented abuses against medical services – for example, the killing of Syrian Arab Red Crescent volunteers – and, whenever possible, submitted representations to the parties concerned.

With National Societies and health authorities, the ICRC helped ensure that wounded and sick people received appropriate care. It provided first-aid teams, emergency medical services (EMS), hospitals and mobile/field units with supplies and equipment, funding, rehabilitation support, technical advice and training.

National Society staff, community volunteers, government personnel and weapon bearers honed their first-aid skills and understanding of the Safer Access Framework at workshops in the Gaza Strip and in Egypt, Jordan, Lebanon and Yemen. Surgeons and nurses, including those treating wounded Syrians, participated in emergency-room trauma courses and war-surgery seminars in the Gaza Strip, Iraq, Jordan and Lebanon. In Syria, where such training could not take place, government restrictions and general insecurity also curtailed the ICRC's ability to deliver medical assistance across front lines, particularly to areas held by armed groups, where needs were most acute; deliveries in those areas were possible on a few occasions only. Nevertheless, the ICRC provided medical supplies to Health Ministry-managed hospitals and to National Society-run mobile health units.

Border health posts/clinics in Jordan, and hospitals in Jordan and Lebanon, attended to weapon-wounded people from Syria using ICRC material and financial support. The ICRC helped improve the quality of health services available to these people by opening a clinic at a border registration facility in Jordan and two surgical/post-operative centres in Lebanon. The Lebanese Red Cross EMS provided first-aid and blood-bank services and medical evacuations, with ICRC financial/material support.

Wounded and sick people in Iraq, including in areas hardest hit by the conflict, and in the Gaza Strip, especially during the hostilities in mid-2014, obtained treatment at hospitals and other facilities provided with medical supplies and equipment. In the Gaza Strip, the ICRC also facilitated patient transfers, and the entry of medical materials from the West Bank; the Palestine Red Crescent Society EMS – backed by increased material, financial and technical ICRC support – administered first aid and transported patients to hospital. Wounded Palestinians evacuated to Egypt received treatment at ICRC-supported hospitals.

Infrastructure rehabilitation and other support aimed at more sustainable results helped improve hospital services. On-site technical guidance was provided to the staff at selected hospitals in Egypt, the Gaza Strip, Iraq and Yemen. Similar support helped primary-health-care centres in Iraq and Yemen sustain and strengthen their services, including mother and child care. In both countries and in the Gaza Strip, over 100,000 people with physical disabilities benefited from ICRC support for rehabilitation services. Training and material assistance helped rehabilitation centres, device-manufacturing units and technical schools enhance the quality of their work. To help prevent mine-related

injuries among civilians, the Iranian and Iraqi National Societies, and Jordan's mine-action committee, conducted risk-awareness/mitigation sessions with ICRC support.

Water and sanitation projects helped ensure that people had access to clean water and improved their hygiene and health conditions. By implementing these projects with local authorities, the ICRC encouraged community ownership while building local capacities. Over 15.8 million people in Syria – almost 65% of the country's pre-conflict population – benefited from large-scale ICRC emergency support for local water boards, which included water-trucking and emergency repairs. Similar support benefited some 2 million people in Iraq and 1.7 million in the Gaza Strip. Improvements to supply/distribution facilities helped boost access to water for over 1.1 million people in Yemen and for 730,000 residents and Syrian refugees in Jordan and Lebanon, where such projects also eased tensions and pressure on host communities.

Particularly vulnerable people – especially IDPs, refugees and host families – in the Gaza Strip, Iraq, Syria and Yemen received food and essential household items distributed, whenever possible, with the National Societies. They included over 5.8 million people in Syria, and some 509,000 people in Iraq, who augmented their diets with food rations. Gaza Strip residents whose houses had been destroyed or severely damaged during the hostilities in mid-2014 received household essentials. Covering needs unaddressed by other organizations in Egypt, Iraq, Jordan and Lebanon, the ICRC provided food, essential household items and cash/vouchers to refugees from Syria, including Palestinians.

People also regained some self-sufficiency thanks to inputs that helped them establish or resume a livelihood. Vulnerable households in the Gaza Strip, Iraq and Yemen increased their incomes by using agricultural supplies to boost harvests or by participating in cash-for-work projects. In Iraq, 841 disabled or female breadwinners started small businesses using cash grants. Some 1,500 households in the Gaza Strip resumed farming thanks to the ICRC-supported restoration of their land and greenhouses. By engaging with the authorities on policies adversely affecting certain vulnerable populations, the ICRC also helped bolster community resources and resilience. It shared, with the Israeli and the Palestinian authorities, the findings of its studies on the consequences of restricted movements of goods and people on livelihoods in the occupied Palestinian territory. In Iraq, partly because of ICRC advocacy efforts, the authorities resumed registrations of female breadwinners in the State allowance system.

ICRC delegates visited detainees in Bahrain, Iraq, Israel and the occupied territories, Jordan, Kuwait, Lebanon, Qatar and Yemen. In total, they visited 95,091 detainees according to the ICRC's standard procedures, monitoring the detainees' treatment and living conditions. They shared their findings confidentially with the authorities and made recommendations, particularly on improving detainee health care. Discussions and local/regional workshops with the detaining authorities focused on issues such as administrative detention, judicial guarantees, the principle of *non-refoulement* and health in detention, including respect for medical ethics. The ICRC pursued efforts to visit more detainees in the region, particularly in Egypt, but made little progress. In Syria, while it visited detainees at four central prisons, it continued to seek regular access to all places of detention, including those operated by armed groups. An agreement on comprehensive access to all detainees in Yemen awaited formal approval.

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In the Gaza Strip, Iraq, Lebanon and Yemen, the ICRC provided technical/material support and helped repair detention facilities, improving detainees' living conditions. Former Syrian troops interned at a facility in Jordan benefited from improvements to the facility's electrical/water systems.

Residents, IDPs, detainees, refugees and asylum-seekers maintained/restored contact with their relatives through Movement family-links services. Families in Egypt and Yemen called relatives held in Afghanistan or in the US interment facility at Guantanamo Bay Naval Station in Cuba. Some 7,010 Palestinians detained in Israel received visits from their relatives living in the occupied territories. In all, 2,570 people returned home or resettled in third countries using ICRC travel documents. With the ICRC acting as a neutral intermediary between the authorities concerned, students crossed the demarcation line between the Israeli-occupied Golan and Syria proper. The ICRC also facilitated people's movements across locations in the occupied Palestinian territory.

When requested by the families, the ICRC submitted enquiries to pertinent parties in Egypt, Iraq or Syria regarding people allegedly arrested/detained. In Syria, the fate of thousands of people remained unknown to their relatives, as only a few enquiries had been answered so far.

With the ICRC acting as a neutral intermediary, the parties concerned continued their efforts to ascertain the fate of people missing in relation to the 1980–88 Iran-Iraq war and the 1990–91 Gulf War. Joint excavations by Iranian and Iraqi experts, conducted with ICRC support, led to the recovery and repatriation of hundreds of human remains. Although several missions were conducted, no remains were recovered in relation to the 1990-91 Gulf War. In Lebanon, ante-disappearance data continued to be collected from the families of missing persons, although the political situation delayed government action on the recommendations of an ICRC assessment of the families' needs. The ICRC helped strengthen forensic and human remains management capacities in Iraq, the Islamic Republic of Iran, Kuwait and Lebanon.

The ICRC worked in partnership with the League of Arab States – based in Cairo, Egypt – and with the region's national IHL committees, including newly established ones in Bahrain and Iraq, to raise awareness of IHL and international human rights law and to promote their implementation through national law and their incorporation in the doctrine, training and operations of armed/police forces. It worked with civil society members to broaden their knowledge of and support for IHL, humanitarian principles and the Movement. In Israel, interaction with civil society included efforts to engage in public discussions about certain occupation policies.

The delegation in Jordan remained a key logistical hub for ICRC operations in the Middle East and beyond. The regional training centre provided services to ICRC staff in the Middle East, the Balkans and the Caucasus. The regional resource and communication centre in Cairo helped organize regional IHL seminars and produced multimedia Arabic-language IHL material.

To maximize the impact of its activities, the ICRC coordinated with Movement components, UN agencies and other humanitarian practitioners.





## PROTECTION MAIN FIGURES AND INDICATORS

PROTECTION														
CIVILIANS														
	RCMs collected	RCMs distributed	Phone calls facilitated between family members	People reunited with their families	of whom UAMs/SCs*	UAM/SC* cases still being handled by the ICRC/National Society at the end of the reporting period	People transferred/repatriated	Human remains transferred/repatriated	People located (tracing cases closed positively)	People to whom travel documents were issued	Detainees visited	of whom women	of whom minors	Detainees visited and monitored individually
Egypt	17	18	395	1			2		77	1,253				
Iran, Islamic Republic of	74	83						18	48					
Iraq	1,515	1,203				1	6	369	57	317	40,030	1,544	798	625
Israel and the Occupied Territories	995	756	6	5			38	3	30	1	20,694	368	525	4,494
Jordan	55	39	9,002	2	1	2			45	720	10,604	528		960
Lebanon	67	95		1			3		74	24	6,943	393	249	890
Syrian Arab Republic	10	35	1	7			60		127	39	10,254	602	209	111
Yemen	3,944	2,495	281				35	37	71	198	8,630	213	249	67
Kuwait (regional)	273	194	139						10	18	8,190	995	325	450
<b>Total</b>	<b>6,950</b>	<b>4,918</b>	<b>9,824</b>	<b>16</b>	<b>1</b>	<b>3</b>	<b>144</b>	<b>427</b>	<b>539</b>	<b>2,570</b>	<b>105,345</b>	<b>4,643</b>	<b>2,355</b>	<b>7,597</b>

\* Unaccompanied minors/separated children

## PEOPLE DEPRIVED OF THEIR FREEDOM

of whom women	of whom girls	of whom boys	Detainees newly registered	of whom women	of whom girls	of whom boys	Number of visits carried out	Number of places of detention visited	RCMs collected	RCMs distributed	Phone calls made to families to inform them of the whereabouts of a detained relative	Detainees visited by their relatives with ICRC/National Society support	Detainees released and transferred/repatriated by/via the ICRC	People to whom a detention attestation was issued	
															Egypt
									8	21				522	Iran, Islamic Republic of
8		9	184	5		7	160	62	4,650	1,779	10,086			810	Iraq
53	5	414	2,728	25	3	391	697	140	855	1,084	7,132	7,013		11,381	Israel and the Occupied Territories
142			809	124			77	21	366	115	5	3		22	Jordan
55	4	17	726	52	4	17	170	29	139	75	1,470			21	Lebanon
32	1	10	105	32	1	10	4	4	12	10	238			6	Syrian Arab Republic
3	1	1	60	3	1	1	35	18	4	2	34		21	1	Yemen
27	1	14	205	22	1	9	29	12						10,781	Kuwait (regional)
320	12	465	4,817	263	10	435	1,172	286	6,034	3,086	18,965	7,016	21	23,544	Total

## ASSISTANCE MAIN FIGURES AND INDICATORS

ASSISTANCE														
	CIVILIANS											PEOPLE DEPRIVED OF THEIR FREEDOM		
	Civilians - Beneficiaries						Health centres							
	Food commodities	Essential household items	Productive inputs	Cash	Vouchers	Work, services and training	Water and habitat activities	Health centres supported	Average catchment population	Consultations (patients)	Immunizations (doses)	Food commodities	Essential household items	Water and habitat activities
Egypt		443		324	3,344									
Iraq	503,679	531,686	43,178	29,624		13,193	2,050,325	61	268,230	418,355	153,771		26,661	4,505
Israel and the Occupied Territories	149,210	161,906	44,220	2,292			1,700,000						29,400	1,560
Jordan	74,792	28,173		20,350			350,000	1	222,000	1,894			10,800	2,150
Lebanon	31,454	28,507		16,020			383,987	3	95,000	105,592	334	14	6,197	120
Syrian Arab Republic	5,827,591	1,427,113					15,875,768	9		55,315	9		3,316	
Yemen	51,078	50,304	90,018	13,371			1,141,227	11	219,828	152,918	196,881		300	963
<b>Total</b>	<b>6,637,804</b>	<b>2,228,132</b>	<b>177,416</b>	<b>81,981</b>	<b>3,344</b>	<b>13,193</b>	<b>21,501,307</b>	<b>85</b>	<b>805,058</b>	<b>734,074</b>	<b>350,995</b>	<b>14</b>	<b>76,674</b>	<b>9,298</b>
of whom women	30%	30%	26%	35%	25%	31%	29%			249,318				
of whom children	40%	40%	50%	41%	50%	43%	41%			293,063	347,501			
of whom IDPs	6,451,553	2,050,503		32,778			6,580,423							

**ASSISTANCE**

WOUNDED AND SICK														
Hospitals				First aid			Physical rehabilitation							
Hospitals supported	of which provided data	Admissions (patients)	of whom weapon-wounded	First-aid posts supported	of which provided data	Wounded patients treated	Centres supported	Patients receiving services	New patients fitted with prostheses	New patients fitted with orthoses	Prostheses delivered	Orthoses delivered		
9							12	33,155	849	9,741	3,098	16,962	7,627	Iraq
17	12	202,118	12,651				1	2,587	75	287	182	337	781	Israel and the Occupied Territories
2				4										Jordan
26	23	9,591	2,788	6	5	245		51					51	Lebanon
26														Syrian Arab Republic
22	13	3,779	1,290	17			4	65,131	514	8,677	826	20,839	33,236	Yemen
102	48	215,488	16,729	27	5	245	17	100,924	1,438	18,705	4,106	38,138	41,695	Total
		4,286	296					21,436	284	3,366	597	6,773		of whom women
		2,824	423					40,084	193	10,621	400	22,328		of whom children
											937	15		of whom IDPs

# EGYPT

COVERING: Egypt, League of Arab States



ICRC delegation

The ICRC has been in Egypt, with some interruptions, since the beginning of the Second World War. It works with the Egyptian Red Crescent Society to help it boost its emergency preparedness in relation to needs arising from situations of violence, focusing on first-aid care; as necessary, it provides support to refugees. It seeks to visit people detained in Egypt. The ICRC's regional legal advisory, communication and documentation centre works in cooperation with the League of Arab States and other ICRC delegations to promote the incorporation of IHL into domestic legislation, military training and academic curricula throughout the Arab world.

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

**MEDIUM**

## KEY RESULTS/CONSTRAINTS

In 2014:

- ▶ victims of internal unrest received first aid from the Egyptian Red Crescent Society's emergency action teams and evacuees from the Gaza Strip were treated at hospitals – in both cases, with ICRC support
- ▶ with ICRC assistance, local health-care providers revised their contingency plans, and civilian/police doctors and surgeons honed their skills at seminars across Egypt, helping boost their emergency preparedness
- ▶ vulnerable Palestinian families from the Syrian Arab Republic met some of their needs with essential items/food obtained through vouchers distributed quarterly by the National Society/ICRC
- ▶ despite dialogue with the authorities on the ICRC's potential contribution to their efforts to ensure detainees' welfare and protect violence-affected people in Sinai, no access was granted to either group
- ▶ though the political transition hindered IHL implementation, a draft law for incorporating the provisions of the Rome Statute in domestic legislation was approved, and judges learnt more about IHL at lectures

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
Red Cross messages (RCMs)	
RCMs collected	17
RCMs distributed	18
Phone calls facilitated between family members	395
People located (tracing cases closed positively)	78
People reunited with their families	2

ASSISTANCE	2014 Targets (up to)	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>		
<b>Economic security, water and habitat</b>		
(in some cases provided within a protection or cooperation programme)		
Essential household items	Beneficiaries 600	443
Cash	Beneficiaries	324
Vouchers	Beneficiaries 3,000	3,344

## EXPENDITURE (in KCHF)

Protection	608
Assistance	2,110
Prevention	1,140
Cooperation with National Societies	926
General	-

**4,784**

of which: Overheads 292

## IMPLEMENTATION RATE

Expenditure/yearly budget	<b>102%</b>
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## PERSONNEL

Mobile staff	9
Resident staff (daily workers not included)	48



## CONTEXT

The military-backed interim government that assumed office in 2013 proceeded with its transition plan. It held a constitutional referendum in January, leading to the *shura* council's dissolution; parliamentary elections were planned for 2015. Former army chief Abdel-Fattah El-Sisi was elected president in May.

Fuelled by socio-economic problems and political tensions, particularly between the authorities and Muslim Brotherhood supporters, demonstrations continued countrywide; these sometimes led to clashes between the police and protesters. Bombings, reportedly by armed groups, occurred in Cairo and elsewhere. In Sinai, the armed/security forces carried out operations against armed groups and evacuated some residents to create a buffer zone against alleged arms smuggling. The respective situations reportedly resulted in hundreds of casualties and arrests; however, security constraints and access restrictions limited the ability of humanitarian organizations to fully assess the impact on people in Sinai.

In July/August, some wounded Palestinians were evacuated to Egypt after events in the Gaza Strip (see *Israel and the Occupied Territories*).

Egypt remained a transit/destination country for hundreds of thousands of migrants, asylum seekers and refugees, from the Syrian Arab Republic (hereafter Syria) and elsewhere.

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

## ICRC ACTION AND RESULTS

The ICRC, in cooperation with the Egyptian Red Crescent Society, focused on meeting humanitarian needs arising from violence within Egypt and conflict in the region.

The National Society's emergency action teams, trained and equipped by the ICRC, helped ensure timely treatment/evacuation for casualties of internal unrest. Hospitals backed by ICRC-donated supplies treated patients evacuated from the Gaza Strip, who eased their situation through ICRC-provided essential items and family-links services. Dialogue with local health-care institutions resulted in joint initiatives to improve their emergency preparedness/response capacities: two hospitals and an ambulance organization drew on ICRC advice to improve their contingency plans, and weapon-wound surgery and trauma-management seminars for doctors helped boost the quality of treatment countrywide. The incorporation of a weapon-wound surgery module into an organization's training curriculum awaited government approval. The National Society received support for its first-aid programme, enabling it to expand the pool of available first-responders, including journalists present at scenes of unrest. A national conference spread awareness of the need to respect/protect medical personnel and facilities.

The ICRC cancelled initial plans to assist Syrian refugees, who were receiving aid from other actors. It shifted its focus to vulnerable Palestinians from Syria, who met some of their needs using vouchers – exchangeable for essential items/food – distributed quarterly by the National Society/ICRC. Other particularly vulnerable groups benefited from ad hoc aid distributions. The ICRC bolstered the National Society's emergency relief stocks in Sinai.

People in Egypt restored/maintained contact with their relatives through ICRC family-links services; some were reunited with their families. ICRC travel documents helped foreigners without valid identification papers return home/resettle in third countries.

Though no formal dialogue was established with the authorities on the protection of the civilian population during situations of violence in Egypt, the ICRC discussed its potential contribution to their efforts in this regard during meetings/events. However, owing to security constraints and other restrictions, the ICRC remained without access to violence-affected people in Sinai. During field visits, the ICRC documented the concerns of people who had fled Syria and forwarded them to its delegation in Syria, to be raised with the parties concerned. The organization maintained contact with local/international actors engaged in efforts to prevent sexual violence.

Formal discussions with the authorities on the ICRC's offer of services to visit people deprived of their freedom continued, but failed to elicit the authorities' approval. A round-table with stakeholders was postponed, owing to other government priorities.

The Egyptian armed/security forces learnt about international norms relevant to law enforcement and detention at courses co-organized with the authorities. The ICRC encouraged the army to reactivate its IHL committee.

Though the political situation hindered domestic implementation of IHL, dialogue with the national IHL committee continued; the authorities approved a draft law incorporating the provisions of the Rome Statute into domestic legislation.

Contact with State-authorized Islamic organizations helped improve their awareness of the similarities between IHL and sharia law. The ICRC promoted widespread awareness of humanitarian issues and Movement activities by helping the media report on these topics through information materials, and by co-organizing seminars with local associations to enhance journalists' awareness of IHL and the protection it affords them. It also helped the National Society launch its new bilingual website.

Regionally, the ICRC pursued its partnerships with the AIPU and the LAS to promote/monitor IHL implementation by supporting national IHL committees and organizing IHL-related events for representatives of Arab countries.

The ICRC's regional resource and communication centre in Cairo supported the organization's efforts to increase knowledge of and respect for IHL throughout the Arabic-speaking world by producing written/audiovisual materials in Arabic and updating the ICRC's Arabic-language website.

## CIVILIANS

Although no formal dialogue was established with the authorities and weapon bearers on the ICRC's potential contribution to their efforts to ensure the protection of the population during situations of violence, the subject was raised during meetings with and events attended by the authorities (see *Actors of influence*). Access to violence-affected people in Sinai was not granted, but the ICRC stayed abreast of possible humanitarian concerns arising from the situation there through media reports and contact with the National Society and health-care providers in the area. Dialogue on the humanitarian concerns of irregular migrants was not

pursued, owing to developments in the situation and operational constraints.

People who had fled Syria, particularly Palestinians, had their needs assessed and their protection concerns, including those connected with the principle of *non-refoulement*, monitored during ICRC field visits. They reported the alleged arrests of their relatives in Syria; at their request, these reports were forwarded to the ICRC delegation there (see *Syrian Arab Republic*), which submitted representations to the parties concerned whenever possible. However, none of the information received led to the location of people being sought by enquirers in Egypt.

With a view to helping reduce people's risk of becoming victims of sexual violence, particularly during demonstrations, the ICRC developed dialogue with local/international organizations engaged in related efforts, and exchanged information with them at workshops/meetings.

### **Palestinian families from Syria meet some of their needs through vouchers**

Plans for relief distributions had initially targeted Syrian refugees; however, as they were receiving aid from UN agencies and their partners, the ICRC recalibrated its response to focus on Palestinian families from Syria, who had not been receiving assistance systematically, apart from monthly WFP food vouchers.

With the Egyptian authorities' agreement and in coordination with the Palestinian embassy, some 1,000 vulnerable Palestinian households (over 3,300 people) met their urgent needs with the help of vouchers exchangeable for essential items/food at local supermarkets. Initially provided by the ICRC on a one-off basis, these vouchers were distributed quarterly by the National Society/ICRC once working procedures were agreed on. Additional vouchers were provided in December to help them cope with winter.

### **Medical evacuees from the Gaza Strip receive hygiene kits and other essentials**

Wounded Palestinians evacuated from the Gaza Strip (see *Context*) and their families (395 people in all) eased their displacement through hygiene kits distributed with the help of the National Society; some of them also received cash assistance.

A few particularly vulnerable migrants received ad hoc support to help them cope with their situation.

Though people in Sinai remained inaccessible to the ICRC, the National Society received some support to bolster its emergency preparedness in the area; its warehouse was rehabilitated and restocked with emergency relief kits for 100 families (500 people).

### **Members of dispersed families keep in touch, resettle abroad or return home**

People in Egypt restored/maintained contact with or located relatives through ICRC family-links services, including brief oral messages, relayed by the ICRC, to relatives detained in Jordan and Lebanon. Some Egyptians sent parcels to and exchanged video calls with relatives held at the US internment facility at Guantanamo Bay Naval Station in Cuba or at the Parwan detention facility in Afghanistan; one family visited a relative held at the latter.

Over 1,250 people without valid identification papers, including asylum seekers, resettled in third countries or were repatriated

using ICRC travel documents issued in coordination with IOM, UNHCR and the embassies concerned. With the help of ICRC tracing services, an Eritrean girl – a former victim of human trafficking – as well as a South Sudanese minor and her son were reunited with their relatives in Switzerland and South Sudan respectively. In cooperation with the Egyptian authorities, a Syrian minor in Jordan was reunited with her family in Egypt. Three people rejoined their families in Egypt using ICRC-facilitated entry visas.

Unaccompanied foreign minors, particularly those without valid papers or awaiting family reunification, received legal, psychological and vocational assistance through an ICRC-supported initiative of the Africa and Middle East Refugee Assistance until February, when the organization closed, owing to administrative issues. In December, an agreement was signed with another NGO, with a view to resuming psychological/educational support for unaccompanied foreign minors.

At National Society/ICRC training sessions, some 170 members of the National Society's emergency action teams (see *Wounded and sick*) enhanced their ability to provide family-links services.

## **PEOPLE DEPRIVED OF THEIR FREEDOM**

### **Detainees still do not benefit from ICRC visits**

Though formal discussions on the ICRC's offer to visit detainees in Egypt continued, the authorities' approval was not obtained. To clarify the humanitarian nature of its activities for people deprived of their freedom and help raise awareness of the ICRC's potential contribution to the authorities' efforts to ensure that inmates' treatment and living conditions were in line with internationally recognized standards, the ICRC sought dialogue with the stakeholders concerned, including the Interior and Justice Ministries. A round-table discussion with them – to be co-organized with the National Committee on Human Rights – was postponed, owing to the presidential elections and other government priorities (see *Context*).

At their families' request, the ICRC followed up on the alleged arrest of 26 people, with a view to ascertaining their whereabouts; however, no cases were resolved.

Two Egyptian nationals formerly held at the Guantanamo Bay internment facility received ad hoc cash assistance to help ease their reintegration into society; one of them also received supplies for his artificial limb.

## **WOUNDED AND SICK**

The internal situation generated significant numbers of casualties, and developments in neighbouring countries led to the evacuation of some wounded people into Egypt (see *Context*). The ICRC focused on helping emergency responders ensure timely care for them, while undertaking joint initiatives with local health-care providers/institutions to boost their capacities and the quality of care afforded to weapon-wounded patients. Violence-affected people in Sinai could not, however, be reached (see *Civilians*).

### **Medical evacuees from the Gaza Strip receive treatment in Egypt**

Some wounded Palestinians evacuated from the Gaza Strip (see *Context*) were treated at seven hospitals with the help of medical supplies donated by the ICRC through the National Society. ICRC delegates monitored their situation through regular visits, and provided them with family-links services and other assistance (see *Civilians*). At a Palestine Red Crescent Society hospital

in Cairo, 17 Palestinians had their treatment costs covered by the ICRC; a portable X-ray machine was donated to the facility.

Emergency teams from the Ministry of Health and Population (MOHP) evacuated some 600 Egyptians from Libya after the security situation deteriorated in August (see *Libya*); they received dressing sets to help them stabilize and treat those who were wounded.

A university hospital's blood bank received a freezer and other equipment to help it provide its services.

### **Injured people receive timely treatment from the National Society's emergency action teams**

Over 500 people wounded during demonstrations and other incidents throughout Egypt, particularly Cairo, benefited from first-aid treatment and medical evacuations carried out by National Society emergency action teams. The teams used ICRC-donated equipment, supplies and vehicles, which helped facilitate their deployment and ensure their members' safety. At International Federation/ICRC-supported sessions, new members of these teams trained in emergency care in line with the Safer Access Framework, and the provision of family-links services (see *Civilians*); they also learnt about IHL and the Movement. Pre-existing members upgraded their skills during refresher courses. By year-end, 94 teams (comprising 470 people) covered 23 out of 27 governorates countrywide. Furthermore, the National Society received equipment to help it extend first-aid training to the public, broadening the pool of capable first-responders during emergencies. Journalists, who were often present at scenes of unrest, acquired first-aid skills during IHL dissemination sessions (see *Actors of influence*).

### **Local health-care providers improve procedures for handling mass-casualty situations**

Through MOHP-ICRC initiatives, two hospitals and the Egyptian Ambulance Organization strengthened their capacities to deal with mass influxes of patients. With on-the-job training and advice from an ICRC consultant, the three institutions identified gaps in their current set-ups and began to revise their guidelines and standard operating procedures, with a view to improving their services. An MOHP official improved his knowledge of managing large-scale emergencies at an ICRC-organized course in Switzerland.

Dialogue with local forensics professionals led to plans for training initiatives in 2015.

Public awareness of the need to respect/protect medical personnel was raised at a national conference for local and international organizations, organized with the National Society/MOHP.

### **Doctors hone their skills in weapon-wound surgery and emergency room trauma management**

At five weapon-wound surgery seminars and two emergency-room trauma courses co-organized with the MOHP, the Interior Ministry, the Arab Medical Union and university hospitals, over 220 civilian/police doctors from all governorates enhanced their skills and exchanged best practices on treating injuries during precarious situations and with limited resources. The incorporation of a weapon-wound surgery module into the Egyptian Fellowship Board's medical training curriculum awaited MOHP approval.

## **ACTORS OF INFLUENCE**

### **Members of the armed/security forces learn about international rules related to law enforcement**

Given the prevailing situation, dialogue with the authorities and

weapon bearers during meetings and events focused on helping them enhance their knowledge of the ICRC and its mandate, particularly during situations of violence.

Some 180 military, State security and police officers learnt about international norms applicable to law enforcement operations and detention, as well as IHL principles, at sessions co-organized by the Defence and Interior Ministries and the ICRC. The military was encouraged to reactivate its IHL committee.

Some senior diplomats, judges and military/police officers broadened their understanding of IHL at regional courses in Beirut (see *Lebanon*), Cairo (see below), and the United Arab Emirates (see *Kuwait*).

### **The authorities approve a draft law incorporating the provisions of the Rome Statute**

The political situation hindered efforts to promote domestic implementation of IHL. Nevertheless, the national IHL committee drew on ICRC technical support to formulate draft laws on the missing and on the protection of cultural property. In August, the Council of Ministers approved a draft law incorporating the provisions of the Rome Statute of the International Criminal Court into domestic legislation, for submission to the parliament to be elected in 2015.

Hundreds of judges and prosecutors added to their knowledge of IHL at lectures co-organized by the National Centre of Judicial Studies; some of them participated in an essay competition. The centre's library received IHL reference materials.

### **Journalists enhance their knowledge of IHL and the protection it affords them, and train in first aid**

The media remained a key partner in promoting humanitarian principles and the Movement. During seminars, some of which were co-organized with local/regional organizations, journalists learnt more about topics such as: IHL, including the protection it affords them; the Movement; conflict reporting, including ethical considerations; and the role of social media and technology in supporting humanitarian work. At some of these workshops, some 200 journalists also acquired first-aid skills with the help of the National Society, which contributed to emergency preparedness, as they were often present at scenes of unrest. Media outlets enhanced their reporting through briefings and information published on the ICRC's Arabic-language website.

Through dialogue, briefings and media reports, human rights organizations, political parties and State-authorized Islamic organizations improved their awareness of the ICRC's mandate/work and the similarities between IHL and sharia law.

### **Representatives of military training/legal departments in the region broaden their understanding of IHL**

The AIPU, LAS and ICRC continued working with national IHL committees in the region to promote and monitor IHL implementation in line with regional action plans adopted by the two multilateral bodies. Notably, the LAS/ICRC organized a meeting on domestic IHL implementation (see *Algeria*), and prepared a report on the topic.

At a seminar in Cairo co-organized with the LAS's Security Department, representatives from the military training/legal departments of 11 Arab countries and LAS staff members enhanced their knowledge of IHL, the ICRC's mandate, and its activities in the region.

Peacekeeping troops from across the region refreshed their knowledge of IHL at sessions conducted with a Cairo-based military training centre.

### RED CROSS AND RED CRESCENT MOVEMENT

The Egyptian Red Crescent, with ICRC financial/technical/material support, helped address needs arising from violence in Egypt and conflict in neighbouring countries (see *Civilians and Wounded and sick*) – for instance, through its logistical pipeline to the Gaza Strip for humanitarian assistance – and strengthened its emergency preparedness.

The National Society also drew on ICRC support to improve its capacity to promote awareness of IHL, humanitarian principles, the Movement and its own activities. It produced an Arabic-language brochure describing its activities and history, and launched an English-Arabic website to reach a wider audience. It also expressed an interest in taking a greater role in providing family-links services.

The National Society supported the Health Care in Danger project, notably, by co-organizing a conference on it (see *Wounded and Sick*) and sending participants to a workshop in South Africa on safeguarding health facilities (see *Pretoria*). At a Movement meeting in Beirut (see *Lebanon*), the National Society shared best practices and challenges related to the operational application of the Fundamental Principles.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>Red Cross messages (RCMs)</b>			<b>UAMs/SCs*</b>		
RCMs collected		17			
RCMs distributed		18			
Phone calls facilitated between family members		395			
<b>Reunifications, transfers and repatriations</b>					
People reunited with their families		2			
	<i>including people registered by another delegation</i>	1			
People transferred/repatriated		2			
<b>Tracing requests, including cases of missing persons</b>			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered		359	73	41	77
	<i>including people for whom tracing requests were registered by another delegation</i>	36			
People located (tracing cases closed positively)		78			
	<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)		371	80	42	61
	<i>including people for whom tracing requests were registered by another delegation</i>	37			
<b>Documents</b>					
People to whom travel documents were issued		1,253			
Official documents relayed between family members across borders/front lines		1			

\* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Essential household items	Beneficiaries	443	21%	9%
Cash	Beneficiaries	324	21%	14%
Vouchers	Beneficiaries	3,344	25%	50%



# IRAN, ISLAMIC REPUBLIC OF



ICRC / AR\_2014  
 ◆ ICRC mission + ICRC office/presence

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

## KEY RESULTS/CONSTRAINTS

### In 2014:

- ▶ Iranian and Iraqi authorities recovered over 380 sets of human remains, but made little progress in standardizing procedures for clarifying the fate of persons missing in relation to the 1980–88 Iran-Iraq war
- ▶ the Centre for Comparative Studies on Islam and IHL in Qom engaged scholars in dialogue on the similarities between IHL and Islamic jurisprudence, at events and via publications on the topic
- ▶ the authorities and influential religious leaders discussed humanitarian issues and cooperation with the ICRC, notably during the ICRC president's visit in May
- ▶ the Red Crescent Society of the Islamic Republic of Iran and the ICRC developed their cooperation, notably by jointly organizing a Health Emergencies in Large Populations (H.E.L.P.) course
- ▶ thousands of vulnerable Afghan migrants in the country received vaccinations and other basic health services through a joint project of the National Society, a local NGO and the ICRC
- ▶ difficulties in securing authorization from the national authorities set back the implementation of certain ICRC-proposed humanitarian initiatives to assist vulnerable people

EXPENDITURE (in KCHF)	
Protection	1,713
Assistance	-
Prevention	1,856
Cooperation with National Societies	642
General	-
	<b>4,210</b>
	<i>of which: Overheads 257</i>
IMPLEMENTATION RATE	
Expenditure/yearly budget	<b>93%</b>
PERSONNEL	
Mobile staff	8
Resident staff (daily workers not included)	41

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

**MEDIUM**

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
Red Cross messages (RCMs)	
RCMs collected	74
RCMs distributed	83
People located (tracing cases closed positively)	48
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
Restoring family links	
RCMs collected	8
RCMs distributed	21



## CONTEXT

The Islamic Republic of Iran enjoyed relief from certain international economic and other sanctions after it suspended some activities related to its nuclear programme. This was in line with an interim deal reached by the country and members of the international community in 2013; talks on a comprehensive agreement were ongoing. However, despite this and various government measures, Iranians continued to endure economic difficulties.

Thousands of Iranian families remained without information about the fate of relatives missing in relation to the 1980–88 Iran-Iraq war. People in provinces along the borders with Afghanistan and Iraq were exposed to risks associated with weapon contamination. Afghan refugees and irregular migrants living in the Islamic Republic of Iran found it difficult to obtain social services.

The country maintained its international profile, which included its duties as head of the Non-Aligned Movement, and sought to ease relations with the member States of the Gulf Cooperation Council and other countries. It followed the security situations in Iraq and the Syrian Arab Republic closely.

## ICRC ACTION AND RESULTS

In the Islamic Republic of Iran, the ICRC continued to: help address the humanitarian consequences of the 1980–88 Iran-Iraq war in relation to the issue of missing persons; develop its partnership with the Red Crescent Society of the Islamic Republic of Iran; promote IHL and its compatibility with Islamic jurisprudence; support local efforts to reduce people's exposure to the effects of weapon contamination; and restore family links. Challenges related to securing authorization from the national authorities set back the implementation of some ICRC-proposed humanitarian initiatives.

As a neutral intermediary, the ICRC supported Iraq and the Islamic Republic of Iran in ascertaining the fate of persons still missing in relation to the 1980–88 Iran-Iraq war. It chaired a meeting of the tripartite committee on missing persons and three meetings of the joint technical working group tasked by the committee to facilitate joint exhumations and the return of human remains. Hundreds of sets of human remains were recovered and repatriated as a result of these efforts. With a view to advancing the recovery and identification process, the ICRC helped Iranian forensic experts hone their skills; for example, it organized workshops jointly with the Legal Medical Organization (LMO).

Within the framework of their 2012 partnership agreement, the National Society and the ICRC continued working together to restore family links, help people become less vulnerable to the effects of weapon contamination, offer physical rehabilitation services and promote IHL and the Movement. With ICRC support, the National Society organized the first Health Emergencies in Large Populations (H.E.L.P.) course in the Islamic Republic of Iran and participated in local/international events. This contributed to enhancing its application of Movement mechanisms and boosting its staff's understanding of the Fundamental Principles.

Cooperation with and support for the national IHL committee, the National Society and the Centre for Comparative Studies on Islam and IHL in Qom (hereafter Qom Centre) helped build acceptance for the ICRC and promote IHL and its common points with Islamic jurisprudence. Activities undertaken with these organizations facilitated contact with the authorities and influential religious

leaders. Dialogue with Iranian officials, particularly during the ICRC president's visit in May, also covered humanitarian issues and cooperation. More generally, events jointly organized with local institutions – as well as media reports on ICRC activities and the distribution of multimedia resources in local languages – helped broaden awareness of IHL, humanitarian principles and the Movement among civil society and the wider public. Contact with the Ministry of Defence on IHL-related matters was established; no progress was made in formalizing the ICRC's legal status in the country.

Through the concerted efforts of the Iranian Mine Action Centre (IRMAC), the National Society and the ICRC, thousands of people learnt about safe behaviour to adopt to mitigate mine-related risks. Civilian mine victims not covered by national assistance programmes received physical rehabilitation services through a joint project of the National Society and the ICRC. With ICRC support, IRMAC continued to develop as the focal point for mine-related activities.

Vulnerable Afghan migrants in Khorasan province received basic health-care services and hygiene education through an ICRC-supported project implemented by a local NGO and the National Society. Through Movement family-links services, Iranian families, Afghan detainees and Afghan and Iraqi refugees restored/maintained contact with relatives living or detained abroad.

## CIVILIANS

### Over 380 sets of human remains recovered in joint Iranian-Iraqi exhumations

The Iranian and Iraqi governments maintained their joint efforts to ascertain the fate of persons still unaccounted for from the 1980–88 Iran-Iraq war. The ICRC continued to chair the tripartite committee on missing persons that was formed in 2013 after the merging of the two committees that had been tackling the issue.

Over 380 sets of human remains were recovered during five Iranian-Iraqi excavations, facilitated by the joint technical working group of the tripartite committee, in the Al Fao peninsula and Majnoon oil fields in Iraq. Through the efforts of both countries and under ICRC auspices, 369 sets of human remains were repatriated to the Islamic Republic of Iran; 18 sets of human remains exhumed in Iranian sites were handed over to the Iraqi authorities.

During one ICRC-chaired meeting of the tripartite committee and three of the working group, experts and authorities from both countries exchanged information on exhumations and discussed challenges they had encountered. The tripartite committee agreed on a plan of action for 2015, but made little progress in standardizing working procedures.

### Iranians build their forensic capacities

Institutions involved in the identification of human remains improved their services, partly by drawing on ICRC expertise/support. LMO staff and other local experts, as well as forensic professionals from neighbouring countries, honed their forensic skills through workshops/courses organized by the LMO/ICRC; an LMO staff member attended a course on human remains management. Officials and technicians from Iranian forensic/genetic laboratories discussed professional challenges at an ICRC-facilitated round-table. One laboratory received financial support for purchasing equipment as per an agreement between the authorities, the laboratory and the ICRC. Efforts were pursued to foster regional cooperation in forensic matters.

Within the framework of a mechanism agreed on by the Iranian authorities and the ICRC in 2004, Iranian officials received an updated list of Iraqi POWs still unaccounted for. Over 500 Iraqi ex-POWs could apply for State benefits after receiving attestations of captivity.

An assessment of the needs of the families of missing persons – planned in cooperation with the Janbazan Medical and Engineering Research Centre – remained on hold, owing to the lack of approval from the authorities.

### **Families contact their relatives abroad**

Iranian families exchanged news with their relatives detained in Afghanistan, Iraq or the US internment facility at Guantanamo Bay Naval Station in Cuba (see *Afghanistan, Iraq and Washington*) through RCMs, parcels and short oral messages relayed by ICRC delegates. Afghan and Iraqi refugees, and Afghans detained in the Islamic Republic of Iran, contacted their families using Movement family-links services. Some Afghan minors were assisted to contact the Swedish embassy in Tehran, which reunited them with their relatives in Sweden.

Six former members of the People's Mojahedin Organization of Iran (PMOI) were voluntarily repatriated from Iraq, under ICRC auspices and with the Iranian authorities' approval. Monitoring of the situation of repatriated former PMOI members and planned provision of psychosocial support, through a local NGO, remained on hold, pending the agreement of Iranian authorities.

In coordination with the ICRC, the National Society strengthened its family-links services, especially for migrants. Staff/volunteers of a branch bolstered their capacities at a training conducted during a joint visit by National Society/ICRC staff. The National Society also helped further the authorities' understanding of these services, at a workshop it hosted with the ICRC; this followed up the recommendations of a 2013 international conference. Preparations were ongoing for another international conference, and a regional meeting, involving other National Societies.

### **Vulnerable migrants obtain health services**

Through a project of a local NGO, the National Society and the ICRC, thousands of vulnerable Afghan migrants in Mashhad, in Khorasan, received basic health services – including vaccinations – during home visits by the NGO's staff; some were referred to other providers, for free medical services/supplies. The women and children among them learnt good health practices at information sessions.

### **Mine victims receive physical rehabilitation services**

Hundreds of thousands of people coped with the consequences of weapon contamination, through the efforts of IRMAC and the National Society. In accordance with existing cooperation agreements, both organizations received ICRC support for their activities.

Iranians living in weapon-contaminated provinces in the west, and Afghan refugees passing through the eastern provinces, reduced their exposure to mine-related risks through dissemination sessions led by ICRC-supported National Society staff/volunteers. In Kurdistan province, 39 civilian mine victims not covered by national assistance programmes availed themselves of physical rehabilitation services through a National Society/ICRC project. They were among 100 mine victims who participated in a needs assessment led by IRMAC, which also bolstered its data-collection capacity.

With ICRC support, IRMAC sustained its role as central coordinator of mine-related activities. It promoted its activities, and engaged with other actors, through workshops/events.

In line with the National Society's initiatives to improve its capacities in mine-risk education, senior officials and trainers discussed their work and challenges, and received technical advice, during workshops.

## **ACTORS OF INFLUENCE**

Dialogue with the authorities and members of civil society helped foster acceptance and support for humanitarian principles, IHL and the ICRC, although no progress was made in formalizing the organization's legal status in the country. The National Society, the national IHL committee and the Qom Centre remained crucial partners in facilitating contact with the authorities and civil society, and in promoting IHL and its compatibility with Islamic jurisprudence. The national IHL committee invited the ICRC to its meetings, at which accession to the Optional Protocol to the Convention on the Rights of the Child and completion of a draft law on the emblem were discussed.

Cooperation with Defence Ministry officials on the issue of missing persons (see *Civilians*) continued. Some progress was made in efforts to implement IHL-related activities with them, although a draft agreement on joint activities was still awaiting approval. Armed forces personnel attended IHL workshops organized by the National Society/ICRC.

### **Authorities increase their understanding of IHL and ICRC activities**

Senior government officials and prominent religious/academic leaders discussed humanitarian issues and cooperation with the ICRC during its president's visit. Bilateral meetings, in the country and abroad, with the authorities, parliamentarians and religious leaders/scholars also covered these subjects. Contact with the authorities on humanitarian issues related to detention was being developed.

The authorities and members of civil society enriched their understanding of IHL and related norms during local/international events. For example, government officials, national IHL committee members and scholars contributed to discussions at: an international conference on sexual violence in armed conflict (see *Nepal*); an experts' workshop on the Health Care in Danger project (see *Brussels*); a meeting on the "Strengthening IHL" process (see *International law and policy*); and other events abroad (see *Lebanon, New Delhi and Sri Lanka*).

### **Scholars consider similarities between Islamic jurisprudence and IHL**

Prominent Islamic leaders and scholars contributed to the dialogue on the common points between Islamic jurisprudence and IHL through initiatives undertaken by the Qom Centre, the ICRC-supported focal point for studies in this subject. The centre participated in, among others, an international conference on Islamic unity and a book fair, and published/translated a magazine and other materials. With the centre's support, a scholar discussed about the Health Care in Danger project at an international conference (see *Pakistan*). Preparations were in progress for an international conference on Islam and IHL hosted by the Qom Centre.

Students/researchers made use of the centre's well-stocked library for their studies on the subject; four of these were completed with

ICRC support. Scholars in the region received publications in Arabic, English and Persian.

### Civil society raises awareness of IHL and humanitarian issues

Academics, NGOs, journalists and other members of civil society discussed IHL and humanitarian issues at events organized with/by local institutions, including those who had signed cooperation agreements with the ICRC. Topics covered included violence and extremism, nuclear weapons, sexual violence, the environmental consequences of armed conflict and the role of non-State actors in armed conflicts.

The media's coverage of IHL-related events and ICRC activities helped broaden public awareness of IHL and humanitarian principles. Participation in a film festival and distribution of written/ audiovisual materials in local languages also contributed to this end. To strengthen the ICRC's relations with the media, an agreement was concluded with the country's official news agency to coordinate on capacity-building activities.

### Students demonstrate competence in IHL

Iranian university students, and their counterparts in the region, tested their grasp of IHL at a moot court organized by the National Society, two local organizations and the ICRC. Students also competed internationally (see *Beijing* and *Europe*); their universities received reference materials on IHL.

Selected modules of the Exploring Humanitarian Law programme had been adapted for inclusion in textbooks. The national IHL committee explored ways to include the programme in cultural events and to promote it among youth/cultural groups, with a view to cultivating young people's awareness of IHL.

## RED CROSS AND RED CRESCENT MOVEMENT

### National Society hosts emergency preparedness course

In line with their 2012 partnership agreement, the National Society and the ICRC worked to restore family links, raise mine-risk awareness and promote IHL and humanitarian principles (see above). Cooperation in accordance with a separate agreement on physical rehabilitation continued, in the form of joint activities (see *Civilians*).

The National Society organized, with a local medical university and the ICRC, the first H.E.L.P. course in the country, which helped advance its application of the Movement's operational mechanisms. The course's 30 participants – health and humanitarian professionals – strengthened their emergency preparedness and added to their knowledge of IHL.

The National Society further incorporated the Health Care in Danger project in its staff training and promoted it to various audiences. Staff/volunteers broadened their understanding of humanitarian issues, and their capacity to assist vulnerable people, through ICRC-hosted events on disability inclusion, disaster response, the Movement's Fundamental Principles and other topics.

MAIN FIGURES AND INDICATORS: PROTECTION	Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Red Cross messages (RCMs)</b>		<b>UAMs/SCs*</b>		
RCMs collected	74			
RCMs distributed	83			
<b>Reunifications, transfers and repatriations</b>				
Human remains transferred/repatriated	18			
<b>Tracing requests, including cases of missing persons</b>				
People for whom a tracing request was newly registered	119	Women	Girls	Boys
<i>including people for whom tracing requests were registered by another delegation</i>	13	26	33	20
People located (tracing cases closed positively)	48			
Tracing cases still being handled at the end of the reporting period (people) <sup>1</sup>	242	52	52	40
<i>including people for whom tracing requests were registered by another delegation</i>	17			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>Restoring family links</b>				
RCMs collected	8			
RCMs distributed	21			
People to whom a detention attestation was issued	522			

\* Unaccompanied minors/separated children

1. not including people missing as a consequence of the 1980–88 Iran-Iraq war



The ICRC has been present in Iraq since the outbreak of the Iran-Iraq war in 1980. Protection activities focus on people detained by the Iraqi government and the Kurdistan regional authorities and on efforts to clarify the fate/whereabouts of missing persons. Assistance activities involve: helping IDPs and residents meet their basic needs during emergencies and restore their livelihoods in remote and/or neglected, violence-prone areas; supporting physical rehabilitation, primary health care centres and hospitals; and repairing water, health and detention infrastructure. The ICRC promotes IHL among weapon bearers and supports the Iraqi Red Crescent Society.

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

**MEDIUM**

## KEY RESULTS/CONSTRAINTS

### In 2014:

- parties to the conflict were urged to abide by their obligations, under IHL and other applicable norms, to respect and protect civilians and civilian infrastructure, including medical personnel/facilities
- as a result of their understanding of and support for the ICRC's work, authorities at all levels, weapon bearers and traditional/local leaders helped facilitate the organization's safe access to people in need
- IDPs and residents maintained their access to water, and received food, essential household items and cash for their immediate needs, through ICRC emergency response activities
- wounded and sick people in conflict-affected/prone areas obtained health services and emergency treatment at ICRC-supported facilities, including hospitals/health centres provided with medical supplies
- detainees received ICRC visits to monitor their treatment and living conditions and, in view of needs amplified by the situation, benefited from ICRC-led infrastructure work and material assistance
- more people than planned benefited from emergency assistance, but violence and other constraints still hampered the ICRC's efforts to protect and assist people as comprehensively as the situation required

### EXPENDITURE (in KCHF)

Protection	13,950
Assistance	49,853
Prevention	7,663
Cooperation with National Societies	2,005
General	-
<b>Total</b>	<b>73,471</b>

of which: Overheads 4,484

### IMPLEMENTATION RATE

Expenditure/yearly budget	<b>103%</b>
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### PERSONNEL

Mobile staff	89
Resident staff (daily workers not included)	730

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
Red Cross messages (RCMs)	
RCMs collected	1,515
RCMs distributed	1,203
People located (tracing cases closed positively)	57
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
ICRC visits	
Detainees visited	40,030
Detainees visited and monitored individually	625
Number of visits carried out	160
Number of places of detention visited	62
Restoring family links	
RCMs collected	4,650
RCMs distributed	1,779
Phone calls made to families to inform them of the whereabouts of a detained relative	10,086

ASSISTANCE	2014 Targets (up to)	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 367,500	503,679
Essential household items	Beneficiaries 265,500	531,686
Productive inputs	Beneficiaries 42,000	43,178
Cash	Beneficiaries 19,800	29,624
Work, services and training	Beneficiaries 15,000	13,193
Water and habitat activities	Beneficiaries 1,060,000	2,050,325
<b>Health</b>		
Health centres supported	Structures 18	61
<b>WOUNDED AND SICK</b>		
<b>Hospitals</b>		
Hospitals supported	Structures 17	9
<b>Physical rehabilitation</b>		
Centres supported	Structures 12	12
Patients receiving services	Patients 37,000	33,155



## CONTEXT

The armed conflict between government forces and a network of armed groups, including the Islamic State group, that escalated in Anbar in December 2013 spread to other parts of Iraq. Violence further intensified following the Islamic State group's takeover of Mosul and other areas. At the Iraqi government's request, a coalition of third-party States, led by the United States of America, launched air strikes against the group and provided support to government forces.

The complex and mutable dynamics of the conflict, and the prevalent violence, exacerbated an already fragile humanitarian situation. Iraqis' already limited access to basic services decreased further, as essential infrastructure was damaged and insecurity hampered government operations. Some 1.8 million people were reported displaced, at times repeatedly, owing to shifting frontlines; thousands of people were injured or killed. Amid volatile conditions, international humanitarian organizations present in Iraq encountered difficulties in reaching communities hardest-hit by the conflict.

The new government, formed after elections in April, took steps to resolve key issues amid persistent political uncertainty, sectarian tensions, economic problems and other challenges.

Thousands of refugees from the Syrian Arab Republic (hereafter Syria) remained in the Kurdistan region.

## ICRC ACTION AND RESULTS

Given the broad humanitarian consequences of the armed conflict and other situations of violence in Iraq, the ICRC focused on promoting the protection of civilians and helping them meet their needs. It scaled up its emergency response, supported by a budget extension appeal launched in May.

The ICRC reinforced its dialogue and networking with all authorities and weapon bearers, including third-party States involved in operations against the Islamic State group (see *Context*). It urged them to fulfil their obligations under IHL and other applicable norms to respect and protect civilians and civilian infrastructure, including medical personnel/facilities. Contact with them and with local/traditional leaders also fostered acceptance of and support for humanitarian principles and ICRC activities. This helped facilitate the ICRC's safe access to vulnerable people amid the volatile security conditions. Progress was made in promoting IHL implementation: the authorities established a national IHL committee and granted observer status to the ICRC. Support for IHL training of the Kurdistan military continued, but was temporarily suspended for the Iraqi central government armed forces.

Through its presence across Iraq, the ICRC responded – in coordination with the authorities, the Iraqi Red Crescent Society and other humanitarian actors – to the immediate needs of conflict/violence-affected people. It provided food and essential items to hundreds of thousands of IDPs and residents in most provinces, helping ease their situation. It also helped fill gaps in emergency aid to Syrian refugees. Through projects with the authorities, which included water-trucking and emergency repairs to damaged facilities, it helped ensure access to water for people in conflict-affected areas.

Where security conditions permitted, the ICRC helped vulnerable households become more self-sufficient. Destitute households increased their incomes using agricultural supplies and other ICRC

support; female or disabled breadwinners started small businesses with cash grants. Women heads of households who had completed their application for State allowances, or compiled the required documents, received a final round of cash assistance; the authorities resumed the registration of female breadwinners in the State welfare system.

The ICRC helped ensure that vulnerable people, including those wounded and sick, had access to health services and emergency treatment. It provided on-site support/training for primary-health-care centres, and medical supplies to hospitals and other facilities in conflict-affected areas. It also helped health staff enhance their capacities to cope with the influx of injured patients. It continued to manage a physical rehabilitation centre and support State-run facilities, enabling disabled patients, including Syrian refugees, to avail themselves of appropriate services.

On the basis of ICRC visits to detainees held by the Iraqi central government and the Kurdistan regional government, the authorities concerned were provided with confidential feedback and recommendations on inmates' treatment and living conditions. These focused on the treatment of detainees during the initial phase of their detention, detainees' access to health services and the need to ensure respect for judicial guarantees. In view of needs amplified by the security situation in places of detention, the ICRC helped rehabilitate prison water-supply facilities and increased material assistance for vulnerable detainees.

People across Iraq – including IDPs, Syrian refugees and detainees – restored/maintained contact with their relatives through Movement family-links services. With the ICRC acting as a neutral intermediary, the countries concerned continued their efforts to clarify the fate of people missing in relation to the 1980–88 Iran-Iraq war and the 1990–91 Gulf War. The ICRC also provided training and technical support for Iraqi forensic institutions, to help build their capacities.

The ICRC, and other Movement components, helped the Iraqi Red Crescent sustain its response to humanitarian needs. Coordination within the Movement and with other humanitarian organizations helped maximize efforts, prevent duplication and address unmet needs.

## CIVILIANS

Contributing to the protection of civilians and helping them cope with the humanitarian consequences of armed conflict and other situations of violence remained priorities for the ICRC in Iraq. Authorities at all levels and all weapon bearers involved were urged to abide by their obligations under IHL, international human rights law and other applicable norms. Dialogue and networking efforts – expanded amid the conflict – emphasized the need to protect civilians, including IDPs, refugees and medical workers, and to ensure their access to basic services and humanitarian aid.

Reports of alleged violations were documented and, whenever possible, followed up with the pertinent parties. In particular, abuses committed against patients and medical workers/facilities were monitored in line with the goals of the Health Care in Danger project. During workshops, National Society staff and Iraqi military/police officers discussed ways to promote the protection of people seeking/providing health care.

## IDPs and residents cover their immediate needs

In coordination with the National Society and other humanitarian actors, the ICRC stepped up its emergency assistance to people



living in or displaced from the areas most affected, such as Anbar, Baghdad, Kirkuk and Salaheddin. Contact with the authorities and local/traditional leaders facilitated the organization's safe access to these people, but security/access-related constraints still hampered its efforts to address needs as urgently and comprehensively as the situation required.

Nearly 503,700 individuals (83,849 households), mostly IDPs in unfinished public buildings and other informal shelters, augmented their diets with one-month food rations. Over 531,600 individuals (88,517 households) eased their situation with ICRC-provided hygiene kits and household essentials; they included people in northern Iraq who endured the winter season using heating stoves and other supplies. Some 24,000 people received a second distribution of food/essential items. Thousands of Syrian refugees received food and essential household items from the ICRC, as it helped fill gaps in aid from other sources.

In Najaf, where markets were functional, some 3,000 households met their essential needs using cash grants.

### **Vulnerable households work towards self-sufficiency**

Given the insecurity, the ICRC made adjustments in implementing its livelihood support activities – by focusing on vulnerable households in relatively stable areas, for instance.

Destitute farming households, including returnees and host families, increased their agricultural production through various forms of support: 6,463 households (43,178 individuals) received greenhouses/other supplies; 605 households (5,140 individuals) benefited from land ploughing; and 450 households (2,700 individuals) received cash for cleaning/rehabilitating irrigation canals, which benefited their communities (8,053 people). Some of these households received more than one form of support.

Similarly, 841 female or disabled breadwinners used cash grants to start small businesses, helping them cover their essential needs independently (benefiting 3,978 individuals in total). However, fewer than planned were reached, owing to security constraints. Past beneficiaries reported that their small businesses brought in up to 60% of their households' revenue.

In line with the ICRC's approach to helping female breadwinners apply for State benefits, 912 women who had completed their applications or compiled all required documents received a final round of cash assistance (benefiting 3,220 individuals in total). Some women eligible for such assistance were not reached because they had been displaced by the fighting. Partly as a result of ICRC advocacy efforts, the authorities resumed the registration of female breadwinners in the State welfare system. About 210 women received ICRC cash grants to process their applications, with the help of local NGOs, and to cover their basic needs for three months.

### **Conflict-affected people maintain their access to water/health services**

Over 2 million people in conflict-prone/affected areas, including some 280,000 IDPs, had access to water following the rehabilitation/construction of water infrastructure, including irrigation canals (see above). Among them were people who benefited from water-trucking, urgent repairs to damaged facilities and other emergency activities undertaken by the ICRC in coordination with the authorities and, at times, through local contractors. The authorities' participation promoted community ownership/

sustainability of the projects. Through training, 127 technicians learnt to operate/manage water-supply facilities independently.

In violence-prone/affected areas, people received primary health care at 13 State-run centres (estimated catchment population: 268,230) supported by the ICRC, as per a 2012 agreement with the Health Ministry. These centres maintained their services, including mother/child care, through staff training, medical supplies and on-site support provided by the ICRC, despite widespread insecurity hindering its regular access to these facilities. Two centres were rehabilitated, while several received ad hoc material assistance (see *Wounded and sick*). Referrals to advanced care were monitored and, when necessary, facilitated.

Dialogue with the Health Ministry helped reinforce cooperation and mobilize support for centres in areas with high IDP populations. Discussions with the ministry also covered the status of the 2012 agreement and the eventual handover of responsibilities to local actors.

IDPs in northern Iraq stood to benefit from the deployment of a mobile health clinic within the framework of an agreement signed by the Canadian Red Cross Society and the ICRC in December.

### **369 sets of human remains transferred to Iranian authorities**

With the ICRC acting as a neutral intermediary, the parties concerned endeavoured to clarify the fate of persons missing in relation to the 1980–88 Iran-Iraq war (see *Iran, Islamic Republic of*) and the 1990–91 Gulf War (see *Kuwait*). Following joint Iraqi-Iranian exhumations in Iraq, 369 sets of human remains were handed over to Iranian authorities, who, in turn, returned 18 sets of human remains recovered from Iranian sites. No remains were found during missions to recover missing Kuwaitis.

Institutions involved in recovering/identifying human remains continued to strengthen their capacities. The staff of Baghdad's Medico-Legal Institute improved their grasp of forensic anthropology, laboratory management and DNA analysis, with ICRC advice and training. Two of its scientists honed their skills through first-hand observation during an ICRC-sponsored visit to a similar institute/laboratory in Cyprus. Discussions with the Ministry of Human Rights focused on best practices in human remains management.

Some 170 families of missing persons participated in an assessment of their psychosocial and other needs; analysis of the findings was under way, with a view to submitting a report to the authorities to encourage them to address these needs.

People across Iraq, including IDPs and Syrian refugees, restored/maintained contact with their relatives through RCMs and other family-links services. Some 300 individuals received ICRC travel documents, facilitating their resettlement abroad.

### **PEOPLE DEPRIVED OF THEIR FREEDOM**

A total of 40,030 detainees held by the Iraqi central government and the Kurdistan regional government received visits conducted according to standard ICRC procedures, although access to some detention facilities was restricted because of the conflict. Detainees' treatment – particularly during the initial phase of detention and while under interrogation – and living conditions were monitored. Female detainees and other particularly vulnerable inmates were followed up individually.

Detaining authorities received confidential oral/written feedback and, when necessary, recommendations for improvement. Dialogue with them focused on the need to ensure respect for judicial guarantees; judiciary officials in Iraqi Kurdistan received a report on matters discussed at round-tables in 2013. Coordination with UNHCR helped ensure that the authorities respected the principle of *non-refoulement*.

Detainees maintained/restored contact with their relatives through phone calls, RCMs and oral messages relayed by ICRC delegates. Planned family visits for detainees, however, were cancelled in light of the security situation. Allegations of arrest reported to ICRC delegates, especially in relation to the conflict, were followed up with the authorities, who were also reminded of the importance of holding detainees in facilities near their families.

Over 800 former detainees received attestations of detention, enabling them to apply for administrative/legal proceedings.

### **Detainees gain access to water**

Detaining authorities at central, regional and local levels were encouraged to undertake measures to improve detainees' living conditions. Meanwhile, with the ICRC helping the authorities address humanitarian needs exacerbated by the conflict, 4,505 detainees had access to water following emergency repairs in five prisons. Thousands of particularly vulnerable detainees – women, minors and foreigners – received hygiene/educational/recreational items and winter supplies to help ease their confinement.

### **Authorities assess detainees' health-care needs**

Efforts to encourage joint action by penitentiary and health authorities to enhance detainees' access to health services progressed. At the central level, the Health and Justice Ministries had begun discussing the findings of their joint assessment of detainees' health-care needs. The Kurdistan regional Health Ministry developed, with ICRC help, an initial medical screening process to be launched in three detention facilities.

At a regional conference (see *Jordan*), a senior official of the Iraqi Correction Service discussed best practices in health-care provision in detention. Planned domestic workshops on this subject, and on judicial guarantees, could not be carried out because of the insecurity and the focus on other priorities.

## **WOUNDED AND SICK**

### **Wounded people receive emergency care**

Iraqis' already limited access to medical services was further disrupted by the armed conflict. All parties involved were reminded of their obligations under IHL to protect patients and medical services (see *Civilians*).

Wounded and sick people obtained emergency care from ICRC-supported facilities and the National Society. Thousands of people were treated at 8 hospitals and 48 health centres that were provided with medical supplies. Staff at some of these facilities honed their trauma-management skills at ICRC-organized courses. To boost their capacities, National Society staff/volunteers were trained in first-aid delivery at workshops led by ICRC-backed instructors; ambulance services were assessed.

At an ICRC-supported hospital in Baghdad, patients received treatment in a more orderly setting, following staff training in

mass-casualty management and improvements to the hospital's emergency room procedures.

### **Persons with disabilities obtain treatment**

Over 33,000 individuals, including 385 Syrian refugees, availed themselves of appropriate services at one ICRC-managed and nine State-run physical rehabilitation centres. Of them, 176 travelled to the ICRC-managed centre in Erbil with ICRC financial support; such assistance could not be provided to patients elsewhere in the country. The State-run centres in Fallujah and Tikrit had been inaccessible for ICRC support since January and July, respectively.

Although State-run centres, and one stand-alone crutch production unit, used ICRC-provided raw materials, on-site support and training modules to enhance their services, the Health Ministry continued to assume more managerial/financial responsibilities – for instance, purchasing materials locally and covering the centres' operating costs. Coordination meetings and other efforts to encourage the central and regional authorities to develop a long-term approach to physical rehabilitation continued.

Helping bolster local capacities, physiotherapists broadened their skills through workshops on lower-limb orthoses and wheelchair assembly. With ICRC support, Iraq's only prosthetic/orthotic school worked towards meeting internationally recognized standards; three students attended ICRC-sponsored courses abroad.

Some physically disabled people participated in sports activities at an event organized by the Iraqi National Paralympic Committee/ICRC to promote the social inclusion of persons with disabilities.

## **ACTORS OF INFLUENCE**

### **Officials facilitate provision of assistance to conflict-affected people**

Given the precarious security conditions, dialogue with Iraqi authorities and armed/security forces at all levels, and networking with representatives of armed groups and local/traditional leaders, remained crucial for fostering respect for IHL/humanitarian principles and securing support for the ICRC's work. This notably helped facilitate the ICRC's safe access to people in conflict-affected areas (see *Civilians*).

### **Parties to the conflict urged to respect civilians**

Confidential and bilateral dialogue with the central/regional authorities and military/security officers – for instance, during the ICRC's president's visit in March – focused on the protection of civilians (see *Civilians*). At dissemination/training sessions, over 700 armed/security forces personnel, mostly from operational units, furthered their knowledge of IHL and other applicable norms concerning protection for patients/medical services and treatment of detainees.

Despite difficulties linked to the multiplicity of armed groups in Iraq, contact with their representatives was pursued. Through networking, reminders about humanitarian principles were passed on to their members.

Third-party States involved in the international coalition against the Islamic State group were reminded of their obligations under IHL.

### **Stakeholders further their awareness of humanitarian issues**

Members of civil society and the wider public developed their awareness of the humanitarian consequences of the conflict and

the ICRC's response. This was achieved partly through media coverage of these subjects and ICRC information/dissemination sessions, which reached over 8,000 journalists, representatives of NGOs, foreign diplomats, academics and others. At a seminar, 35 journalists learnt more about the Health Care in Danger project and of the protection afforded them by IHL during armed conflict.

### Authorities establish a national IHL committee

Iraq acceded to the Convention on Certain Conventional Weapons and took steps to implement IHL. The central government formed a national IHL committee, for which it granted observer status to the ICRC. The authorities also signed a memorandum of understanding with the ICRC on training senior government officials in IHL. Three government legal advisers and four professors added to their knowledge of IHL at courses/events abroad (see *Lebanon* and *Pakistan*). Discussions were pursued with the authorities on legal frameworks for the protection of medical services and the treatment of detainees.

At workshops, law professors from across Iraq discussed the inclusion of IHL in their curriculum and ways in which the ICRC could support this process.

Efforts to encourage parliament to ratify an agreement formalizing aspects of the ICRC's presence in the country continued.

### Incorporation of IHL in military training stalls

The Kurdistan military, with ICRC support, continued to strengthen its capacity to train troops in IHL. However, in light of the prevailing

situation, support for the IHL training activities of the armed forces of the central Iraqi government was temporarily suspended. Dialogue in this regard, and contact with operational units (see above) and military academies, was maintained.

Discussions were initiated with central and regional security/police forces on ways to help them develop their knowledge and application of internationally recognized law enforcement standards.

## RED CROSS AND RED CRESCENT MOVEMENT

### National Society bolsters its emergency response

The Iraqi Red Crescent, with technical/material/financial support from the ICRC and other Movement partners, enhanced its ability to respond to the humanitarian needs of conflict/violence-affected people. For instance, within the framework of an agreement with the ICRC, the National Society established an emergency response centre. It also expanded its vehicle fleet, upgraded warehouses and enhanced the working environment in some branches. Staff/volunteers learnt how to assess emergency needs at ICRC-organized courses.

With ICRC support, the National Society sustained its family-links services and mine-risk education initiatives. It pursued the reinforcement of its legal and statutory bases, and implemented its five-year national strategic plan.

As the number of Movement components in Iraq increased in response to the conflict, coordination among them – with the ICRC as the lead agency – was strengthened through Movement/bilateral cooperation agreements and regular meetings.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
Red Cross messages (RCMs)			UAMs/SCs*		
RCMs collected		1,515			
RCMs distributed		1,203			
Reunifications, transfers and repatriations					
People transferred/repatriated		6			
Human remains transferred/repatriated		369			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		546	66	38	12
<i>including people for whom tracing requests were registered by another delegation</i>		8			
People located (tracing cases closed positively)		57			
Tracing cases still being handled at the end of the reporting period (people) <sup>1</sup>		2,621	40	30	75
<i>including people for whom tracing requests were registered by another delegation</i>		12			
UAMs/SCs*, including unaccompanied demobilized child soldiers			Girls		Demobilized children
UAMs/SCs newly registered by the ICRC/National Society		2	1		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		1	1		
Documents					
People to whom travel documents were issued		317			
Official documents relayed between family members across borders/front lines		6			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses) <sup>2</sup>					
ICRC visits			Women	Minors	
Detainees visited		40,030	1,544	798	
			Women	Girls	Boys
Detainees visited and monitored individually		625	8		9
Detainees newly registered		184	5		7
Number of visits carried out		160			
Number of places of detention visited		62			
Restoring family links					
RCMs collected		4,650			
RCMs distributed		1,779			
Phone calls made to families to inform them of the whereabouts of a detained relative		10,086			
People to whom a detention attestation was issued		810			

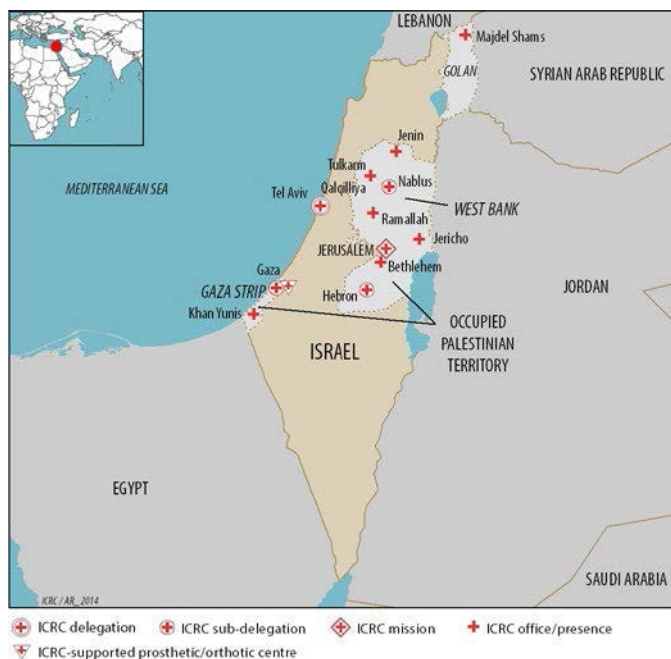
\* Unaccompanied minors/separated children

1. Including people missing as a consequence of the 1990–91 Gulf War/ not including people missing as a consequence of the 1980–81 Iran-Iraq war

2. All detainees notified by the authorities and followed by the ICRC

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	503,679	33%	40%
	<i>of whom IDPs</i>	Beneficiaries		
		495,081		
Essential household items	Beneficiaries	531,686	32%	38%
	<i>of whom IDPs</i>	Beneficiaries		
		523,104		
Productive inputs	Beneficiaries	43,178	29%	42%
Cash	Beneficiaries	29,624	32%	42%
	<i>of whom IDPs</i>	Beneficiaries		
		18,665		
Work, services and training	Beneficiaries	13,193	31%	43%
Water and habitat activities	Beneficiaries	2,050,325	30%	40%
	<i>of whom IDPs</i>	Beneficiaries		
		287,066		
<b>Health</b>				
Health centres supported	Structures	61		
Average catchment population		268,230		
Consultations	Patients	418,355		
	<i>of which curative</i>	Patients	117,431	168,432
	<i>of which ante/post-natal</i>	Patients	28,505	
Immunizations	Doses	153,771		
	<i>of which for children aged five or under</i>	Doses		
		151,085		
Referrals to a second level of care	Patients	6,906		
Health education	Sessions	364		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
Economic security, water and habitat (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	26,661		
Water and habitat activities	Beneficiaries	4,505		
<b>Health</b>				
Number of visits carried out by health staff		41		
Number of places of detention visited by health staff		21		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	9		
<b>Water and habitat</b>				
Water and habitat activities	Number of beds	150		
<b>Physical rehabilitation</b>				
Centres supported	Structures	12		
Patients receiving services	Patients	33,155	4,437	11,745
New patients fitted with prostheses	Patients	849	161	28
Prostheses delivered	Units	3,098	387	123
	<i>of which for victims of mines or explosive remnants of war</i>	Units	880	
New patients fitted with orthoses	Patients	9,741	1,215	6,529
Orthoses delivered	Units	16,962	1,613	12,685
	<i>of which for victims of mines or explosive remnants of war</i>	Units	14	
Patients receiving physiotherapy	Patients	7,627	1,100	1,503
Crutches delivered	Units	1,580		
Wheelchairs delivered	Units	365		

# ISRAEL AND THE OCCUPIED TERRITORIES



The ICRC has been present in Israel and the occupied territories since the 1967 Arab-Israeli war. It strives to ensure respect for IHL, in particular its provisions relating to the protection of civilians living under occupation. It monitors the treatment and living conditions of detainees held by the Israeli and Palestinian authorities and provides assistance to the Palestinian population, particularly during emergencies. As the lead agency for the Movement in this context, the ICRC coordinates the work of its Movement partners and supports the activities of the Magen David Adom and the Palestine Red Crescent Society.

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

**HIGH**

## KEY RESULTS/CONSTRAINTS

### In 2014:

- ▶ through confidential dialogue, Israeli and Palestinian authorities and weapon bearers were urged to respect IHL and other applicable norms, particularly on the conduct of hostilities and the protection of civilians
- ▶ residents/IDPs in the Gaza Strip had access to water and electricity, and received basic supplies, through the coordinated emergency action taken by local actors, the Palestine Red Crescent Society and the ICRC
- ▶ wounded and sick people in the Gaza Strip, including those injured as a result of the fighting in mid-2014, received treatment from ICRC-supported emergency medical services and hospitals
- ▶ health staff at 3 Gaza Strip hospitals honed their trauma-management skills during courses conducted as part of a revised ICRC approach to helping strengthen local emergency preparedness/response capacities
- ▶ detainees in Israel and the occupied Palestinian territory received ICRC visits, with 7,013 of those held by Israel keeping in touch with their relatives through some 51,000 ICRC-supported family visits
- ▶ civil society actors learnt more about IHL/humanitarian issues via ICRC events/communication initiatives, including those organized as part of efforts to engage in public discussions on certain occupation policies

### EXPENDITURE (in KCHF)

Protection	16,399
Assistance	37,505
Prevention	5,706
Cooperation with National Societies	6,003
General	-

**65,612**

of which: Overheads **4,005**

### IMPLEMENTATION RATE

Expenditure/yearly budget	<b>89%</b>
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### PERSONNEL

Mobile staff	71
Resident staff (daily workers not included)	290

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
<b>Red Cross messages (RCMs)</b>	
RCMs collected	995
RCMs distributed	756
Phone calls facilitated between family members	6
People located (tracing cases closed positively)	31
People reunited with their families	5
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
<b>ICRC visits</b>	
Detainees visited	20,694
Detainees visited and monitored individually	4,494
Number of visits carried out	697
Number of places of detention visited	140
<b>Restoring family links</b>	
RCMs collected	855
RCMs distributed	1,084
Phone calls made to families to inform them of the whereabouts of a detained relative	7,132

ASSISTANCE	2014 Targets (up to)	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>		
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>		
Food commodities	Beneficiaries 150,000	149,210
Essential household items	Beneficiaries 150,600	161,906
Productive inputs	Beneficiaries 38,400	44,220
Cash	Beneficiaries 6,000	2,292
Water and habitat activities	Beneficiaries 1,800,000	1,700,000
<b>WOUNDED AND SICK</b>		
<b>Hospitals</b>		
Hospitals supported	Structures 8	17
<b>Water and habitat</b>		
Water and habitat activities	Number of beds 1,684	2,097
<b>Physical rehabilitation</b>		
Centres supported	Structures 1	1
Patients receiving services	Patients 4,000	2,587



## CONTEXT

Heightened tensions linked to the consequences of Israeli occupation policies, Palestinians' socio-economic hardship and the stalled peace process contributed to outbreaks of violence in Israel and in the occupied Palestinian territory, particularly in the Gaza Strip.

In July, Israel launched "Operation Protective Edge" with the declared objective of destabilizing the Hamas *de facto* authorities and armed groups in the Gaza Strip, through air/naval strikes and ground operations. Intense armed hostilities ensued for 52 days, before the parties involved accepted a truce brokered by Egypt. Thousands of civilians were reported wounded while over 2,200 were reported killed; some 450,000 people were displaced, most of them lost their houses/livelihoods. Water, electricity and health infrastructure in the Gaza Strip – already fragile before the hostilities – sustained significant damage. Weapon contamination endangered communities along the border. Donor-backed reconstruction efforts encountered difficulties linked to the closure of the Gaza Strip's crossing points with Israel and Egypt.

The West Bank and East Jerusalem also endured bouts of violence. In June, Israel undertook a security operation in the West Bank, during which hundreds of people were arrested.

Sporadic clashes were reported along Israel's borders with Lebanon and the Syrian Arab Republic (hereafter Syria).

The Palestinian Authority acceded to the 1949 Geneva Conventions and other international treaties.

## ICRC ACTION AND RESULTS

The ICRC focused on promoting the protection of civilians and helping alleviate the plight of Palestinians living under occupation, although it adjusted some of its activities in light of the armed hostilities between Israel and the *de facto* Gaza Strip authorities and armed groups in mid-2014 (see *Context*). The budget extension appeal launched in September supported the expansion of the ICRC's emergency response.

The ICRC stepped up its dialogue with Israeli and Palestinian authorities on their obligations under IHL and other applicable norms. It engaged all parties in discussions on the conduct of hostilities, emphasizing the need to respect civilians, civilian infrastructure and medical services/facilities.

Dialogue with the Israeli civilian and military authorities also covered issues related to the use of force, Palestinians' access to land/resources and violence by settlers in the West Bank. Dialogue and networking with Palestinian authorities and weapon bearers emphasized the need to respect the principles of precaution and distinction and to spare civilians and medical services.

In the Gaza Strip, in response to the humanitarian consequences of the hostilities, the ICRC increased its support for and strengthened its coordination with the Palestine Red Crescent Society and local authorities/technicians, to ensure that civilians had access to water, electricity, medical services and basic supplies. Where necessary, the ICRC acted as a neutral intermediary between parties to the conflict, in particular to facilitate the movement of health/humanitarian workers, civilians and ICRC staff. Wounded people received first aid or were transported to hospitals by the emergency medical services (EMS) of the Palestine Red Crescent and other providers.

The severely wounded were treated at hospitals provided with on-site technical guidance and material support, including supplies brought into the Gaza Strip through ICRC coordination with the Israeli authorities. Residents and IDPs had their water and electricity ensured following urgent repairs to damaged infrastructure and the donation of materials/equipment. Thousands withstood displacement with the help of emergency relief from the Palestine Red Crescent/ICRC.

The ICRC also helped local authorities restore essential services to pre-crisis levels and bolster their preparedness. Hospitals and water authorities were given technical/material support; repairs to heavily damaged health and water/sanitation infrastructure were in progress. Farmers in the Gaza Strip were supported in restoring their livelihoods.

Interaction with members of Israeli and Palestinian civil society and the wider public helped develop awareness of humanitarian issues and foster acceptance of the ICRC and its humanitarian work. Efforts were pursued to engage with the Israeli public on the legality and the humanitarian consequences of Israeli occupation policies on which the ICRC had not had significant dialogue with the authorities. Through ICRC multimedia platforms, various audiences learnt more about the humanitarian consequences of the Israeli-Palestinian conflict and about the ICRC's mandate/activities.

The ICRC worked with the Israeli and Palestinian authorities to help ensure that detainees' treatment and living conditions were in line with internationally recognized standards. It especially monitored the situation of detainees on hunger strike and others with specific vulnerabilities. Detainees restored/maintained contact with their relatives; those held by Israel received family visits. Palestinian authorities repaired prison facilities with ICRC support.

Amid various restrictions, families separated by past/current conflict in the region restored/maintained contact through ICRC family-links services.

The ICRC facilitated Movement coordination and maintained its relationships with and support for the Magen David Adom in Israel and the Palestine Red Crescent. It helped both National Societies to sustain/strengthen their emergency response capacities.

## CIVILIANS

ICRC representations, based on documented allegations, aimed to persuade the Israeli and the Palestinian authorities to address the adverse situation of civilians in the occupied territories and in Israel. Particularly during the hostilities in mid-2014, all parties were urged to protect civilians and civilian infrastructure, including medical services/facilities, and to ensure access for humanitarian aid/workers and the provision of essential services.

The Israeli authorities were reminded of the humanitarian consequences of their non-compliance with IHL. Based on direct ICRC observation and first-hand testimonies, hundreds of oral/written representations regarding IHL violations, including in connection with "Operation Protective Edge", urged the authorities, *inter alia*, to:

- ▶ ensure that military operations abide by IHL and other norms applicable to the conduct of hostilities – particularly the principles of precaution, distinction and proportionality – and that law enforcement operations respect internationally recognized standards

- ▶ protect Palestinians and their property from violence by settlers, and to prosecute those responsible
- ▶ find viable solutions for Palestinians to access their sources of livelihood, including agricultural land/fishing areas
- ▶ ensure that conditions for the inhabitants of the Israeli-occupied Golan comply with international law.

Findings of studies on the socio-economic repercussions of movement restrictions in the Gaza Strip and Hebron's Old City were shared with the Israeli and Palestinian authorities. A study on Israel's water management policies in the West Bank progressed.

The Palestinian Authority and the *de facto* authorities and armed groups in the Gaza Strip were urged, through dialogue, to: comply with humanitarian principles/norms applicable to the conduct of hostilities, particularly the principles of distinction and precaution; respect medical services; and spare people not or no longer participating in the fighting. Discussions with the *de facto* authorities also covered the conduct of hostilities during the fighting in mid-2014.

### **Gazans have access to water/electricity amid hostilities**

In response to the humanitarian needs created by the fighting in the Gaza Strip, the ICRC expanded its emergency activities to ensure civilians' access to essential services and basic supplies.

Some 1.7 million people in the Gaza Strip maintained/regained access – although only to a limited extent – to water, electricity and sanitation services through the joint activities of local authorities/technicians and the ICRC. Over 1.2 million residents/IDPs benefited from repairs/interventions carried out while hostilities were ongoing; 73,000 among them had access to drinking water supplied to their communities, which also received storage tanks. After the hostilities, and following repairs to damaged infrastructure, about 300,000 people saw their water supply/sanitation services return to pre-crisis levels. Repairs to other damaged facilities, set back by administrative/other delays, were ongoing.

Local authorities/technicians operated and maintained water/sanitation infrastructure with ICRC technical and material support, which included spare parts and water-treatment chemicals. Technicians made some 50 emergency interventions, with the ICRC facilitating their access. These actions helped to, among others, ensure at least five hours of electricity per day. The authorities received ICRC advice for their mobilization/fundraising efforts.

### **Conflict-affected people meet their basic needs**

Some 141,040 individuals (23,491 households) whose houses were destroyed/severely damaged in the fighting coped using household essentials/hygiene items from the Palestine Red Crescent/ICRC, which focused on assisting the most affected communities in the eastern Gaza Strip. Of them, 135,832 individuals (22,563 households) also benefited from food parcels (sufficient for nine days). Some 20,358 IDPs (3,218 households) in informal shelters, or living with host families, received hygiene/household items; 13,378 individuals (2,158 households) among them also benefited from food parcels. Planned cash transfers for IDPs were not carried out.

In the West Bank, 503 individuals (71 households) whose houses were destroyed or confiscated by Israeli authorities received essential household items from the Palestine Red Crescent/ICRC.

### **Gaza Strip farmers resume their livelihoods**

Assistance for Gaza Strip farmers was adapted to respond to the destruction of land and crops as a result of the fighting. Thus, 1,517 households (9,270 people) resumed farming following the ICRC-supported restoration of their land/greenhouses. Some 3,050 households (18,325 people) improved their agriculture production using ICRC-donated supplies, while 235 households (1,410 people) benefited from rehabilitated infrastructure. Nearly 2,500 households (15,180 people) had their crops protected from pest through a project of the *de facto* authorities/ICRC. Some 340 households (2,082 individuals) augmented their income by participating in these projects.

In the West Bank, 35 households (210 individuals) had better access to their land following ICRC representations to the Israeli authorities and earned income through cash-for-work projects. Four households (35 people) improved their living conditions by putting up small businesses with ICRC support.

### **People overcome movement restrictions**

People in the occupied territories and in Israel used family-links services to: exchange news via RCMs; trace missing relatives; visit family members; transfer documents; and travel for humanitarian/medical reasons across the Palestinian territory, and between Israel and Lebanon. Five Lebanese civilians and the remains of three others were repatriated under ICRC auspices. Some Syrians in Israeli hospitals (see *Wounded and sick*) informed their families of their whereabouts.

Owing to the Syrian conflict and Israel's ban on family visits, movement between the Israel-occupied Golan and Syria proper remained limited. Nevertheless, with the ICRC acting as a neutral intermediary between Israeli and Syrian authorities, 33 students crossed the demarcation line from Golan to Syria proper; 60 crossed in the opposite direction. Because of Golanese farmers' poor harvest, ICRC support for transporting apples to Syrian markets was not required.

Israeli and Palestinian authorities were reminded of their obligations under IHL to respect the right of families to know the fate of missing relatives and to receive the remains if the relatives were deceased. No progress was made in clarifying the fate of Israelis missing in action and Jordanians missing in Israel since the 1980s.

In Gaza Strip border areas, residents learnt, through information campaigns, how to mitigate risks associated with weapon contamination. Local authorities and humanitarian organizations received technical advice in this regard.

### **PEOPLE DEPRIVED OF THEIR FREEDOM**

Palestinians and foreigners/migrants held in Israeli prisons, interrogation centres and provisional detention centres, and people held by Palestinian authorities in the Gaza Strip and the West Bank, received ICRC visits to monitor their treatment and living conditions. In Israel, people arrested during military/security operations in the Gaza Strip/West Bank (see *Context*), held in administrative detention, under interrogation, or in prolonged solitary confinement, as well as minors, received particular attention. Visits to persons held by Palestinian authorities focused on their treatment and judicial guarantees, particularly for those under interrogation.

Detaining authorities received confidential feedback and, whenever appropriate, recommendations for improvement. During a round-table, findings/recommendations of an assessment of detainees' access to health care were discussed with the *de facto* Gaza Strip authorities. A similar assessment was conducted in Israeli-run prisons.

#### Situation of detainees on hunger strike monitored

Detainees who joined hunger strikes were followed up individually, including while in hospitals, and medical/detaining authorities attending them were reminded of their responsibilities. This was part of the regular monitoring of the detainees' access to health services and the quality of medical treatment they received.

Minors, migrants and other particularly vulnerable detainees in Israel received hygiene/medical supplies and educational/recreational items.

#### Palestinians detained in Israel receive family visits

Detainees in Israel exchanged news/documents with their relatives via ICRC family-links services. At their request, some families received attestations of their relatives' detention. Detainees in Palestinian-run prisons had their relatives informed of their whereabouts.

In Israel, 7,013 detainees were visited by a total of 51,005 relatives from East Jerusalem, the Gaza Strip and the West Bank through the ICRC's family-visits programme, which was adapted to allow West Bank families to register via telephone. Visitors included 116 ailing/elderly people, some transported by ambulance. Follow-up with the authorities helped address delays in processing permits.

#### Detainees maintain their access to water/electricity

Detaining authorities in the Gaza Strip drew on the ICRC for guidance on internationally recognized standards for prison construction, and for support in rehabilitating facilities damaged during the fighting in mid-2014. Some 1,560 detainees at central prisons had their water/electricity supply and sanitation services assured through ICRC emergency interventions, which included water-trucking. Over 14,000 detainees received hygiene kits/clothes.

## WOUNDED AND SICK

Particularly during the fighting in the Gaza Strip, wounded and sick people relied on medical services/facilities that received ICRC technical and material capacity-building support. People's access to health care was monitored; all authorities and weapon bearers were urged – through briefings, dissemination/first-aid sessions and representations based on alleged violations – to respect patients and medical services.

#### Wounded people obtain treatment

Thousands of injured people in the Gaza Strip received first aid from the Palestine Red Crescent EMS, which also operated in the West Bank; those severely wounded were transported to hospital. The National Society also helped manage human remains and evacuate civilians from besieged communities. ICRC support covered the EMS's operating costs, ensured the availability of medical supplies and helped the National Society obtain crossing/transport permits. Health Ministry ambulances and other EMS providers received fuel/supplies. Increased material support helped hospitals cope with the influx of patients, while donated fuel ensured uninterrupted services. One hospital bolstered its services with the help of ICRC specialists and a surgical team; two improved their post-operative services.

Patient transfers to East Jerusalem, the West Bank and Israel were monitored and, where required, facilitated. Truckloads of medical materials from the West Bank entered the Gaza Strip under ICRC auspices.

In all, over 202,000 patients obtained treatment at 8 hospitals, among the 14 equipped with medical supplies, haemodialysis equipment, generator spare parts/consumables and maintenance materials. At two hospitals (409 beds), patients benefited from repairs to water-supply facilities. Renovations were ongoing at five heavily damaged hospitals.

#### Health professionals build their emergency preparedness

Forty-two doctors and 46 nurses from 3 Gaza Strip hospitals enhanced their surgical/trauma management skills at ICRC-organized courses; 4 doctors were trained to become instructors. On-site support supplemented these courses, which were part of

PEOPLE DEPRIVED OF THEIR FREEDOM	ISRAEL	PALESTINIAN TERRITORY
<b>ICRC visits</b>		
Detainees visited	16,127	4,567
<i>of whom women</i>	282	86
<i>of whom minors</i>	363	162
Detainees visited and monitored individually	3,248	1,246
<i>of whom women</i>	31	22
<i>of whom girls</i>	3	2
<i>of whom boys</i>	296	118
Detainees newly registered	1,878	850
<i>of whom women</i>	16	9
<i>of whom girls</i>	3	
<i>of whom boys</i>	276	115
Number of visits carried out	438	259
Number of places of detention visited	52	88
<b>Restoring family links</b>		
RCMs collected	710	145
RCMs distributed	938	146
Phone calls made to families to inform them of the whereabouts of a detained relative	6,927	205
Detainees visited by their relatives with ICRC/National Society support	7,013	
People to whom a detention attestation was issued	11,091	290

the ICRC's revised approach to strengthening local capacities and reducing material support to hospitals. Seventeen mental-health professionals were trained in psychosocial care.

Concerns/challenges discussed by hospital staff during ICRC monitoring visits were communicated to the health authorities in Gaza and Ramallah, who were urged to fulfil their responsibilities. Efforts were pursued to mobilize material support for Gaza Strip hospitals.

### **Disabled patients obtain rehabilitation services**

Over 2,580 disabled people received physical rehabilitation services at the Gaza Strip's Artificial Limb and Polio Centre, which improved the quality and quantity of its prostheses/orthoses with material/technical support from the Norwegian Red Cross/ICRC. Six hospitals received assistive/mobility devices, helping them expand their physiotherapy services.

Weapon-wounded Syrians evacuated to Israel received monitoring visits; 1,055 benefited from basic supplies/orthopaedic devices donated to four hospitals treating them.

### **ACTORS OF INFLUENCE**

Dialogue with the Israeli authorities, the Palestinian Authority, the *de facto* authorities in the Gaza Strip and all weapon bearers concentrated on operational and IHL-related concerns (see *Civilians*). These topics were discussed at high-level during the ICRC president's visit to Israel and the occupied Palestinian territory.

### **IHL dialogue with the Israeli military develops**

Confidential dialogue on the conduct of hostilities by the Israel Defense Forces (IDF) during "Operation Protective Edge" was initiated; they received a report on alleged violations, with a view to discussing lessons learnt. Regular contact was maintained with the IDF's field command, international law department and Military Advocate General, and with the Defense Ministry's doctrine/training and humanitarian coordination divisions; the quality of the dialogue improved with the opening of new communication channels.

During briefings, hundreds of Israeli military personnel/cadets, police/prison officers and civil-affairs officials furthered their understanding of IHL and other norms applicable to their duties. At a conference co-organized with a prominent Israeli think-tank, military officials and other experts discussed the conduct of hostilities in urban areas.

### **Palestinian security services work on applying IHL**

Hundreds of Palestinian security officers enhanced their knowledge of IHL and internationally recognized law enforcement standards, including on the treatment of detainees, during IHL information sessions/capacity-building initiatives with the security services and the Interior Ministries in the Gaza Strip and in the West Bank. Incorporation of IHL, other applicable norms/standards and humanitarian principles in the training/operations of Gaza Strip security services continued; an agreement in this regard was extended. Discussions regarding conduct of hostilities were initiated with the *de facto* Gaza Strip authorities.

Networking with armed groups in the Gaza Strip continued; their members learnt more about IHL, humanitarian principles and ICRC activities during information/first-aid training sessions by the Palestine Red Crescent/ICRC.

### **Civil society develops awareness of humanitarian issues**

Efforts were made to engage the Israeli public in discussions on the legality and humanitarian consequences of occupation policies on which the ICRC had not had significant dialogue with the authorities. Over 100 civil society members attended an ICRC-facilitated event where Israeli lawyers debated issues regarding settlements. Opinion pieces published in Israeli and international publications, and briefings for government officials/diplomats, also contributed to this end.

Some 5,200 members of Israeli and Palestinian civil society attended over 130 IHL-themed events organized/facilitated by the ICRC. Israeli lawyers benefited from an IHL course, while law students joined an annual competition co-organized with a local institution. NGO representatives drew on the ICRC's advice on IHL issues related to their work; contact was established with prominent Israeli think-tanks.

Palestinian officials attended briefings on IHL implementation and humanitarian issues. At round-tables, some 300 Islamic leaders/imams discussed the similarities between IHL and sharia law, and the issues covered by the Health Care in Danger project.

Israeli and Palestinian academics discussed IHL and the Movement's work at ICRC lectures. In the West Bank, university students tested their grasp of IHL at a moot court competition. Eight law/sharia faculties in the occupied Palestinian territory continued to teach IHL; efforts to encourage other universities to follow suit continued.

Various audiences learnt more – through updates in Arabic and Hebrew on ICRC online platforms – about the humanitarian consequences of the hostilities in mid-2014 and the Israeli-Palestinian conflict in general, and about ICRC activities worldwide. Media reports on the organization's activities and interviews with its officials helped broaden awareness of these matters.

### **RED CROSS AND RED CRESCENT MOVEMENT**

The Magen David Adom and the Palestine Red Crescent improved their capacities to address humanitarian needs, with ICRC technical/financial/material support. During the hostilities in mid-2014, the Palestine Red Crescent partnered the ICRC in the Gaza Strip (see above); the Magen David Adom provided first-aid/other services to Israeli civilians affected by rocket attacks from the Gaza Strip.

The Magen David Adom strengthened its disaster preparedness/response through training sessions and simulation exercises with the authorities. It also seconded staff to ICRC emergency responses abroad.

The Palestine Red Crescent bolstered, through staff/volunteer training and joint activities with the ICRC, its disaster management and IHL dissemination capacities. With Movement support, it finalized its five-year strategy.

The two National Societies supported the Health Care in Danger project – for instance, through initiatives with the ICRC and other National Societies.

The ICRC facilitated coordination among Movement components, helping ensure a coherent response. It continued to support the monitoring of the 2005 memorandum of understanding between the two National Societies.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>Red Cross messages (RCMs)</b>			<b>UAMs/SCs*</b>		
RCMs collected		995			
RCMs distributed		756			
Phone calls facilitated between family members		6			
<b>Reunifications, transfers and repatriations</b>					
People reunited with their families		5			
People transferred/repatriated		38			
Human remains transferred/repatriated		3			
<b>Tracing requests, including cases of missing persons</b>			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered		146	23	14	9
<i>including people for whom tracing requests were registered by another delegation</i>		2			
People located (tracing cases closed positively)		31			
<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)		132	12	10	9
<i>including people for whom tracing requests were registered by another delegation</i>		1			
<b>Documents</b>					
People to whom travel documents were issued		1			
Official documents relayed between family members across borders/front lines		929			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>					
<b>ICRC visits</b>			<b>Women</b>	<b>Minors</b>	
Detainees visited <sup>1</sup>		20,694	368	525	
			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually		4,494	53	5	414
Detainees newly registered		2,728	25	3	391
Number of visits carried out		697			
Number of places of detention visited		140			
<b>Restoring family links</b>					
RCMs collected		855			
RCMs distributed		1,084			
Phone calls made to families to inform them of the whereabouts of a detained relative		7,132			
Detainees visited by their relatives with ICRC/National Society support		7,013			
People to whom a detention attestation was issued		11,381			

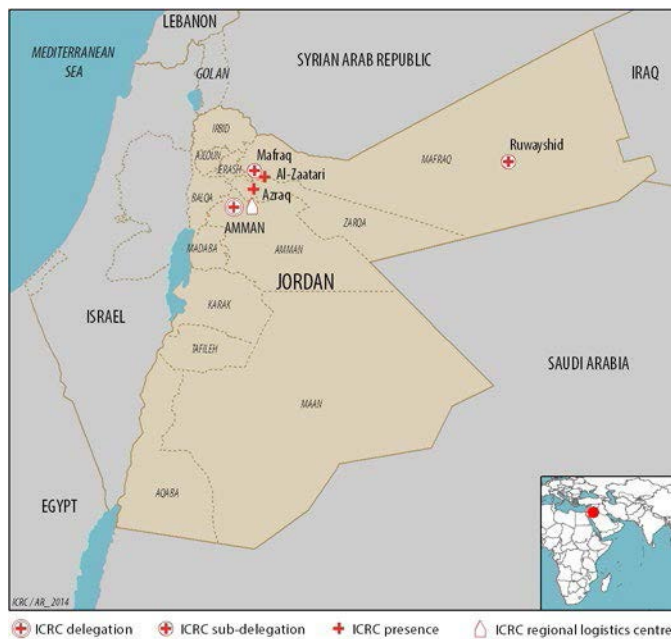
\* Unaccompanied minors/separated children

1. All detainees known through the authorities' notifications and followed up by the ICRC



MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	149,210	25%	50%
	<i>of whom IDPs</i>	Beneficiaries		
		13,378		
Essential household items	Beneficiaries	161,906	21%	43%
	<i>of whom IDPs</i>	Beneficiaries		
		31,793		
Productive inputs	Beneficiaries	44,220	25%	49%
Cash	Beneficiaries	2,292	25%	50%
Water and habitat activities	Beneficiaries	1,700,000	25%	48%
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
Economic security, water and habitat (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	29,400		
Water and habitat activities	Beneficiaries	1,560		
<b>Health</b>				
Number of visits carried out by health staff		208		
Number of places of detention visited by health staff		56		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	17		
	<i>of which provided data</i>	Structures		
		12		
Admissions	Patients	202,118	13	54
	<i>of whom weapon-wounded</i>	Patients	12	46
	<i>(including by mines or explosive remnants of war)</i>	Patients		
	<i>of whom other surgical cases</i>	Patients		
	<i>of whom medical cases</i>	Patients		
	<i>of whom gynaecological/obstetric cases</i>	Patients		
Operations performed		34,986		
Outpatient consultations	Patients	578,864		
	<i>of which surgical</i>	Patients		
	<i>of which medical</i>	Patients		
	<i>of which gynaecological/obstetric</i>	Patients		
		65,997		
<b>Water and habitat</b>				
Water and habitat activities	Number of beds	2,097		
<b>Physical rehabilitation</b>				
Centres supported	Structures	1		
Patients receiving services	Patients	2,587	330	938
New patients fitted with prostheses	Patients	75	11	11
Prostheses delivered	Units	182	23	16
New patients fitted with orthoses	Patients	287	11	267
Orthoses delivered	Units	337	19	297
Patients receiving physiotherapy	Patients	781	93	94
Crutches delivered	Units	316		
Wheelchairs delivered	Units	21		

# JORDAN



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

## YEARLY RESULTS

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

## KEY RESULTS/CONSTRAINTS

### In 2014:

- ▶ the authorities were reminded of their responsibilities under relevant law towards people who had fled the Syrian Arab Republic (hereafter Syria), including the need to respect the principle of *non-refoulement*
- ▶ concerted efforts to assist refugees from Syria increased; those arriving at the eastern border met their immediate needs through ICRC-provided food, essential items and water/sanitation facilities
- ▶ refugees passing through a registration facility were screened at an ICRC-run clinic and, as necessary, obtained primary health care there or were referred to ICRC-supported hospitals
- ▶ Syrians living outside camps benefited from cash assistance to help them cover their living expenses, and from infrastructure rehabilitation projects to improve water access for them and their host communities
- ▶ people held in Jordan received visits to monitor their treatment and living conditions; the authorities took steps to review prison health care and medical ethics in detention, for example, at a regional conference
- ▶ with a view to attaining full autonomy in IHL training, the Jordanian army drew on ICRC support to establish an IHL centre of excellence, where it held workshops for instructors and military legal advisers

EXPENDITURE (in KCHF)	
Protection	3,376
Assistance	24,724
Prevention	2,319
Cooperation with National Societies	767
General	965

**32,151**

of which: Overheads **1,959**

IMPLEMENTATION RATE	
Expenditure/yearly budget	<b>102%</b>

PERSONNEL	
Mobile staff	43
Resident staff (daily workers not included)	170

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
Red Cross messages (RCMs)	
RCMs collected	55
RCMs distributed	39
Phone calls facilitated between family members	9,002
People located (tracing cases closed positively)	45
People reunited with their families	2
<i>of whom unaccompanied minors/separated children</i>	1
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
ICRC visits	
Detainees visited	10,604
Detainees visited and monitored individually	960
Number of visits carried out	77
Number of places of detention visited	21
Restoring family links	
RCMs collected	366
RCMs distributed	115
Phone calls made to families to inform them of the whereabouts of a detained relative	5

ASSISTANCE	2014 Targets (up to)	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>		
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)		
Food commodities <sup>1</sup>	Beneficiaries	410,000 / 74,792
Essential household items	Beneficiaries	22,000 / 28,173
Cash	Beneficiaries	22,000 / 20,350
Work, services and training <sup>1</sup>	Beneficiaries	208
Water and habitat activities	Beneficiaries	380,000 / 350,000
<b>Health</b>		
Health centres supported	Structures	1
<b>WOUNDED AND SICK</b>		
<b>Hospitals</b>		
Hospitals supported	Structures	2 / 2
<b>Water and habitat</b>		
Water and habitat activities	Number of beds	100 / 77

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

## CONTEXT

Jordan continued to deal with the consequences of the conflict in the Syrian Arab Republic (hereafter Syria). Refugees entered mainly via its eastern border with Syria, though the influx dwindled as border entry policies were tightened in the last quarter of 2014. Reportedly, over 500,000 people were living in host communities, many of them in rented accommodations. Tensions between residents and refugees persisted, exacerbated by economic difficulties, including unemployment. Given the increased strain on its already-limited resources and public services, particularly on health-care and water-supply systems, the government drafted a national plan that aimed to improve the country's infrastructure over the next three years, with international support. In May, it opened a new refugee camp in Azraq to alleviate overcrowding in Al-Zaatari.

To maintain its stability amid regional turmoil, Jordan reinforced security along its borders with Iraq and Syria, amended anti-terrorist legislation, and launched a crackdown on perceived threats to national security, which often led to arrests. In September, it announced its participation in multilateral airstrikes against the Islamic State group.

## ICRC ACTION AND RESULTS

The ICRC continued to expand its activities for refugees from Syria, working with Movement partners and complementing the efforts of the authorities, UN agencies, and other actors. In May, it launched a budget extension appeal to strengthen its response to the regional effects of the Syrian conflict; sub-delegations were opened in Mafraq and Ruwayshid, to better reach people in need.

At the eastern border, refugees recovered from their journey through ICRC-provided food and essential household items, and had access to water/sanitation/shelter facilities installed and maintained by the ICRC at government-managed reception/collection points. In host communities, refugees covered some of their living expenses through cash distributions carried out with the Jordan National Red Crescent Society. In cooperation with the authorities, rehabilitated water infrastructure helped refugees and residents obtain water access, relieving potential tensions. Jordanian and Syrian women boosted their livelihood opportunities and mitigated their exposure to the risk of sexual violence through ICRC-supported vocational courses conducted by the National Society. Potential returnees to Syria reduced their exposure to mines/explosive remnants of war through training sessions conducted by an ICRC-supported national committee.

People in Jordan restored/maintained contact with relatives through National Society/ICRC family-links services. Refugees lacking identity papers resettled or joined relatives using ICRC-issued travel documents. Some especially vulnerable people received special assistance, following ICRC referrals.

Wounded and sick refugees were treated at ICRC-supported border health posts. Those passing through a registration facility were screened at an ICRC-run clinic and, as necessary, obtained primary health care there, or were referred to ICRC-supported hospitals or other facilities for further treatment. To boost emergency preparedness countrywide, surgeons and first-responders enhanced their skills at seminars and training sessions. Furthermore, the National Society received support for its first-aid training programme, helping refugees in host communities train in first aid.

While assisting refugees from Syria, the ICRC monitored their protection concerns, including those related to the principle of *non-refoulement*. The Jordanian authorities were reminded of their obligations in this regard through field interventions and, in cooperation with other actors, high-level dialogue. Delegates interviewed people who reported abuses or arrests in Syria and forwarded documented cases to the ICRC delegation there for follow-up.

In parallel, the ICRC continued visiting people held in Jordan, to help ensure that their treatment and living conditions were in line with applicable law and internationally recognized standards, paying particular attention to security detainees and other vulnerable inmates; based on these visits, the authorities received confidential feedback/recommendations. Some particularly vulnerable groups held in administrative detention benefited from water/sanitation initiatives to improve their living conditions. Cooperation with the authorities on prison health care and medical ethics continued; officials attended a regional conference thereon. Detainees, including those not receiving family visits, contacted their relatives, embassies or UNHCR with ICRC assistance.

With ICRC support, the national IHL committee continued actively promoting IHL and its implementation among decision-makers, and the armed forces – with a view to attaining full autonomy in IHL training – inaugurated an IHL centre of excellence at a training institute, where instructors and legal advisers honed their IHL-teaching abilities. At ICRC dissemination sessions, the armed/security forces bolstered their knowledge of IHL; at the ICRC's invitation, members of Syrian armed groups attended similar sessions. Contact with various civil society actors raised awareness of humanitarian issues/principles and ICRC activities in Jordan and elsewhere among a broad audience, helping generate more support for the Movement. To facilitate coordination during crises, the ICRC organized workshops with key government officials.

The National Society received support in boosting its organizational and operational capacities, particularly, for its national volunteer-training centre and activities for refugees from Syria.

The delegation remained a key logistical hub for ICRC operations in the region and beyond. Amman hosted the main training centre for staff members working in the Middle East, the Balkans and the Caucasus.

## CIVILIANS

In partnership with the Jordanian Red Crescent and in a complementary role to the authorities and UN agencies, the ICRC helped address the growing humanitarian needs of refugees from Syria.

### Travel-weary refugees receive food and essential services at the Jordanian-Syrian border

The eastern border received particular attention, owing to the concentration of the refugee influx there and the lack of public services and infrastructure. Some 90,500 people newly arrived or transiting through reception/collection points managed by the Jordanian Armed Forces (JAF) found respite from their journey with the help of ICRC-donated relief items – including high-energy biscuits and water/juice bottles – distributed by JAF border guards. They also benefited from up to three cooked meals daily, provided for by the ICRC through a local restaurant; some 1.5 million meals were served during the reporting period. In

February, the ICRC took over the programme completely after a partner charity exhausted its funding. Over 27,800 refugees, many of whom had fled without personal belongings, temporarily eased their conditions with ICRC-provided hygiene kits, clothing, blankets/mattresses and other essentials.

At these reception/collection points, people had access to essential services through facilities – including shelter caravans, tents, toilets and showers, water tanks/pumps, generators and heaters – installed, upgraded and maintained by the ICRC and cleaned regularly by a contracted company. Starting May, people benefited from supplementary water-trucking; by year-end, 48,000 litres were being delivered daily through ICRC funding. Upon arriving at the UN/Ministry of Interior-run Raba'a Al-Sarhan facility for registration and subsequent assignment to camps, refugees used similar ICRC-installed/maintained facilities. In all, these activities benefited some 200,000 people passing through.

The wounded and sick among them were treated at ICRC-supported border health posts (see *Wounded and sick*). Beginning in June, refugees passing through Raba'a Al-Sarhan were screened at an ICRC-run clinic, where they obtained primary health care or, through the National Society/ICRC, were referred to ICRC-supported hospitals or other facilities for further treatment.

#### **Syrians living outside camps cover their rent and other expenses with cash assistance**

In Madaba and Mafraq, National Society/ICRC cash distributions enabled nearly 4,100 Syrian refugee households (some 20,000 people) living in host communities to cover their rent and other expenses – including winter expenditures – for up to twelve months.

Some 140 economically vulnerable Syrian and Jordanian women improved their livelihood opportunities, helping mitigate their exposure to the risk of sexual violence, after completing vocational courses run by the National Society with ICRC financial/logistical support. During these courses, they also learnt first aid and became aware of risks related to sexual violence and the assistance available in this regard.

Potential returnees in northern Jordan reduced their exposure to mines/explosive remnants of war through mine-risk education sessions conducted by the National Committee for Demining and Rehabilitation with ICRC financial/technical support.

#### **Refugees and residents alike have improved water access**

In cooperation with local water boards, over 150,000 people in North Badia (Mafraq) obtained improved access to clean water thanks to the rehabilitation of pumping stations and other critical water infrastructure, helping alleviate tensions in communities hosting refugees.

#### **Authorities reminded of IHL-stipulated obligations towards people fleeing to Jordan from Syria**

During ICRC field visits, people in transit facilities, host communities and refugee camps reported their protection concerns. Where necessary, the ICRC documented these and raised them with the Jordanian authorities at field and central levels, reminding them of the need to uphold the principle of *non-refoulement* and facilitate unhindered access to health care. In some cases, oral interventions with border guards led to refugees being granted passage. High-level talks in cooperation with UNHCR and other humanitarian actors also tackled these issues.

People also reported their relatives' arrests in Syria; 558 such allegations were documented. Through expanded networking with Syrians in Jordan, the ICRC gathered first-hand information on potential IHL violations committed in Syria. These allegations were shared with the ICRC delegation there, which submitted representations to the parties concerned whenever possible and processed tracing requests (see *Syrian Arab Republic*).

An assessment of sexual violence against conflict-affected people from Syria took place, with a view to understanding/addressing their specific vulnerabilities.

#### **Jordanians and foreigners restore/maintain family links**

People in Jordan restored or maintained contact with relatives – including detainees held in Iraq and in Israel and the occupied territories – using National Society/ICRC family-links services. Those unable to travel to ICRC offices accessed these services during delegates' visits to their homes.

Some 720 refugees without valid identification papers resettled or joined their families in third countries using ICRC travel documents issued in coordination with IOM, UNHCR and the embassies concerned. Under ICRC auspices, an unaccompanied minor and a handicapped Syrian refugee from Lebanon were reunited with their respective families in Egypt and Jordan. Some especially vulnerable people at facilities in northern Jordan, including separated/unaccompanied minors and the elderly, received special assistance following ICRC referrals.

The National Society bolstered its capacities to provide family-links services through ICRC financial/technical support, though training on needs assessment and relief distribution was postponed, owing to administrative constraints.

Despite the ICRC's efforts, the fate of 18 Jordanians missing in Israel since the 1980s remained unresolved.

#### **PEOPLE DEPRIVED OF THEIR FREEDOM**

People held by the General Intelligence Department (GID) or detained in police stations and Correction and Rehabilitation Centres (CRCs) under the authority of the Interior Ministry's Public Security Directorate (PSD), as well as Palestinians and Syrians interned under the authority of the Interior Ministry, were regularly visited according to standard ICRC procedures. Security detainees and vulnerable groups, including inmates sentenced to death, received particular attention. Women held for their own protection – against so-called 'honour crimes' – and some administrative detainees and foreigners/migrants were referred to NGOs for assistance, as appropriate. Support for a social rehabilitation programme initiated by the European Union was withdrawn after it was cancelled.

Based on these visits, the detaining authorities received confidential reports on the ICRC's findings and recommendations. During meetings, they were reminded of the need to uphold the principle of *non-refoulement*, particularly in relation to Iraqis awaiting deportation, Palestinians and former members of the Syrian armed/security forces.

CRC inmates received recreational/educational items to help them ease their situation.

## **Officials in the region boost their knowledge of detainee health care**

Continued dialogue with the authorities focused on detainees' access to health care and on medical ethics in detention. The ICRC conducted an assessment of prison health care to inform future activities in this regard.

Representatives from Jordan's Health and Interior Ministries, and prison authorities and health professionals from 12 Middle Eastern and North African countries, discussed internationally recognized standards for detainee health care and ethical considerations related to their work during a regional conference in Amman. They also exchanged best practices, for example, in the management of hunger strikes.

At a dissemination session, 50 GID personnel were reminded of applicable law and internationally recognized standards relating to their duties.

## **Syrian and Palestinian internees have improved living conditions**

Former members of the Syrian armed/security forces held in a facility in Mafraq mitigated their sanitation-related health risks through distributions of hygiene kits and other essentials to 367 people, and ICRC-supported improvements to water/sanitation facilities, including overhauled electrical and plumbing systems, that benefited up to 2,150 people. These were supplemented by water-trucking financed by the ICRC, which enabled them to have up to 6,000 litres of water daily until the facility's year-end closure and the internees' transfer to refugee camps.

Palestinians from Syria held at a facility in northern Jordan had more sanitary living conditions after water/toilet/kitchen facilities were rehabilitated.

## **Detainees contact relatives**

Some detainees, including foreigners and security detainees not receiving family visits, stayed in touch with their relatives through RCMs collected/distributed by the ICRC, which also lobbied for more frequent phone calls for these groups. With ICRC assistance, an Iraqi detainee received two visits from relatives in Iraq.

At their request, 336 foreign detainees obtained consular protection/advice after the ICRC notified their embassies/UNHCR of their detention. Embassy and NGO representatives discussed improving their services for migrant workers at an ICRC-organized round-table. Recently released detainees, or their families, received ICRC-issued attestations of detention, qualifying some of them for State benefits. Some former inmates were referred to other organizations for psychosocial/reintegration support.

## **WOUNDED AND SICK**

### **Refugees receive life-saving treatment at border health posts, and hospitals**

Wounded and sick refugees received treatment at three health posts/clinics at the eastern border, run by the JAF Royal Medical Services with ICRC infrastructural, material and technical support, such as for a new registration system to help improve patient management. In November, a clinic at the western border – which remained open for exceptional humanitarian cases, such as the weapon-wounded – received medical supplies to help them deal with mass-casualty situations.

At Health Ministry hospitals in Mafraq and Ruwayshid, residents and refugees, including referrals from other ICRC-supported facilities, were treated with the help of ICRC-donated medical equipment/supplies; minor infrastructural upgrades, such as the installation of air conditioners and ventilation units, helped the hospitals continue operations. Owing to the lack of weapon-wounded patients in Mafraq Hospital, the ICRC surgical team withdrew in February. It remained ready for emergency redeployment.

Efforts to boost emergency-response capacities countrywide increased. Refugees at the Al-Zaatari and Azraq camps and members of the Jordanian civil defence trained in first aid and emergency response during ICRC-conducted sessions; some went on to train others. Financial/technical support for the National Society's first-aid programme helped its staff/volunteers train over 4,300 Syrians in host communities.

Over 100 Jordanian and Syrian health workers treating Syrian casualties sharpened their skills during seminars on weapon-wound surgery and stabilization. They also learnt about the goals of the Health Care in Danger project.

## **ACTORS OF INFLUENCE**

### **High-level officials enhance their capacities in IHL implementation and crisis management**

Owing to the government's other priorities, little progress was made in ratifying/implementing IHL treaties. Nevertheless, with ICRC financial/technical support, the national IHL committee actively promoted IHL and its implementation among key stakeholders. For example, it organized workshops for newly elected governors from Jordan's 12 governorates, who discussed IHL enforcement at all administrative levels. With the ICRC, it co-organized workshops at which diplomats enhanced their knowledge of IHL, and journalists boosted their knowledge of conflict reporting and the protection afforded to them by IHL. It also published its biannual IHL magazine. Some of its members attended events abroad, including meetings on national IHL implementation (see *Algeria*) and strengthening legal protection for detainees (see *International law and policy*); along with law lecturers, representatives of Islamic circles, and government officials, they attended a regional IHL course (see *Lebanon*).

Officials from various ministries and the Civil Defence Department, GID, JAF and PSD attended crisis-management workshops in Amman, Aqaba and Irbid, jointly organized by the authorities and the ICRC at the Interior Ministry's request and with the National Society's participation. The workshops strengthened communication channels with the authorities and clarified Movement components' roles, with a view to facilitating improved cooperation during emergencies.

### **The armed forces draw on ICRC support to establish an IHL centre of excellence**

As part of the JAF's efforts to attain full autonomy in IHL training, it drew on ICRC expertise to inaugurate an IHL centre of excellence at its Peace Operations Training Centre. There, 60 officers participated in instructors' courses, boosting their ability to train people in IHL, and military legal officers attended a course to help them advise field commanders on IHL-related issues. A senior officer participated in an advanced IHL course abroad (see *International law and policy*).



Military officers/personnel learnt more about IHL and the ICRC's mandate at ICRC-conducted courses/presentations, including at training centres. Over 470 military/police/gendarmerie personnel enhanced their knowledge of internationally recognized standards relevant to their work, before embarking on UN or NATO-led missions. The *gendarmerie* submitted their revised curriculum and IHL training manual to the ICRC for feedback regarding the integration of IHL and other relevant laws.

At the ICRC's invitation, 35 commanders of Syrian armed groups increased their understanding of IHL, including rules governing the conduct of hostilities and the importance of facilitating unhindered access to health care, at four training sessions conducted by the ICRC in Amman. Further sessions were cancelled, owing to operational constraints.

### Events for the media and other civil society actors help garner support for the Movement

Contact with professors/students, including at dissemination sessions, focused on spreading knowledge of IHL among them. With a view to reaching future decision-makers, some universities incorporated IHL into their curricula, as a result of dialogue with the ICRC; their libraries received related publications. With ICRC support, professors attended IHL-related seminars/conferences abroad. Legal scholars discussed the dissemination, implementation and development of IHL at ICRC-facilitated meetings.

Local and international journalists covered ICRC activities in Jordan and worldwide, with the help of ICRC-organized field trips, and

ICRC-issued informational materials. Local/regional/international NGOs boosted their knowledge of the Fundamental Principles at a workshop co-organized by the ICRC with another organization.

During World Red Cross and Red Crescent Day celebrations, government officials and media outlets learnt about Movement activities, including those connected with the Health Care in Danger project, at International Federation/ICRC-supported events organized by the National Society. A wider audience learnt about ICRC operations in Jordan through Arabic/English publications such as the Arabic-language quarterly *Al-Insani*, audio-visual materials, and a photo exhibit on ICRC activities in the region in commemoration of "150 years of humanitarian action".

### RED CROSS AND RED CRESCENT MOVEMENT

High-level meetings with the National Society – including during the ICRC president's visit in end-August – tackled cooperation, particularly the involvement of its staff/volunteers in activities for refugees from Syria (see *Civilians* and *Wounded and sick*). It received technical/material/financial support to strengthen its emergency-response and family-links services and its organizational capacities, reinforcing its visibility as a relevant humanitarian actor while broadening its personnel's skills. Notably, it established a national centre for training its staff/volunteers. IHL dissemination training was cancelled, owing to staffing constraints.

The National Society continued to develop its five-year strategic plan with ICRC input.

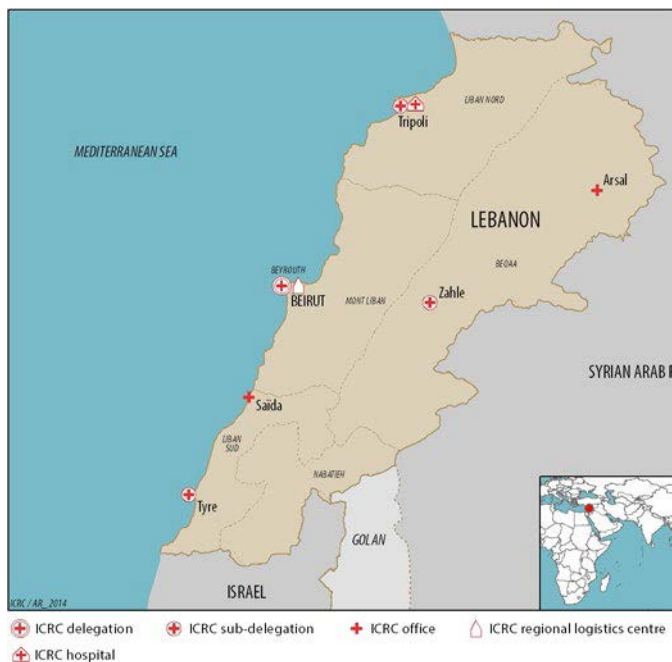
MAIN FIGURES AND INDICATORS: PROTECTION		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
Red Cross messages (RCMs)			UAMs/SCs*		
RCMs collected		55			
RCMs distributed		39			
Phone calls facilitated between family members		9,002			
<b>Reunifications, transfers and repatriations</b>					
People reunited with their families		2			
<b>Tracing requests, including cases of missing persons</b>					
People for whom a tracing request was newly registered		563	Women	Girls	Boys
People located (tracing cases closed positively)		45	15	2	21
Tracing cases still being handled at the end of the reporting period (people)		902	18	3	30
<b>UAMs/SCs*, including unaccompanied demobilized child soldiers</b>					
UAMs/SCs newly registered by the ICRC/National Society		1			Demobilized children
UAMs/SCs reunited with their families by the ICRC/National Society		1	1		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		2			
<b>Documents</b>					
People to whom travel documents were issued		720			
Official documents relayed between family members across borders/front lines		2			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>					
<b>ICRC visits</b>					
Detainees visited		10,604	Women	Minors	
			528		
			Women	Girls	Boys
Detainees visited and monitored individually		960	142		
Detainees newly registered		809	124		
Number of visits carried out		77			
Number of places of detention visited		21			
<b>Restoring family links</b>					
RCMs collected		366			
RCMs distributed		115			
Phone calls made to families to inform them of the whereabouts of a detained relative		5			
Detainees visited by their relatives with ICRC/National Society support		3			
People to whom a detention attestation was issued		22			

\* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Food commodities <sup>1</sup>	Beneficiaries	74,792	55%	23%
	<i>of whom IDPs</i>	66,030		
Essential household items	Beneficiaries	28,173	33%	28%
	<i>of whom IDPs</i>	14,881		
Cash	Beneficiaries	20,350	55%	23%
	<i>of whom IDPs</i>	13,464		
Work, services and training <sup>1</sup>	Beneficiaries			
Water and habitat activities	Beneficiaries	350,000	25%	55%
	<i>of whom IDPs</i>	350,000		
<b>Health</b>				
Health centres supported	Structures	1		
Average catchment population		222,000		
Consultations	Patients	1,894		
	<i>of which curative</i>		526	841
Referrals to a second level of care	Patients	82		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection programme)</b>				
Essential household items	Beneficiaries	10,800		
Water and habitat activities	Beneficiaries	2,150		
<b>Health</b>				
Number of visits carried out by health staff		20		
Number of places of detention visited by health staff		12		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	2		
<b>First aid</b>				
First-aid posts supported	Structures	4		
<b>Water and habitat</b>				
Water and habitat activities	Number of beds	77		

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

# LEBANON



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

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

**MEDIUM**

## KEY RESULTS/CONSTRAINTS

### In 2014:

- ▶ casualties benefited from first aid/evacuations carried out by the Lebanese Red Cross emergency medical services with ICRC backing, and from medical treatment at ICRC-supported and ICRC-run facilities
- ▶ people affected by the Syrian conflict or by violence within Lebanon met some of their basic needs through distributions of food/essential items/cash, but many such activities were hindered by various constraints
- ▶ following the rehabilitation/upgrade of water infrastructure and support to primary health care facilities, refugees and residents had better access to essential services, helping reduce tensions
- ▶ the authorities and weapon bearers were reminded of the need to facilitate unhindered access to health care and respect/protect medical personnel and facilities
- ▶ detainees received visits and essential items while benefiting from minor infrastructural improvements in one prison, but working procedures for other such projects were still being discussed with the authorities
- ▶ though progress on clarifying the fate of missing persons and on legislation protecting their families' rights was minimal, families began to obtain support for their specific needs from ICRC-mobilized NGOs

EXPENDITURE (in KCHF)	
Protection	4,602
Assistance	18,592
Prevention	1,720
Cooperation with National Societies	4,334
General	-
	<b>29,247</b>

of which: Overheads 1,784

IMPLEMENTATION RATE	
Expenditure/yearly budget	<b>77%</b>

PERSONNEL	
Mobile staff	47
Resident staff (daily workers not included)	121

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
<b>Red Cross messages (RCMs)</b>	
RCMs collected	67
RCMs distributed	95
People located (tracing cases closed positively)	75
People reunited with their families	3
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
<b>ICRC visits</b>	
Detainees visited	6,943
Detainees visited and monitored individually	890
Number of visits carried out	170
Number of places of detention visited	29
<b>Restoring family links</b>	
RCMs collected	139
RCMs distributed	75
Phone calls made to families to inform them of the whereabouts of a detained relative	1,470

ASSISTANCE	2014 Targets (up to)	Achieved	
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>			
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>			
Food commodities	Beneficiaries	90,000	31,454
Essential household items	Beneficiaries	90,000	28,507
Cash	Beneficiaries	32,500	16,020
Vouchers	Beneficiaries	9,250	
Work, services and training	Beneficiaries	300	
Water and habitat activities	Beneficiaries	475,000	383,987
<b>Health</b>			
Health centres supported	Structures	5	3
<b>WOUNDED AND SICK</b>			
<b>Hospitals</b>			
Hospitals supported	Structures	10	26
<b>Water and habitat</b>			
Water and habitat activities	Number of beds	116	
<b>Physical rehabilitation</b>			
Patients receiving services	Patients		51

## CONTEXT

The conflict in the Syrian Arab Republic (hereafter Syria) and its spillover continued to affect Lebanon, where reportedly, well over a million refugees had sought refuge since it began. Their presence, mostly in host communities, stretched the capacities of the authorities, the UN and other actors. The arrival of refugees via the northern and eastern borders with Syria – particularly, into northern Lebanon and the Bekaa Valley – increased during the first half of the year; tighter entry policies significantly reduced the influx by year-end.

Violence within Lebanon rose in parallel to the Syrian conflict, causing displacement, casualties and deaths. Opposing positions towards it fuelled longstanding sectarian tensions, leading to bombings and other incidents, including intercommunal clashes in Tripoli. Confrontations between the Lebanese armed/security forces and armed groups also occurred, notably in Aarsal. Security operations conducted by the armed/security forces in these areas led to arrests. Elsewhere, reprisal attacks by armed groups against Hezbollah-controlled areas continued. Developments elsewhere contributed to the insecurity (see *Iraq*).

People in Palestinian refugee camps faced difficult living conditions and persistent unrest.

A new government was formed in February, but a president was not elected.

Hundreds of missing-persons cases related to past conflicts in Lebanon remained unresolved, causing anguish for their families.

## ICRC ACTION AND RESULTS

In 2014, the ICRC focused on helping address humanitarian needs arising from the escalation of the Syrian armed conflict, combining emergency response with mid/longer-term support for essential services. It maintained a complementary role to the authorities, UN agencies and other actors, coordinating its activities with them to reach unassisted people, while playing a lead role in liaising the Movement's response. To reach more people in need, it launched a budget extension appeal in May and opened sub-delegations in Tripoli and Tyre, and an office in Aarsal. It maintained a warehouse in Beirut for its operations in the region.

The Lebanese Red Cross, the ICRC's main partner, received financial, material and technical support for its blood bank and emergency medical services (EMS), facilitating timely treatment and evacuation for the wounded. Casualties from Syria and people injured during internal violence received further care at ICRC-supported health facilities throughout Lebanon. Some patients' treatment costs were covered, but such support decreased as influxes of weapon-wounded people dwindled; starting in September, patients began to be treated at two ICRC-operated surgical/post-operative centres that were established in relation to concerns about the quality/cost of treatment. The ICRC enhanced overall emergency preparedness/response capacities by training first-aiders and surgeons and pre-positioning supplies.

With the National Society, the ICRC distributed aid to people affected by the Syrian conflict/internal violence. However, some assistance activities had to be adapted/curtailed, owing to fewer arrivals of refugees, administrative/security constraints and related difficulties in identifying beneficiaries. Relief distributions, a cash-for-work programme, and infrastructure repairs replaced

cash assistance for violence-affected people in Tripoli. After some administrative/logistical delays, returnees – ineligible for UNHCR support – received cash to help cover their living expenses. After other actors encountered funding issues, the ICRC stepped in by using funds from adapted/downscaled projects to provide refugees with cash/vouchers, helping them cope with winter.

The ICRC visited refugees from Syria, monitored their situation and raised their protection concerns with the relevant authorities, including those connected to the principle of *non-refoulement*. Family-links services were provided to them and to Lebanese families.

Together with the authorities, the ICRC rehabilitated/upgraded water infrastructure, benefiting both refugees and residents and mitigating potential tensions. Material support and staff training for primary-health-care facilities enabled people to obtain preventive/curative treatment. The National Society/ICRC provided support for Syrians in informal settlements to improve their hygiene, water supply and flood-prevention measures.

The ICRC visited detainees in accordance with its standard procedures, to monitor their treatment and living conditions; it also provided them with essential items and family-links services. It continued to work with the authorities to improve prison health care, but working procedures for some infrastructure rehabilitation projects were still being discussed. Penitentiary staff attended workshops on internationally recognized standards relevant to their work.

Though the political situation stalled progress on a national mechanism for clarifying the fate of persons missing from past conflicts and legislation to protect their families' rights, some families obtained assistance for their specific needs following referrals to local NGOs mobilized by the ICRC. To facilitate a future identification process, the ICRC continued collecting ante-disappearance data on missing persons. An agreement with the authorities on the collection of DNA samples remained unsigned.

To facilitate understanding/acceptance of the Movement's work and, particularly, to raise awareness of the need to respect medical personnel/facilities and allow patients unhindered access to treatment, the ICRC engaged in dialogue with and held dissemination sessions for various actors, including the authorities and weapon bearers in Palestinian refugee camps. It also briefed army/police officers on IHL and internationally recognized standards for law enforcement, and initiated dialogue with Islamic academics through discussions on IHL and Islam.

## CIVILIANS

With the National Society, the ICRC boosted its activities for refugees/returnees from Syria, host communities, and people affected by violence within Lebanon. Complementing the humanitarian response of the authorities, UN agencies and their partners, it assisted particularly vulnerable groups, including those ineligible for UNHCR support. Many ICRC activities were adapted/curtailed, owing to, *inter alia*, security or administrative constraints and a reduced refugee influx (see *Context*).

### Conflict/violence-affected people meet their urgent needs

Through emergency distributions, some 31,000 people (6,200 households) throughout Lebanon augmented their diet with one-month food rations, and over 28,000 people (5,600 households) eased their situation with the help of essential household items. The beneficiaries included Syrian refugees; Lebanese returnees; Palestinian

refugees, including those from Syria; people affected by violence in Aarsal and Tripoli, including IDPs; and a few Iraqi refugees.

Plans to assist Lebanese returnees were hindered by security constraints that contributed to difficulties in identifying them. After administrative/logistical delays, in November, 188 households (940 people) received cash to help them cover three months' worth of living expenses.

Given the security situation in Tripoli, cash distributions to violence-affected people were partially replaced by emergency relief (see above) and cash-for-work projects that helped 134 breadwinners provide for their families (670 people in all). Some 300 households (1,800 people) with residences damaged by fighting had them repaired ahead of winter.

In November, two programmes for refugees from Syria – run by the UN Relief and Works Agency and by the National Society – received financial support to help them overcome urgent funding issues. Initially planned for 2015 but begun in 2014 with funds from downscaled/cancelled projects, this support helped 2,237 Palestinian households (11,185 people) and 600 Syrian households (3,000 people) cope with winter through five months' worth of cash assistance and two months' worth of fuel vouchers, respectively.

Through women's cooperatives, 27 female returnees were provided with financial support for their businesses, helping them sustain their families (135 people in all).

### **Refugees and residents obtain access to essential services**

The continued presence of refugees further strained essential services. In cooperation with local water boards, infrastructure rehabilitation/upgrades in communities hosting refugees helped over 383,000 people – two-thirds of whom were residents – obtain improved water access, mitigating potential tensions and pressure on the communities. However, technical and security constraints caused some projects to be delayed or cancelled.

Three health facilities were provided with staff training, equipment and supplies, enabling refugees and residents unreached by the UNHCR system to obtain primary health care, including over 105,000 consultations. Plans for psychosocial support to victims of sexual violence were postponed, pending the results of an assessment (see below).

Some 800 Syrian refugees in informal settlements benefited from National Society/ICRC support to improve their living conditions, including water filters/containers, hygiene kits and education sessions, and assistance for flood-prevention measures.

### **Authorities reminded of obligations under international law to people fleeing Syria**

Refugees reported abuses they had suffered or the arrest of their relatives in Syria. These allegations were shared with the ICRC delegation there, which submitted representations to the parties concerned whenever possible (see *Syrian Arab Republic*). Meetings were held with community leaders and other actors on the ground to assess sexual violence against conflict-affected people from Syria and to inform future ICRC activities to address their specific needs.

The Lebanese authorities were reminded of their obligations under international law – particularly those connected to the principle of *non-refoulement* – to people seeking refuge in Lebanon. The ICRC advocated the admission of vulnerable people, especially separated children, on humanitarian grounds. Discussions with the Lebanese

Armed Forces (LAF) and other weapon bearers emphasized the need to respect/protect civilians, including medical personnel.

### **Separated family members are reunited**

People in Lebanon exchanged news with their relatives, including those detained abroad, through ICRC family-links services. Families filed tracing requests to locate their relatives, including those believed to have been arrested in Syria.

Under ICRC auspices, five Lebanese nationals and the remains of three others were repatriated from Israel (see *Israel and the Occupied Territories*). People reunited with their families or were repatriated to their home countries with ICRC assistance. For example, one person was repatriated to Israel after mistakenly crossing the border, and a Syrian was reunited with his family in Jordan on medical grounds.

Some people rejoined their families or resettled abroad after the ICRC facilitated their transit through Lebanon or issued them travel documents.

### **Families of missing persons obtain support from local service-providers**

Thousands of families remained without news of relatives missing in connection with past conflicts in Lebanon. Dialogue with the authorities continued, based on an ICRC report – shared with them in 2013 – regarding such families' needs. Amidst the current situation (see *Context*), however, very little progress was made in implementing the report's recommendations: the creation of a national mechanism to clarify the fate of missing persons and the adoption of legislation protecting the rights of their relatives. The government officially handed over the archives of a previous commission on missing persons to a family association, which subsequently turned them over to the ICRC. With the launch of a support programme in Saida, some families began obtaining assistance for their needs – for instance, legal advice or administrative support – after being referred to local NGOs mobilized by the ICRC.

Work to facilitate future identification of human remains continued. During interviews with the ICRC, families provided ante-disappearance data on missing relatives, enabling vital information to be preserved in a database for possible comparison with post-mortem data. The forensics department of the Internal Security Forces (ISF) received ad hoc advice, although a formal ISF-ICRC agreement on collecting biological reference samples for DNA testing remained unsigned.

### **PEOPLE DEPRIVED OF THEIR FREEDOM**

Over 6,900 detainees in 29 places of detention were visited according to standard ICRC procedures. Delegates monitored their treatment and living conditions, checking whether these complied with relevant law and internationally recognized standards. Vulnerable detainees – including Syrians arrested by Lebanese security forces – were followed up individually.

Based on these visits, the authorities received confidential feedback, including recommendations where necessary. Discussions with them tackled treatment of detainees, overcrowding, respect for the principle of *non-refoulement* and judicial guarantees, and cooperation on prison health care.

### **Detainees benefit from initiatives to improve their health and living conditions**

Efforts to improve living conditions in increasingly overcrowded prisons began, though some projects were not yet implemented



as working procedures were still being discussed with the authorities. One prison had its ventilation system rehabilitated. In Tripoli Central Prison, detainees reduced their risk of contracting scabies and other diseases following cell disinfection and other measures taken by the authorities. An ICRC-donated X-ray machine was installed at Roumieh Central Prison's medical centre, helping improve health services for inmates.

Primary health care in ISF-managed places of detention was re-assessed to ascertain developments since a 2009 assessment, and to inform future cooperation with the authorities on improving health care for detainees. At an ICRC-facilitated round-table, ISF decision-makers discussed progress made in the prison health-care system and developed new proposals for further improvements. Notably, ICRC recommendations were incorporated into ISF procedures for managing hunger strikes. Penitentiary staff boosted their knowledge of internationally recognized standards applicable to their work at dissemination sessions, and prison health workers underwent related training abroad. In light of plans for a new prison, a report on international standards for prison construction was submitted to the authorities.

Some 6,100 detainees received mattresses, clothes and hygiene/cleaning items.

#### **Detainees maintain family links**

Detainees exchanged news with relatives in Lebanon or elsewhere through RCMs and short oral messages relayed by ICRC delegates. Additionally, 139 foreign detainees informed their embassies of their detention, and 204 others informed the UNHCR of their whereabouts, via the ICRC.

Former detainees or their families received attestations of detention, in some cases qualifying them for State welfare allowances.

#### **WOUNDED AND SICK**

Medical facilities and EMS providers, particularly in the Bekaa Valley and northern Lebanon, struggled to meet the overwhelming needs of both weapon-wounded people from Syria and casualties of internal violence.

#### **Medical evacuees receive timely treatment**

People benefited from first aid and/or medical evacuations carried out by the National Society, bolstered by ICRC financial/material support for its EMS (see *Red Cross and Red Crescent Movement*). Donations of additional blood bags helped it treat some 4,600 patients from Syria.

Regular dialogue with the relevant authorities, weapon bearers, local communities and other actors on the ground (see *Civilians and Actors of influence*) raised awareness of the need to provide unhindered access to medical care and respect/protect medical personnel and facilities, directly contributing to patients' safe and timely transfer.

#### **Wounded Syrians treated at ICRC-supported health facilities**

Over 9,500 people were treated with the help of ad hoc ICRC material support for ambulance providers and 26 hospitals, of which 23 provided data. These people included wounded and sick Syrians who had entered Lebanon through Aarsal, who received treatment at two field hospitals established by Syrian doctors and supported by the ICRC with medical supplies and equipment.

Some 340 critically wounded people had their treatment costs covered, though such support decreased after the influx of refugees slowed (see *Context*), and after the establishment of ICRC-run facilities (see below). At six ICRC-supported centres, some 1,300 Syrians received extensive post-operative care, including physical rehabilitation; a few were fitted with assistive devices by doctors previously trained in prosthetics/orthotics by the ICRC. During and after their treatment/surgery, Syrian patients had their situation monitored and their protection concerns addressed by ICRC delegates and surgeons, who regularly visited ICRC-supported hospitals.

#### **Patients begin to have access to good-quality care at ICRC-run facilities in Tripoli**

In relation to concerns about the quality and cost of treatment, the ICRC established, after some administrative delays, weapon traumatology centres in two Tripoli hospitals to help ensure the availability of comprehensive, good-quality care for all patients. Starting September, over 70 people, including referrals from ICRC-supported facilities (see above), were treated for severe injuries or post-operative complications.

#### **First-responders and surgeons hone their emergency-response capacities**

To help boost emergency preparedness/response capacities country-wide, some 300 people, including Syrian civilians, LAF personnel in violence-prone areas and weapon bearers in Palestinian camps trained in first aid and received basic medical kits, and 36 doctors in all honed their skills at two seminars, on weapon-wound surgery and on emergency-room trauma care. Via ICRC-sponsored training, staff from major EMS providers improved their ability to manage mass casualties and human remains. Discussions with a university began, regarding a weapon-wound surgery module.

Two hospitals continued their operations with the help of ICRC-donated generators. Following clashes in Ein El-Helweh Palestinian refugee camp, a damaged hospital underwent repairs; medical kits were pre-positioned at two facilities.

#### **ACTORS OF INFLUENCE**

##### **Weapon bearers encouraged to facilitate neutral, impartial and independent humanitarian action**

Regular interaction with various actors – as well as beneficiaries, during assistance activities – helped secure acceptance of the Movement and facilitate its work in Lebanon. Dialogue with the authorities, including at community level, focused on operational and IHL-related concerns (see above).

During ICRC presentations at army/police training institutes, some 100 officers, including 25 State security officers preparing to become judicial investigators, were sensitized to the ICRC's mandate and internationally recognized standards applicable to law enforcement. At a police academy, 70 officers learnt about challenges related to conducting police operations.

Through regular ICRC briefings, ISF/LAF personnel and UN Interim Force in Lebanon officers learnt more about international human rights standards applicable to their duties; ISF/LAF personnel were also regularly informed of the ICRC's activities for detainees in Lebanon. Some ISF/LAF officers attended a regional IHL course (see below).

During first-aid workshops (see *Wounded and sick*), medical personnel, Syrian volunteers, and weapon bearers – including

those in Palestinian refugee camps – learnt about IHL and humanitarian principles, the need to provide unhindered access to health care, and the ICRC's activities in Lebanon and elsewhere.

The media helped relay humanitarian messages to key leaders, decision-makers and the public. With the help of interviews, field visits, a photo exhibit and other communication/informational material, local and international media reported on National Society/ICRC activities in Lebanon, Syria and elsewhere, increasing awareness of humanitarian issues and the Movement's work. Some media representatives and bloggers also helped raised awareness of the goals of the Health Care in Danger project.

Dialogue with Islamic academic circles began through three lectures/panel discussions where over 200 students, professors and religious figures learnt more about the compatibility of IHL with Islam; they also received related publications. A moot court competition was cancelled. Nevertheless, students at Lebanese universities continued to be sensitized to the ICRC's mandate and basic principles of IHL through presentations.

### IHL courses reach government officials and scholars in Lebanon and the wider region

IHL-related activities with the authorities at the central level remained limited as other concerns (see *Context*) took precedence over IHL integration and the work of the national IHL committee.

In February, representatives from the Justice Ministry, a university and a think-tank increased their knowledge of IHL at the regional IHL course held annually in Beirut. A total of 56 participants – government officials and lecturers/scholars – from 17 Arab and 5

non-Arab States also attended. A second course was held in March to further promote IHL implementation and peer-to-peer learning. Both courses were organized with the League of Arab States' Centre for Legal and Judicial Studies.

### RED CROSS AND RED CRESCENT MOVEMENT

The Lebanese Red Cross remained the ICRC's main partner in assisting people affected by conflict in Syria and violence in Lebanon (see *Civilians*), and Lebanon's primary EMS provider (see *Wounded and sick*); it also provided family-links services and promoted IHL.

With ICRC financial/material/technical support, the National Society: upgraded/maintained its EMS equipment, vehicles and stations; covered the costs of fuel and other consumables; and paid the salaries of key staff, including a fundraising manager. It trained over 1,700 existing and almost 900 new EMS volunteers and, as part of the five-year strategy for its EMS, received 14 new ambulances and three mini-vans, which strengthened its ability to transfer patients needing immediate treatment.

Regular coordination meetings among Movement partners, and with UN agencies and other organizations operating in Lebanon and the region, helped maximize the humanitarian response and avoid duplication of effort. The National Society, the International Federation and the ICRC jointly hosted a regional meeting of 26 National Societies on the Movement's response to the Syrian conflict and its regional consequences. The National Society and the ICRC also organized a workshop on the Fundamental Principles, enabling National Societies to share their experiences and operational challenges.

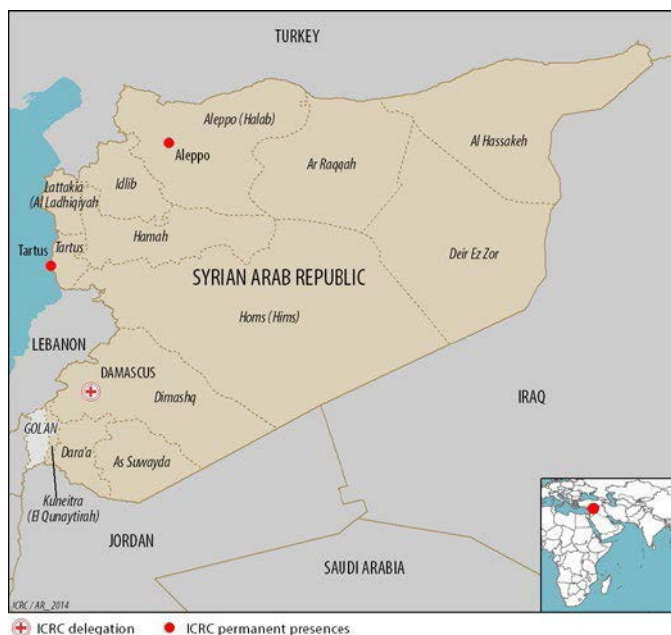
MAIN FIGURES AND INDICATORS: PROTECTION		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>Red Cross messages (RCMs)</b>			UAMs/SCs*		
RCMs collected		67			
RCMs distributed		95			
<b>Reunifications, transfers and repatriations</b>					
People reunited with their families		3			
	<i>including people registered by another delegation</i>	2			
People transferred/repatriated		3			
<b>Tracing requests, including cases of missing persons</b>			Women	Girls	Boys
People for whom a tracing request was newly registered		1,073	76	40	57
	<i>including people for whom tracing requests were registered by another delegation</i>	2			
People located (tracing cases closed positively)		75			
	<i>including people for whom tracing requests were registered by another delegation</i>	1			
Tracing cases still being handled at the end of the reporting period (people)		1,690	104	59	108
	<i>including people for whom tracing requests were registered by another delegation</i>	15			
<b>Documents</b>					
People to whom travel documents were issued		24			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>					
<b>ICRC visits</b>			Women	Minors	
Detainees visited		6,943	393	249	
			Women	Girls	Boys
Detainees visited and monitored individually		890	55	4	17
Detainees newly registered		726	52	4	17
Number of visits carried out		170			
Number of places of detention visited		29			
<b>Restoring family links</b>					
RCMs collected		139			
RCMs distributed		75			
Phone calls made to families to inform them of the whereabouts of a detained relative		1,470			
People to whom a detention attestation was issued		21			

\* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children	
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>					
Food commodities		Beneficiaries	31,454	25%	50%
	<i>of whom IDPs</i>	Beneficiaries	9,470		
Essential household items		Beneficiaries	28,507	21%	42%
	<i>of whom IDPs</i>	Beneficiaries	8,364		
Cash		Beneficiaries	16,020	25%	50%
	<i>of whom IDPs</i>	Beneficiaries	649		
Water and habitat activities		Beneficiaries	383,987	20%	60%
	<i>of whom IDPs<sup>1</sup></i>	Beneficiaries	383,987		
<b>Health</b>					
Health centres supported		Structures	3		
Average catchment population			95,000		
Consultations		Patients	105,592		
	<i>of which curative</i>	Patients		33,699	38,324
	<i>of which ante/post-natal</i>	Patients		86	
Immunizations		Doses	334		
	<i>of which for children aged five or under</i>	Doses	334		
Referrals to a second level of care		Patients	60		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>					
<b>Economic security, water and habitat (in some cases provided within a protection programme)</b>					
Food commodities		Beneficiaries	14		
Essential household items		Beneficiaries	6,197		
Water and habitat activities		Beneficiaries	120		
<b>Health</b>					
Number of visits carried out by health staff			23		
Number of places of detention visited by health staff			8		
<b>WOUNDED AND SICK</b>					
<b>Hospitals</b>					
Hospitals supported		Structures	26		
	<i>of which provided data</i>	Structures	23		
Patients whose hospital treatment has been paid for by the ICRC		Patients	421		
Admissions		Patients	9,591	3,473	1,864
	<i>of whom weapon-wounded</i>	Patients	2,788	252	273
	<i>(including by mines or explosive remnants of war)</i>	Patients	245		
	<i>of whom other surgical cases</i>	Patients	1,121		
	<i>of whom medical cases</i>	Patients	4,165		
	<i>of whom gynaecological/obstetric cases</i>	Patients	1,517		
Operations performed			1,215		
Outpatient consultations		Patients	279,865		
	<i>of which surgical</i>	Patients	23,902		
	<i>of which medical</i>	Patients	244,315		
	<i>of which gynaecological/obstetric</i>	Patients	11,648		
<b>First aid</b>					
First-aid posts supported		Structures	6		
	<i>of which provided data</i>	Structures	5		
Wounded patients treated		Patients	245		
<b>Physical rehabilitation</b>					
Patients receiving services		Patients	51	3	
Patients receiving physiotherapy		Patients	51	3	

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

# SYRIAN ARAB REPUBLIC



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

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

**MEDIUM**

## KEY RESULTS/CONSTRAINTS

### In 2014:

- ▶ some 15 million IDPs/residents had clean water, over 5.8 million received food and over 1.4 million received essential household items, including hygiene kits, through Syrian Arab Red Crescent/ICRC action
- ▶ owing to government restrictions and widespread insecurity, health activities were mostly confined to supporting 9 mobile health units and 1 polyclinic (total: 8,000 consultations/month) run by the National Society
- ▶ the Syrian Arab Red Crescent, as the ICRC's main partner, sustained its emergency-response capacities and overall operations with the help of extensive technical, financial and material support from the ICRC
- ▶ detainees held at 4 central prisons run by the Interior Ministry received visits, but the ICRC continued to seek regular access to all places of detention in the country, including those operated by armed groups
- ▶ some enquiries made on behalf of families received replies, but others about the fate of thousands of people allegedly arrested/detained by the Syrian government and armed groups remained unanswered
- ▶ government restrictions, general insecurity and lack of respect for humanitarian action continued to impede impartial humanitarian assistance to people in certain parts of the country

## EXPENDITURE (in KCHF)

Protection	2,964
Assistance	100,186
Prevention	2,085
Cooperation with National Societies	3,689
General	-
<b>Total</b>	<b>108,924</b>

of which: Overheads **6,648**

## IMPLEMENTATION RATE

Expenditure/yearly budget	<b>78%</b>
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## PERSONNEL

Mobile staff	46
Resident staff (daily workers not included)	199

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
Red Cross messages (RCMs)	
RCMs collected	10
RCMs distributed	35
Phone calls facilitated between family members	1
People located (tracing cases closed positively)	252
People reunited with their families	8
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
ICRC visits	
Detainees visited	10,254
Detainees visited and monitored individually	111
Number of visits carried out	4
Number of places of detention visited	4
<b>Restoring family links</b>	
RCMs collected	12
RCMs distributed	10
Phone calls made to families to inform them of the whereabouts of a detained relative	238

ASSISTANCE	2014 Targets (up to)	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>		
<b>Economic security, water and habitat</b> (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 8,160,000	5,827,591
Essential household items	Beneficiaries 2,580,000	1,427,113
Cash	Beneficiaries 50,000	
Work, services and training	Beneficiaries 50,000	
Water and habitat activities	Beneficiaries 16,100,100	15,875,768
<b>Health</b>		
Health centres supported	Structures 13	9
<b>WOUNDED AND SICK</b>		
Hospitals		
Hospitals supported	Structures	26
<b>Water and habitat</b>		
Water and habitat activities	Number of beds 600	4,456
<b>Physical rehabilitation</b>		
Patients receiving services	Patients 150	

## CONTEXT

In the Syrian Arab Republic (hereafter Syria), armed conflict opposing Syrian government forces and a multitude of armed groups, some of whom were also fighting among themselves, continued. Midyear, a coalition led by the United States of America launched air strikes periodically against an armed group operating across Iraqi and Syrian territories.

Sustained fighting and lack of dialogue among the parties to the conflict stymied efforts, such as the Geneva II Conference on Syria, to find a political solution. In July, the UN Security Council adopted a resolution on cross-border aid delivery without the Syrian government's consent.

Serious and repeated breaches of IHL aggravated the worsening humanitarian situation, with a reported 200,000 people killed since March 2011.

The conflict, and the economic sanctions imposed by other countries, seriously affected public infrastructure and services. More and more Syrians were driven into destitution by unemployment and progressively scarce or costly food, water, health services and fuel.

An estimated 10.8 million people required aid; 6.5 million people – nearly half of them children – were reportedly displaced, often repeatedly, within the country. UNHCR estimated that some 2.8 million people had registered, or were awaiting registration, as refugees.

Over 40,000 households were reportedly living in areas besieged by government forces or armed groups for over a year; some 4.7 million people remained in areas made difficult to reach by the systematic denial of humanitarian access by parties to the conflict. Localized truces occasionally allowed some assistance to reach people living in some of these areas.

## ICRC ACTION AND RESULTS

In partnership with the Syrian Arab Red Crescent, and in coordination with Movement partners and other organizations, the ICRC continued – in full transparency with the authorities – to develop its response to the growing humanitarian needs in Syria. The budget extension appeal launched in May sustained an increase in food assistance from July to December.

Contacts/coordination with Syrian authorities at all levels, community leaders and members of armed groups helped facilitate the National Society/ICRC's humanitarian activities. The limited dialogue that existed with the parties to the conflict, and the ICRC's public statements, emphasized all parties' obligations under IHL to respect and protect civilians/civilian objects, including people seeking/delivering health care. While the ICRC was able to discuss IHL with members of some armed groups, it only had minimal direct interaction with the Syrian armed/security forces.

Government consent, and the security situation, largely determined the ICRC's access to the field and to people in need. Impediments to impartial humanitarian action, particularly medical assistance, were most severe in areas held by armed groups and in besieged areas. Between March 2011 and December 2014, 40 Syrian Arab Red Crescent workers and 7 Palestine Red Crescent Society workers had been killed. The three ICRC staff abducted in Syria in October 2013 were still not released at year's end.

Despite the challenging and complex environment, National Society/ICRC teams managed to reach and assist millions of people. Distributions – mostly by the National Society, with the ICRC facilitating its access to conflict-affected areas – resulted in over 5.8 million people receiving food and over 1.4 million, household essentials. Over 15 million people benefited from clean water and improved sanitation through ICRC support for local water boards, facilitated by the Ministry of Water Resources and the National Society. This support included: emergency repairs, donations of spare parts/consumable chemicals, renovation of essential facilities in IDP hosting centres, water-trucking and bottled-water distribution. Over 3.7 million people benefited from a pest-control initiative, and 100,000 from a solid-waste management programme.

However, the imbalance between health needs and the health services available continued to grow. The ICRC's ability to deliver medical assistance across front lines – to people living in areas held by armed groups and besieged areas, where the needs were most acute – remained extremely limited, and, in terms of surgical aid, almost non-existent. ICRC health activities were confined mainly to supporting National Society-run facilities. Logistical constraints delayed other initiatives.

The ICRC visited detainees at four central prisons run by the Ministry of Interior; it continued to seek access to all places of detention in Syria, including those operated by armed groups. The fate of thousands of people allegedly arrested/detained, either by the Syrian authorities or by armed groups, remained unknown to their families.

Movement family-links services facilitated contact between dispersed family members, including people with relatives living/detained abroad. As a neutral intermediary, the ICRC facilitated travel between the Israeli-occupied Golan and Syria proper.

ICRC operational updates and multimedia releases enabled a wide array of actors in Syria and abroad to keep abreast of the humanitarian situation in Syria and about the Movement's response.

With extensive and diverse forms of support, the National Society developed its operational capacities at headquarters and branch levels.

## CIVILIANS

### **Impediments to principled humanitarian action remain**

The large number of active armed groups and the limited recognition/acceptance for the ICRC continued to challenge the security of field teams and networking efforts. The operational environment remained extremely difficult even when the parties to the conflict allowed the ICRC to cross front lines and enter conflict-affected areas. The government continued to push for local peace/reconciliation agreements and, on some occasions, permitted humanitarian actors to assist victims after the parties concerned had reached an agreement. Some local truces allowed for limited relief for people living in besieged or otherwise hard-to-reach areas. However, truces did not last and were often too fragile for principled/meaningful humanitarian action to take place safely.

### **Millions survive with the help of emergency relief, but others remain inaccessible to the ICRC**

Over 5.8 million vulnerable IDPs/residents (some 1.1 million households) enhanced their daily diet using ICRC food parcels; over 1.4 million (some 270,000 households) eased their living conditions with donated hygiene kits, mattresses, blankets, kitchen



sets and other household essentials. Distributed relief included food for 95,000 people, and household essentials for 46,000 people, in areas of Aleppo held by armed groups, and school kits for 14,000 displaced children in Homs and Rural Damascus. Additional donor support after a budget extension appeal in May sustained an increase in food distributions from July to December.

Distributions were carried out by Syrian Arab Red Crescent teams, with the ICRC facilitating their access to the field by obtaining the permits necessary and talking to the parties concerned. However, people in certain areas (e.g. Deir Ez Zor, Raqqa and besieged areas in Rural Damascus) were often inaccessible, mainly owing to lack of authorization.

Forty-eight National Society staff/volunteers were trained in post-distribution monitoring, which helped improve the quality of food distributed and the follow-up of relief activities.

Despite the insecurity, cash-based assistance and livelihood-support initiatives were being developed.

Palestinians received some assistance through the Palestine Red Crescent (see below, and *Wounded and sick*).

### **Over half of the population benefits from clean water despite widespread destruction**

Cooperation with the Ministry of Water Resources and its local water boards, and dialogue with all sides of the conflict, enabled National Society/ICRC teams to undertake diverse water/sanitation projects. Over 15 million people – almost 65% of Syria's pre-conflict population – benefited from large-scale emergency support for local water boards, which improved the drinking water supply and sanitation countrywide.

They included 6.3 million people who regained access to water following emergency repairs to damaged infrastructure. Activities carried out with National Society staff/volunteers benefited 697,993 IDPs: 372,166 received water delivered by trucks in Deir Ez Zor, Hama, Homs, Kuneitra and Rural Damascus; 163,376 IDPs at 225 hosting centres had housing and water/sanitation facilities rehabilitated/upgraded; and 162,451 IDPs received bottled water, distributed in different-sized containers, as an emergency measure.

In cities/towns with functional distribution systems, millions of IDPs/residents had potable water after the ICRC provided water treatment plants – amid import/transport restrictions – with spare parts and consumables, including 1,000 tonnes of aluminium sulphate and 500,000 litres of sodium hypochlorite. In fighting-affected Yarmouk (Damascus), Palestinian refugees had clean water (enough for 50,000 people for a month), following an emergency supply of purification tablets.

Sanitation programmes were implemented in eight governorates. Health risks for over 3.7 million IDPs/residents were mitigated by a pest-control campaign using ICRC-donated pesticides. In Idlib, 100,000 people benefited from a solid-waste management programme.

As part of ICRC capacity-building support, the National Society received water trucks and technical/financial support for operating them. Fifty-seven volunteers, from all branches, were trained in emergency water/sanitation activities, helping them prepare as focal points in areas not regularly accessible to the ICRC.

### **Parties to the conflict urged to respect IHL**

The ICRC continued to develop its dialogue with the parties to the conflict. The existing, albeit limited, dialogue (see *Actors of influence*) emphasized all parties' obligations under IHL to: take constant care to spare people not/no longer participating in hostilities and protect them from abuse, including sexual violence; respect the prohibition against indiscriminate attacks on civilians/civilian objects, including the use of explosive weapons in densely populated areas; ensure civilians' safe access to goods essential for their survival, and to medical/humanitarian assistance; respect wounded fighters' right to health care; and respect/protect medical/humanitarian workers and the red cross/red crescent emblems.

Contact with segments of armed groups in Syria and abroad continued (see *Actors of influence*).

### **Many remain unable to contact their relatives**

The whereabouts of thousands of people, including those allegedly arrested/detained, remained unknown to their families in Syria and elsewhere, as the parties to the conflict answered only a handful of enquiries about them (see *People deprived of their freedom*).

Through the Movement's tracing services, people in Syria and those who had sought refuge in neighbouring countries opened tracing requests for their relatives in Syria. Families in Syria sent oral messages/greetings, mainly to relatives detained abroad. With the ICRC facilitating their travel, two Syrian children rejoined their mother in Egypt. Thirty-nine people, mainly Palestinians, resettled abroad with ICRC-issued travel documents. The ICRC did not facilitate visits by people from Syria to their relatives detained abroad; repatriation of foreign nationals' remains was not undertaken.

Travel between the Israeli-occupied Golan and Syria proper remained restricted. The ICRC, as a neutral intermediary between the parties concerned, facilitated the crossing of 93 students across the demarcation line between Syria proper and the occupied Golan, and the exchange 39 official documents between Golan residents and their relatives in Syria proper. The ICRC also facilitated the transfer of money to Golanese detainees in Israel. The yearly support for transporting Golan apples to Syria proper was cancelled owing to a poor harvest.

The National Society received supplies (e.g. body bags) for family-links services and human remains management. Organizations involved in establishing lists of missing persons or gravesite information received guidelines.

Over 200 National Society volunteers from Hassakeh trained in disaster management and relief, to boost National Society response in the north-east. Planned training in family-links services, needs assessment and emergency response did not materialize owing to logistical/operational constraints.

### **Initial steps taken to build capacities for addressing the issue of missing persons**

Twenty-five forensic professionals from the Health Ministry attended an ICRC-organized round-table, where their technical/material needs were discussed. At a workshop, 16 high-level staff from the State Ministry for National Reconciliation learnt best practices on dealing with the issue of missing persons.

## PEOPLE DEPRIVED OF THEIR FREEDOM

Only detainees held at four central prisons, under the authority of the Interior Ministry, received ICRC visits. With the exception of one prison, which was also visited in 2012, no repeat visits were carried out. The ICRC continued to seek regular access to all places of detention in Syria, including those under the authority of the Defence Ministry and National Security bodies.

At the four central prisons, 111 detainees were followed up individually. Detainees and their families exchanged news through RCMs and oral messages/greetings. Nine foreign detainees notified their embassies of their imprisonment.

Visits to people held by armed groups had not yet taken place.

### **Detainees trapped by fighting receive emergency aid**

Detainees in Aleppo prison – besieged by armed groups for over a year until May, when government forces regained control of it – benefited from cooked meals, drinking water, clothing and medicines provided by the ICRC and delivered by the National Society. The ICRC, acting as a neutral intermediary, facilitated the movement of released detainees who had completed their sentences, and the transport of human remains.

### **Families await information on relatives allegedly arrested/detained**

Enquiries about 1,762 people allegedly arrested/detained were submitted to the authorities on behalf of the families concerned. Since the beginning of the conflict, 3,216 such queries remained unanswered or only partially answered, despite reminders to the authorities.

The ICRC forwarded requests for information on the fate of 76 people reportedly held by armed groups. Of these requests, 73 remained unanswered.

## WOUNDED AND SICK

### **Disregard for the safety of medical services persists**

Attacks on patients and health workers/facilities recurred. Between March 2011 and December 2014, 40 staff members/volunteers, including first-aiders, from the Syrian Arab Red Crescent, and 7 from the Palestine Red Crescent had been killed. The three ICRC staff abducted in Syria in October 2013 were still not released by year's end.

In line with the Health Care in Danger project, the ICRC took stock of violations – including outright attacks and targeted obstructions (e.g. blocking the delivery of medicines to facilities outside government-controlled areas) – with a view to sharing its findings with the authorities. The ICRC took every possible opportunity to remind the parties to the conflict of their obligations under IHL with regard to protecting all wounded and sick people, be they civilians or combatants, or in detention.

### **People continue to suffer from restrictions imposed on impartial medical care**

Health needs continued to outweigh available health services. This imbalance was particularly severe in areas controlled by armed groups and in besieged areas, where the entry of medical supplies, and access for humanitarian organizations, was restricted. To help remedy this, the ICRC reduced its assistance to government health facilities already receiving support from other donors.

With ICRC deliveries across front lines rarely allowed, people living in areas held by armed groups received basic health care or surgical

supplies on a few occasions only. In December, for example, 13 hospitals in different areas in Aleppo, controlled by either government forces or armed groups, received 29 sets of surgical instruments. Medical supplies were also distributed, to 4 hospitals (for 600 people) in June and 3 hospital (for 150 people) in July.

In besieged areas, delivery of medical supplies – excluding surgical materials – was possible on four occasions only: in October, 5,000 chronically ill patients in Al-Waer in Homs, and another 5,000 in Yarmouk, benefited from a three-month supply of medicines; 700 others in Al-Waer benefited from dialysis consumables delivered to Al-Bir Hospital in November; and 3,000 people in Rural Damascus benefited from a delivery of paediatric/obstetric materials in December.

Similar restrictions applied to places where a truce was in effect. In Barzeh (Damascus) for example, a clinic was being renovated, as other forms of assistance had been prohibited. Rehabilitation of other health facilities could not be carried out owing to difficulties in securing permits and materials.

### **IDPs/residents receive basic health care**

Vulnerable people in Hama, Homs, Idlib, Rural Damascus, Sweida and Tartous received health services at nine Syrian Arab Red Crescent mobile health units serving millions of people on average. ICRC support for these clinics helped ensure curative/preventive care for some 7,000 IDPs/residents monthly. People also received services at a National Society polyclinic (1,000 consultations monthly) in Hama.

Disabled people benefited from 400 pairs of crutches, 50 wheelchairs and bandages distributed to four physical rehabilitation centres in Aleppo.

Representatives from all mobile health units attended a workshop on primary health care, the Safer Access Framework, Health Care in Danger and stress management. Fifteen members of Syrian armed groups attended a first-aid training course abroad (see *Jordan*). Thirteen doctors benefited from a war-surgery seminar abroad (see *Jordan*); other planned training sessions could not be held.

Preparations – delayed by staffing constraints and visa processing – for further support in the fields of primary health care, first aid, biomedical engineering, haemodialysis and physical rehabilitation were in progress.

## ACTORS OF INFLUENCE

### **Working with direct participants in the hostilities remains a challenge**

Contact/coordination with the Syrian authorities at central and local levels, and with community leaders and armed groups in the areas visited, helped facilitate the assistance activities of Syrian Arab Red Crescent/ICRC teams. Meetings with government officials, including during the ICRC president's visits, focused on the distinction between civilians and combatants, and on the right of the wounded to receive medical care and humanitarian assistance. However, a broader, systematic and productive dialogue on protection issues had yet to develop. Still, officials from the Foreign Affairs Ministry learnt more about IHL at a seminar conducted in April at the government's request. An agreement was also reached with the Syrian authorities to reactivate the national IHL committee.

The ICRC so far failed to establish a direct dialogue, on respect for IHL during military operations, with the armed/security forces. In Syria and abroad, networking and IHL-focused interaction (see *Jordan*) with members of armed groups continued.

### **Media coverage fosters support for neutral, impartial and independent humanitarian action**

Communication efforts focused on enlisting support for ICRC field operations among civil society and the wider public, including actors with direct influence on the parties to the conflict. During a question-and-answer session with the ICRC president, Damascus-based journalists were briefed on ICRC operations, IHL and the Health Care in Danger project, and on the organization's call for broader humanitarian access.

Through ICRC operational updates and social media releases, a wide array of actors in Syria and abroad kept abreast of humanitarian developments in Syria. Networking with key media actors, regardless of their affiliations in the conflict, continued, enabling the ICRC to share its humanitarian concerns and distribute multimedia informational materials. By covering ICRC activities, local/international media helped increase people's awareness of the organization's principled humanitarian action. ICRC social networking platforms launched IHL-themed animated clips; an audio recording on IHL was produced, for distribution to armed groups in Syria and neighbouring countries.

Events targeting other sectors of civil society could not be organized owing to the insecurity and lack of permission and human resources.

### **RED CROSS AND RED CRESCENT MOVEMENT**

The Syrian Arab Red Crescent sustained its humanitarian response to growing needs, with ICRC financial, material and technical support – which also helped it cover operating/administrative costs at its headquarters, 12 branches and 6 response centres, including a new centre in Homs built through ICRC funding. It boosted its logistical capacities with ICRC-donated vehicles, and upgraded its radio communication system, thereby increasing staff security in the field.

With ICRC support covering staff salaries and equipment needs, the National Society worked on enhancing its communication capacities, and developed a communication policy and organizational tools. Through an ICRC legal adviser working with its communication team, it also received technical support for maintaining its neutrality, independence and accountability, particularly in relation to organizations outside the Movement. Communication focal points from all National Society branches attended three ICRC-organized workshops; volunteers from the Homs branch trained in basic IHL principles.

Through regular meetings, Movement components coordinated their activities – capitalizing on their complementary capacities – thereby increasing the impact of the Movement's response and strengthening its positioning. Joint statements consolidated the Movement's position on pressing humanitarian issues. In December, the collaborative website "[redforsyria.org](http://redforsyria.org)" began its all-inclusive reporting on Movement activities in Syria.

Coordination with the Palestine Red Crescent facilitated the delivery of assistance in Yarmouk (see *Civilians* and *Wounded and sick*).

Lack of either human resources or authorization forestalled training in first aid and mine action. Some National Society staff/volunteers were trained in emergency response (see *Civilians*); others attended courses abroad, their travelling expenses covered by the ICRC. Work on emblem legislation and the National Society statutes was set aside in favour of emergency/operational priorities.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
Red Cross messages (RCMs)			UAMs/SCs*		
RCMs collected		10			
RCMs distributed		35			
Phone calls facilitated between family members		1			
<b>Reunifications, transfers and repatriations</b>					
People reunited with their families		8			
	<i>including people registered by another delegation</i>	1			
People transferred/repatriated		60			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		2,184	185	104	178
	<i>including people for whom tracing requests were registered by another delegation</i>	1,505			
People located (tracing cases closed positively)		252			
	<i>including people for whom tracing requests were registered by another delegation</i>	125			
Tracing cases still being handled at the end of the reporting period (people)		4,108	285	178	278
	<i>including people for whom tracing requests were registered by another delegation</i>	2,695			
<b>Documents</b>					
People to whom travel documents were issued		39			
Official documents relayed between family members across borders/front lines		16			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>					
ICRC visits			Women	Minors	
Detainees visited		10,254	602	209	
			Women	Girls	Boys
Detainees visited and monitored individually		111	32	1	10
Detainees newly registered		105	32	1	10
Number of visits carried out		4			
Number of places of detention visited		4			
<b>Restoring family links</b>					
RCMs collected		12			
RCMs distributed		10			
Phone calls made to families to inform them of the whereabouts of a detained relative		238			
People to whom a detention attestation was issued		6			

\* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Food commodities	Beneficiaries	5,827,591	30%	40%
	<i>of whom IDPs</i>	5,827,591		
Essential household items	Beneficiaries	1,427,113	30%	40%
	<i>of whom IDPs</i>	1,427,113		
Water and habitat activities	Beneficiaries	15,875,768	30%	40%
	<i>of whom IDPs</i>	5,558,000		
<b>Health</b>				
Health centres supported	Structures	9		
Consultations	Patients	55,315		
	<i>of which curative</i>		15,317	23,672
Immunizations	Doses	9		
	<i>of which for children aged five or under</i>	9		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection programme)</b>				
Essential household items	Beneficiaries	3,316		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	26		
<b>Water and habitat</b>				
Water and habitat activities	Number of beds	4,456		

# YEMEN



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

## KEY RESULTS/CONSTRAINTS

### In 2014:

- ▶ as access constraints and surges in violence saw the ICRC reconsider its planned activities, thousands more people than had been targeted benefited from emergency relief, while fewer received livelihood support
- ▶ despite year-round dialogue with the authorities aimed at gaining comprehensive access to detainees, no progress was made in securing the agreement proposed by the ICRC
- ▶ networking with authorities, weapon bearers, tribal/religious leaders and beneficiary communities created space for humanitarian action in previously inaccessible areas, Al-Jawf and Mareb
- ▶ with the ICRC acting as a neutral intermediary, government forces and Al-Hirak exchanged custody of 21 people, while families/community representatives received the remains of some of those killed during fighting
- ▶ health staff, Yemen Red Crescent Society personnel, weapon bearers and other people honed their first-aid skills, increasing the likelihood of wounded people receiving life-saving care
- ▶ twenty-two hospitals across the country received ad hoc ICRC support, consisting of dressing material and kits to treat the weapon wounded, helping these facilities manage patient influxes

EXPENDITURE (in KCHF)	
Protection	2,716
Assistance	19,685
Prevention	2,429
Cooperation with National Societies	625
General	-
	<b>25,456</b>

of which: Overheads 1,554

IMPLEMENTATION RATE	
Expenditure/yearly budget	<b>98%</b>

PERSONNEL	
Mobile staff	44
Resident staff (daily workers not included)	212

The ICRC has been working in Yemen since the civil war in 1962. It responds to the humanitarian consequences of armed conflicts and other situations of violence in the country by: helping secure the water supply; providing emergency relief, livelihood support and medical assistance to those in need; monitoring the treatment and living conditions of people held in relation to the situation; and enabling them, other nationals and refugees to restore contact with their relatives, including those abroad. The ICRC promotes respect for humanitarian principles and IHL, primarily among weapon bearers. The ICRC works with the Yemen Red Crescent Society.

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

**MEDIUM**

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
<b>Red Cross messages (RCMs)</b>	
RCMs collected	3,944
RCMs distributed	2,495
Phone calls facilitated between family members	281
People located (tracing cases closed positively)	82
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
<b>ICRC visits</b>	
Detainees visited	8,630
Detainees visited and monitored individually	67
Number of visits carried out	35
Number of places of detention visited	18
<b>Restoring family links</b>	
RCMs collected	4
RCMs distributed	2
Phone calls made to families to inform them of the whereabouts of a detained relative	34

ASSISTANCE	2014 Targets (up to)	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>		
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>		
Food commodities	Beneficiaries 21,000	51,078
Essential household items	Beneficiaries 21,000	50,304
Productive inputs	Beneficiaries 260,400	90,018
Cash	Beneficiaries 25,900	13,371
Vouchers	Beneficiaries 35,217	
Water and habitat activities	Beneficiaries 786,500	1,141,227
<b>Health</b>		
Health centres supported	Structures 15	11
<b>WOUNDED AND SICK</b>		
<b>Hospitals</b>		
Hospitals supported	Structures 1	22
<b>Water and habitat</b>		
Water and habitat activities	Number of beds 30	319
<b>Physical rehabilitation</b>		
Centres supported	Structures 4	4
Patients receiving services	Patients 45,000	65,131



## CONTEXT

Yemen continued to be besieged by multiple armed conflicts and other situations of violence, with the insecurity escalating in many parts of the country and between different groups, as in the case of the Houthis and the Al-Qaeda in the Arab Peninsula (AQAP). After months of intense fighting in Dammaj, Sa'ada, the Houthis and Salafi supporters reached a tenuous ceasefire in January; however, clashes persisted intermittently. In the south, Ansar al-Sharia (AaS) and AQAP carried out targeted killings, and US-backed air strikes against the two groups continued. Security/military forces were involved in the fighting throughout the country.

The country's political situation, likewise, remained precarious. The parliament approved a new cabinet in December, after the president dismissed the government in September following Houthi-led protests over the removal of oil subsidies, among other issues. The Houthis also expanded their control over several areas, including Sana'a, the country's capital.

The lack of basic goods and services such as water and electricity, as well as the alleged mismanagement of national resources, continued to cause protests countrywide.

## ICRC ACTION AND RESULTS

Amidst shifting conflict dynamics and insecurity in Yemen, the ICRC reminded all actors with bearing on the conflicts/unrest or holding influence within the community to abide by their obligations under IHL and/or to heed humanitarian norms. It emphasized the need to protect civilians, particularly humanitarian workers, health/medical personnel and those seeking medical care. In tandem with these efforts, it increased its public and targeted communication initiatives so as to foster awareness of its mandate and to gain acceptance for its activities.

Taking account of the prevailing situation, access difficulties and restrictions on its work, the ICRC redirected some of its efforts. For instance, while security threats necessitated the closure of the Amran sub-delegation, the organization stepped up its emergency operations in response to a surge in violence in mid-2014. It provided tens of thousands of people – over twice the number initially planned – with food rations and household items, and trucked in water for several hundred people in Amran.

The organization also sought to increase the likelihood that people wounded during emergencies would receive immediate first aid; to this end, it worked with Yemen Red Crescent Society branches to provide training and some first-aid material to hundreds of weapon bearers, health staff, National Society personnel and other volunteers. ICRC negotiations with all parties involved enabled several people injured during fighting in Dammaj to be evacuated to Sana'a, where they received urgent medical treatment. Hospitals in violence-stricken areas received ad hoc support for managing patient influxes and treating the weapon-wounded.

Whenever possible, the ICRC strove to aid communities to recover from the consequences of violence. Struggling households – albeit fewer than intended – received various forms of livelihood support (cash grants, cash-for-work projects, agricultural inputs, improved veterinary services) that helped them broaden their sources of income.

Improvements to water storage/distribution facilities were made in partnership with local water boards, to foster community

ownership of the projects. Over a million people, mostly in urban areas, acquired access to water through these projects. Regular provision of drugs and equipment for primary-health-care centres and training for their staff, as well as support for immunization campaigns, helped raise the quality of preventive/curative care; women and children notably stood to benefit from these initiatives, with health staff undergoing dedicated training on reproductive health care.

Hospital services in and around Abyan were buttressed by the regular donation of medical supplies to Al-Razi hospital and by on-site training for its staff.

At four ICRC-supported physical rehabilitation centres, people with disabilities, including conflict amputees, continued to have access to suitable treatment, physical rehabilitation and assistive devices.

Despite the ICRC pursuing comprehensive access to detainees in the country, its proposed framework agreement remained at a standstill. Nonetheless, it managed to visit, in line with its standard procedures, thousands of detainees under the authority of the Ministry of Interior and, on an ad hoc basis, some people held by armed groups. It provided these actors with confidential feedback, aimed at helping improve the detainees' treatment and living conditions. At the same time, it engaged with the authorities on the need to improve the health care available to detainees.

ICRC family-links services helped separated family members – including refugees, asylum seekers and people with relatives detained abroad – to stay in touch; tracing services enabled others to learn the fate of their missing relatives. With the ICRC acting as a neutral intermediary, the remains of some people who died during the fighting in Dammaj were turned over to their relatives or community representatives.

The National Society received support for responding to some emergencies, particularly with regard to administering first aid during violence/conflict.

## CIVILIANS

The ICRC strove to develop its dialogue with the various authorities and weapon bearers and other actors of influence across the country, to remind them of their obligation to protect civilians and allow humanitarian workers safe access to vulnerable groups/people. It backed up its dialogue with documented and reported cases of violations collected on the basis of its monitoring of the situation; thus, oral and written interventions focused on the conduct of hostilities, arrest and detention, human remains management, and the issues covered by the Health Care in Danger project, as well as on the importance of humanitarian action (see *Actors of influence*).

However, as the dynamics of the violence continued to shift and security concerns and other restrictions hampered the ICRC's implementation of its activities, many projects had to be delayed, reduced in scale or adapted to address the most urgent needs. In particular, there were fewer beneficiaries of livelihood support activities than had been targeted, while emergency relief distributions were stepped up.

## IDPs, residents weather hardship through distributions of food and household items

Tens of thousands of vulnerable people, IDPs among them, received emergency relief, enabling them to meet their basic needs. Over

7,200 households (51,100 people) supplemented their diet with ICRC food rations; donated household items helped some 7,100 households (50,300 people) – many of which had also received food – to cope with the harsh conditions. Among these beneficiaries were 20,265 people who received both food and essential items in Al Jawf and Mareb, areas that had been inaccessible to the ICRC for several years.

In July, around 450 people in Amran relied on ICRC water trucking for their daily consumption.

### **Vulnerable households work to recover their livelihoods**

Some 14,800 households (103,400 people) took part in livelihood support activities, helping them pursue some measure of self-sufficiency. They benefited from various forms of ICRC assistance: agricultural inputs, improved veterinary services for their livestock, rehabilitated community infrastructure and cash grants. Notably, in Sa'ada, 5,964 livestock owners (with a total of 35,810 dependents) had their animals vaccinated during a campaign run with the Ministry of Agriculture and Irrigation, which resulted in healthier and more productive herds. More than 1,800 people earned extra income (benefiting a total of 12,700 household members) by participating in community-improvement projects, such as cleaning wells in Sa'ada and irrigation canals in Abyan. Some 90 households headed by people with disabilities (in all, 630 people) received cash grants for income-generating activities.

### **Health staff receive training in mother-and-child care**

On average, an estimated 220,000 people had access to affordable health care at 11 ICRC-supported primary health centres: six in Sa'ada, two in Abyan and one each in Amran, Al Dale and Sana'a. Regular provision and monitoring of supplies and drugs, on-the-job training for staff and, when necessary, donations of furniture helped these centres ensure the quality of their services.

Women and children, in particular, benefited from this assistance – 29,000 consultations were carried out for children under the age of five, and some 10,000 ante/post-natal sessions for women. More than 950 home delivery kits were distributed, which helped to reduce the dangers of giving birth at home; 450 mosquito nets were given to pregnant women at risk of malaria. Having learnt more about reproductive health at training sessions organized in cooperation with an international partner, 28 midwives helped boost the long-term availability of care for pregnant women in the south and in Sana'a. Vaccinations conducted through the centres benefited mainly children; in all, some 118,000 polio and 42,000 measles vaccines were administered to children under the age of five. An immunization campaign against measles was conducted in Amran, for which the ICRC provided logistical support.

Thousands of people were served by continued health services at eight centres and three rural hospitals, owing to rehabilitation work carried out by the ICRC.

In tandem with better health care services, over 1,093,000 people in urban areas and 46,400 in one rural community had access to clean and safe water, as a result of the joint efforts of local water authorities and the ICRC to improve water supply/distribution infrastructure. Such cooperation created space to remind the authorities of the need to regularly maintain existing infrastructure.

### **Families make video calls to relatives detained abroad**

Refugees and asylum seekers and other migrants contacted relatives throughout Yemen or elsewhere via RCMs and phone calls. Yemeni residents with relatives detained/interned abroad, including Afghanistan and the US internment facility at Guantanamo Bay Naval Station in Cuba, used these services; those with relatives in the latter facility made particular use of phone/video calls. Families also sent food parcels to their detained relatives. One former Guantanamo Bay internee received ad hoc medical assistance after his release; the ICRC monitored the situation of two other repatriated former internees.

Families approached the ICRC for help in locating missing relatives, including those allegedly arrested but whose whereabouts remained unknown (see *People deprived of their freedom*); 82 cases were resolved. During the fighting in Dammaj, the remains of 37 people were handed over to their relatives or community representatives.

With a view to sparing families the anguish of relatives going missing in the future, the authorities and some weapon bearers were briefed on the importance of proper human remains management and given 600 body bags. Three local interlocutors attended an ICRC forensics course abroad (see *Iran, Islamic Republic of*).

## **PEOPLE DEPRIVED OF THEIR FREEDOM**

### **Regular access to detainees still elusive to the ICRC**

Despite year-round dialogue aimed at securing comprehensive access to all detainees, the ICRC's proposed framework agreement made no further progress since its preliminary approval by the government in September 2013. Nonetheless, the ICRC visited – in line with its standard procedures – over 8,600 detainees held under the responsibility of the Interior Ministry, and monitored their treatment and living conditions; afterwards, it reported its findings confidentially to the authorities concerned. Similarly, 20 people held by armed groups in northern and southern Yemen received ICRC visits; such people, however, remained accessible only on occasions where the detaining actors recognized the ICRC's distinct mandate.

As applicable, the detaining authorities/bodies were also reminded of their obligation to respect judicial guarantees and to ensure that those held in their custody were able to maintain contact with their families. In particular, instances of alleged arrest/detention were raised with the parties concerned, leading to the clarification of the fates of some people (see *Civilians*).

With the ICRC acting as a neutral intermediary, government forces and the Al-Hirak movement exchanged 21 people in their custody.

### **Detainees stand to gain improved access to health care services**

Whenever possible, detaining authorities were engaged in discussions on detainees' access to health care. Notably, prison directors and health staff learnt more about health in detention at various seminars, and at a regional course that covered medical ethics (see *Jordan*).

Health posts were constructed at four remand prisons in Sana'a; the prison staff also received technical advice and donations of anti-scabies supplies.

Over 960 people, including migrants awaiting deportation at a centre in Sana'a, and detainees at prisons in Ibb, Sa'ada and Taiz, had improved water access and sanitation conditions after additional washrooms were built. Mothers and children also benefited from the construction of a playground at the deportation centre. Food distributions were no longer conducted, as another actor assumed responsibility for doing so.

At the Ibb and Taiz prisons, 300 detainees benefited from the donation of mattresses and, in many cases, blankets and hygiene items.

## WOUNDED AND SICK

As people continued to face obstacles in accessing first aid and higher-level medical care during the violence, dialogue with the authorities, weapon bearers and the health/medical community emphasized the importance of ensuring safe health-care delivery (see *Actors of influence*). During fighting in Dammaj, 35 injured people were evacuated to Sana'a, where they received urgent medical treatment; this was made possible by ICRC negotiations with all the parties involved and by their acceptance of the organization's role as a neutral intermediary.

### Trained and equipped first-aiders increase availability of life-saving treatment

Wounded and sick people were likelier to receive emergency treatment in a timely manner, following National Society/ICRC training sessions for over 100 health personnel and 300 combatants. Owing to the surge in violence during the second half of the year, first-aid training sessions were intensified. Potential first-responders also received first-aid supplies, such as dressing kits and stretchers.

### Comprehensive support for Al-Razi hospital helps improve higher-level care

People in need of advanced hospital services benefited from regular donations of medical equipment/drugs to Al-Razi hospital, on-the-job training for its staff, and maintenance work on the building. Moreover, 45 staff members honed their emergency room management capacities at a thirty-week training programme developed by the ICRC and a local institute.

Twenty-two hospitals around the country coped with patient influxes during bouts of violence, with the help of donations of dressing material and treatment kits for the weapon wounded.

### Disabled persons improve mobility after treatment

More than 65,000 disabled persons, including conflict amputees, received quality treatment, physical rehabilitation and other services at the four ICRC-supported physical rehabilitation centres in Aden, Mukalla, Sana'a and Taiz. Patients also received mobility devices or had old ones repaired. A local group promoting sports for people with disabilities received 15 specially-adapted wheelchairs.

Fifteen Yemeni technicians continued to build their skills at a specialist school in India, while others at the Aden and Taiz centres reinforced their capacities through ICRC on-site coaching. A teaching institute in Sana'a also underwent a structural upgrade, enabling it to offer an additional course in 2015.

Patients at the Aden and Taiz physical rehabilitation centres benefited from consistent service delivery, thanks to the continued rehabilitation/maintenance work at both facilities. Plans to set up a centre in Sa'ada faced delays; however, an agreement signed by the Health Ministry and the Yemeni authorities signalled some progress in this regard.

## ACTORS OF INFLUENCE

### Contact with community leaders facilitates humanitarian assistance

In view of the volatile security situation and government set-up, the ICRC kept up efforts to engage with the authorities and the *de facto* authorities, armed forces and other weapon bearers, and key civil society figures, in a bid to secure respect for and access to violence-affected groups or people. Over 100 religious leaders from across central and south Yemen gathered in Aden and Sana'a to discuss the links between Islam and IHL. Around 60 military officers from Aden learnt about the use of the emblems and the ICRC's activities and its neutral approach, as well as some key components of IHL and international norms on law enforcement. These efforts were complemented by communication initiatives targeting the

	YEMEN	ARMED GROUPS
<b>ICRC visits</b>		
Detainees visited	8,610	20
	<i>of whom women</i>	213
	<i>of whom minors</i>	249
Detainees visited and monitored individually	48	19
	<i>of whom women</i>	3
	<i>of whom girls</i>	1
	<i>of whom boys</i>	1
Detainees newly registered	41	19
	<i>of whom women</i>	3
	<i>of whom girls</i>	1
	<i>of whom boys</i>	1
Number of visits carried out	32	3
Number of places of detention visited	16	2
<b>Restoring family links</b>		
RCMs collected	4	
RCMs distributed	2	
Phone calls made to families to inform them of the whereabouts of a detained relative	34	
Detainees released and transferred/repatriated by/via the ICRC	21	
People to whom a detention attestation was issued	1	

wider public – potential beneficiaries learnt about ICRC activities through increased online/broadcast media coverage, including audio-visual material detailing various religious/tribal leaders' experiences with the ICRC.

On several occasions (see above), such contact directly led to the ICRC being able to conduct its activities. At the organization's encouragement, the country's officials convened at a national round-table to discuss measures to address health-care security; this followed up on a similar session in Sana'a during the first part of the year.

### Activities to promote IHL implementation encounter difficulties

Efforts to disseminate and implement IHL ran aground because of the prevailing situation. Nonetheless, senior officers took part in an advanced course in San Remo. Reference documents and other materials, including ICRC-produced articles published in the armed forces' monthly magazine, gave military officials the opportunity to increase their knowledge of IHL.

### Judges become more adept at teaching IHL

A number of government officials also participated in regional and national IHL sessions. Notably, Yemeni officials contributed to the discussions at a course for Arab government experts (see *Algeria*),

and seven persons affiliated with political parties, Islamic groups or the academe attended a regional course on IHL and international human rights law (see *Egypt*).

At a workshop for trainers, 11 judges, who also taught at the judicial institute, strengthened their ability to instruct others in IHL. Elsewhere, students at several law and journalism faculties took part in talks and round-tables on IHL.

### RED CROSS AND RED CRESCENT MOVEMENT

Yemeni Red Crescent branches continued to respond to some emergencies in parts of the country, particularly by administering first aid to the wounded, transferring the seriously injured to hospital, training future first-responders, and contributing to proper human remains management – activities for which they received some support from the ICRC, in line with an emergency response agreement between the two organizations.

Amidst security and procedural concerns, Movement components met regularly to coordinate activities and promote adherence to the Fundamental Principles. However, the ICRC and the National Society were unable to conclude a broader partnership framework agreement for 2014.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
Red Cross messages (RCMs)			UAMs/SCs*		
RCMs collected		3,944			
RCMs distributed		2,495			
Phone calls facilitated between family members		281			
<b>Reunifications, transfers and repatriations</b>					
People transferred/repatriated		35			
Human remains transferred/repatriated		37			
<b>Tracing requests, including cases of missing persons</b>			Women	Girls	Boys
People for whom a tracing request was newly registered		156	36	24	17
	<i>including people for whom tracing requests were registered by another delegation</i>	9			
People located (tracing cases closed positively)		82			
	<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)		187	40	20	11
	<i>including people for whom tracing requests were registered by another delegation</i>	13			
<b>Documents</b>					
People to whom travel documents were issued		198			
Official documents relayed between family members across borders/front lines		1			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>					
<b>ICRC visits</b>			Women	Minors	
Detainees visited		8,630	213	249	
			Women	Girls	Boys
Detainees visited and monitored individually		67	3	1	1
Detainees newly registered		60	3	1	1
Number of visits carried out		35			
Number of places of detention visited		18			
<b>Restoring family links</b>					
RCMs collected		4			
RCMs distributed		2			
Phone calls made to families to inform them of the whereabouts of a detained relative		34			
Detainees released and transferred/repatriated by/via the ICRC		21			
People to whom a detention attestation was issued		1			

\* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children	
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>					
Food commodities		Beneficiaries	51,078	26%	52%
	<i>of whom IDPs</i>	Beneficiaries	40,003		
Essential household items		Beneficiaries	50,304	27%	52%
	<i>of whom IDPs</i>	Beneficiaries	45,248		
Productive inputs		Beneficiaries	90,018	26%	55%
Cash		Beneficiaries	13,371	25%	55%
Water and habitat activities		Beneficiaries	1,141,227	29%	42%
	<i>of whom IDPs</i>	Beneficiaries	1,370		
<b>Health</b>					
Health centres supported		Structures	11		
Average catchment population			219,828		
Consultations		Patients	152,918		
	<i>of which curative</i>	Patients		43,382	61,794
	<i>of which ante/post-natal</i>	Patients		10,372	
Immunizations		Doses	196,881		
	<i>of which for children aged five or under</i>	Doses	196,073		
Referrals to a second level of care		Patients	474		
Health education		Sessions	121		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>					
<b>Economic security, water and habitat (in some cases provided within a protection programme)</b>					
Essential household items		Beneficiaries	300		
Water and habitat activities		Beneficiaries	963		
<b>Health</b>					
Number of visits carried out by health staff			10		
Number of places of detention visited by health staff			9		
<b>WOUNDED AND SICK</b>					
<b>Hospitals</b>					
Hospitals supported		Structures	22		
	<i>of which provided data</i>	Structures	13		
Admissions		Patients	3,779	800	906
	<i>of whom weapon-wounded</i>	Patients	1,290	32	104
	<i>(including by mines or explosive remnants of war)</i>	Patients	5		
	<i>of whom other surgical cases</i>	Patients	1,463		
	<i>of whom medical cases</i>	Patients	686		
	<i>of whom gynaecological/obstetric cases</i>	Patients	340		
Operations performed			1,768		
Outpatient consultations		Patients	4,452		
	<i>of which surgical</i>	Patients	530		
	<i>of which medical</i>	Patients	2,947		
	<i>of which gynaecological/obstetric</i>	Patients	975		
<b>First aid</b>					
First-aid posts supported		Structures	17		
<b>Water and habitat</b>					
Water and habitat activities		Number of beds	319		
<b>Physical rehabilitation</b>					
Centres supported		Structures	4		
Patients receiving services		Patients	65,131	16,666	27,401
New patients fitted with prostheses		Patients	514	112	154
Prostheses delivered		Units	826	187	261
	<i>of which for victims of mines or explosive remnants of war</i>	Units	57		
New patients fitted with orthoses		Patients	8,677	2,140	3,825
Orthoses delivered		Units	20,839	5,141	9,346
	<i>of which for victims of mines or explosive remnants of war</i>	Units	1		
Patients receiving physiotherapy		Patients	33,236	8,190	15,963
Crutches delivered		Units	1,882		
Wheelchairs delivered		Units	348		



# KUWAIT (regional)

**COVERING:** member States of the Gulf Cooperation Council (GCC), namely Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, and United Arab Emirates



ICRC regional delegation

The ICRC has been in Kuwait since the 1990–91 Gulf War. It focuses on humanitarian needs remaining from that war or arising from current armed conflicts and other situations of violence in the wider region. Its work includes activities for people deprived of their freedom in the countries covered and the promotion of IHL and its own role as a neutral, impartial and independent humanitarian organization, among governments and other influential circles. Strengthening partnerships with the Red Crescent Societies of the region is another priority, along with resource mobilization and coordination with other actors.

## KEY RESULTS/CONSTRAINTS

In 2014:

- ▶ detainees in Bahrain, Kuwait and Qatar – including, for the first time, migrants at a Qatari deportation centre – received visits; at regional conferences, authorities discussed improvements to detainee health care
- ▶ families restored/maintained contact with their relatives, including those detained abroad, through family-links services, such as RCMs, phone/video calls and family visits
- ▶ dialogue with key actors during regional events, such as a humanitarian pledging conference for Syria and events co-organized with/for Islamic organizations, helped raise acceptance of/support for the ICRC's work
- ▶ the region's National Societies were supported in enhancing their operational capacities, for example, at a regional course in responding to large-scale emergencies, hosted by the Qatar Red Crescent Society/ICRC
- ▶ despite new information, including GPS coordinates, no remains of persons missing in relation to the 1990–91 Gulf War were found by the ICRC-chaired Tripartite Commission

## EXPENDITURE (in KCHF)

Protection	1,795
Assistance	252
Prevention	1,497
Cooperation with National Societies	530
General	-

**4,074**

of which: Overheads 249

## IMPLEMENTATION RATE

Expenditure/yearly budget	<b>84%</b>
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## PERSONNEL

Mobile staff	10
Resident staff (daily workers not included)	27

## YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

**HIGH**

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
Red Cross messages (RCMs)	
RCMs collected	273
RCMs distributed	194
Phone calls facilitated between family members	139
People located (tracing cases closed positively)	15
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
ICRC visits	
Detainees visited	8,190
Detainees visited and monitored individually	450
Number of visits carried out	29
Number of places of detention visited	12

## CONTEXT

The member States of the Gulf Cooperation Council (GCC) continued to exert influence in the region and beyond. Most GCC governments and National Societies carried out, jointly or individually, activities to assist people affected by conflict in the Gaza Strip in the occupied Palestinian territory, and in the Syrian Arab Republic (hereafter Syria), including those who had fled to neighbouring countries. For the second consecutive year, Kuwait hosted an international pledging conference for victims of the Syrian crisis. Bahrain, Saudi Arabia and the United Arab Emirates (hereafter UAE) participated in airstrikes against the Islamic State group, as part of a coalition led by the United States of America. Kuwait and Qatar provided logistical support for the coalition's efforts.

Despite growing tensions in the wider region, the situation in most GCC member States remained relatively stable. In Kuwait, Qatar, Saudi Arabia and the UAE, some people were arrested on charges of "terrorism." Most States tightened their policies on economic migration, which contributed to an increase in the number of detainees. Bahrain continued to see bouts of unrest linked to the suspension of talks between the government and those calling for reforms. Law enforcement operations to quell demonstrations in the country often led to arrests.

Saudi Arabia hosted the secretariats of the GCC and of the Organization of Islamic Cooperation (OIC) and its Humanitarian Affairs Department.

## ICRC ACTION AND RESULTS

The ICRC regional delegation in Kuwait focused on building awareness of and support for IHL and its implementation, as well as the ICRC and its work. It visited detainees and supported the authorities in ensuring their well-being; helped people restore/maintain family links; and continued to act as a neutral intermediary in efforts to address the issue of persons missing in relation to the 1990–91 Gulf War. Cooperation with GCC National Societies helped them boost their operational capacities.

Through contact with and events for the authorities, intergovernmental/international organizations, NGOs, academics and journalists, the ICRC developed dialogue with them, reinforcing their acceptance of and support for IHL and humanitarian principles, as well as the ICRC's work for conflict/violence-affected people. For example, the ICRC president's participation in a pledging conference for Syria in Kuwait helped elicit support for the ICRC's activities in Syria and neighbouring countries. Regional conferences co-organized with/for Islamic organizations, particularly charities, helped pave the way for future cooperation with them in the field of humanitarian action. The ICRC also re-initiated cooperation with the Kuwaiti army on IHL dissemination for their officers.

National IHL committees drew on ICRC support to promote IHL and its implementation. Bahrain established such a committee with ICRC assistance, and Oman's efforts in this regard continued to be supported. The ICRC encouraged universities to incorporate IHL into their curricula, notably, through dialogue with them and IHL seminars for academics/students.

Formal discussions with the Bahraini authorities commenced, regarding the ICRC's possible contribution to their efforts to ensure the protection of the population during law enforcement operations.

Detainees in Bahrain, Kuwait and Qatar – including, for the first time, migrants at a deportation centre in Qatar – received ICRC visits. To help ensure that their treatment and living conditions met applicable norms and internationally recognized standards, based on its visits, the ICRC confidentially shared recommendations with the authorities; penitentiary staff and decision-makers participated in related training and events abroad. Notably, Health/Interior Ministry officials discussed health care for detainees at regional conferences in Kuwait and Jordan.

National Society/ICRC family-links services enabled families to locate or keep in touch with relatives abroad, including those held at the US internment facility at Guantanamo Bay Naval Station in Cuba and at the Parwan detention facility in Afghanistan. In Kuwait, the ICRC advocated the importance of facilitating family visits for migrants at deportation centres, and, with the Kuwait Red Crescent Society, studied the feasibility of providing them with video calls.

Dialogue with the GCC National Societies resulted in initiatives to help them reinforce their capabilities to restore family links, respond to large-scale emergencies, and raise awareness of IHL, including issues related to the Health Care in Danger project. Such dialogue also tackled the importance of conducting humanitarian action in accordance with the Fundamental Principles.

The ICRC continued to chair and act as a neutral intermediary within the Tripartite Commission (TC) handling the issue of persons missing in connection with the 1990–91 Gulf War. Despite new information, no human remains were found in 2014.

## CIVILIANS

People in Bahrain, particularly those who participated in demonstrations, reported concerns related to law enforcement operations; some of these were documented during ICRC visits to places of detention (see *People deprived of their freedom*). Formal discussions with the authorities commenced, regarding the ICRC's possible contribution to their efforts to protect the population during law enforcement operations; the ICRC also tackled the subject during dialogue with other stakeholders (see *Actors of influence*).

### Members of dispersed families keep in touch

People in GCC member States located or exchanged news with relatives abroad – including those living in countries affected by conflict/natural disasters, and those detained in Afghanistan, Iraq and Lebanon – through RCMs, phone/video calls, oral messages relayed via ICRC delegates, family visits and other family-links services jointly offered by the region's National Societies and the ICRC. Some families also sent parcels containing food/recreational items to their relatives held at the Guantanamo Bay internment facility and the Parwan detention facility. However, family visits for people with relatives in Iraq could not take place, owing to security constraints.

GCC National Societies drew on ICRC advice and support to improve their family-links services, notably, through a regional workshop (see *Red Cross and Red Crescent Movement*).

### Efforts to ascertain the fate of missing persons continue

With the ICRC chairing and acting as a neutral intermediary within the TC comprising Iraq, Kuwait and former coalition States (France, Saudi Arabia, the United Kingdom of Great Britain and Northern Ireland, and the United States of America), the parties involved continued working to clarify the fate of persons missing

in relation to the 1990–91 Gulf War. The UN Mission in Iraq joined the TC as an observer.

At two ICRC-chaired meetings of the TC and five meetings of its technical sub-committee, the parties concerned discussed progress made and obstacles encountered. Despite new information on the location of potential gravesites in Iraq and Kuwait, including GPS coordinates and possible witness testimonies, no human remains were recovered during excavation missions in the two countries.

## PEOPLE DEPRIVED OF THEIR FREEDOM

### Migrants at deportation centres in Qatar receive ICRC visits for the first time

Over 8,100 detainees in Bahrain, Kuwait and Qatar – including, for the first time, migrants at a deportation centre in Qatar – received visits conducted according to standard ICRC procedures. Delegates paid particular attention to the situations of vulnerable detainees, such as people arrested after demonstrations in Bahrain, migrants and security detainees in Kuwait, and in Qatar, people held in connection with a failed coup attempt in 1996.

Based on observations made during visits, ICRC delegates gave the authorities confidential feedback and, where appropriate, recommendations for improving detainees’ treatment and living conditions, particularly during arrest and the initial stages of detention. Discussions tackled prison management and issues such as overcrowding; the importance of access to health care; concerns related to mental health; and facilitating family contact for detainees, particularly migrants. In Bahrain and Kuwait, detainees learnt about hygiene and health practices through information campaigns organized by the authorities, as per ICRC recommendations.

In Kuwait, migrants in deportation centres and shelters had their situation monitored and assessed by the National Society/ICRC; joint family-links activities for them were discussed, such as support for video calls.

### GCC prison authorities exchange views on health care for detainees at a regional conference

Through ICRC-facilitated training, penitentiary staff and decision-makers bolstered their capacity to ensure detainees’ well-being, in line with applicable law and internationally recognized standards.

At a seminar in Kuwait, Health/Interior Ministry officials from all GCC member States, including those where detainees did not receive ICRC visits, discussed challenges and norms related to health-care provision in detention, while broadening their understanding of the ICRC and its activities. Officials from the Bahraini, Kuwaiti and Qatari Interior Ministries, and the Kuwaiti Health Ministry, exchanged best practices at a regional conference abroad (see *Jordan*). Countries in the region were encouraged to transfer responsibility for detainees’ health care from the Interior to the Health Ministry.

In light of plans for new detention facilities, Health and Interior Ministry officials from Kuwait boosted their knowledge of prison construction standards and rehabilitation programmes for detainees through an ICRC-facilitated tour of Swiss prisons.

### Former POWs helped by attestations of captivity

Some 10,780 Iraqi former POWs who had been held in Saudi Arabia during the 1990–91 Gulf War received attestations of captivity, which enabled them to apply for financial assistance in Iraq or helped facilitate legal procedures in third countries where they had resettled.

## ACTORS OF INFLUENCE

### High-level talks help garner support for the ICRC’s work for conflict-affected people in the wider region

Participation in humanitarian symposia and high-level dialogue with governments and international and intergovernmental organizations such as the OIC, notably during the ICRC president’s visits to Kuwait and Saudi Arabia, helped raise acceptance of and support for the ICRC’s work for conflict/violence-affected people.

For example, at a humanitarian pledging conference for Syria in Kuwait, participants were updated on ICRC activities in Syria and neighbouring countries, and conferred with the ICRC president on the need to ensure respect for IHL and safe access to victims during conflicts. This helped elicit renewed pledges of support for the ICRC from several organizations and States, notably, Kuwait.

Presentations during humanitarian fora in Qatar covered ICRC activities in the wider region, and in the UAE, the particular needs of conflict/violence-affected women as well as the importance of unhindered access to health care for victims. At OCHA workshops, the ICRC discussed ways to share information and strengthen partnerships with other actors, including the media.

PEOPLE DEPRIVED OF THEIR FREEDOM	BAHRAIN	KUWAIT	QATAR
<b>ICRC visits</b>			
Detainees visited	3,404	2,320	2,466
<i>of whom women</i>	76	586	333
<i>of whom minors</i>	295	25	5
Detainees visited and monitored individually	327	105	18
<i>of whom women</i>	3	20	4
<i>of whom girls</i>		1	
<i>of whom boys</i>	14		
Detainees newly registered	98	96	11
<i>of whom women</i>		18	4
<i>of whom girls</i>		1	
<i>of whom boys</i>	9		
Number of visits carried out	8	16	5
Number of places of detention visited	3	5	4
<b>Restoring family links</b>			
People to whom a detention attestation was issued	1	10,780	

### **Bahrain establishes a national IHL committee**

National IHL committees received advice on promoting IHL and the adoption/implementation of IHL-related treaties in line with regional plans of action (see *Egypt*); the committees' presidents discussed related challenges at a regional conference (see *Algeria*). Diplomats furthered their understanding of IHL and the ICRC's mandate at a regional seminar co-organized with the UAE's national IHL committee. At a workshop co-organized with Qatar's national IHL committee – the first since its establishment in 2012 – local government officials, including committee members, augmented their knowledge of best practices in IHL implementation. With ICRC input, Bahrain established a national IHL committee in May. In Oman, government officials' efforts in this regard continued to be supported.

In Bahrain, Kuwait, Oman, Qatar and the UAE, universities were encouraged to incorporate IHL into their curricula through dialogue with and IHL seminars involving academics/students. Selected legal professionals/organizations received IHL reference materials. Scholars discussed IHL at regional courses (see *Lebanon* and *Pakistan*).

### **Regional conferences co-organized with Islamic charities pave the way for future cooperation**

Key actors increased their understanding and acceptance of IHL and humanitarian principles and the ICRC and its mandate through contact with/events co-organized by the ICRC.

Notably, governments, international/intergovernmental organizations, and other actors discussed universal humanitarian principles and shared operational challenges at regional conferences co-organized with and for Islamic organizations, particularly charities, paving the way for future cooperation with them in the field of humanitarian action. In Kuwait, the first such event introduced neutral, impartial and independent humanitarian action to a wider audience; a second forum covered ways to help local charities reach more people in need. In Saudi Arabia, stakeholders tackled topics such as challenges to IHL implementation, the protection of humanitarian workers and the importance of social media in humanitarian work. In the UAE, the similarities between IHL and sharia law were discussed, particularly, in relation to assisting victims of conflict.

During local workshops co-organized with Bahraini associations – one for lawyers and another for journalists – participants enhanced their knowledge of topics such as IHL and the protection it affords civilians and medical services. Regionally, journalists helped raise awareness of humanitarian issues and ICRC activities by drawing on ICRC briefings and reference materials to enrich their coverage.

### **Members of the Kuwaiti and Qatari armed forces boost their knowledge of IHL and the ICRC**

Cooperation with the Kuwaiti army on IHL dissemination was re-initiated, following officers' participation in an ICRC-conducted regional seminar on IHL integration in 2013; at a four-day IHL training course, 35 senior officers increased their knowledge of the subject.

At a presentation in a Qatari military college, 40 officers and instructors in charge of curriculum development learnt about the ICRC's role during armed conflict and other situations of violence. IHL training for the Bahraini army was postponed, owing to administrative constraints.

## **RED CROSS AND RED CRESCENT MOVEMENT**

Dialogue with GCC National Societies resulted in joint initiatives – some of which covered the Safer Access Framework and the goals of the Health Care in Danger project – to help them bolster their operational capacities; furthermore, it also tackled the importance of conducting humanitarian action in accordance with the Fundamental Principles. Following the ICRC president's visit to Saudi Arabia, an agreement on future cooperation with the National Society was drafted.

GCC National Societies worked towards strengthening their legal bases and public communication capabilities, particularly, regarding IHL dissemination and protection of the Movement's emblems.

### **National Societies enhance their family-links services and emergency-response capacities**

Staff/volunteers from the Kuwaiti, Qatari, and Saudi National Societies reinforced their capacity to provide family-links services at ICRC-hosted training sessions. During a regional workshop co-organized with the Saudi Arabian Red Crescent Society, GCC National Societies discussed the coordination of such services and the need to raise awareness of their importance amongst decision-makers and the public.

Over 125 National Society staff/volunteers from the wider region strengthened their capacities in IDP camp management and disaster preparedness/response at a Qatar Red Crescent Society/ICRC-organized workshop. ICRC-supported courses helped the Saudi Arabian Red Crescent's newly formed emergency response team boost its capacity to respond to natural disasters. At ICRC workshops, over 40 staff from the Red Crescent Society of the UAE sharpened their skills in advanced first aid and instruction thereon. The regional Health Emergencies in Large Populations course was postponed to 2015; related materials were translated, with a view to conducting it in Arabic for the first time.

The Bahrain Red Crescent Society hosted a regional workshop on humanitarian diplomacy, at which the ICRC briefed government/NGO representatives and Movement components on the importance of dialogue with parties to conflicts for improving access to victims and staff safety. In the UAE, representatives of local medical institutions discussed IHL rules regarding safe access to health care at a seminar organized by the National Society/ICRC. A similar event in Qatar was postponed to 2015, owing to administrative constraints.

Movement components discussed ways to improve coordination and maximize their impact, notably at the 40th General Assembly of the Arab Red Crescent and Red Cross Organization.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>Red Cross messages (RCMs)</b>					
			UAMs/SCs*		
RCMs collected		273			
RCMs distributed		194			
Phone calls facilitated between family members		139			
<b>Tracing requests, including cases of missing persons</b>					
			Women	Girls	Boys
People for whom a tracing request was newly registered		15	3		3
<i>including people for whom tracing requests were registered by another delegation</i>		5			
People located (tracing cases closed positively)		15			
<i>including people for whom tracing requests were registered by another delegation</i>		5			
Tracing cases still being handled at the end of the reporting period (people)		1,509	15	2	44
<i>including people for whom tracing requests were registered by another delegation</i>		1,400			
<b>Documents</b>					
People to whom travel documents were issued		18			
Official documents relayed between family members across borders/front lines		2			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)<sup>1</sup></b>					
<b>ICRC visits</b>					
			Women	Minors	
Detainees visited		8,190	995	325	
			Women	Girls	Boys
Detainees visited and monitored individually		450	27	1	14
Detainees newly registered		205	22	1	9
Number of visits carried out		29			
Number of places of detention visited		12			
<b>Restoring family links</b>					
People to whom a detention attestation was issued		10,781			

\* Unaccompanied minors/separated children

1. Bahrain, Kuwait, Qatar

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)<sup>1</sup></b>				
<b>Health</b>				
Number of visits carried out by health staff		15		
Number of places of detention visited by health staff		7		

1. Bahrain, Kuwait, Qatar







# MAIN FIGURES AND INDICATORS

## PROTECTION FIGURES AND INDICATORS

	WORLD	AFRICA	ASIA & THE PACIFIC	EUROPE & THE AMERICAS	MIDDLE EAST
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>					
<b>ALL CATEGORIES/ALL STATUSES</b>					
Detainees visited	800,891	287,583	240,930	167,033	105,345
Detainees visited and monitored individually	23,869	8,785	5,378	2,109	7,597
Detainees newly registered during the reporting period	14,195	6,016	2,452	910	4,817
Detainees released	19,269	2,786	1,910	565	14,008
<i>of whom repatriated or transferred by/via the ICRC</i>	38	4	1	12	21
Number of visits carried out	4,579	1,869	779	759	1,172
Number of places of detention visited	1,614	677	370	281	286
Number of contexts	92	40	12	30	10
Number of detainees who benefited from the ICRC's family visits programme	10,525	137	2,495	877	7,016
<b>DETAINED WOMEN</b>					
Women visited	44,290	10,002	17,356	12,289	4,643
Women detainees visited and monitored individually	829	192	165	152	320
Women detainees newly registered during the reporting period	563	149	106	45	263
Women detainees released	333	78	35	45	175
Number of women who benefited from the ICRC's family visits programme	68		31	37	
<b>DETAINED MINORS</b>					
Detained minors visited	13,158	6,045	3,007	1,751	2,355
Detained minors visited and monitored individually	1,254	500	238	39	477
Detained minors newly registered during the reporting period	1,160	471	209	35	445
Detained minors released	1,134	189	69	14	862
Detained minors who benefited from the ICRC's family visits programme	59		29	30	
<b>INTERNATIONAL ARMED CONFLICTS (THIRD GENEVA CONVENTION)</b>					
Prisoners of war (POWs) visited	121	25		96	
POWs newly registered during the reporting period					
POWs released	17			17	
<i>of whom repatriated or transferred by/via the ICRC</i>					
Number of visits carried out	27	14		13	
Number of places visited	6	4		2	
<b>INTERNATIONAL ARMED CONFLICTS (FOURTH GENEVA CONVENTION)</b>					
Civilian internees (CIs) and others visited	3,240			12	3,228
CIs and others newly registered during the reporting period	1,879			7	1,872
CIs and others released	12,315			10	12,305
<i>of whom repatriated or transferred by/via the ICRC</i>	10			10	
Number of visits carried out	452			29	423
Number of places visited	51			4	47
<b>RESTORING FAMILY LINKS</b>					
<b>RED CROSS MESSAGES (RCMS)</b>					
RCMs collected	118,663	96,085	6,980	2,614	12,984
<i>of which from detainees</i>	18,797	5,287	5,384	2,092	6,034
<i>of which from unaccompanied minors/separated children</i>	3,429	3,371	16	42	
<i>of which from civilians</i>	96,437	87,427	1,580	480	6,950
RCMs distributed	99,974	84,442	6,048	1,480	8,004
<i>of which to detainees</i>	11,029	3,223	3,707	1,013	3,086
<i>of which to unaccompanied minors/separated children</i>	1,942	1,938		4	
<i>of which to civilians</i>	87,003	79,281	2,341	463	4,918
RCMs not distributed (back to sender)	9,766	8,537	369	43	817
<b>OTHER MEANS OF FAMILY CONTACT</b>					
Telephone calls facilitated between family members (by cellular or satellite phone)	465,264	429,350	3,122	22,968	9,824
Telephone calls made to families to inform them of the whereabouts of a detained relative	25,172	3,373	2,533	301	18,965
Names published in the media	10,774	9,427	1,347		
Names published on the ICRC website	39,967	25,368	4,824	9,775	

	WORLD	AFRICA	ASIA & THE PACIFIC	EUROPE & THE AMERICAS	MIDDLE EAST
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#### REUNIFICATION, TRANSFERS AND REPATRIATIONS

People reunited with their families	1,058	1,017	3	22	16
Civilians transferred	1,041	162	33	714	132
Human remains transferred	1,430		1,372	21	37
Civilians repatriated	22	7	3		12
Human remains repatriated	391			1	390

#### TRACING REQUESTS

People for whom a tracing request was newly registered	12,973	5,969	1,350	2,073	3,581
<i>of whom women</i>	2,269	1,375	177	320	397
<i>of whom minors at the time of disappearance</i>	3,313	2,048	323	380	562
Tracing requests closed positively (person located)	4,414	1,788	735	1,352	539
Tracing requests closed negatively (person not located)	7,125	2,068	3,215	1,110	732
Tracing requests still being handled at the end of the reporting period	54,081	8,772	18,084	19,653	7,572
<i>of which for women</i>	5,279	1,461	1,025	2,280	513
<i>of which for minors at the time of disappearance</i>	6,240	2,330	1,939	1,172	799

#### MISSING PERSONS<sup>1</sup>

Cases of missing persons newly opened	1,042	182	70	790	
<i>of whom women</i>	107	1	9	97	
<i>of whom minors when reported missing</i>	74	7	10	57	
Cases of missing persons closed positively	837		117	720	
Cases of missing persons closed negatively	2,727		2,553	174	
Cases of missing persons still being handled at the end of the reporting period	37,457	230	17,423	18,395	1,409
<i>of whom women</i>	2,979	1	913	2,061	4
<i>of whom minors at the time of disappearance</i>	2,518	8	1,708	764	38

#### UNACCOMPANIED MINORS (UAMs) AND SEPARATED CHILDREN (SCs)

UAMs/SCs newly registered	2,355	2,349		1	5
<i>by the ICRC and/or the National Society</i>	2,343	2,339		1	3
<i>of whom girls</i>	691	690			1
UAMs/SCs reunited with their families <sup>3</sup>	1,528	1,525			3
<i>by the ICRC and/or the National Society</i>	949	946			3
<i>of whom girls</i>	275	272			3
UAMs/SCs cases still being handled at the end of the reporting period	1,970	1,941	23	2	4
<i>of whom girls</i>	568	558	8		2

#### UNACCOMPANIED DEMOBILIZED CHILD SOLDIERS<sup>2</sup>

Demobilized child soldiers newly registered	642	642			
<i>by the ICRC and/or the National Society</i>	642	642			
<i>of whom girls</i>	46	46			
Demobilized child soldiers reunited with their families <sup>3</sup>	477	477			
<i>by the ICRC and/or the National Society</i>	344	344			
<i>of whom girls</i>	21	21			
Cases of demobilized child soldiers still being handled at the end of the reporting period	396	391	5		
<i>of whom girls</i>	24	24			

#### DOCUMENTS ISSUED

People to whom travel documents were issued	3,710	334	747	59	2,570
People to whom a detention attestation was issued	25,496	1,373	386	193	23,544
Other attestations issued	193	23	51	109	10
Documents transmitted/transferred	1,232	65	104	106	957

#### PEOPLE SOLICITING ICRC OFFICES IN THE FIELD

People who visited or telephoned ICRC offices	822,667	20,103	48,340	22,725	731,499
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1. Figures for missing persons are included in the figures for tracing requests above.

2. Figures for unaccompanied demobilized child soldiers are included in the figures for unaccompanied minors and separated children above.

3. Figures for unaccompanied minors and separated children and unaccompanied demobilized child soldiers reunited with their families are included in the figure *People reunited with their families* above.



## ASSISTANCE FIGURES AND INDICATORS

	WORLD <sup>1</sup>	AFRICA	ASIA & THE PACIFIC	EUROPE & THE AMERICAS	MIDDLE EAST
<b>ECONOMIC SECURITY (Number of beneficiaries)</b>					
<b>CIVILIANS (RESIDENTS, RETURNEES, ETC.)</b>					
Essential household items	827,686	296,460	309,499	44,098	177,629
Food commodities	1,355,431	659,401	470,055	39,724	186,251
Cash	482,385	104,502	318,413	10,267	49,203
Productive inputs	2,789,867	2,306,835	278,522	27,094	177,416
Vouchers	43,360	40,006		10	3,344
Work, services and training	1,616,725	1,505,980	90,575	6,977	13,193
<b>INTERNALLY DISPLACED PEOPLE</b>					
Essential household items	3,006,600	766,754	144,781	44,562	2,050,503
Food commodities	7,742,400	1,139,067	106,279	45,501	6,451,553
Cash	171,968	2,360	111,236	25,594	32,778
Productive inputs	464,780	432,904	23,450	8,426	
Vouchers	75,541	40,041		35,500	
Work, services and training	256,598	156,542		100,056	
<b>DETAINEES</b>					
Essential household items	429,002	177,780	142,020	32,528	76,674
Food commodities	30,969	29,944	335	676	14
Cash	5,957	5,648	50	259	
Productive inputs	40,095	39,015		1,080	
Work, services and training	4,622	120	2	4,500	
<b>TOTAL FOR ALL TARGET POPULATIONS</b>					
Essential household items	4,263,288	1,240,994	596,300	121,188	2,304,806
Food commodities	9,128,800	1,828,412	576,669	85,901	6,637,818
Cash	660,310	112,510	429,699	36,120	81,981
Productive inputs	3,294,742	2,778,754	301,972	36,600	177,416
Vouchers	118,901	80,047		35,510	3,344
Work, services and training	1,877,945	1,662,642	90,577	111,533	13,193
<b>WATER AND HABITAT</b>					
<b>CIVILIANS (RESIDENTS, RETURNEES, ETC.)</b>					
Water and habitat activities (number of beneficiaries)	18,687,139	2,602,676	648,495	515,084	14,920,884
<b>INTERNALLY DISPLACED PEOPLE</b>					
Water and habitat activities (number of beneficiaries)	7,213,651	476,734	124,728	31,766	6,580,423
<b>DETAINEES</b>					
Water and habitat activities (number of beneficiaries)	318,021	172,944	99,681	36,098	9,298
<b>WOUNDED AND SICK</b>					
Water and habitat activities (number of beds)	15,770	3,170	2,539	2,962	7,099
<b>TOTAL FOR ALL PROJECTS (ALL TARGET POPULATIONS)</b>					
Water and habitat activities (number of beneficiaries)	26,218,811	3,252,354	872,904	582,948	21,510,605
Water and habitat activities (number of beds)	15,770	3,170	2,539	2,962	7,099
<b>COMMUNITY HEALTH (Number of beneficiaries)</b>					
<b>Health centres supported</b>					
Number of health centres supported	415	143	125	62	85
Monthly average of health centres supported	225	85	90	18	32
Estimated population covered by these health centres (monthly average)	5,789,893	1,806,615	2,861,941	316,279	805,058
<b>Activities</b>					
Number of ante/post-natal consultations (total)	212,439	99,709	73,441	326	38,963
Age ≥15	212,439	99,709	73,441	326	38,963
Number of immunization activities (total)	1,497,905	561,475	584,462	973	350,995
Age ≤5	1,375,869	531,098	496,746	524	347,501
Age ≥15	122,036	30,377	87,716	449	3,494
Of which: number of polio immunizations (total)	403,002	195,396	43,198	124	164,284
Age ≤5	403,002	195,396	43,198	124	164,284
Number of curative consultations (total)	2,480,197	643,965	1,111,482	29,639	695,111

	WORLD <sup>1</sup>	AFRICA	ASIA & THE PACIFIC	EUROPE & THE AMERICAS	MIDDLE EAST
Age ≤ 5	588,968	215,453	239,105	1,777	132,633
5 < Age < 15	570,957	113,901	294,435	2,191	160,430
Age ≥ 15	1,320,272	314,611	577,942	25,671	402,048
<b>Of which: number of females attending curative consultations (total)</b>	<b>1,321,974</b>	<b>357,941</b>	<b>599,611</b>	<b>6,864</b>	<b>357,558</b>
Age ≤ 5	294,628	107,534	119,716	693	66,685
5 < Age < 15	286,199	57,030	148,078	573	80,518
Age ≥ 15	741,147	193,377	331,817	5,598	210,355
<b>Number of health education sessions held (total)</b>	<b>17,888</b>	<b>6,342</b>	<b>10,845</b>	<b>216</b>	<b>485</b>
<b>Number of cases referred from first- to second-line health facilities (total)</b>	<b>26,957</b>	<b>10,151</b>	<b>9,169</b>	<b>115</b>	<b>7,522</b>
Age ≤ 5	4,900	1,864	1,678	4	1,354
5 < Age < 15	6,655	2,565	2,134		1,956
Age ≥ 15	15,402	5,722	5,357	111	4,212
<b>Of which: number of gynaecological/obstetric cases referred (total)</b>	<b>3,255</b>	<b>1,439</b>	<b>855</b>	<b>23</b>	<b>938</b>
<b>HOSPITAL SUPPORT</b>					
<b>HOPITALS SUPPORTED</b>					
Number of supported hospitals that provided statistics	148	72	14	14	48
Number of supported hospitals that did not provide statistics	293	95	87	57	54
Monthly average of supported hospitals that provided statistics	57	28	7	1	21
Monthly average of supported hospitals that did not provide statistics	44	11	17	8	8
<b>ACTIVITIES</b>					
<b>Number of patients whose treatment was paid for by the ICRC (new patients only)</b>	<b>2,442</b>	<b>769</b>	<b>307</b>	<b>945</b>	<b>421</b>
Women	650	186	111	318	35
Men	1,332	494	105	398	335
Girls 5 < Age < 15	119	29	16	63	11
Boys 5 < Age < 15	151	39	30	57	25
Girls ≤ 5 years	86	9	20	51	6
Boys ≤ 5 years	104	12	25	58	9
<b>INPATIENT SURGICAL ACTIVITIES</b>					
<b>Number of weapon-wounded patients admitted (total)</b>	<b>28,551</b>	<b>9,051</b>	<b>2,195</b>	<b>576</b>	<b>16,729</b>
Women	1,856	1,390	162	8	296
Men	13,089	7,131	1,768	568	3,622
Girls < 15 years	414	223	68		123
Boys < 15 years	804	307	197		300
Age and sex unknown	12,388				12,388
<b>Of which: number of patients admitted with injuries caused by mines or explosive remnants of war (total)</b>	<b>4,791</b>	<b>641</b>	<b>980</b>		<b>3,170</b>
Women	256	94	105		57
Men	1,325	486	716		123
Girls < 15 years	90	23	38		29
Boys < 15 years	200	38	121		41
Age and sex unknown	2,920				2,920
<b>Number of non-weapon-wounded surgical cases admitted (total)</b>	<b>85,062</b>	<b>16,162</b>	<b>22,416</b>	<b>1,948</b>	<b>44,536</b>
Women	11,327	4,520	5,615	674	518
Men	21,784	8,964	10,190	1,227	1,403
Girls < 15 years	3,989	1,067	2,668	19	235
Boys < 15 years	6,011	1,611	3,943	28	429
Age and sex unknown	41,951				41,951
<b>Number of operations performed</b>	<b>101,174</b>	<b>37,794</b>	<b>23,901</b>	<b>1,510</b>	<b>37,969</b>
<b>INPATIENT MEDICAL ACTIVITIES</b>					
<b>Number of medical patients admitted (total)</b>	<b>148,628</b>	<b>37,638</b>	<b>44,601</b>		<b>66,389</b>
Women	22,350	8,007	12,679		1,664
Men	20,743	7,849	11,384		1,510
Girls 5 < Age < 15	9,114	4,261	4,560		293
Boys 5 < Age < 15	8,804	4,282	4,170		352
Girls ≤ 5 years	12,828	6,384	5,982		462
Boys ≤ 5 years	13,262	6,855	5,826		581



	WORLD <sup>1</sup>	AFRICA	ASIA & THE PACIFIC	EUROPE & THE AMERICAS	MIDDLE EAST
<b>Number of new patients fitted with prostheses (new to the ICRC) (total)</b>	<b>8,233</b>	<b>1,783</b>	<b>4,441</b>	<b>571</b>	<b>1,438</b>
Women	1,318	338	522	174	284
Men	6,158	1,309	3,546	342	961
Girls < 15 years	274	55	116	26	77
Boys < 15 years	483	81	257	29	116
<b>Number of prostheses delivered (total)</b>	<b>20,145</b>	<b>3,923</b>	<b>11,129</b>	<b>987</b>	<b>4,106</b>
Women	2,798	690	1,255	256	597
Men	15,823	2,948	9,113	653	3,109
Girls < 15 years	578	122	253	35	168
Boys < 15 years	946	163	508	43	232
<b>Of which: number of prostheses delivered to mine victims (total)</b>	<b>6,543</b>	<b>637</b>	<b>4,879</b>	<b>90</b>	<b>937</b>
Women	485	54	373	18	40
Men	5,919	579	4,399	60	881
Girls < 15 years	24	1	17		6
Boys < 15 years	115	3	90	12	10
<b>Number of non-amputees receiving services from the centres (total)</b>	<b>242,929</b>	<b>16,075</b>	<b>128,536</b>	<b>17,273</b>	<b>81,045</b>
Women	54,354	3,118	27,905	5,057	18,274
Men	94,698	5,709	53,553	9,944	25,492
Girls < 15 years	39,152	3,104	18,250	1,070	16,728
Boys < 15 years	54,725	4,144	28,828	1,202	20,551
<b>Number of new patients fitted with orthoses (new to the ICRC) (total)</b>	<b>36,887</b>	<b>1,706</b>	<b>13,081</b>	<b>3,395</b>	<b>18,705</b>
Women	6,428	361	2,119	582	3,366
Men	10,061	499	4,125	719	4,718
Girls < 15 years	8,618	348	2,523	1,027	4,720
Boys < 15 years	11,780	498	4,314	1,067	5,901
<b>Number of orthoses delivered (total)</b>	<b>74,104</b>	<b>4,774</b>	<b>26,834</b>	<b>4,358</b>	<b>38,138</b>
Women	12,470	827	4,048	822	6,773
Men	18,981	1,041	7,912	991	9,037
Girls < 15 years	17,619	1,160	5,305	1,267	9,887
Boys < 15 years	25,034	1,746	9,569	1,278	12,441
<b>Of which: number of orthoses delivered to mine victims (total)</b>	<b>279</b>	<b>20</b>	<b>221</b>	<b>23</b>	<b>15</b>
Women	22		21	1	
Men	227	18	179	17	13
Girls < 15 years	4		3		1
Boys < 15 years	26	2	18	5	1
<b>Number of patients receiving physiotherapy</b>	<b>153,478</b>	<b>11,899</b>	<b>88,090</b>	<b>11,794</b>	<b>41,695</b>
Women	34,003	2,663	15,683	6,271	9,386
Men	64,113	5,635	38,981	4,748	14,749
Girls < 15 years	24,101	1,569	13,732	349	8,451
Boys < 15 years	31,261	2,032	19,694	426	9,109
<b>Crutches and sticks delivered (total units)</b>	<b>38,238</b>	<b>10,417</b>	<b>23,867</b>	<b>176</b>	<b>3,778</b>
Women	5,919	1,854	3,316	32	717
Men	28,136	7,037	18,776	136	2,187
Girls < 15 years	1,576	649	522	2	403
Boys < 15 years	2,607	877	1,253	6	471
<b>Wheelchairs delivered (total)</b>	<b>4,495</b>	<b>752</b>	<b>2,710</b>	<b>299</b>	<b>734</b>
Women	958	188	569	71	130
Men	2,551	469	1,552	92	438
Girls < 15 years	368	47	209	43	69
Boys < 15 years	618	48	380	93	97
<b>COMPONENTS DELIVERED TO NON-ICRC PROJECTS</b>					
Artificial feet	3,737		3,737		
Artificial knees	487		487		
Alignment systems	2,023		2,023		
Orthotic knee joints (pairs)	544		544		

Note: Figures in these tables are in some cases rounded off, may vary slightly from the figures presented in other documents and may result in rounding-off addition differences.

1. Sum of available data, which may not always reflect the extent of ICRC operations





# FINANCE AND ADMINISTRATION

# THE FINANCIAL YEAR 2014

## STATEMENT OF INCOME AND EXPENDITURE

The 2014 financial year ended with a consolidated surplus of KCHF 46,202, compared with KCHF 92,960 in 2013. The difference between the two financial years is justified by the faster growth of operating expenditure (+15%) than of operating income (+10%).

The main events of 2014 led to a record level of operating expenditure above CHF 1.3 billion, as a result of the increased intensity of humanitarian needs in key operations. The non-operating result benefited from relative currency stability and stronger financial markets in 2014.

The consolidated financial statements include the activities of the following financial structures: the field, the headquarters and the controlled funds and foundations.

## EMERGENCY APPEALS

The 2014 field operating result reflected the combined effects of increased direct funding for operations due to the large number of budget extensions and highly visible operations, as well as operational limitations in various contexts marked with growing access difficulties.

Direct contributions to the field budget reached KCHF 1,189,166, up by 11% compared to 2013.

The initial budget of KCHF 1,104,438 increased by KCHF 206,129 as a result of budget extensions for the Central African Republic, Israel and the Occupied Territories, Liberia,<sup>1</sup> Moscow regional delegation (for activities in Ukraine), the Philippines, South Sudan, and the Syrian Arab Republic and neighbouring countries, and a budget reduction for Sudan.

Total field expenditure amounted to KCHF 1,209,684 – an increase of KCHF 164,607 or 16% from KCHF 1,045,078 in 2013 – representing a 92% implementation rate compared with the final budget.

Field operations were underfunded by KCHF -15,572 in 2014 (whereas in 2013, they were overfunded by KCHF 32,817). This, together with a balance brought forward of KCHF 36,685 from 2013, resulted in a net funding excess of KCHF 21,112. This can also be expressed as the difference between underfunded operations (KCHF -7,867) and earmarked contributions on overfunded operations (KCHF 28,979). The stability of loosely- and non-earmarked funding, around 36% of the total contributions, remained essential to the ICRC's operational capacity.

## HEADQUARTERS APPEAL

The final headquarters budget was KCHF 198,988. The actual operating expenses related to headquarters amounted to KCHF 197,117 – an increase of 4% when compared to 2013 actual expenses – corresponding to an implementation rate of 99%.

## BALANCE SHEET

The consolidation scope or the presentation of these accounts remained unchanged compared with the previous year. Adherence to International Financial Reporting Standards (IFRS) was confirmed in 2014 to maintain transparency of the ICRC's financial statements. Long-term donor commitments and human-resources liabilities remained significant drivers in the balance sheet.

The ICRC's consolidated reserves dropped from KCHF 483,974 in 2013 to KCHF 336,160 as at 31 December 2014. Most of this decrease could be attributed to the IFRS actuarial valuations. Its impact on the unrestricted reserves (note 25) resulted from the drop in the discount rate used for the actuarial assessment of employee benefit plans, which increased the defined benefit obligation and reduced the related reserve by KCHF 173,790.

Being IFRS-compliant is a commitment to transparency, comparability and robustness that the ICRC intends to provide to its donors. However, the material impact that IFRS actuarial valuations can have on the ICRC reserves, as well as the high complexity of IFRS, will be closely monitored, as the level of unrestricted reserves available to cover a fast operational deployment are of paramount importance for the organization.

## AUDITORS' OPINION AND INTERNAL CONTROL

External auditors have provided an unqualified audit opinion on the ICRC's IFRS-compliant financial statements. Additionally, as per Swiss legal requirements regarding internal control systems, the external auditors have confirmed unreservedly the existence of such a system at the ICRC.

1. No appeal was launched for this budget extension.

# CONSOLIDATED FINANCIAL STATEMENTS OF THE ICRC 2014

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## CONSOLIDATED STATEMENT OF FINANCIAL POSITION

AS AT 31 DECEMBER

(in KCHF)	Note	2014	2013
<b>ASSETS</b>			
Cash and cash equivalents	7	224,560	218,136
Investments	8	218,570	191,824
Accounts receivable	9	161,820	285,703
Prepayments	10	18,000	14,615
Inventories	11	47,522	39,796
Other financial assets	12	8	23
<b>Total Current assets</b>		<b>670,480</b>	<b>750,097</b>
Investments	8	109,775	108,072
Long-term receivables	13	51,948	133,126
Property, plant and equipment	14	196,186	179,543
Intangible assets	15	39,957	28,738
Other financial assets	12	2,616	2,289
<b>Total Non-current assets</b>		<b>400,482</b>	<b>451,768</b>
<b>Total ASSETS</b>		<b>1,070,962</b>	<b>1,201,865</b>
<b>LIABILITIES</b>			
Accounts payable and accrued expenses	16	54,542	42,557
Loans and borrowings	17	1,639	1,351
Provisions for operational claims	18	2,506	1,143
Employee benefit liabilities	19	53,455	45,732
Deferred income	20	144,358	221,571
Other financial liabilities	21	655	276
<b>Total Current liabilities</b>		<b>257,155</b>	<b>312,630</b>
Loans and borrowings	17	19,183	19,800
Employee benefit liabilities	22	395,268	207,035
Deferred income	20	63,196	178,426
<b>Total Non-current liabilities</b>		<b>477,647</b>	<b>405,261</b>
<b>Total LIABILITIES</b>		<b>734,802</b>	<b>717,891</b>
<b>RESERVES</b>			
Permanently restricted reserves for the funds and foundations	23	38,029	36,946
Temporarily restricted reserves for the funding of operations	24	21,428	37,191
<b>Total Restricted reserves</b>		<b>59,457</b>	<b>74,137</b>
Unrestricted reserves designated by the Assembly	25	262,302	395,436
Other unrestricted reserves		14,401	14,401
<b>Total Unrestricted reserves</b>		<b>276,703</b>	<b>409,837</b>
<b>Total RESERVES</b>		<b>336,160</b>	<b>483,974</b>
<b>Total LIABILITIES and RESERVES</b>		<b>1,070,962</b>	<b>1,201,865</b>

The accompanying notes are an integral part of the consolidated financial statements

**CONSOLIDATED STATEMENT OF COMPREHENSIVE INCOME**  
FOR THE YEAR ENDED 31 DECEMBER

(in KCHF)	Note	2014	2013
<b>OPERATING INCOME</b>			
Contributions	26	1,343,455	1,223,635
<b>Total Operating income</b>		<b>1,343,455</b>	<b>1,223,635</b>
<b>OPERATING EXPENDITURE</b>			
Staff-related costs	29	-560,480	-515,104
Mission costs		-64,343	-57,405
Rentals	30	-133,718	-106,038
Sub-contracted maintenance		-58,056	-42,836
Purchase of goods and materials		-297,460	-251,334
Financial assistance		-78,283	-60,298
General expenditure		-91,689	-84,788
Depreciation		-28,645	-25,627
<b>Total Operating expenditure</b>	<b>27</b>	<b>-1,312,674</b>	<b>-1,143,430</b>
<b>Net surplus of operating activities</b>		<b>30,781</b>	<b>80,205</b>
<b>NON-OPERATING INCOME</b>			
Foreign exchange gains, net		2,101	-
Financial income, net	31	14,538	15,847
Other income	32	13,671	9,925
<b>Total Non-operating income</b>		<b>30,310</b>	<b>25,772</b>
<b>NON-OPERATING EXPENDITURE</b>			
Foreign exchange losses, net		-	-2,179
Other expenses	32	-14,889	-10,838
<b>Total Non-operating expenditure</b>		<b>-14,889</b>	<b>-13,017</b>
<b>Net surplus of non-operating activities</b>		<b>15,421</b>	<b>12,755</b>
<b>SURPLUS FOR THE YEAR</b>		<b>46,202</b>	<b>92,960</b>
<b>OTHER COMPREHENSIVE INCOME - Items that will not be reclassified to profit and loss</b>			
Actuarial (loss)/gain on defined benefit plans	22	-194,016	66,115
<b>Total Other comprehensive (loss)/income for the year</b>		<b>-194,016</b>	<b>66,115</b>
<b>Total COMPREHENSIVE (LOSS)/INCOME FOR THE YEAR</b>		<b>-147,814</b>	<b>159,075</b>
Withdrawal from/ (Allocation to) reserves, net		147,814	-159,075
<b>Comprehensive income for the year after allocations</b>		<b>-</b>	<b>-</b>

The accompanying notes are an integral part of the consolidated financial statements.



## CONSOLIDATED STATEMENT OF CASH FLOWS

### FOR THE YEAR ENDED 31 DECEMBER

(in KCHF)	Note	2014	2013
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
Surplus for the year		46,202	92,960
<b>ADJUSTMENTS TO RECONCILE SURPLUS TO NET CASH FROM OPERATING ACTIVITIES</b>			
Non-cash items	40	10,488	-1,082
Items relating to investing activities	40	-24,801	-22,590
Working capital adjustments	40	35,263	-33,055
<b>Net cash from operating activities</b>		<b>67,152</b>	<b>36,233</b>
<b>CASH FLOWS USED IN INVESTING ACTIVITIES</b>			
Purchase of property, plant and equipment	14	-40,209	-29,736
Purchase of intangible assets	15	-17,285	-12,569
Purchase of investments		-87,850	-70,007
(Purchase)/sale of short-term deposits, net		-19,998	30,003
Proceeds from sale of property, plant and equipment		3,527	5,667
Proceeds from sale of investments		95,968	47,019
Interest received, net		1,436	1,179
Income from investments, net	31	2,347	2,045
<b>Net cash used in investing activities</b>		<b>-62,064</b>	<b>-26,399</b>
<b>CASH FLOWS USED IN FINANCING ACTIVITIES</b>			
Repayments of loans and borrowings		-728	-728
<b>Net cash used in financing activities</b>		<b>-728</b>	<b>-728</b>
<b>Net increase in cash and cash equivalents</b>		<b>4,360</b>	<b>9,106</b>
Cash and cash equivalents at 1 January		217,413	209,699
Effect of exchange rate fluctuations on cash held		1,765	-1,392
<b>Cash and cash equivalents at 31 December</b>	<b>7</b>	<b>223,538</b>	<b>217,413</b>

The accompanying notes are an integral part of the consolidated financial statements.

**CONSOLIDATED STATEMENT OF CHANGES IN RESERVES**  
FOR THE YEAR ENDED 31 DECEMBER

(in KCHF)	Restricted reserves		Unrestricted reserves		Comprehensive income/(loss)	Reserves
	Funds and foundations	Funding of operations	Designated by the Assembly	Other reserves		
Note	23	24	25			
<b>Balance at 1 January 2013</b>	<b>36,200</b>	<b>3,922</b>	<b>270,376</b>	<b>14,401</b>	<b>-</b>	<b>324,899</b>
Net surplus for the year					92,960	92,960
Other comprehensive income for the year					66,115	66,115
<b>Total Comprehensive income for the year</b>					<b>159,075</b>	<b>159,075</b>
<b>Balance before allocations to / withdrawals from reserves</b>	<b>36,200</b>	<b>3,922</b>	<b>270,376</b>	<b>14,401</b>	<b>159,075</b>	<b>483,974</b>
Allocation of results of funds and foundations	746				-746	-
Increase of field operations with temporary deficit financing		57,573			-57,573	-
Decrease in donors' restricted contributions for specific operations		-24,304			24,304	-
Use of reserves designated by the Assembly			-4,634		4,634	-
Allocation to reserves designated by the Assembly			129,694		-129,694	-
<b>Total Allocations to / withdrawals from reserves, net</b>	<b>746</b>	<b>33,269</b>	<b>125,060</b>	<b>-</b>	<b>-159,075</b>	<b>-</b>
<b>Balance at 31 December 2013</b>	<b>36,946</b>	<b>37,191</b>	<b>395,436</b>	<b>14,401</b>	<b>-</b>	<b>483,974</b>
Net surplus for the year					46,202	46,202
Other comprehensive loss for the year					-194,016	-194,016
<b>Total Comprehensive loss for the year</b>					<b>-147,814</b>	<b>-147,814</b>
<b>Balance before allocations to / withdrawals from reserves</b>	<b>36,946</b>	<b>37,191</b>	<b>395,436</b>	<b>14,401</b>	<b>-147,814</b>	<b>336,160</b>
Allocation of results of funds and foundations	1,083				-1,083	-
Increase of field operations with temporary deficit financing		7,554			-7,554	-
Decrease in donors' restricted contributions for specific operations		-23,317			23,317	-
Use of reserves designated by the Assembly			-186,649		186,649	-
Allocation to reserves designated by the Assembly			53,515		-53,515	-
<b>Total Allocations to / withdrawals from reserves, net</b>	<b>1,083</b>	<b>-15,763</b>	<b>-133,134</b>	<b>-</b>	<b>147,814</b>	<b>-</b>
<b>Balance at 31 December 2014</b>	<b>38,029</b>	<b>21,428</b>	<b>262,302</b>	<b>14,401</b>	<b>-</b>	<b>336,160</b>

The accompanying notes are an integral part of the consolidated financial statements.

## NOTES TO THE CONSOLIDATED FINANCIAL STATEMENTS

AS AT 31 DECEMBER 2014

### 1. ACTIVITIES

The International Committee of the Red Cross (hereafter the ICRC) is an impartial, neutral and independent organization whose exclusively humanitarian mission is to protect the lives and dignity of victims of armed conflict and other situations of violence and to provide them with assistance.

It directs and coordinates the international relief activities conducted by the International Red Cross and Red Crescent Movement in situations of conflict. It also endeavours to prevent suffering by promoting and strengthening humanitarian law and universal humanitarian principles.

Established in 1863, the ICRC is at the origin of the Movement. It is formally recognized in the 1949 Geneva Conventions and by the International Conferences of the Red Cross and Red Crescent. As a humanitarian non-profit organization domiciled in Switzerland, it was granted United Nations observer status in October 1990. Under Article 60 of the Swiss Civil Code, it has the legal form of an association. Its registered office is 19, Avenue de la Paix, 1202 Geneva, Switzerland.

The ICRC's principal tasks are to:

- ▶ visit prisoners of war and civilian detainees
- ▶ search for missing persons
- ▶ transmit messages between family members separated by conflict
- ▶ reunite dispersed families
- ▶ provide food, water and medical assistance to civilians without access to these basic necessities
- ▶ spread knowledge of international humanitarian law (hereafter IHL)
- ▶ monitor compliance with IHL
- ▶ draw attention to violations and contribute to the development of IHL
- ▶ enhance the capacity of National Societies to fulfil their responsibilities as Red Cross and Red Crescent institutions providing humanitarian services in their respective countries

The consolidated financial statements of the ICRC cover the activities of Geneva headquarters, all ICRC delegations, seven funds and two foundations.

### 2. BASIS OF PREPARATION

#### Statement of compliance

The consolidated financial statements have been prepared in compliance with the International Financial Reporting Standards (IFRS) as adopted by the International Accounting Standards Board (IASB) and with interpretations issued by the IASB Standards Interpretations Committee (SIC) and the IFRS Interpretations Committee (IFRIC), and are presented in accordance with the ICRC's Statutes.

Currently, the IFRS do not contain specific guidelines for non-profit and non-governmental organizations concerning the accounting treatment and presentation of consolidated financial statements. Where the IFRS are silent or do not give guidance on how to treat transactions specific to the not-for-profit sector, accounting policies have been based on the general IFRS principles, as detailed in the basis of measurement of the IASB Framework for the Preparation and Presentation of Financial Statements.

The consolidated financial statements have been prepared using the historical cost convention. However, investments and derivative financial instruments are stated at their fair value.

#### Functional and presentation currency

The consolidated financial statements are presented in Swiss francs, which is the organization's functional and presentation currency. All financial information presented in Swiss francs has been rounded to the nearest thousand (KCHF), except when otherwise indicated.

#### Basis of consolidation of the funds and foundations

The funds and foundations listed below are controlled by the ICRC and their financial statements are included in the consolidated financial statements. Intragroup balances and transactions, and any gains from such transactions, are eliminated when the consolidated financial statements are prepared. The financial statements of the funds and foundations are prepared for the same reporting period as the ICRC, using consistent accounting policies.

Control exists when the ICRC has the power, directly or indirectly, to govern the financial and operating policies of an entity. The financial statements of the funds and foundations are included in the consolidated financial statements from the date that control commences until the date that control ceases. The ICRC reviews its significant judgments and assumptions made in determining that it has control of other entities on an annual basis.

The general purpose of the following funds and foundations is to help finance the ICRC's humanitarian work:

- ▶ Foundation for the International Committee of the Red Cross
- ▶ Special Fund for the Disabled
- ▶ Clare Benedict Fund
- ▶ Omar El Mukhtar Fund
- ▶ Augusta Fund
- ▶ Florence Nightingale Medal Fund
- ▶ French Fund Maurice de Madre
- ▶ Paul Reuter Fund
- ▶ Jean Pictet Fund

### 3. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

#### 3.1 Foreign-currency transactions

Transactions in currencies other than Swiss francs are converted into Swiss francs at rates which approximate the actual rates at the transaction date. At the reporting date, monetary assets and liabilities denominated in foreign currency are converted into Swiss francs at the rate of exchange at that date. Non-monetary assets and liabilities in foreign currency that are stated at historical cost are translated at the foreign-exchange rate at the date of the transaction. Realized and unrealized exchange differences are reported in the profit and loss statement.

#### 3.2 Cash and cash equivalents

The ICRC considers cash on hand, cash at banks and short-term deposits with an original maturity of three months or less to be "Cash and cash equivalents". Otherwise, when term deposits have an original maturity of over three months, they are classified as current and/or non-current investments.

Bank borrowings that are repayable on demand and form an integral part of the ICRC's cash management are included as a component of cash and cash equivalents for the purpose of the consolidated statement of cash flows.

### 3.3 Investments

In accordance with its documented investment management policy, the ICRC classifies its investments in the following categories: at fair value through profit and loss or held-to-maturity.

#### a) At fair value through profit and loss

Financial assets at fair value through profit and loss are financial assets held-for-trading. A financial asset is classified in this category if acquired principally for the purpose of selling in the short term. All assets in this category are classified as current assets, as they are expected to be settled within 12 months.

Held-for-trading investments are recognized and derecognized on the trade date that the ICRC, or the portfolio manager acting on behalf of the ICRC, commits to purchasing or selling them.

The financial assets held-for-trading are measured at fair value through profit or loss. The fair value of equity and debt securities is determined by reference to their quoted closing price at the reporting date, or, if unquoted, using a valuation technique. The valuation techniques employed include market multiple and discounted cash flow analysis using expected future cash flows and a market-related discount rate. Fair value gains or losses, which take into account any dividend income, are recognized in the profit and loss statement. Attributable transaction costs are also recognized in the profit and loss statement as incurred.

#### b) Held-to-maturity

When the ICRC has the positive intent and ability to hold debt securities to maturity, then such financial assets are classified as held-to-maturity. Bonds in this category are classified as current investments if expected to be settled within 12 months; otherwise they are classified as non-current assets.

Held-to-maturity investments are recognized initially at fair value plus any directly attributable transaction costs. Subsequent to initial recognition, held-to-maturity investments are measured at amortized cost using the effective interest rate, less any impairment losses (see Note 3.9). However, debt securities with variable interest rates that satisfy the criteria for a held-to-maturity investment are measured at fair value, because it is not possible to calculate an effective interest rate given their variable rates.

### 3.4 Accounts receivable

#### a) Measurement

Receivables are stated at their cost net of an allowance on outstanding amounts to cover the risk on non-payment (see Notes 9 and 13).

The main receivables positions are recognized for:

- ▶ pledges: at the moment of a written confirmation, except pledges falling due after five years, which are considered as contingent assets only and are not recognized owing to uncertainties associated with their receipts (see Note 36); the ICRC recognizes this revenue when the written confirmation includes a clear and firm commitment from the donor and the realization of the income is virtually certain
- ▶ re-invoiced costs: at the moment when (i) the service or basic expenditure is fulfilled, or (ii) ownership of the asset is transferred
- ▶ insurance reimbursement: the compensation receivable from the insurance company qualifies for recognition as an asset when the loss event that created an unconditional contractual right for the ICRC to assert a claim at the reporting date has

occurred and the claim is not disputed by the insurer; and the only uncertainty regarding recovery of the insured loss is the settlement amount, the ICRC recognizes its best estimate of the reimbursement, not exceeding the amount of the loss.

Accounts receivable after the date of the consolidated statement of financial position are discounted to estimate their present value at this same date.

#### b) Valuation

The ICRC maintains allowances for doubtful accounts in respect of estimated losses resulting from the inability of donors to make the required payments. Evidence of impairment may include indications that the debtors or a group of debtors are experiencing significant financial difficulty or default in interest or principal payments, the probability that they will enter bankruptcy or any financial reorganization, and observable data indicating that there is a measurable decrease in future cash flows, such as changes in arrears or economic conditions that correlate with defaults.

Management specifically analyses accounts receivable, historical trends and current economic trends when assessing the adequacy of the allowance for doubtful accounts. The allowance is made on the basis of a specific individual review of all significant outstanding positions. For those positions not specifically reviewed, the allowance is made using different rates depending on the age of the receivables. These rates are determined in the light of past experience.

### 3.5 Inventories

*Inventories held at headquarters and at the principal regional distribution centre* in Nairobi (Kenya) are considered as uncommitted inventories and recorded at cost. The cost of inventories includes expenditure incurred in acquiring the inventories and bringing them to their existing location and condition. Expenditure is recognized at the moment such inventories are delivered or consumed. Obsolete inventories are written off.

*Inventories held on behalf of beneficiaries at other locations* are considered as committed and are included in expenditure owing to the nature of ICRC operations.

The unit cost of goods is based on a weighted average method estimated by site and purchase order, except where goods have been specifically earmarked, in which case they are used first and their costs therefore specifically identified.

The ICRC periodically reviews its inventory for excess, obsolescence and declines in market value below cost and records an allowance against the inventory balance for any such declines.

### 3.6 Derivative financial instruments

The ICRC uses derivative financial instruments such as spots, forward contracts and swaps to hedge the risks associated with foreign currency fluctuations. The ICRC can also use derivative future contracts to hedge its exposure to market risks arising from its investment portfolios.

Such derivative financial instruments are recognized at fair value, initially on the date on which a derivative contract is entered into and subsequently at each reporting date. Derivatives are carried as assets when the fair value is positive and as liabilities when the fair value is negative. Any gains or losses arising from changes in fair

value on derivatives during the year are integrated directly into the profit and loss statement.

No hedge accounting was applied in 2014 or 2013.

### 3.7 Property, plant and equipment

#### a) Acquired assets

Items of property, plant and equipment acquired using unrestricted funds are measured at their historical costs and are capitalized (i) when they are used for the ICRC, and (ii) when the following limits are reached for individual asset amounts:

- ▶ land and buildings all
- ▶ equipment, vehicles and hardware KCHF 10

Subsequent expenditure is capitalized only when it increases the future economic benefits embodied in the item of property and equipment. All other expenditure is recognized in the profit and loss statement as an expense as incurred.

Depreciation is calculated using the “straight line” method so as to depreciate the initial cost over the item’s estimated useful life, which is as follows:

Tangible assets	Useful life
Buildings and land improvements – Switzerland	20 to 70 years
Buildings – other countries	3 to 20 years
Fixed installations	10 years
Equipment and vehicles	5 to 8 years
Hardware (IT equipment)	3 years
Land	Not depreciated

#### b) Contributed assets

Contributed assets are either assets funded by contributions in cash for assets or assets donated in kind.

Assets donated in kind are booked at the fair value reported by the donor. However, the ICRC recognizes a day-1 loss if the fair value was materially higher than the current replacement cost.

All contributed assets up to CHF 1 million that are subject to depreciation are fully depreciated in the year their related contributions are recognized. For the largest contributed assets, however, the carrying value is recognized in the profit and loss statement over the useful life of the asset by means of a depreciation expense.

### 3.8 Intangible assets

#### a) Measurement

Intangible assets acquired separately are measured on initial recognition at cost if their individual cost exceeds the threshold of KCHF 100. Following initial recognition, intangible assets are carried at cost minus any accumulated amortization and any accumulated impairment losses, except for assets with indefinite useful lives (see below).

Licences for commercial software are considered as fully expensed during the year. Internally generated intangible assets are not capitalized, when the expenditure attributable to the asset cannot be reliably measured; they are therefore reflected in the profit and loss statement in the year in which the expenditure is incurred.

#### b) Amortization

The useful lives of intangible assets are assessed to be either finite or indefinite.

Intangible assets with finite useful lives are amortized over their useful economic life and assessed for impairment whenever there is an indication that the intangible asset may be impaired. The amortization period and method for an intangible asset with a finite useful life are reviewed at least at each financial year-end. Changes in the expected useful life or the expected pattern of consumption of future economic benefits embodied in the asset are accounted for by changing the amortization period or method, as appropriate, and are treated as changes in accounting estimates.

Amortization of intangible assets with finite lives is calculated using the “straight line” method so as to depreciate the initial cost over the item’s estimated useful life, which is as follows:

Intangible assets	Useful life
Software	5 years

Intangible assets with indefinite useful lives are tested for impairment annually. Such intangibles are not amortized. The useful life of an intangible asset with an indefinite life is reviewed annually to determine whether indefinite life assessment continues to be supportable. If not, the change in the useful life assessment from indefinite to finite is made on a prospective basis.

### 3.9 Impairment of financial assets

The carrying amounts of the ICRC’s financial assets are reviewed at each reporting date to determine whether there is any indication of impairment. The organization assesses whether there is any objective evidence that a financial asset or a group of financial assets is impaired. A financial asset or a group of financial assets is deemed to be impaired if, and only if, there is objective evidence of impairment as a result of one or more events occurring after the initial recognition of the asset or assets (an incurred “loss event”) and that loss event has an impact on the estimated future cash flows of the financial asset or the group of financial assets that can be reliably estimated.

#### a) Impairment of held-to-maturity investments

At the end of each reporting period, the ICRC assesses whether there is objective evidence that a debt security measured at amortized cost is impaired.

If there is objective evidence that an impairment loss on financial assets measured at amortized cost has been incurred, the amount of the loss is measured as the difference between the asset’s carrying amount and the present value of estimated future cash flows (excluding future credit losses that have not been incurred) discounted at the financial asset’s original effective interest rate.

If, in a subsequent year, the amount of the estimated impairment loss increases or decreases because of an event occurring after the impairment was recognized, the previously recognized impairment loss is increased or reduced by adjusting the bond’s carrying amount. Any reversal is limited to the extent that the new carrying amount does not exceed the amortized cost that would have been reached in the absence of impairment.

#### b) Impairment of fixed assets

At the end of each reporting period, the ICRC assesses whether there is objective evidence that a property, plant, item of equipment or intangible asset is impaired. If any indication of impairment exists, the fixed asset’s recoverable amount is estimated. An impairment loss is then recognized whenever the fixed asset’s carrying



amount exceeds its recoverable amount. Impairment losses are recognized in the profit and loss statement as “depreciation”.

An impairment loss is reversed if there has been a change in the estimates used to determine the recoverable amount, but only to the extent that the asset's carrying amount does not exceed the carrying amount that would have been determined, net of depreciation or amortization, in the absence of impairment.

### 3.10 Accounts payable

Accounts payable are recognized and carried at the original invoiced amount. Accounts payable are normally settled on 30-day terms. Accrued expenses are recognized and carried at the anticipated amount to be invoiced.

### 3.11 Deferred income

Revenue relating to future years is recorded on the consolidated statement of financial position as deferred income. Deferred income recognized at the reporting date is discounted to estimate its present value at this same date.

### 3.12 Loans and borrowings

Interest-free loans are recorded at fair value on initial recognition, which is the present value of expected future cash flows, discounted using a market-related rate. Subsequent to initial recognition, interest-bearing loans are stated at amortized cost, with any difference between cost and redemption value being recognized in the profit and loss statement over the period of the loan on an effective interest basis.

The difference between the cost and the fair value of these loans on initial recognition is deferred income. These loans and deferred income are subsequently recognized at amortized cost and spread over the useful life of the related assets.

### 3.13 Provisions for operational claims

A provision is recognized in the consolidated statement of financial position when the ICRC has a legal or constructive obligation as a result of a past event, it is probable that an outflow of assets will be required to settle the obligation, and the obligation can be reliably measured. For certain operational claims reported as provisions, it is prejudicial or not practical to disclose detailed information on their corresponding nature and uncertainties.

If the effect is material, provisions are determined by discounting the expected future cash flow so as to reflect current market assessments of the time value of money and, where appropriate, the risks specific to the liability.

### 3.14 Current employee benefit liabilities

Short-term employee benefit obligations are measured on an undiscounted basis and are expensed as the related service is provided. They are expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related service.

### 3.15 Non-current employee benefit liabilities

The ICRC operates three post-employment defined benefit plans and two defined contribution plans, all of which are administered separately. See Note 22a for details of these plans.

The ICRC opted for the early adoption of IAS 19R, “Employee Benefits” for the year ended 31 December 2011.

### a) Defined benefit plans

The net obligation in respect of defined benefit plans is calculated separately for each plan by estimating the amount of future benefits that employees have earned in return for their services in the current and prior periods. That benefit is discounted to determine its present value. The fair value of any plan assets is deducted.

#### FOR THE PENSION PLAN AND THE EARLY RETIREMENT PLAN:

The discount rate is the yield at the reporting date on AA credit-rated bonds that have maturity dates approximating the terms of the ICRC's obligations and that are denominated in the functional currency. The calculation is performed annually by a qualified actuary using the projected unit credit valuation method. When the calculation results in a benefit to the organization, the recognized asset is limited to benefits available in the form of refunds from the plan or reductions in future contributions to the plan. The ICRC recognizes all actuarial gains and losses immediately in other comprehensive income. Expenses related to defined benefit plans are split as follows:

- ▶ service cost and administration costs in staff-related costs
- ▶ net interest expense/(income) on the net liability/(asset) in other non-operating expenses/(income)

#### FOR THE END-OF-SERVICE PLAN:

The discount rate is based on the average expected salary increase for all resident employees. The calculation is performed annually by a qualified actuary using a simplified method. Real-world limitations related to a lack of reliable data make setting appropriate demographic and economic assumptions and collecting necessary census data virtually impossible for all the countries where the ICRC operates.

The ICRC recognizes all actuarial gains and losses immediately in other comprehensive income. Expenses related to defined benefit plans are split as follows:

- ▶ service cost and administration costs in staff-related costs
- ▶ net interest expense/(income) on the net liability/(asset) in other non-operating expenses/(income)

### b) Defined contribution plans

Contributions to defined contribution plans are recognized as a staff-related expense in the profit and loss statement when they are due.

### 3.16 Reserves

Reserves are classified as either restricted or unrestricted reserves.

#### a) Restricted reserves

##### PERMANENTLY RESTRICTED RESERVES FOR THE FUNDS AND FOUNDATIONS

The reserves relating to the seven funds and two foundations controlled by the ICRC are permanently restricted for the ICRC, as they are managed by the boards of the respective funds and foundations.

##### TEMPORARILY RESTRICTED RESERVES FOR THE FUNDING OF OPERATIONS

These temporarily restricted reserves include the following:

##### FIELD OPERATIONS WITH TEMPORARY DEFICIT FINANCING

This position relates to expenditures in the field which had not been financed by contributions received or pledged at 31 December.

### DONORS' RESTRICTED CONTRIBUTIONS

Some contributions received by the ICRC are earmarked for specific use in the field or at headquarters. At the end of the financial year, any such funds which have not yet been spent are recorded under this heading. In cases where the funds cannot be used, the ICRC either obtains agreement for reallocation for a different use or reimburses the funds to the donor, in which case they are recognized as a liability before the effective payment takes place.

#### b) Unrestricted reserves

##### UNRESTRICTED RESERVES DESIGNATED BY THE ASSEMBLY

These are not subject to any legal or third-party restriction and can be applied as the ICRC Assembly sees fit. Unrestricted reserves may be designated for specific purposes to meet future obligations or risks.

##### OTHER UNRESTRICTED RESERVES

These general reserves are the accumulation of excess funds set aside with no specific reservation or restriction.

### 3.17 Revenue recognition

#### a) Contributions

*Contributions in cash* are recognized on receipt of a written confirmation of donation from the donors, except for revenue relating to future years.

*Contributions* that are based on contracts for specific projects (e.g. European Commission, United States Agency for International Development, projects delegated to National Societies) are recognized as the expenditure is incurred.

The following contributions are recognized upon receipt of unrestricted cash:

- ▶ contributions from private sources, associations and companies
- ▶ legacies
- ▶ gifts

*Contributions in cash for direct funding* of the costs of purchasing or constructing specific fixed assets are fully recognized under operating contributions upon receipt of the cash.

*Contributions in kind for fixed assets* are recorded under operating contributions, when the donated assets are available for use by the ICRC. The value of contributions in kind is determined by the donor's indication of the value of the assets. The fair value may not be exceeded. Depreciation of such assets, except for the largest contributed assets, is recognized immediately as operating expenditure for the same amount as the incoming contributions (see Note 3.7b).

*Contributions in kind* (goods or interest) and *in services* (in the form of staff, means of transport or rent) are recognized on the date of receipt of the goods or service and are reported as equal contributions and expenses in the profit and loss statement.

The value of service contributions in the form of staff is estimated by determining the real cost that would have been incurred had the contribution not been made. In the case of staff seconded to the ICRC, the estimated value consists of the salary plus the social security and insurance contributions the ICRC would have paid for the position concerned. All personnel costs paid by the ICRC directly to the persons concerned or their employer are deducted from this value to give the value of service recorded.

#### b) Earmarking

- ▶ Cash contributions restricted to no other purpose than to general ICRC field operations are considered as *non-earmarked*.
- ▶ Cash contributions to a given region, country or programme (worldwide) are seen as *loosely earmarked*.
- ▶ Contributions (in cash or in kind) to a country or project programme or sub-programme are *tightly earmarked*.

The table below shows the overall framework for the earmarking of cash contributions for the field budgets.

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

Donors' restricted contributions that exceed specific expenditure within the financial year are carried forward to the following year (see Note 3.16a).

#### 3.18 Income from publications

Revenues from the sale of ICRC publications and videos are recognized when the ICRC has transferred the significant risks and rewards of ownership of the publications through the passing of possession to the buyer, when the amount of revenue and the related costs can be measured reliably and when it is probable that the economic benefits associated with the transaction will flow to the ICRC.

#### 3.19 Operating leases

Payments made under operating leases are recognized in the profit and loss statement on a "straight line" basis over the term of the lease. Lease incentives received are recognized in the profit and loss statement as an integral part of the total lease payments made.

#### 3.20 Financial income, net

As the ICRC's securities are managed externally on a portfolio basis, all income from investments is disclosed net. Net financial income consists principally of interest and net realized and unrealized gains on changes in fair value. Interest income is recognized in the profit and loss statement as it accrues, taking into account the effective yield on the corresponding asset.

#### 3.21 Contingent assets

The ICRC views pledges falling due after five years as probably being receivable; given its operating environment, however, receipt in five years' time is not virtually certain as defined in IAS 37. Consequently, management has considered these receivables as contingent assets and they have not been accounted for in the consolidated statement of financial position as at 31 December. Such contingent assets are disclosed under Note 36.

#### 3.22 Contingent liabilities

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only on the occurrence or non-occurrence of one or more uncertain future events that are not wholly within the control of the ICRC. It may also be a present obligation that arises from past events but in respect of which an outflow of economic benefit is not probable or which cannot be measured with sufficient reliability. Such contingent liabilities are disclosed under Note 37.

## 4. CHANGES IN ACCOUNTING POLICIES AND DISCLOSURES

The accounting policies adopted are consistent with those of the previous financial year, except for the following newly effective standards, interpretations and amendments.

### Adoption of new IFRS for the 2014 financial statements

The following new or revised IFRS adopted had no effect on the ICRC's consolidated financial statements:

- ▶ Amendments to IAS 32, "Presentation – Offsetting financial assets and liabilities" (December 2011)
- ▶ Amendments to IAS 36, "Recoverable amount – Disclosure for non-financial assets" (May 2013)
- ▶ Improvements to IFRS 2010–2012 (December 2013)
- ▶ Improvements to IFRS 2011–2013 (December 2013)

### Adoption of new IFRS for the 2013 financial statements

The following new or revised IFRS adopted had no effect on the ICRC's consolidated financial statements:

- ▶ IFRS 10, "Consolidated Financial Statements" (May 2011)
- ▶ IFRS 13, "Fair Value Measurement" (May 2011)
- ▶ Revised IAS 27, "Separate Financial Statements" (May 2011)
- ▶ Amendments to IAS 1, "Presentation of Items of Other Comprehensive Income" (June 2011)
- ▶ Amendments to IFRS 10, IFRS 12 and IAS 27 "Investment Entities" (June and October 2012)

Applying the above standards had no material effects on the reserves, financial position, income or cash-flow situation of the ICRC.

## 5. SIGNIFICANT ACCOUNTING JUDGMENTS, ESTIMATES AND ASSUMPTIONS

The preparation of the consolidated financial statements requires management to make judgments, estimates and assumptions that affect the reported amounts of revenues, expenses, assets and liabilities, and the disclosure of contingent assets and liabilities, at the reporting date. However, uncertainty about these assumptions and estimates can result in outcomes that could require a material adjustment to the carrying amount of the asset or liability affected in the future.

### 5.1 Judgments

In the process of applying the ICRC's accounting policies, management has made the following judgments, apart from those involving estimations, which have the most significant effect on the amounts recognized in the financial statements.

#### a) Control over funds and foundations

The ICRC applied IFRS 10 and assessed its relationship with certain funds and foundations. Taking into consideration the activities, decision-making processes, benefits and related risks associated with the funds, the ICRC concluded that, in substance, the funds should be consolidated into the financial statements (see Note 2).

#### b) Inventories held on behalf of beneficiaries

In various delegations, certain inventories are held on behalf of beneficiaries for operational reasons and are recorded as expenses during the financial year. At year-end, management estimates whether the inventories will be consumed by the beneficiaries they were intended for. If the amounts are material and the recipient uncertain, then the goods are recorded as "inventory". Any redistribution of goods expensed in previous years is recorded as "adjustments of operations" in "Non-operating income" (see Note 32).

### 5.2 Estimates and assumptions

The key assumptions concerning the future and other crucial sources of estimation uncertainty at the reporting date that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year are discussed below.

#### a) Impairment of non-financial assets

The ICRC assesses whether there are any indicators of impairment for all non-financial assets at each reporting date. Intangibles with indefinite life are tested for impairment annually when such indicators exist. Other non-financial assets are tested for impairment when there are indicators that the carrying amounts may not be recoverable.

#### b) Valuation of long-term receivables and deferred income

The carrying value of long-term receivables and deferred income is based on the expected future cash flows discounted using a suitable discount rate. This valuation requires ICRC to make estimates about expected future cash flows and discount rates.

#### c) Allowances for doubtful accounts

The ICRC maintains allowances for doubtful accounts in respect of estimated losses resulting from the inability of donors to make the required payments. Additional allowances may be required in the future if the said donors' financial situation were to deteriorate, impairing their ability to make payments. Management specifically analyses accounts receivable, historical trends and current economic trends when assessing the adequacy of the allowance for doubtful accounts (see Note 9).

#### d) Contingent assets

Management has assessed that any pledge falling due after five years will not be accounted for and will only be disclosed as a contingent asset (see Note 36). The five-year period has been applied consistently in prior years.

#### e) Allowances for obsolete inventory

The ICRC periodically reviews its inventory for excess, obsolescence and declines in market value below cost and records an allowance against the inventory balance for any such declines. These reviews require management to estimate future demand for inventory items. Possible changes in these estimates could result in revisions to the valuation of inventory in future periods (see Note 11).

#### f) Provisions for operational claims

The ICRC records provisions when it determines that an unfavourable outcome is probable and the amount of losses can be reasonably estimated. Otherwise, the ICRC discloses contingent liabilities if one of these two conditions is not met. Due to the inherent uncertain nature of litigation, the accounting treatment, ultimate outcome or actual cost of settlement may vary materially from estimates (see Notes 18 and 37).

#### g) Pension and other post-employment benefits

The ICRC operates three defined benefit pension plans: the pension plan, the early retirement plan and the delegation employees' end-of-service plan. The cost of the respective plans is determined using actuarial valuations. For the pension and the early retirement plans, the actuarial valuations involve making assumptions about discount rates, interest crediting rates, future salary increases, mortality rates, employee rotation and future pension increases. Due to the complexity of the valuation, the underlying assumptions and the long-term nature of these plans, these estimates are highly sensitive to changes in these assumptions, all of which are reviewed at each reporting date (see Note 22).

## h) Funding of operations

The ICRC incurs expenditure which may not be fully funded by contributions pledged or received at year-end, or receives contributions that are earmarked for future expenditure. At year-end, management estimates expected future funding to cover the expenditure incurred and allocates non-earmarked and loosely earmarked contributions to field operations. Changes in these estimates could result in the need to re-assess the temporarily restricted reserves for the funding of operations (see Note 3.16a).

## 6. STANDARDS ISSUED BUT NOT YET EFFECTIVE

A number of new standards, amendments to standards and interpretations have been issued but are not yet effective for the year ended 31 December 2014, and have not been applied in preparing these consolidated financial statements. The ICRC plans to adopt these pronouncements when they become effective. Only those new or amended standards that may have an impact on ICRC reporting are listed below, with their potential effect on the consolidated financial statements:

### Next changes in the IFRS to be applied in the 2016 financial year

- ▶ Amendments to IAS 1 “Disclosure initiative” (December 2014): This amendment could affect the presentation of the disclosures with no impact on the consolidated statement of financial position.

### Next changes in the IFRS to be applied in the 2017 financial year

- ▶ IFRS 15 “Revenue from Contracts with Customers” (May 2014): Based on its current sources of income, the ICRC expects a limited impact on its consolidated financial statements.

### Next changes in the IFRS to be applied in the 2018 financial year

- ▶ IFRS 9 “Financial Instruments” (July 2014): The ICRC expects a limited impact on the classification and measurement of its financial assets and liabilities. The application of the new impairment requirements might result in possible changes of current accounting and systems.

## Future changes in the IFRS

The IFRS are undergoing a process of revision with a view to further harmonizing accounting rules internationally. Proposals to issue new or revised IFRS, as yet unpublished, on financial instruments, revenue recognition, leases and other topics may change existing standards and may therefore affect the accounting policies applied by the ICRC in future periods. Transition rules for these potential future changes may require the ICRC to apply them retrospectively to periods before the date of adoption of the new standards.

## 7. CASH AND CASH EQUIVALENTS

(in KCHF)	Note	2014	2013
Cash at banks and on hand		152,615	198,136
Short-term deposits		71,945	20,000
<b>Total Cash and cash equivalents</b>		<b>224,560</b>	<b>218,136</b>
Bank overdrafts used for cash management purposes	17	-1,022	-723
<b>Total Cash and cash equivalents in the statement of cash flows</b>		<b>223,538</b>	<b>217,413</b>

Cash at banks earns interest at floating rates based on daily bank rates.

Short-term deposits are made for varying periods of between one day and three months, depending on the immediate cash requirements of the ICRC, and earn interest at the respective short-term deposit rates.

A portion of the cash at banks for a total of KCHF 24,091 (2013: KCHF 34,091) is restricted until March 2015. The purpose for which the cash is restricted is imposed by a specific donor. After a three-year retention period, the funds will be non-earmarked and assigned to field operations. Until then, the funds received in March 2012 for a total of KCHF 44,091 are to be kept in two banks specified by the donor. However, the donor agreed to lift the restriction twice: on KCHF 10,000 in April 2013 and on KCHF 10,000 in May 2014. The second KCHF 10,000 contribution was recognized in 2014 and assigned to the field operations in South Sudan (2013: in the Philippines). The remaining contribution is recognized as current deferred income for the year ended 31 December 2014 and will be recognized as contribution in 2015.

At 31 December 2014, the ICRC could draw on KCHF 90,000 (2013: KCHF 85,000) of undrawn committed borrowing facilities in respect of which all prior conditions had been met.

## 8. INVESTMENTS

(in KCHF)	Note	2014	2013
<b>CURRENT INVESTMENTS</b>			
<b>INVESTMENTS AT FAIR VALUE THROUGH PROFIT AND LOSS</b>			
Quoted equity shares		89,961	89,984
Quoted debt securities		70,076	58,947
Short-term deposits with an original maturity over three months		32,002	12,004
Other funds		15	15
<b>INVESTMENTS HELD-TO-MATURITY</b>			
Quoted debt securities with a maturity below 12 months		26,516	30,874
<b>Total Current investments</b>		<b>218,570</b>	<b>191,824</b>
<b>NON-CURRENT INVESTMENTS</b>			
<b>INVESTMENTS HELD-TO-MATURITY</b>			
Quoted debt securities with a maturity over 12 months		109,900	108,072
Less impairment on investments held-to-maturity	31	-125	-
<b>Total Non-current investments</b>		<b>109,775</b>	<b>108,072</b>
<b>Total Investments</b>		<b>328,345</b>	<b>299,896</b>



## 9. ACCOUNTS RECEIVABLE

### a) Nature of the accounts receivable at reporting date

(in KCHF)	2014	2013
Pledges	152,374	278,039
Reinvoiced costs - commercial	2,471	2,572
National Societies, international organizations and foundations	1,595	1,082
Withholding taxes	4,455	2,544
Other income receivable	1,837	1,867
<b>Sub-total Accounts receivable before provision</b>	<b>162,732</b>	<b>286,104</b>
Allowance for accounts receivable	-912	-401
<b>Total Accounts receivable</b>	<b>161,820</b>	<b>285,703</b>

There are no standard payment terms for pledges, as timing of payment is usually specified in each donor contract.

Reinvoiced costs and National Societies, international organizations and foundations are based on 60-day credit terms.

Withholding taxes are receivables with varying time delays owing to the respective recovery processes in the countries in which the amounts have been claimed.

Interest income on short-term deposits is recognized in the profit and loss statement as it accrues. It will be paid to the ICRC within three months of the reporting date.

### b) Pledges denominated in foreign currencies

The nominal value of pledges in foreign currencies has been converted into CHF as at 31 December with the following unrealized translation gains/(losses):

(in KCHF)	2014	2013
USD	292	-1,677
EUR	-1,235	-426
GBP	243	3,962
AUD	18	-21,654
Other currencies	62	-57

### c) Ageing of accounts receivable

As at 31 December, the ageing analysis in respect of pledges, reinvoiced costs and National Societies is as follows:

(in KCHF)	2014	2013
<b>NEITHER DUE, NOR IMPAIRED</b>	<b>150,467</b>	<b>274,817</b>
<b>DUE BUT NOT IMPAIRED</b>		
Due within 30 days	3,651	4,970
Due within 31 to 60 days	133	1,009
Due within 61 to 90 days	573	-
Due within 91 to 120 days	97	7
Due over 120 days	607	489
<b>Total Ageing of accounts receivable</b>	<b>155,528</b>	<b>281,292</b>

Contributions to be received from the US government are classified as not due until they are called by ICRC. Contributions to be received from ECHO (European Humanitarian Aid) are considered not due until they reach the 1.5 year timeline. Prior year comparative amounts were adjusted accordingly.

### d) Allowance for doubtful accounts

Movements in the provision for individual impairment of receivables were as follows:

(in KCHF)	2014	2013
<b>Provision at 1 January</b>	<b>401</b>	<b>484</b>
Charge for the year	541	712
Use of provisions during the year	-30	-795
<b>Provision at 31 December</b>	<b>912</b>	<b>401</b>

## 10. PREPAYMENTS

(in KCHF)	2014	2013
Prepaid expenses	12,058	10,579
Social security and insurance contributions	221	547
Advance payments to suppliers and National Societies	2,574	555
Advance payments to employees	3,147	2,934
<b>Total Prepayments</b>	<b>18,000</b>	<b>14,615</b>

## 11. INVENTORIES

(in KCHF)	2014	2013
Relief	12,526	14,399
Medical and physical rehabilitation	20,199	12,998
Water and habitat	4,734	4,957
Administration, identification and security	2,728	1,919
IT and telecommunications	4,099	2,380
Publications	3,232	3,350
Other	1,316	1,288
<b>Sub-total Inventories before provision</b>	<b>48,834</b>	<b>41,291</b>
Allowances for obsolete inventories	-1,312	-1,495
<b>Total Inventories</b>	<b>47,522</b>	<b>39,796</b>

All inventories comprise finished goods. The donated goods amounted to KCHF 605 of inventories at year-end (2013: KCHF 54) and represented KCHF 3,656 of contributions in kind in 2014 (2013: KCHF 7,798). Inventory written off and charged to expenses amounted to KCHF 235 (2013: KCHF 59).

## 12. OTHER FINANCIAL ASSETS

(in KCHF)	Note	2014	2013
Forward currency contracts	38c	8	23
<b>Total Other current financial assets</b>		<b>8</b>	<b>23</b>
Guarantee deposits		2,616	2,289
<b>Total Other non-current financial assets</b>		<b>2,616</b>	<b>2,289</b>
<b>Total Other financial assets</b>		<b>2,624</b>	<b>2,312</b>



### 13. LONG-TERM RECEIVABLES

(in KCHF)	2014	2013
Non-earmarked contributions	28,827	119,483
Loosely earmarked contributions	16,525	12,643
Tightly earmarked contributions	6,596	1,000
<b>Total Long-term receivables</b>	<b>51,948</b>	<b>133,126</b>
Plus discounting	-	3,962
<b>Total Undiscounted long-term receivables</b>	<b>51,948</b>	<b>137,088</b>

The long-term receivables are not discounted at 31 December 2014, as the discount rate to be used is negative.

#### BREAKDOWN BY CATEGORY OF DONORS

2014 (in KCHF)	2016	2017	2018	2019	Total 2014
Governments	21,552	6,096	-	-	27,648
Private sources	5,700	4,700	2,700	2,200	15,300
Public sources	4,500	4,500	-	-	9,000
<b>Total Long-term receivables</b>	<b>31,752</b>	<b>15,296</b>	<b>2,700</b>	<b>2,200</b>	<b>51,948</b>
2013 (in KCHF)	2015	2016	2017	2018	Total 2013
Governments	80,001	41,883	-	-	121,884
Private sources	3,950	3,700	2,682	687	11,019
National Societies and supranational organizations	223	-	-	-	223
<b>Total Long-term receivables</b>	<b>84,174</b>	<b>45,583</b>	<b>2,682</b>	<b>687</b>	<b>133,126</b>

### 14. PROPERTY, PLANT AND EQUIPMENT

(in KCHF)	Book value	Accumulated depreciation	Net book value
<b>LAND AND BUILDINGS</b>			
Balance as at 31 December 2012	194,021	-58,669	135,352
Additions	10,854	-	10,854
Disposals	-1,545	1,545	-
Depreciation charge for the year	-	-6,521	-6,521
<b>Balance as at 31 December 2013</b>	<b>203,330</b>	<b>-63,645</b>	<b>139,685</b>
Additions	16,105	-	16,105
Disposals	-5,792	5,670	-122
Depreciation charge for the year	-	-7,521	-7,521
<b>Balance as at 31 December 2014</b>	<b>213,643</b>	<b>-65,496</b>	<b>148,147</b>
<b>EQUIPMENT AND VEHICLES</b>			
Balance as at 31 December 2012	119,604	-81,256	38,348
Additions	18,882	-	18,882
Disposals	-13,499	11,188	-2,311
Depreciation charge for the year	-	-15,061	-15,061
<b>Balance as at 31 December 2013</b>	<b>124,987</b>	<b>-85,129</b>	<b>39,858</b>
Additions	24,104	-	24,104
Disposals	-12,137	11,291	-846
Depreciation charge for the year	-	-15,077	-15,077
<b>Balance as at 31 December 2014</b>	<b>136,954</b>	<b>-88,915</b>	<b>48,039</b>
<b>Total Property, plant and equipment as at 31 December 2013</b>	<b>328,317</b>	<b>-148,774</b>	<b>179,543</b>
<b>Total Property, plant and equipment as at 31 December 2014</b>	<b>350,597</b>	<b>-154,411</b>	<b>196,186</b>

At 31 December 2014, the property, plant and equipment included work in progress comprising KCHF 3,045 for construction and renovation of buildings (2013: KCHF 3,736).

## 15. INTANGIBLE ASSETS

(in KCHF)	Book value	Accumulated depreciation	Net book value
<b>SOFTWARE</b>			
Balance as at 31 December 2012	45,097	-25,304	19,793
Additions	12,569	-	12,569
Disposals	-	-	-
Depreciation charge for the year	-	-4,029	-4,029
Balance as at 31 December 2013	57,666	-29,333	28,333
Additions	17,285	-	17,285
Disposals	-1,209	1,209	-
Depreciation charge for the year	-	-6,066	-6,066
Balance as at 31 December 2014	73,742	-34,190	39,552
<b>RED CRYSTAL EMBLEM</b>			
Balance as at 31 December 2012	405	-	405
Additions	-	-	-
Balance as at 31 December 2013	405	-	405
Additions	-	-	-
Balance as at 31 December 2014	405	-	405
Total Intangible assets as at 31 December 2013	58,071	-29,333	28,738
Total Intangible assets as at 31 December 2014	74,147	-34,190	39,957

New computer software was purchased from third parties and has a finite life of five years. The ICRC still uses certain fully amortized accounting software. At 31 December 2014, intangible assets included work in progress comprising KCHF 12,001 for software in development acquired externally (2013: KCHF 11,833).

The ICRC had initially obtained licences for the red crystal emblem, which had been granted for a period of 10 years by the relevant government agencies. This emblem is now protected under Additional Protocol III and is consequently confirmed as having an indefinite useful life.

## 16. ACCOUNTS PAYABLE AND ACCRUED EXPENSES

(in KCHF)	2014	2013
Suppliers	25,695	18,867
National Societies, international organizations and foundations	1,347	2,099
Accrued expenses	27,500	21,591
<b>Total Accounts payable and accrued expenses</b>	<b>54,542</b>	<b>42,557</b>

Suppliers and National Societies, international organizations and foundations are non-interest bearing and are normally settled on 30-day terms.

## 17. LOANS AND BORROWINGS

(in KCHF)	Note	2014	2013
<b>CURRENT LOANS AND BORROWINGS</b>			
Bank overdrafts	7	1,022	723
Current portion of interest-free loans		617	628
<b>Total Current loans and borrowings</b>		<b>1,639</b>	<b>1,351</b>
<b>NON-CURRENT LOANS AND BORROWINGS</b>			
Unsecured interest-free loans		19,800	20,428
Less current portion		-617	-628
<b>Total Non-current loans and borrowings</b>		<b>19,183</b>	<b>19,800</b>
<b>Total Loans and borrowings</b>		<b>20,822</b>	<b>21,151</b>

There are two interest-free loans related to buildings, both granted by a governmental body. The nominal values of these unsecured loans are as follows:

- ▶ KCHF 9,800 (2013: KCHF 9,800) for the training centre in Ecogia, Geneva, Switzerland (final repayment in 2049)
- ▶ KCHF 26,000 (2013: KCHF 26,000) granted for the logistics building in Geneva (final repayment in 2060)

These interest-free loans were recognized at their fair values at initial recognition. The difference between fair value and cost has been booked in deferred income (see Note 20). As at 31 December 2014, the fair value of these non-current loans amounts to KCHF 26,078 (2013: KCHF 21,081). Notional interest for a contributed service of KCHF 100 (2013: KCHF 89) has been recorded as expenditure and as income.

(in KCHF)	2014	2013
Expiring within 12 months	617	628
Expiring within 2 to 5 years	2,361	2,403
Expiring over 5 years	16,822	17,397
<b>Total Unsecured loans – granted at 0%</b>	<b>19,800</b>	<b>20,428</b>

## 18. PROVISIONS FOR OPERATIONAL CLAIMS

(in KCHF)	2014	2013
Provision at 1 January	1,143	955
Allocations during the year	2,035	907
Use of provisions during the year	-458	-370
Release of provisions during the year	-214	-349
<b>Provision at 31 December</b>	<b>2,506</b>	<b>1,143</b>

All provisions are expected to be settled within a year.

## 19. CURRENT EMPLOYEE BENEFIT LIABILITIES

(in KCHF)	2014	2013
Social security and insurance contributions	16,523	8,981
Salaries due to employees	11,844	10,072
Staff vacation accruals	25,088	26,679
<b>Total Current employee benefit liabilities</b>	<b>53,455</b>	<b>45,732</b>

Based on past experience, staff vacations accrued at the end of 2014 are expected to be wholly taken before 31 December 2015.

## 20. DEFERRED INCOME

(in KCHF)	2014	2013
<b>CURRENT DEFERRED INCOME</b>		
Deferred income related to pledges	144,247	221,471
Deferred income related to government loans	111	100
<b>Total Current deferred income</b>	<b>144,358</b>	<b>221,571</b>
<b>NON-CURRENT DEFERRED INCOME</b>		
Deferred income related to pledges	52,098	167,217
Deferred income related to government loans	11,098	11,209
<b>Total Non-current deferred income</b>	<b>63,196</b>	<b>178,426</b>
<b>Total Deferred income</b>	<b>207,554</b>	<b>399,997</b>

A portion of the deferred income related to pledges is linked with the restricted cash (Note 7). The corresponding contribution of KCHF 24,091 is recognized as current deferred income as at 31 December 2014 and will be recognized as contribution in 2015. For comparison purposes, the same contribution was reported as non-current deferred income for KCHF 34,091 as at 31 December 2013.

## 21. OTHER FINANCIAL LIABILITIES

(in KCHF)	Note	2014	2013
Forward currency contracts	38c	655	276
<b>Total Other financial liabilities</b>		<b>655</b>	<b>276</b>

## 22. NON-CURRENT EMPLOYEE BENEFIT LIABILITIES

### a) General presentation of the post-employment plans

The ICRC operates three post-employment defined benefit plans and two defined contribution plans, all of which are administered separately.

#### 1. The defined benefit pension plan

The defined benefit pension plan covers all staff working at headquarters or in the field and hired in Geneva.

The pension plan is a funded plan, treated as a defined benefit plan for IAS 19 purposes, providing retirement benefits based on the participant's accumulative account balances. The plan also provides benefits on death, disability and termination.

The pension plan is an independent pension foundation called the ICRC Pension Fund. This separate legal entity is registered with the Swiss supervisory authority in the canton of Geneva. As such, it must comply with the compulsory insurance requirements set out in the Swiss Federal Law on Occupational Retirement, Survivors' and Disability Pension Funds (LPP/BVG in the French/German acronym). The Fund undertakes to respect at least the minimum requirements imposed by the LPP/BVG and its ordinances.

The ICRC Pension Fund Governing Board is responsible for the Fund's management. It consists of six representatives appointed by the ICRC and six representatives elected by the pension plan participants.

The ICRC Pension Fund Governing Board decided to switch from a defined benefit plan to a defined contribution plan according to Swiss GAAP starting 1 January 2014. However, this change did not impact the accounting treatment under IAS 19, or the ICRC's contributions, as it is still accounted as a defined benefit plan in IFRS.

This plan amendment led to a drop in the defined benefit obligation as at 31 December 2013. The resulting one-time credit to the 2013 profit and loss statement is reported in the net interest cost for CHF 23.0 million.

In general, the ICRC must make contributions to the Pension Fund for each participant covered and as defined in the Pension Fund Regulations, i.e. it must contribute 2% of pensionable salary up to 1 January following a participant's 24th birthday and 17% of pensionable salary thereafter. Should the ICRC Pension Fund become underfunded (from a Swiss funding perspective), then the ICRC could be required to make additional contributions. While the ICRC has the possibility to contribute in excess of the amounts specified in the Pension Fund Regulations, it usually only makes contributions as per the Regulations.

#### 2. The early retirement defined benefit plan

The ICRC has a plan that offers all staff working at headquarters or in the field and hired in Geneva the possibility to take early retirement from age 58, instead of 62. The plan covers the period from the date of ICRC retirement up to the date of retirement under Swiss law for those employees.

The early retirement plan is an unfunded plan, treated as a defined benefit plan for IAS 19 purposes, providing retirement benefits that are generally based on a maximum annual social security pension for single participants under certain conditions.

This unfunded plan is not subject to any minimum funding requirements. Allocations made to cover the cost of future early retirements are included in the human resources reserves. Future financial commitments arising from early retirement benefits are borne by the ICRC.

A commission on enhanced old-age security (*Prévoyance Vieillesse Améliorée* in French) ensures compliance with the rules in force for estimating assigned benefits and rules on exceptional circumstances. The plan's risk exposure derives from the fact that future benefits can be modified every three years when the Collective Staff Agreement is renewed.

Because the early retirement plan (like the end-of-service plan) is an unfunded plan, the amounts that the ICRC must contribute in any given year are equal to the amounts of benefits that are due for that year.

No plan amendments, curtailments or settlements as per IAS 19R occurred during the 2014 or 2013 financial years for this plan.

### 3. *The end-of-service defined benefit plan*

The ICRC has agreed to provide post-employment benefits to delegation employees in accordance with the legislation of the countries concerned and the local collective staff agreement. The benefits are based on one month of compensation for every year of service up to a maximum of 12 months, except in countries where local regulations require otherwise (Afghanistan, Kenya, Philippines and Sudan).

The end-of-service plan is an unfunded plan, treated as a defined benefit plan for IAS 19 purposes.

The present value of future financial commitments due for end-of-service indemnities (e.g. end of employment, retirement, severance pay, etc.) is borne by the ICRC. As there is only a lump-sum benefit at the end of service, there are no pensioners.

The Human Resources Department is in charge of the plan's governance and is held accountable for this responsibility by management. Potential risk exposure is derived from future changes to local regulations on post-employment benefits or to local collective staff agreements.

No plan amendments, curtailments or settlements as per IAS 19R occurred during the 2014 or 2013 financial years for this plan.

### 4. *The contribution suppletive defined contribution plans*

The contribution suppletive plan was initially established for non-Swiss employees who are on a headquarters contract but not living in Switzerland and who consequently are not able to contribute to Swiss social contribution plans. It was extended in 2012 to non-Jordanian delegation employees who are working in Jordan but are not allowed to contribute to Jordanian social contribution plans. The funds are held in escrow for the employees and are paid out when they are no longer on contract to the ICRC.

### 5. *The Avenir Foundation defined contribution plan*

The Avenir Foundation was established for the benefit of staff working at headquarters or in the field and hired in Geneva on an open-ended contract. Its purpose is to promote ongoing training, facilitate career moves and improve retirement benefits. The ICRC pays fixed contributions determined by the duration of employment into individual staff accounts with the Foundation.

The ICRC Assembly Council decided to further strengthen professional development of ICRC staff internally and therefore to stop contributing to the Avenir Foundation starting 1 January 2014. Based on this decision, the Avenir Foundation Governing Board decided that the Foundation would be dissolved during the 2015 financial year once all funds had been attributed. As part of the liquidation, the beneficiaries received the balance of their staff accounts in 2014, either in cash or through voluntary contributions into the Pension Plan.

#### b) Total non-current employee benefit liabilities

(in KCHF)	2014	2013
<b>DEFINED BENEFIT PLANS</b>		
Pension benefit plan	270,298	101,109
Early retirement benefit plan	35,811	30,247
End-of-service benefit plan	63,699	54,089
<b>Sub-total for defined benefit plans</b>	<b>369,808</b>	<b>185,445</b>
<b>DEFINED CONTRIBUTION PLANS</b>		
Contribution suppletive plans	25,460	21,590
<b>Sub-total for defined contribution plans</b>	<b>25,460</b>	<b>21,590</b>
<b>Total Non-current employee benefit liabilities</b>	<b>395,268</b>	<b>207,035</b>

#### c) Disclosures for the defined benefit plans

The following tables summarize the components of net benefit expense recognized in the profit and loss statement and the funded status and amounts recognized in the consolidated statement of financial position for the respective plans.

## COMPONENTS OF PENSION EXPENSE

2014 (in KCHF)	Note	Pension Plan	Early retirement	End-of-service	Total 2014
Interest cost on defined benefit obligation		27,167	716	2,543	30,426
Interest income on plan assets		-25,350	-	-	-25,350
<b>Net interest cost on net defined benefit obligation</b>	<b>32</b>	<b>1,817</b>	<b>716</b>	<b>2,543</b>	<b>5,076</b>
Service cost		25,108	2,578	8,177	35,863
<b>Sub-total Post-employment benefit-related expenses</b>		<b>26,925</b>	<b>3,294</b>	<b>10,720</b>	<b>40,939</b>
Administration costs, excluding costs for managing plan assets		1,484	-	-	1,484
<b>Total Pension expenses recognized in the income statement</b>		<b>28,409</b>	<b>3,294</b>	<b>10,720</b>	<b>42,423</b>

2013 (in KCHF)	Note	Pension Plan	Early retirement	End-of-service	Total 2013
Interest cost on defined benefit obligation		22,254	490	1,944	24,703
Interest income on plan assets		-18,854	-	-	-18,854
<b>Net interest cost on net defined benefit obligation</b>	<b>32</b>	<b>3,400</b>	<b>490</b>	<b>1,944</b>	<b>5,849</b>
Service cost		8,004	2,370	6,841	17,261
<b>Sub-total Post-employment benefit-related expenses</b>		<b>11,404</b>	<b>2,860</b>	<b>8,785</b>	<b>23,110</b>
Administration costs, excluding costs for managing plan assets		1,360	-	-	1,360
<b>Total Pension expenses recognized in the income statement</b>		<b>12,764</b>	<b>2,860</b>	<b>8,785</b>	<b>24,470</b>

The pension plan amendment in 2013 results in a one-off reduction of the service cost by KCHF 23,053.

## REMEASUREMENTS OF NET DEFINED BENEFIT LIABILITY RECOGNIZED IN OTHER COMPREHENSIVE INCOME

2014 (in KCHF)	Pension Plan	Early retirement	End-of-service	Total 2014
Actuarial gains/(losses) on defined benefit obligation:				
· Due to changed financial assumptions	-221,317	-2,576	-	-223,893
· Due to changed demographic assumptions	-	-	-	-
· Due to experience adjustments	-30,111	-2,900	-2,672	-35,683
· Due to foreign exchange adjustment	-	-	-2,280	-2,280
(Excess)/insufficient return on plan assets, excluding amounts in net interest	67,840	-	-	67,840
<b>Total Remeasurements recognized in other comprehensive income</b>	<b>-183,588</b>	<b>-5,476</b>	<b>-4,952</b>	<b>-194,016</b>

2013 (in KCHF)	Pension Plan	Early retirement	End-of-service	Total 2013
Actuarial gains/(losses) on defined benefit obligation:				
· Due to changed financial assumptions	77,370	903	-	78,273
· Due to changed demographic assumptions	-	-	-	-
· Due to experience adjustments	-54,646	-5,329	-3,852	-63,827
· Due to foreign exchange adjustment	-	-	3,343	3,343
(Excess)/insufficient return on plan assets, excluding amounts in net interest	48,326	-	-	48,326
<b>Total Remeasurements recognized in other comprehensive income</b>	<b>71,050</b>	<b>-4,426</b>	<b>-509</b>	<b>66,115</b>

The cumulative negative amount of actuarial gains and losses recognized in other comprehensive income is KCHF 354,445 (2013: KCHF 160,429). These items representing the accumulated remeasurement of the defined benefit plans over the years will not be reclassified into profit and loss statement in subsequent periods.

There is no use of the asset ceiling in 2014 and 2013, and therefore no related effect on other comprehensive income.



**NET BENEFIT (ASSETS)/LIABILITIES RECOGNIZED IN THE CONSOLIDATED STATEMENT OF FINANCIAL POSITION**

2014 (in KCHF)	Pension Plan	Early retirement	End-of-service	Total 2014
Present value of defined benefit obligation	-1,431,502	-35,811	-63,699	-1,531,012
Fair value of plan assets	1,161,204	-	-	1,161,204
<b>Net asset/(liability) recognized in 2014</b>	<b>-270,298</b>	<b>-35,811</b>	<b>-63,699</b>	<b>-369,808</b>

**AMOUNTS FOR THE PENSION PLAN FOR THE CURRENT PERIOD AND PREVIOUS FOUR PERIODS**

(in KCHF)	2014	2013	2012	2011	2010
Obligation, end of year	-1,431,502	-1,133,203	-1,148,503	-1,071,772	-956,812
Fair value of plan assets, end of year	1,161,204	1,032,094	950,992	855,629	844,331
<b>Surplus/(deficit) of the Pension Plan</b>	<b>-270,298</b>	<b>-101,109</b>	<b>-197,511</b>	<b>-216,143</b>	<b>-112,481</b>

**CHANGES IN THE PRESENT VALUE OF DEFINED BENEFIT OBLIGATION (INCLUDING UNFUNDED PLANS)**

(in KCHF)	Pension Plan	Early retirement	End-of-service	Total
<b>Defined benefit obligation at 1 January 2013</b>	<b>1,148,503</b>	<b>25,910</b>	<b>51,486</b>	<b>1,225,899</b>
Net current service cost	31,057	2,369	6,841	40,267
Past service costs	-23,053	-	-	-23,053
Interest expense on defined benefit obligation	22,254	490	1,944	24,688
Employee contributions	19,091	-	-	19,091
Net benefits paid	-41,925	-2,948	-6,691	-51,564
Actuarial losses/(gains) due to financial assumptions	-77,370	-903	-	-78,273
Actuarial losses/(gains) due to demographic assumptions	-	-	-	-
Actuarial losses/(gains) due to experience adjustments	54,646	5,329	3,852	63,827
Foreign exchange adjustment	-	-	-3,343	-3,343
<b>Defined benefit obligation at 31 December 2013</b>	<b>1,133,203</b>	<b>30,247</b>	<b>54,089</b>	<b>1,217,539</b>
Net current service cost	25,108	2,578	8,177	35,863
Interest expense on defined benefit obligation	27,167	716	2,543	30,426
Employee contributions	20,037	-	-	20,037
Net benefits paid	-25,441	-3,206	-6,062	-34,709
Actuarial losses/(gains) due to financial assumptions	221,317	2,576	-	223,893
Actuarial losses/(gains) due to demographic assumptions	-	-	-	-
Actuarial losses/(gains) due to experience adjustments	30,111	2,900	2,672	35,683
Foreign exchange adjustment	-	-	2,280	2,280
<b>Defined benefit obligation at 31 December 2014</b>	<b>1,431,502</b>	<b>35,811</b>	<b>63,699</b>	<b>1,531,012</b>

**CHANGES IN THE FAIR VALUE OF PLAN ASSETS (EXCLUDING UNFUNDED PLANS)**

(in KCHF)	2014	2013
<b>Fair value of Pension Plan assets at 1 January</b>	<b>1,032,094</b>	<b>950,992</b>
Employer contributions	42,808	38,116
Employee contributions	20,037	19,091
Net benefits paid	-25,441	-41,925
Actual administration costs paid, excluding costs for managing plan assets	-1,484	-1,360
Interest income on plan assets	25,350	18,854
Excess/(insufficient) return on plan assets	67,840	48,326
<b>Fair value of Pension Plan assets at 31 December</b>	<b>1,161,204</b>	<b>1,032,094</b>

## FAIR VALUES OF PENSION PLAN ASSETS BY ASSET CATEGORY

(in KCHF)	2014	2013
Cash and cash equivalents	68,519	85,887
Gold	3,285	3,321
<b>Equities:</b>		
- Domestic (Swiss) equities	183,453	153,049
- Foreign equities	267,831	244,864
<b>Bonds:</b>		
- Domestic (Swiss) bonds	203,844	179,325
- Foreign bonds	227,957	190,060
<b>Properties:</b>		
- Domestic (Swiss) direct investments in properties	127,699	99,507
- Foreign direct investments in properties	2,580	2,789
- Domestic (Swiss) property funds	35,513	44,000
- Foreign property funds	40,523	29,292
<b>Total Pension plan assets at 31 December</b>	<b>1,161,204</b>	<b>1,032,094</b>

All plan assets, except direct investments in properties, are listed. The assessment of the market values of these direct investments in properties led to a revaluation of the related plan assets by +KCHF 14,862 in December 2012. The next appraisal by an independent real estate appraiser will be carried out at the end of 2015, unless significant market changes occur prior to then.

No pension plan assets are occupied or used by the ICRC.

The ICRC Pension Fund performs periodic asset-liability studies, *inter alia*, to assess its risk capacity and help ensure that it has the right asset strategy to achieve the required rate of return. Following the study initiated in 2011, the Governing Board decided to adopt a new strategy, which was implemented from 1 April 2013. In addition, stop-loss insurance was contracted to limit the Pension Fund's exposure to disability and death risks.

## PRINCIPAL ACTUARIAL ASSUMPTIONS USED AT END OF YEAR

(in KCHF)	Pension Plan		Early retirement		End-of-service	
	2014	2013	2014	2013	2014	2013
Discount rate	1.15%	2.50%	1.15%	2.50%	5.00%	5.00%
Interest crediting rate	2.50%	2.50%	2.50%	2.50%	-	-
Future salary increase rate	2.00%	2.00%	2.00%	2.00%	5.00%	5.00%
Future pension increase rate	0.00%	0.00%	1.50%	1.50%	-	-
Employee rotation rate	18.70%	19.60%	-	-	-	-

For the end-of-service plan, these discount and salary increase rates are expressed as a range that reflects the various material financial environments (countries) for which the obligation has been calculated.

For the other plans:

- ▶ In determining the appropriate discount rate, management considers the interest rates of corporate bonds in Switzerland with at least an AA rating, with extrapolated maturities corresponding to the expected duration of the defined benefit obligation.
- ▶ Future salary and pension increases are based on expected future inflation rates for the respective country.
- ▶ The publicly available LPP/BVG 2010 generational mortality tables have been used with an increasing load to reflect the additional risks taken by ICRC staff assigned to the field operations.

As per IAS 19R, paragraph 144, the ICRC deems the discount rate, the interest credit rate and the salary increase rate to be significant actuarial assumptions used to determine the present value of the defined benefit obligation to the pension plan and the early retirement plan.

## SENSITIVITY ANALYSIS ON DISCOUNT RATE

(in KCHF)	Pension Plan		Early retirement	
	2014	2013	2014	2013
<b>Baseline information as at 31 December:</b>				
Discount rate	1.15%	2.50%	1.15%	2.50%
Defined benefit obligation	1,431,502	1,133,203	35,811	30,247
<b>Sensitivity information as at 31 December:</b>				
Discount rate	0.90%	2.25%	0.90%	2.25%
Defined benefit obligation	1,480,173	1,168,332	36,312	30,640

The assumptions and methods used to prepare the sensitivity information shown above were exactly the same as those used to prepare the final disclosures, except that the discount rate assumption was decreased.

## SENSITIVITY ANALYSIS ON INTEREST CREDITING RATE

(in KCHF)	Pension Plan		Early retirement	
	2014	2013	2014	2013
<b>Baseline information as at 31 December:</b>				
Future interest credit rate	2.50%	2.50%	2.50%	2.50%
Defined benefit obligation	1,431,502	1,133,203	35,811	30,247
<b>Sensitivity information as at 31 December:</b>				
Future interest credit rate	2.25%	2.25%	2.25%	2.25%
Defined benefit obligation	1,424,344	1,127,537	35,847	30,277

The assumptions and methods used to prepare the sensitivity information shown above were exactly the same as those used to prepare the final disclosures, except that the interest credit rate assumption was decreased.

## SENSITIVITY ANALYSIS ON SALARY INCREASE RATE

(in KCHF)	Pension Plan		Early retirement	
	2014	2013	2014	2013
<b>Baseline information as at 31 December:</b>				
Future salary increase rate	2.00%	2.00%	2.00%	2.00%
Defined benefit obligation	1,431,502	1,133,203	35,811	30,247
<b>Sensitivity information as at 31 December:</b>				
Future salary increase rate	1.75%	1.75%	1.75%	1.75%
Defined benefit obligation	1,430,070	1,132,070	35,739	30,187

The assumptions and methods used to prepare the sensitivity information shown above were exactly the same as those used to prepare the final disclosures, except that the salary increase rate assumption was decreased.

## 2015 EXPECTED AMOUNTS

(in KCHF)	Pension Plan	Early retirement	End-of-service
Expected employer contributions for 2015	81,943	3,848	6,365
Expected employee contributions for 2015	21,072	-	-
Expected benefits payments for 2015	-104,484	-3,848	-6,365
Expected duration for the obligation as at 31 December 2014	14.0 years	6.2 years	-

As a result of the dissolution of the Avenir Foundation in 2015, the employer contribution to the Pension Plan is expected to be higher for a five-year period. Indeed, the 2015 employer contribution includes KCHF 39,800 extraordinary contributions.

### d) Disclosures for the defined contribution plans

#### CONTRIBUTION SUPPLETIVE PLAN

In 2014, contributions to the contribution suppletive plan amounted to KCHF 8,554 (2013: KCHF 7,383), and the plan paid out KCHF 4,696 (2013: KCHF 3,824) to employees finishing contracts with the ICRC.

#### AVENIR FOUNDATION PLAN

In 2014, contributions to the Avenir Foundation plan amounted to nil (2013: KCHF 9,746), and the Foundation paid out KCHF 86,990 (2013: KCHF 10,344) as part of its dissolution process.

## 23. PERMANENTLY RESTRICTED RESERVES FOR THE FUNDS AND FOUNDATIONS

The use and allocation of these reserves are decided by the respective boards of the funds and foundations. The movements of these reserves over the past two years are shown in the consolidated statement of changes in reserves.

The restricted reserves by funds and foundations are summarized as follows:

(in KCHF)	2014	2013
Foundation for the International Committee of the Red Cross	24,902	24,301
Special Fund for the Disabled	3,136	3,313
Clare Benedict Fund	2,186	2,046
Omar El Mukhtar Fund	1,015	949
Augusta Fund	145	134
Florence Nightingale Medal Fund	552	513
French Fund Maurice de Madre	4,796	4,472
Paul Reuter Fund	636	588
Jean Pictet Fund	661	630
<b>Total Permanently restricted reserves for the funds and foundations</b>	<b>38,029</b>	<b>36,946</b>

## 24. TEMPORARILY RESTRICTED RESERVES FOR THE FUNDING OF OPERATIONS

These temporarily restricted reserves represent:

- ▶ either the cumulative excess of income from earmarked voluntary contributions over expenditure on stipulated field or headquarters operations
- ▶ or field operations classified as having “deficit funding” as soon as contributions do not cover expenditure.

The funding of operations reserves includes the following:

(in KCHF)	2014	2013
<b>DONORS' RESTRICTED CONTRIBUTIONS</b>		
Field operations with temporary surplus funding	28,979	52,106
Headquarters restricted contributions	316	506
<b>Total Donors' restricted contributions</b>	<b>29,295</b>	<b>52,612</b>
<b>FIELD OPERATIONS WITH TEMPORARY DEFICIT FUNDING</b>		
<b>Total Field operations with temporary deficit funding</b>	<b>-7,867</b>	<b>-15,421</b>
<b>Total Temporarily restricted reserves for the funding of operations</b>	<b>21,428</b>	<b>37,191</b>

## 25. UNRESTRICTED RESERVES DESIGNATED BY THE ASSEMBLY

2014 (in KCHF)	Balance at 31 December 2013	Use/release during 2014	Allocation 2014	Balance at 31 December 2014
Future operations	236,340	-	29,089	265,429
Operational risks	24,894	-3,891	3,804	24,807
Asset replacement	208,956	-6,905	13,949	216,000
Financial risks	18,600	-	4,000	22,600
Human resources	-94,532	-175,463	2,673	-267,322
Specific projects	1,178	-390	-	788
<b>Total Reserves designated by the Assembly</b>	<b>395,436</b>	<b>-186,649</b>	<b>53,515</b>	<b>262,302</b>
2013 (in KCHF)	Balance at 1 January 2013	Use/release during 2013	Allocation 2013	Balance at 31 December 2013
Future operations	222,276	-	14,064	236,340
Operational risks	24,194	-1,046	1,746	24,894
Asset replacement	197,700	-270	11,526	208,956
Financial risks	14,700	-	3,900	18,600
Human resources	-189,116	-3,318	97,902	-94,532
Specific projects	622	-	556	1,178
<b>Total Reserves designated by the Assembly</b>	<b>270,376</b>	<b>-4,634</b>	<b>129,694</b>	<b>395,436</b>

### Future operations reserves

The future operations reserve is intended for situations with insufficient operational funding. The theoretical level is estimated at KCHF 429,660 (in 2013: KCHF 387,000) based on an average of four months of expenditure in cash, kind and services (including overhead) over the previous four years and the next budgeted year, both at headquarters and in the field.

### Operational risks reserves

This concerns reserves relating to insurance coverage and to potential litigation.

### Assets replacement reserves

The ICRC sets aside funds for capital expenditure on real estate and equipment, in order to be able to make investments that are essential for its operations regardless of short-term financial fluctuations. These reserves also contain funds received from donors for specific fixed assets and is amortized over the life of the related asset.

### Financial risks reserves

The financial risks reserves cover the risks of exchange rate variations and price fluctuations in securities. The foreign-exchange reserve target amount is estimated at the value at risk (VaR) using a 95% confidence interval (see Note 34a for the method of calculation).

### Human resources reserves

These reserves were initially set aside to cover future payments to management and staff under agreements for post-employment, including early retirement. In 2013, management decided to optimize the headquarters' structures via restructuring, reorganisation, relocation and outsourcing. As a consequence, the ICRC signed a restructuring plan with the staff representatives in July 2014. The plan will cover all Geneva-based staff who lose their jobs because of these optimization efforts. The restructuring is expected to be completed by 31 December 2018. The existing human resources reserves have been reinforced to cover the expected future impact of this new plan.

Since the early adoption of IAS 19R, "Employee Benefits", in 2011, these reserves also reflect the effect of the under- or over-coverage of the defined benefit plans. The human resources reserves have shown a negative balance since.

(in KCHF)	2014	2013
Accumulated effect of the defined benefit plans on reserves	-273,322	-99,532
Other human resources reserves	6,000	5,000
<b>Total Human resources reserves</b>	<b>-267,322</b>	<b>-94,532</b>

### Specific projects reserves

Allocations for specific projects relate to contracts signed by ICRC headquarters during the financial year for which goods and/or services had not been delivered by the end of the year.

## 26. CONTRIBUTIONS

(in KCHF)	2014	2013
Governments	1,116,727	1,033,267
European Commission	126,371	88,238
International organizations	1,241	1,962
Supranational organizations	206	697
National Societies	45,564	40,634
Public sources	7,573	7,504
Private sources	45,773	51,333
<b>Total Contributions</b>	<b>1,343,455</b>	<b>1,223,635</b>

## 27. OPERATING EXPENDITURE BY CASH, KIND AND SERVICES

(in KCHF)	Cash	Kind	Services	2014	2013
<b>FIELD</b>					
Staff-related costs	438,263	-	5,834	444,097	409,747
Mission costs	59,044	-	12	59,056	52,601
Rentals	130,038	-	424	130,462	102,895
Sub-contracted maintenance	54,176	-	-	54,176	39,871
Purchase of goods and materials	291,327	3,065	-	294,392	247,821
Financial assistance	77,433	-	-	77,433	58,664
General expenditure	61,520	-	-	61,520	58,414
Depreciation	19,203	-	-	19,203	16,765
<b>Total Field expenditure</b>	<b>1,131,004</b>	<b>3,065</b>	<b>6,270</b>	<b>1,140,339</b>	<b>986,778</b>
<b>HEADQUARTERS</b>					
Staff-related costs	141,174	-	511	141,685	138,114
Mission costs	5,287	-	-	5,287	4,804
Rentals	503	-	2,753	3,256	3,143
Sub-contracted maintenance	3,880	-	-	3,880	2,965
Purchase of goods and materials	3,058	10	-	3,068	3,513
Financial assistance	850	-	-	850	1,634
General expenditure	30,169	-	-	30,169	26,374
Depreciation	9,442	-	-	9,442	8,862
<b>Total Headquarters expenditure</b>	<b>194,363</b>	<b>10</b>	<b>3,264</b>	<b>197,637</b>	<b>189,409</b>
<b>Total Expenditure before IAS 19R</b>	<b>1,325,367</b>	<b>3,075</b>	<b>9,534</b>	<b>1,337,976</b>	<b>1,176,187</b>
Effect of IAS 19R on defined benefit pension plans				-25,302	-32,757
<b>Total Operating expenditure</b>				<b>1,312,674</b>	<b>1,143,430</b>



## 28. OVERHEADS AND ADMINISTRATIVE COSTS

As a contribution to the costs of headquarters support for operations in the field, an additional 6.5% is added to the budget of each operation for cash and service movements. Headquarters support includes services essential to an operation's success, such as human resources, finance, logistics and IT, as noted below under b). The following analysis reconciles the audited consolidated financial statements with the Emergency Appeals.

### a) Overheads

The reconciliations of headquarters overheads income and field overhead expenditure result in the following breakdowns over the past two years:

(in KCHF)	Note	Field	Headquarters	Total 2014
<b>OPERATING INCOME</b>				
Consolidated operating income	26			1,343,455
Less funds and foundations				-2,601
<b>Total ICRC contributions</b>		<b>1,189,166</b>	<b>151,688</b>	<b>1,340,854</b>
Internal allocation from field budget		-	73,643	73,643
<b>Total Income related to Emergency Appeals</b>		<b>1,189,166</b>	<b>225,331</b>	<b>1,414,497</b>

### OPERATING EXPENDITURE

Consolidated operating expenditure				-1,312,674
Effect of IAS 19R on pension plans				-25,302
<b>Total Operating expenditure before IAS 19R</b>	<b>27</b>	<b>-1,140,339</b>	<b>-197,637</b>	<b>-1,337,976</b>
Less funds and foundations		4,298	521	4,819
<b>Total ICRC operating expenditure</b>		<b>-1,136,041</b>	<b>-197,116</b>	<b>-1,333,157</b>
Internal allocation to headquarters budget		-73,643		-73,643
<b>Total Expenditure related to Emergency Appeals</b>		<b>-1,209,684</b>	<b>-197,116</b>	<b>-1,406,800</b>

(in KCHF)	Note	Field	Headquarters	Total 2013
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### OPERATING INCOME

Consolidated operating income	26			1,223,635
Less funds and foundations				-4,637
<b>Total ICRC contributions</b>		<b>1,075,576</b>	<b>143,422</b>	<b>1,218,998</b>
Internal allocation from field budget		-	63,308	63,308
<b>Total Income related to Emergency Appeals</b>		<b>1,075,576</b>	<b>206,730</b>	<b>1,282,306</b>

### OPERATING EXPENDITURE

Consolidated operating expenditure				-1,143,430
Effect of IAS 19R on pension plans				-32,757
<b>Total Operating expenditure before IAS 19R</b>	<b>27</b>	<b>-986,778</b>	<b>-189,409</b>	<b>-1,176,187</b>
Less funds and foundations		5,009	444	5,453
<b>Total ICRC operating expenditure</b>		<b>-981,769</b>	<b>-188,965</b>	<b>-1,170,734</b>
Internal allocation to headquarters budget		-63,308		-63,308
<b>Total Expenditure related to Emergency Appeals</b>		<b>-1,045,077</b>	<b>-188,965</b>	<b>-1,234,042</b>

### b) Administrative costs

The following cost centres at headquarters are classified as administrative rather than direct programme-oriented operating expenditure:

- ▶ the president's office, the directorate and management control
- ▶ finance and administration
- ▶ human resources
- ▶ fundraising
- ▶ information systems and archives

Their total administrative cost amounts to KCHF 130,322 which represents 9.8% of ICRC's operating expenditure (2013: KCHF 120,881 and 10.3%).

## 29. STAFF-RELATED COSTS AND FIGURES

(in KCHF)	Note	2014	2013
Wages and salaries		450,872	420,961
Social insurance and social benefits		65,916	69,700
Staff costs as contributed services	27	6,345	5,822
Post-employment benefit costs	22	37,347	18,621
<b>Total Staff-related costs</b>		<b>560,480</b>	<b>515,104</b>

These post-employment benefit costs represent the total of current net service cost and administration costs excluding costs for managing plan assets.

The average number of employees during these financial years was as follows:

(in KCHF)	2014	2013
<b>IN THE FIELD</b>		
Mobile employees hired by ICRC	1,549	1,435
Mobile employees seconded by National Societies	199	166
Local resident employees under ICRC contract	10,623	10,183
<b>Sub-total Average number of employees in the field</b>	<b>12,371</b>	<b>11,784</b>

### AT HEADQUARTERS

Staff hired by ICRC	968	936
Staff seconded by National Societies	10	5
<b>Sub-total Average number of employees at headquarters</b>	<b>978</b>	<b>941</b>
<b>Total Average number of employees</b>	<b>13,349</b>	<b>12,725</b>

## 30. LEASES

### a) Operating leases as lessee

The ICRC leases warehouses, delegation buildings and means of transport under operating leases. The leases may typically run for a period of up to 10 years, with an option to renew after that date. Lease payments are increased annually to reflect market rentals.

(in KCHF)	Note	2014	2013
Premises and equipment		48,029	43,032
Transport		82,512	59,948
<b>Sub-total Operating leases</b>		<b>130,541</b>	<b>102,980</b>
Rentals as contributed services	27	3,177	3,058
<b>Total Rentals</b>		<b>133,718</b>	<b>106,038</b>

### NON-CANCELLABLE OPERATING LEASERENTALS PAYABLE

(in KCHF)	2014	2013
- within 12 months	11,618	13,285
- within 2 to 5 years	11,975	9,856
- over 5 years	2,818	3,540
<b>Total Non-cancellable operating lease rentals payable</b>	<b>26,411</b>	<b>26,681</b>

### b) Operating leases as lessor

In 2014, KCHF 773 (2013: KCHF 742) was recognized as income in the profit and loss statement in respect of sub-leases. These leases principally relate to vehicle parking at headquarters and ad hoc field facilities that are short-term in nature.

### c) Finance leases as lessee

The ICRC has no finance lease obligations.

## 31. FINANCIAL INCOME, NET

(in KCHF)	Note	2014	2013
<b>FINANCIAL INCOME</b>			
<b>INVESTMENTS AT FAIR VALUE THROUGH PROFIT AND LOSS</b>			
Net fair value gain		10,905	12,614
Net income		2,347	2,045
<b>INVESTMENTS HELD-TO-MATURITY</b>			
Net gain		-	9
Interest income		1,053	1,005
<b>OTHER FINANCIAL INCOME</b>			
Interest income		471	335
<b>Total Financial income</b>		<b>14,776</b>	<b>16,008</b>
<b>FINANCIAL EXPENSES</b>			
<b>INVESTMENTS HELD-TO-MATURITY</b>			
Net loss		-25	-
Interest and other expenses		-88	-161
Impairment loss	8	-125	-
<b>Total Financial expenses</b>		<b>-238</b>	<b>-161</b>
<b>Financial income, net</b>		<b>14,538</b>	<b>15,847</b>

Interest expense is classified within operating general expenditure, which is consistent with the requirements of agreements with donors.

## 32. NON-OPERATING INCOME AND EXPENSES

(in KCHF)	2014	2013
<b>OTHER NON-OPERATING INCOME</b>		
Decrease in provisions for accounts receivable	10	84
Decrease in provisions for obsolete inventories	183	-
Re-invoiced costs	6,112	3,587
Income arising from prior period	1,345	1,561
Gains on disposal of fixed assets	3,864	3,626
Other income	1,895	994
Adjustments of operations	262	73
<b>Total Other non-operating income</b>	<b>13,671</b>	<b>9,925</b>

Adjustments of operations concern prior period charges relating mainly to the transfer of goods and revised estimates of accruals, and do not relate to current field operations.

(in KCHF)	Note	2014	2013
<b>OTHER NON-OPERATING EXPENSES</b>			
Increase in provisions for operational claims		-1,363	-188
Increase in provisions for accounts receivable		-520	-1
Increase in provisions for obsolete inventories		-	-112
Expenditure arising from prior period		-851	-1,059
Net interest cost on post-employment obligations	22	-5,076	-5,849
Losses on disposal of fixed assets		-1,305	-270
Other expenses		-5,774	-3,359
<b>Total Other non-operating expenses</b>		<b>-14,889</b>	<b>-10,838</b>

## 33. TAXES

The ICRC (but not its staff) is exempt from taxes in Switzerland and most countries in which its delegations are based.

## 34. FINANCIAL RISK MANAGEMENT OBJECTIVES AND POLICIES

The ICRC has various financial assets, such as cash and cash equivalents, investments, accounts receivable, long-term receivables and other financial assets. The main financial liabilities comprise loans and borrowings, bank overdrafts, accounts payable, accrued expenses and other financial liabilities.

The main risks arising from these financial assets and liabilities are market risk and its subsets (foreign currency and interest rate risks), counterparty risk and liquidity risk, which are summarized below.

These risks are managed through several treasury policies. Compliance with these policies is monitored by the Treasury Committee, which is composed of the director of financial resources and logistics, the head of finance, the head of accounting and the treasurer. These various policies are submitted by the Treasury Committee to the Assembly Council for adoption.

### a) Foreign-currency risk

#### EXPOSURE

The foreign-currency risk is the risk that the financial statements for a particular period or as at a certain date may be affected by changes in the value of transactions executed in foreign currencies owing to fluctuations.

The ICRC's exposure to foreign-exchange (hereafter FX) translation risk is limited, as both the functional currency and the reporting currency used for these consolidated financial statements is the Swiss franc. However, exposure to fluctuations in FX rates arises from transactions denominated in currencies other than the Swiss franc. For instance, the ICRC incurs foreign currency risk on contributions pledged in foreign currencies.

In addition, exchange rate fluctuations can have a significant impact on the profit and loss statement in relation to the ICRC's operations carried out worldwide. The currencies giving rise to this risk are primarily the euro, the pound sterling and the US, Australian and Canadian dollars.

Long-term receivables in FX relate to deferred income and are principally denominated in pounds sterling, euros and Canadian dollars. The FX exposure of this asset is offset against the FX exposure of the deferred income liability.

The principal rates of exchange are shown below:

(in KCHF)	Spot rate at 31 Dec.		Average rate	
	2014	2013	2014	2013
USD	0.9891	0.8894	0.9112	0.9261
EUR	1.2028	1.2259	1.2147	1.2274
GBP	1.5375	1.4657	1.5042	1.4466
AUD	0.8084	0.7899	0.8225	0.8994

Most financial assets and liabilities are denominated in Swiss francs, except the following:

(converted to KCHF)		2014	2013
<b>CASH AND CASH EQUIVALENTS</b>			
Euro	KCHF	16,367	7,786
Pound	KCHF	4,711	409
US dollar	KCHF	20,283	17,645
<b>CURRENT AND NON-CURRENT ACCOUNTS RECEIVABLE</b>			
Australian dollar	KCHF	1,617	95,183
Canadian dollar	KCHF	15,429	831
Danish krona	KCHF	9,754	3,254
Euro	KCHF	97,755	127,499
New Zealand dollar	KCHF	-	2,544
Pound	KCHF	17,963	113,351
Swedish krona	KCHF	7,617	-
US dollar	KCHF	6,635	40,262
<b>ACCOUNTS PAYABLE AND ACCRUED EXPENSES</b>			
Euro	KCHF	4,968	3,903
US dollar	KCHF	13,198	5,266
<b>CURRENT AND NON-CURRENT DEFERRED INCOME</b>			
Australian dollar	KCHF	1,617	95,183
Canadian dollar	KCHF	15,257	415
Euro	KCHF	57,646	88,939
New Zealand dollar	KCHF	-	2,544
Pound	KCHF	39,686	130,726
Swedish krona	KCHF	7,617	4,119
US dollar	KCHF	5,310	2,490

## EXPOSURE MANAGEMENT

The ICRC uses derivative financial instruments – spots, forward contracts and swaps – to hedge its exposure to foreign-exchange risks arising from accounting exposures denominated in foreign currency. The forward foreign-exchange contracts have maturities of less than one year after the reporting date. Where necessary, the contracts are swapped at maturity. In accordance with its treasury policies, the ICRC uses derivative instruments exclusively for hedging purposes.

With respect to other monetary assets and liabilities held in foreign currencies in the field, the ICRC ensures that its exposure is kept to an acceptable level, buying or selling foreign currencies at spot rates where necessary to address short-term needs.

To limit exposure over investments, the ICRC's investment management policy defines which currencies may be used for investments. At 31 December 2014, all investments are denominated in Swiss francs, with the exception of investments in foreign currencies for the equivalent of KCHF 93,306 (2013: KCHF 84,906).

## EXPOSURE MEASUREMENT

The ICRC uses a VaR computation to estimate the potential annual loss in the fair value of its financial assets and liabilities denominated in foreign currency.

The VaR estimates are made assuming normal market conditions, using a 95% confidence interval. The ICRC cannot predict actual future movements of exchange rates. Therefore, the VaR numbers below do not represent actual losses or consider the effects of favourable movements in underlying variables. Accordingly, these VaR numbers are only indicative of future movements over a one-year time horizon, to the extent that historic market patterns are repeated in the future. The estimated potential annual loss from the ICRC's foreign currency exposure is as follows:

(in KCHF)	Note	2014	2013
Value at Risk – Potential loss on foreign currencies	25	-12,108	-11,808
- On income		-2,637	-3,395
- On expenses		-4,939	-3,172
- On investments portfolios		-4,532	-5,241

The same VaR computed after the subsequent announcements of the Swiss National Bank (SNB) mid-January 2015 rose to KCHF 41,958 on 16 January 2015, then fell down to KCHF 29,214 on 31 January 2015.

### b) Market and interest rate risks

The ICRC is exposed to market and interest rate risks through its investments in equity shares, debt securities, term deposits and other funds. It is also exposed to changes in market interest rates through its debt securities and term deposits. These financial assets, except for a large portion of the debt securities that are held-to-maturity, are stated at fair value. This portfolio held-to-maturity is not subject as such to the volatility of financial markets.

#### SENSITIVITY ANALYSIS FOR QUOTED EQUITY SHARES AT FAIR VALUE THROUGH PROFIT AND LOSS

The ICRC's investments in equity of other entities that are publicly traded are generally included in one of the following two equity indexes: Swiss Performance Index (SPI) for Swiss shares and MSCI World for non-Swiss shares.

The table below summarizes the impact of increases/decreases in the two equity indexes on the ICRC's surplus for the year. The analysis is based on the assumption that the equity indexes have increased/decreased by 5% with all other variables, particularly foreign-currency rates, held constant and all the equity instruments moved according to the historical correlation with the index:

(in KCHF)	Impact on ICRC's surplus/(deficit)			
	2014		2013	
	+5% increase	-5% decrease	+5% increase	-5% decrease
<b>EQUITY INDEX</b>				
SPI	1,737	-1,737	1,892	-1,892
MSCI World	2,761	-2,761	2,607	-2,607

#### SENSITIVITY ANALYSIS FOR QUOTED DEBT SECURITIES AT FAIR VALUE THROUGH PROFIT AND LOSS

A change of 1 basis point in interest rate at the end of the year would have increased/decreased ICRC's surplus for the year by the amounts shown below. This analysis assumes that all other variables, in particular foreign currency rates, remain constant.

(in KCHF)	Impact on ICRC's surplus/(deficit)			
	2014		2013	
	+1bp increase	-1bp decrease	+1bp increase	-1bp decrease
<b>INTEREST RATE</b>				
Fixed-rate debt securities	-701	701	-589	589

To limit this market exposure, the ICRC's Investment and Treasury Committees have clarified the organization's tolerance for risk and volatility in investment guidelines based on investment management policy. Portfolio managers are required to trade all investments at stock exchanges handling large volumes and with market makers. All selected financial assets have to meet specific criteria defined in the policy, such as quality and negotiability of securities, minimum counterparty ratings, maximum percentages of total invested fund, etc. The Investment Committee, which consists of the director of financial resources and logistics, the head of finance and two external members, also makes proposals to the treasurer for managing the market and interest rate risks.

The ICRC has also allowed portfolio managers to use derivative future contracts to hedge exposure to market risk. The future contracts have maturities of less than one year after the reporting date.

#### c) Counterparty risk

The ICRC's treasury policies focus on security of cash and cash equivalents. At headquarters, these positions are held in banks regulated by the Swiss Central Bank or by the central bank of any EU member State with a long-term rating of at least A-/A3 (Standard & Poor's and Moody's). In 2014, the number of bank counterparties did not change. For field positions, there is no significant exposure to banks in risky countries.

ICRC receivables are mostly with governments and government agencies, where credit risk is considered to be low. In addition, the ICRC has a relatively broad government donor base. The largest donor contributed 23.3% of overall income (2013: 21.2%) and the top five donors contributed 60.5% (2013: 56.8%).

Investments are allowed only in liquid securities and only with counterparties that have a high credit rating. The ICRC's investment management policy defines the maximum exposure to a single counterparty in order to ensure diversification of investments.

Other positions are not material or are covered by provisions.

At the reporting date, there were no significant concentrations of credit risk. The maximum exposure to credit risk is represented by the carrying amount of each financial asset in the consolidated statement of financial position.

#### d) Liquidity risk

The ICRC maintains a secure level of working capital at all times. This is reassessed and quantified periodically, based on cash-flow forecasts. The ICRC's objective is to strike a balance between funding continuity and flexibility by maintaining sufficient funds as cash in hand, cash at banks or deposits with initial maturities of three months or less to meet short-term liabilities. Interest-bearing loans and borrowings, which are debt requiring servicing costs, are kept to a minimum.

In addition, the ICRC has liquidity risk associated with forward foreign-exchange cover. Funds in the appropriate foreign currency are retained to settle forward contracts when they come due, or the contract is swapped forward until sufficient foreign currency is available.

The table below summarizes the maturity profile of the ICRC's financial liabilities.

2014 (in KCHF)	Note	Total	Undiscounted amounts		
			< 1 year	2 – 5 years	> 5 years
Accounts payable and accrued expenses	16	54,542	54,542		
Current loans and borrowings	17	1,639	1,639		
Current employee benefit liabilities	19	53,455	53,455		
<b>Current deferred income:</b>	20				
· Deferred income related to pledges		144,247	144,247		
· Deferred income related to government loans		111	111		
Derivative financial instruments	38.c	155,301	155,301		
Non-current loans and borrowings	17	19,183	-	2,361	16,822
<b>Non-current employee benefit liabilities</b>	22				
· Pension benefit plan		270,298	19,307	77,228	173,763
· Early retirement benefit plan		35,811	9,669	23,313	2,829
· End-of-service benefit plan		63,699	6,365	25,460	31,874
· Contribution suppletive plans		25,460	4,696	18,784	1,980
<b>Non-current deferred income:</b>	20				
· Deferred income related to pledges		52,098	-	52,098	-
· Deferred income related to government loans		11,098	-	553	10,545
<b>Total 2014</b>		<b>886,942</b>	<b>449,332</b>	<b>199,797</b>	<b>237,813</b>

2013 (in KCHF)	Note	Total	Undiscounted amounts		
			< 1 year	2 – 5 years	> 5 years
Accounts payable and accrued expenses	16	42,557	42,557		
Current loans and borrowings	17	1,351	1,351		
Current employee benefit liabilities	19	45,732	45,732		
<b>Current deferred income:</b>	20				
· Deferred income related to pledges		221,471	222,055		
· Deferred income related to government loans		100	100		
Derivative financial instruments	38.c	135,148	135,148		
Non-current loans and borrowings	17	19,800	-	2,403	17,397
<b>Non-current employee benefit liabilities</b>	22				
· Pension benefit plan		101,109	7,961	31,845	61,303
· Early retirement benefit plan		30,247	7,562	20,265	2,420
· End-of-service benefit plan		54,089	7,026	28,104	18,959
· Contribution suppletive plans		21,590	3,824	15,296	2,470
<b>Non-current deferred income:</b>	20				
· Deferred income related to pledges		167,217	-	171,179	-
· Deferred income related to government loans		11,209	-	511	10,698
<b>Total 2013</b>		<b>851,620</b>	<b>473,316</b>	<b>269,603</b>	<b>113,247</b>

## E) CAPITAL MANAGEMENT

By its nature, the ICRC does not have “capital”. Rather, it views the reserves as a proxy for capital in terms of IAS 1. The target and position of the various reserves are indicated in Notes 23 to 25. There were no changes in the organization’s approach to reserves management during the year. The governing bodies’ policy is to maintain a strong level of reserves so as to maintain stakeholder and donor confidence and to sustain future development of operations.

## 35. FAIR VALUE

A number of the ICRC’s accounting policies and disclosures require the determination of fair value, both for financial and non-financial assets and liabilities. Fair value has been determined for measurement and/or disclosure purposes based on the method outlined below.

### a) Fair value measurement

Fair value estimates are made at a specific point in time, based on market conditions and information about the financial instruments concerned. These estimates are subjective in nature and involve uncertainties and matters of significant judgment and therefore

cannot be determined with precision. Changes in assumptions could significantly affect estimates.

The fair value of cash and cash equivalents, accounts receivable, bank overdrafts, accounts payable and accrued expenses are not materially different from the carrying amounts. Furthermore, accounts receivable are not offset against accounts payable.

In accordance with the ICRC’s investment strategy, investments held-for-trading are measured at fair value through profit or loss, because their performance is actively monitored and they are managed on a fair value basis. The debt securities held-to-maturity are measured at amortized cost. Their fair value is determined for impairment testing and disclosed in the table below.

Interest-free loans are recorded at fair value on initial recognition, which is the present value of the expected future cash flows, discounted using a market-related rate. Subsequent to initial recognition, interest-bearing loans are stated at amortized cost and the current fair value of the loans is disclosed in the table below.

Derivative financial instruments are stated at fair value. The net result of marking derivative financial instruments at the reporting



date was a charge of KCHF 615 (2013: KCHF 353). The fair value of forward currency contracts is calculated by reference to current forward foreign-exchange rates for contracts with similar maturity profiles. The fair value of futures exchange contracts is their market price at the reporting date.

## b) Fair value hierarchy

Set out below is a comparison by class of the carrying amounts and fair values of the ICRC's financial assets/liabilities and their corresponding measurement levels. The ICRC determines the fair value of financial instruments on the basis of the following hierarchy:

- ▶ Level 1: The fair value of financial instruments quoted in active markets is based on their quoted closing price at the reporting date.
- ▶ Level 2: The fair value of financial instruments that are not traded in an active market is determined by using valuation techniques based on observable market data.
- ▶ Level 3: This level includes instruments where one or more of the significant inputs are not based on observable market data.

There was no transfer between the fair value measurement levels during the reporting periods ended 31 December 2013 and 2014.

2014 (in KCHF)	Note	Carrying value	Fair value	Fair value hierarchy		
				Level 1	Level 2	Level 3
<b>FINANCIAL ASSETS</b>						
Investments at fair value through profit and loss	8	192,054	192,054	192,054	-	-
Investments held-to-maturity	8	136,291	138,230	138,230	-	-
Derivative financial instruments	12	8	8	-	8	-

## FINANCIAL LIABILITIES

Unsecured interest-free loans	17	-19,800	-26,078	-	-26,078	-
Derivative financial instruments	21	-655	-655	-	-655	-

2013 (in KCHF)	Note	Carrying value	Fair value	Fair value hierarchy		
				Level 1	Level 2	Level 3

## FINANCIAL ASSETS

Investments at fair value through profit and loss	8	160,949	160,949	160,949	-	-
Investments held-to-maturity	8	138,946	139,586	139,586	-	-
Derivative financial instruments	12	23	23	-	23	-

## FINANCIAL LIABILITIES

Unsecured interest-free loans	17	-20,428	-21,081	-	-21,081	-
Derivative financial instruments	21	-276	-276	-	-276	-

## 36. CONTINGENT ASSETS

In 2014, pledges amounting to KCHF 1,200 (2013: KCHF 1,400) fell due after five years and were considered as contingent assets.

## 37. CONTINGENT LIABILITIES

The ICRC has operational claims that are principally legal in nature (local employment contracts, social charges and rental contracts), with the definite amount and exact timing of each claim being subject to various legal proceedings in the country in which it was issued. Those items that management considers will probably be paid have been recorded as provisions (see Note 18) and the balance deemed to be contingent liabilities amounts to KCHF 20,727 (2013: KCHF 14,015).

The ICRC receives pledges from certain donors that are contingent on expenditure being incurred on specific earmarking and with final payment being subject to acceptable financial reporting.

## 38. CAPITAL AND CONTRACTUAL COMMITMENTS

### a) Capital commitments

Capital expenditures of KCHF 9,823 (2013: KCHF 10,030) have been approved but not provided for in these consolidated financial statements. The 2014 amount includes commitments for KCHF 7,312 to purchase vehicles (2013: KCHF 6,668) and for KCHF 2,203 towards IT projects (2013: KCHF 2,749).

### b) Contractual commitments

Open purchase orders of KCHF 6,766 (2013: KCHF 32,272) have been issued to third parties but not provided for in these consolidated financial statements.

The ICRC entered into multi-year Memorandums of Understanding (hereafter MoUs) where the ICRC agreed to assist rehabilitation centres, National Societies or local facilities with staff, equipment and goods. The contractual commitments deriving from these MoUs are complicated to value, as not all MoUs give an estimate of the assistance to be provided over the agreed period. The total operational expenses budgeted are KCHF 27,863 for 2015 and KCHF 4,135 for the years 2016 to 2019. The largest MoU is valued at a total assistance for 2015 of KCHF 6,218 to an hospital in Afghanistan.

In 2014, the ICRC began a new training programme for its global workforce as a replacement of the Avenir Foundation (see Note 22. a5). As at 31 December 2014, ICRC has committed to paying for external training that will be attended by staff in the coming years for a total of KCHF 1,523.

The ICRC signed transit bonds with local customs authorities in Kenya to cover the taxes on imported goods stored in bonded warehouses. These transit bonds amount to KCHF 12,840 as at 31 December 2014 (2013: KCHF 7,206).

### c) Forward foreign-exchange contracts

At year-end, the following positions of forward foreign-exchange contracts were open:

(in KCHF)	2014	2013
Purchase of foreign currencies	92,348	71,290
Sale of foreign currencies	-62,953	-63,858

## 39. RELATED PARTIES

### a) Identity of related parties

Key management personnel are persons with authority and responsibility for planning, directing and controlling the ICRC's activities. Related parties are the directors and senior management, and close members of their families or households.

The Assembly is the supreme governing body of the ICRC.

The ICRC has a conflict-of-interest policy whereby members of the Assembly, the directors and senior managers must advise the Assembly or the Human Resources Department of any direct or indirect interest in any transaction or relationship with the ICRC and are disqualified from participation in discussions and decisions regarding any action affecting their individual, professional or business interests.

### b) Transactions with related parties

There were no transactions with key management personnel except those described under c) below. With the exception of the president and the permanent vice-president, none of the other members of the Assembly, or any person related to them, received any remuneration from the ICRC during the year.

### c) Remuneration

The salaries and benefits of the ICRC's president, permanent vice-president, six directors and head of Internal Audit are set by the Remuneration Commission. Their total remuneration below includes employer expenses for social insurance and social benefits. They received no other salaries or benefits (e.g. fringe benefits, loans, etc).

(in KCHF)	2014	2013
Short-term employee benefits	3,013	2,809
Post-employment benefits	750	726
Other long-term benefits	81	38
<b>Total Remuneration of related parties</b>	<b>3,844</b>	<b>3,573</b>

The non-permanent members of the Assembly, or persons related to or having business ties with them, received no remuneration from the ICRC during the year.

## 40. NOTES TO THE CONSOLIDATED STATEMENT OF CASH FLOWS

The adjustments to reconcile the result of the year to the net cash from operating activities are detailed hereafter:

(in KCHF)	Note	2014	2013
Surplus for the year		46,202	92,960

### ADJUSTMENTS TO RECONCILE SURPLUS TO NET CASH FROM OPERATING ACTIVITIES

#### Non-cash items

Impairment of held-to-maturity investments	8	125	-
Depreciation and impairment of property, plant and equipment	14	22,598	21,582
Amortization and impairment of intangible assets	15	6,066	4,029
Provision and losses on inventories		52	171
Movement in provisions on receivables and specific risks		1,873	105
Movement in pension as per IAS 19R		-20,226	-26,969
<b>Sub-total Non-cash items</b>		<b>10,488</b>	<b>-1,082</b>

#### Items relating to investing activities

Interest and income from investments	31	-3,783	-3,224
Gains on investments, net		-18,459	-16,010
Gains on property, plant and equipment, net	32	-2,559	-3,356
<b>Sub-total Items relating to investing activities</b>		<b>-24,801</b>	<b>-22,590</b>

#### Working capital adjustments

Accounts receivable		12,207	-39,187
Prepayments		-3,385	-3,466
Inventories		-7,778	-1,514
Other financial assets		-312	-244
Accounts payable and accrued expenses		11,985	4,429
Employee benefit liabilities		22,167	6,666
Other financial liabilities		379	261
<b>Sub-total Working capital adjustments</b>		<b>35,263</b>	<b>-33,055</b>

<b>Total Net cash from operating activities</b>		<b>67,152</b>	<b>36,233</b>
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#### **41. APPROVAL OF CONSOLIDATED FINANCIAL STATEMENTS**

These financial statements were approved by the Directorate on 31 March 2015 for issue to the Assembly Council on 15 April 2015 and for final approval by the Assembly on 16 April 2015.

#### **42. SUBSEQUENT EVENTS**

As disclosed in Note 22, the discount rate used at 31 December 2014 to determine the defined benefit obligation is 1.15%. Following the announcement of the Swiss National Bank on 15 January 2015 that it would no longer defend the EUR/CHF rate of 1.20, the discount rate as set monthly by the Swiss Pension Actuaries has dropped to 0.77% at 28 February 2015.

The defined benefit pension obligation is determined using actuarial valuations and is highly dependent on the discount rate at the balance sheet date. Should the discount rate to be used at 31 December 2015 equal the discount rate at 28 February 2015, the defined benefit obligation would increase, and the unrestricted reserves would decrease, by KCHF 74,742.



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To the Assembly of

**The International Committee of the Red Cross (ICRC), Geneva**

Geneva, 15 April 2015

**Report of the independent auditor on the consolidated financial statements**

As independent auditor and in accordance with your instructions, we have audited the accompanying consolidated financial statements of the International Committee of the Red Cross (ICRC), which comprise the statement of financial position, statement of comprehensive income, statement of cash-flows, statement of changes in reserves and notes on pages 533 to 563, for the year ended 31 December 2014.

**Directorate's and Assembly's responsibility**

The Directorate and Assembly are responsible for the preparation and fair presentation of the consolidated financial statements in accordance with the requirements of International Financial Reporting Standards (IFRS). This responsibility includes designing, implementing and maintaining an internal control system relevant to the preparation of consolidated financial statements that are free from material misstatement, whether due to fraud or error. The Directorate and Assembly are further responsible for selecting and applying appropriate accounting policies and making accounting estimates that are reasonable in the circumstances.

**Auditor's responsibility**

Our responsibility is to express an opinion on these consolidated financial statements based on our audit. We conducted our audit in accordance with International Standards on Auditing. Those standards require that we plan and perform the audit to obtain reasonable assurance whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers the internal control system relevant to the entity's preparation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control system. An audit also includes evaluating the appropriateness of the accounting policies used and the reasonableness of accounting estimates made, as well as evaluating the overall presentation of the consolidated financial statements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

**Opinion**

In our opinion, the consolidated financial statements for the year ended 31 December 2014 give a true and fair view of the financial position, the results of operations and the cash flows in accordance with IFRS.

Ernst & Young Ltd

Laurent Bludzien  
Licensed audit expert

Thomas Madoery  
Licensed audit expert

# FINANCIAL AND STATISTICAL TABLES

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## A. INCOME AND EXPENDITURE RELATED TO THE 2014 EMERGENCY AND HEADQUARTERS APPEALS (in KCHF)

	BUDGET			EXPENDITURE (Cash, kind and services)						
	2014 Initial budget	Amendments	2014 Final budget	Protection	Assistance	Prevention	Cooperation with National Societies	General	2014 Total Expenditure	Overheads (already included in the total expenditure)
<b>1. EMERGENCY APPEALS (FIELD)</b>										
Africa	472,701	68,205	<b>540,906</b>	81,745	325,524	52,317	33,096	1,064	<b>493,746</b>	29,969
Asia and the Pacific	202,131	23,276	<b>225,407</b>	34,239	134,213	31,885	15,499	948	<b>216,784</b>	13,214
Europe and the Americas	142,001	8,204	<b>150,204</b>	42,002	57,483	35,390	15,528	821	<b>151,224</b>	9,230
Middle East	287,606	106,444	<b>394,050</b>	48,121	252,908	26,414	19,522	965	<b>347,931</b>	21,231
Stock in Kind										
<b>TOTAL EMERGENCY APPEALS (FIELD)</b>	<b>1,104,438</b>	<b>206,129</b>	<b>1,310,568</b>	<b>206,106</b>	<b>770,129</b>	<b>146,006</b>	<b>83,645</b>	<b>3,798</b>	<b>1,209,684</b>	<b>73,643</b>
<b>2. HEADQUARTERS APPEAL</b>										
<b>HEADQUARTERS GENERAL</b>										
ICRC Governing and Controlling Bodies	6,084	3,037	<b>9,120</b>						<b>5,874</b>	
Office of the Director-General	8,809	317	<b>9,126</b>						<b>9,008</b>	
Operations	47,891	1,058	<b>48,950</b>						<b>50,062</b>	
International Law and Policy	14,853	364	<b>15,217</b>						<b>14,242</b>	
Communication and Information Management	36,583	1,033	<b>37,616</b>						<b>37,501</b>	
Human Resources	25,344	1,439	<b>26,783</b>						<b>24,764</b>	
Financial Resources and Logistics	52,176	-	<b>52,176</b>						<b>55,666</b>	
<b>TOTAL HEADQUARTERS</b>	<b>191,740</b>	<b>7,249</b>	<b>198,988</b>						<b>197,117</b>	
<b>3. TOTAL FOUNDATIONS AND FUNDS</b>									<b>4,819</b>	
<b>4. OPERATING ACTIVITIES-RELATED CONTRIBUTIONS AND EXPENDITURE (according to consolidated profit and loss statement)</b>										
Total income and expenditure									<b>1,411,620</b>	
Deduction of field non-operating income										
Deduction of headquarters non-operating income										
Deduction of overheads									<b>-73,643</b>	
Deduction of cross-charging (foundations and funds)										
Reconciliation with IFRS requirements (IAS 19)									<b>-25,302</b>	
<b>TOTAL OPERATING ACTIVITIES-RELATED CONTRIBUTIONS AND EXPENDITURE</b>									<b>1,312,674</b>	

N.B. Figures in these tables are rounded off, may vary slightly from the amounts presented in other documents and may result in rounding-off addition differences.

INCOME (Cash, kind, services and assets)							FUNDING OF OPERATIONS (Balances brought forward)				
Cash contributions	Cash non-operating income	Overheads	Kind contributions	Services contributions	Assets contributions	2014 Total Income	2013 Donors' restricted contributions brought forward	2013 Field operations with temporary deficit financing brought forward	Adjustments and transfers	2014 Donors' restricted contributions	2014 Field operations with temporary deficit financing
491,852	1,615		2,454	2,017	-	497,937	10,327	-6,882	96	11,657	-3,924
207,447	543		278	2,375	-	210,643	4,759	-605	92		-1,895
151,408	155		-	355	-	151,918		-2,742			-2,048
328,532	2,371		70	1,534	-	332,507	36,960	-5,208	74	16,403	
			844			844	76			920	
1,179,238	4,684		3,647	6,281	-	1,193,850	52,122	-15,437	262	28,979	-7,867
142,617	1,743	73,643	-	2,854	-	220,857					
206	0		10	-	-	215					
-	66		-	60	-	126	500				
1,015	25		-	216	-	1,256				272	
1,095	12		-	42	-	1,150				44	
469	1		-	-	-	470	6				
2,000	-		-	39	-	2,039					
853	51		-	213	-	1,117					
148,254	1,899	73,643	10	3,424	-	227,230	506	-	-	316	-
4,140						4,140					
1,331,632	6,582	73,643	3,656	9,706	-	1,425,220	52,628	-15,437	262	29,295	-7,867
	-4,684					-4,684					
	-1,899					-1,899					
		-73,643				-73,643					
-1,539						-1,539					
1,330,093	-	-	3,656	9,706	-	1,343,455	52,628	-15,437	262	29,295	-7,867

## B. INCOME AND EXPENDITURE BY DELEGATION RELATED TO THE 2014 EMERGENCY APPEALS (in KCHF)

	BUDGET			EXPENDITURE BY PROGRAMME (Cash, kind and services)						
	2014 Initial budget	Amendments	2014 Final budget	Protection	Assistance	Prevention	Cooperation with National Societies	General	2014 Total expenditure	Overheads (already included in the total expenditure)
<b>AFRICA</b>										
Algeria	2,995	-	<b>2,995</b>	1,206	224	772	203	-	<b>2,405</b>	147
Burundi	4,669	-	<b>4,669</b>	1,678	1,992	480	474	-	<b>4,624</b>	282
Central African Republic	23,688	15,623	<b>39,311</b>	3,638	27,968	2,227	1,598	-	<b>35,431</b>	2,118
Chad	6,413	-	<b>6,413</b>	1,820	1,968	1,157	872	-	<b>5,817</b>	355
Congo, Democratic Republic of the	69,905	-	<b>69,905</b>	15,480	39,349	5,312	2,309	-	<b>62,450</b>	3,751
Eritrea	4,204	-	<b>4,204</b>	797	2,383	307	48	-	<b>3,534</b>	216
Ethiopia	19,628	-	<b>19,628</b>	4,406	9,849	2,265	1,661	-	<b>18,181</b>	1,110
Guinea	6,203	-	<b>6,203</b>	1,818	2,216	1,282	948	-	<b>6,264</b>	382
Liberia <sup>1</sup>	5,434	6,410	<b>11,844</b>	1,051	4,201	1,014	994	-	<b>7,260</b>	443
Libya	16,962	-	<b>16,962</b>	3,190	5,808	3,201	1,553	-	<b>13,752</b>	839
Mali	45,343	-	<b>45,343</b>	4,223	33,695	3,005	1,747	-	<b>42,670</b>	2,590
Mauritania	5,427	-	<b>5,427</b>	1,036	1,652	741	703	-	<b>4,131</b>	252
Niger	12,440	-	<b>12,440</b>	1,558	8,376	1,279	908	-	<b>12,121</b>	734
Nigeria	15,009	-	<b>15,009</b>	2,464	10,780	2,807	1,012	-	<b>17,064</b>	1,041
Rwanda	5,675	-	<b>5,675</b>	2,521	1,795	505	599	-	<b>5,420</b>	331
Somalia	68,125	-	<b>68,125</b>	3,586	51,985	3,854	1,298	-	<b>60,722</b>	3,683
South Sudan	64,080	66,187	<b>130,267</b>	13,993	92,311	6,443	6,247	-	<b>118,994</b>	7,244
Sudan	39,455	-20,015	<b>19,440</b>	3,038	12,254	2,533	1,545	-	<b>19,370</b>	1,182
Uganda	4,228	-	<b>4,228</b>	2,018	-	953	615	-	<b>3,586</b>	219
Abidjan (regional)	11,511	-	<b>11,511</b>	2,733	5,316	1,896	1,270	-	<b>11,215</b>	684
Antananarivo (regional)	3,476	-	<b>3,476</b>	1,069	1,522	390	425	-	<b>3,406</b>	208
Dakar (regional)	9,822	-	<b>9,822</b>	1,491	4,228	2,284	1,052	274	<b>9,328</b>	569
Harare (regional)	7,080	-	<b>7,080</b>	1,248	3,379	1,482	1,066	-	<b>7,176</b>	438
Nairobi (regional)	7,293	-	<b>7,293</b>	1,645	125	2,224	1,761	790	<b>6,545</b>	399
Pretoria (regional)	2,736	-	<b>2,736</b>	580	-	1,051	449	-	<b>2,080</b>	127
Tunis (regional)	5,808	-	<b>5,808</b>	1,850	1,848	1,163	586	-	<b>5,447</b>	332
Yaoundé (regional)	5,091	-	<b>5,091</b>	1,608	301	1,691	1,152	-	<b>4,752</b>	290
<b>Total Africa</b>	<b>472,701</b>	<b>68,205</b>	<b>540,906</b>	<b>81,745</b>	<b>325,524</b>	<b>52,317</b>	<b>33,096</b>	<b>1,064</b>	<b>493,746</b>	<b>29,969</b>
<b>ASIA AND THE PACIFIC</b>										
Afghanistan	82,372	-	<b>82,372</b>	10,868	56,446	4,307	2,577	-	<b>74,198</b>	4,520
Bangladesh	4,128	-	<b>4,128</b>	903	2,131	1,048	383	-	<b>4,466</b>	273
Myanmar	24,281	-	<b>24,281</b>	3,319	12,863	2,010	1,488	-	<b>19,680</b>	1,200
Nepal	3,421	-	<b>3,421</b>	610	1,596	694	274	-	<b>3,174</b>	194
Pakistan	14,641	-	<b>14,641</b>	1,377	7,227	4,883	1,673	-0	<b>15,161</b>	921
Philippines	13,599	23,276	<b>36,875</b>	3,817	38,368	2,082	2,870	-	<b>47,138</b>	2,874
Sri Lanka	5,346	-	<b>5,346</b>	2,243	1,772	865	323	-	<b>5,202</b>	317
Bangkok (regional)	14,166	-	<b>14,166</b>	3,840	3,864	3,050	868	948	<b>12,570</b>	767
Beijing (regional)	12,178	-	<b>12,178</b>	961	4,038	4,014	1,375	-	<b>10,388</b>	634
Jakarta (regional)	4,334	-	<b>4,334</b>	1,161	-	2,256	729	-	<b>4,147</b>	253
Kuala Lumpur (regional)	5,444	-	<b>5,444</b>	1,436	480	2,635	536	-	<b>5,088</b>	311
New Delhi (regional)	12,336	-	<b>12,336</b>	2,614	3,957	2,289	909	-	<b>9,770</b>	596
Suva (regional)	5,884	-	<b>5,884</b>	1,089	1,471	1,750	1,493	-	<b>5,803</b>	354
<b>Total Asia and the Pacific</b>	<b>202,131</b>	<b>23,276</b>	<b>225,407</b>	<b>34,239</b>	<b>134,213</b>	<b>31,885</b>	<b>15,499</b>	<b>948</b>	<b>216,784</b>	<b>13,214</b>

N.B. Figures in these tables are rounded off, may vary slightly from the amounts presented in other documents and may result in rounding-off addition differences.

1. No appeal was launched for this budget extension.

INCOME (Cash, kind, services and assets)						FUNDING OF FIELD OPERATIONS (Balances brought forward)					
Cash contributions	Cash non-operating income	Kind contributions	Services contributions	Assets contributions	2014 Total income	2013 Donors' restricted contributions brought forward	2013 Field operations with temporary deficit financing brought forward	Adjustments and transfers	2014 Donors' restricted contributions	2014 Field operations with temporary deficit financing	
											<b>AFRICA</b>
2,404	1	-	-	-	<b>2,405</b>						Algeria
4,619	5	-	-	-	<b>4,624</b>						Burundi
40,854	641	724	433	-	<b>42,652</b>	1,523		68	8,812		Central African Republic
5,675	142	-	-	-	<b>5,817</b>						Chad
60,524	65	726	119	-	<b>61,434</b>	2,814			1,797		Congo, Democratic Republic of the
3,534	1	-	-	-	<b>3,534</b>						Eritrea
17,563	60	-	137	-	<b>17,759</b>		-842			-1,264	Ethiopia
6,258	5	-	-	-	<b>6,264</b>						Guinea
8,143	4	5	22	-	<b>8,174</b>				914		Liberia <sup>1</sup>
15,378	4	-	6	-	<b>15,388</b>		-2,075			-439	Libya
41,519	42	226	-	-	<b>41,787</b>	16				-867	Mali
4,099	1	-	-	-	<b>4,100</b>	30					Mauritania
12,692	14	97	-	-	<b>12,803</b>		-1,381			-699	Niger
17,308	8	-	-	-	<b>17,316</b>		-907			-655	Nigeria
5,403	16	-	-	-	<b>5,420</b>						Rwanda
60,796	95	381	127	-	<b>61,398</b>		-543		133		Somalia
118,611	20	296	1,173	-	<b>120,100</b>		-1,134	27			South Sudan
13,244	182	-	-	-	<b>13,426</b>	5,944					Sudan
3,576	9	-	-	-	<b>3,586</b>						Uganda
11,087	127	-	-	-	<b>11,215</b>						Abidjan (regional)
3,405	1	-	-	-	<b>3,406</b>						Antananarivo (regional)
9,309	20	-	-	-	<b>9,328</b>						Dakar (regional)
7,143	33	-	-	-	<b>7,176</b>						Harare (regional)
6,448	97	-	-	-	<b>6,545</b>						Nairobi (regional)
2,078	2	-	-	-	<b>2,080</b>						Pretoria (regional)
5,445	2	-	-	-	<b>5,447</b>						Tunis (regional)
4,736	16	-	-	-	<b>4,752</b>						Yaoundé (regional)
<b>491,852</b>	<b>1,615</b>	<b>2,454</b>	<b>2,017</b>	<b>-</b>	<b>497,937</b>	<b>10,327</b>	<b>-6,882</b>	<b>96</b>	<b>11,657</b>	<b>-3,924</b>	<b>Total Africa</b>
											<b>Asia and the Pacific</b>
68,818	248	141	473	-	<b>69,680</b>	3,854				-664	Afghanistan
4,465	1	-	-	-	<b>4,466</b>						Bangladesh
19,274	23	23	360	-	<b>19,680</b>						Myanmar
3,163	11	-	-	-	<b>3,174</b>						Nepal
15,513	162	73	18	-	<b>15,766</b>		-605				Pakistan
43,416	36	41	1,417	-	<b>44,909</b>	905		92		-1,231	Philippines
5,195	7	-	-	-	<b>5,202</b>						Sri Lanka
12,534	14	-	21	-	<b>12,570</b>						Bangkok (regional)
10,346	13	-	30	-	<b>10,388</b>						Beijing (regional)
4,146	2	-	-	-	<b>4,147</b>						Jakarta (regional)
5,085	3	-	-	-	<b>5,088</b>						Kuala Lumpur (regional)
9,744	16	-	10	-	<b>9,770</b>						New Delhi (regional)
5,749	8	-	46	-	<b>5,803</b>						Suva (regional)
<b>207,447</b>	<b>543</b>	<b>278</b>	<b>2,375</b>	<b>-</b>	<b>210,643</b>	<b>4,759</b>	<b>-605</b>	<b>92</b>	<b>-</b>	<b>-1,895</b>	<b>Total Asia and the Pacific</b>

## B. INCOME AND EXPENDITURE BY DELEGATION RELATED TO THE 2014 EMERGENCY APPEALS (CONT.) (in KCHF)

	BUDGET			EXPENDITURE BY PROGRAMME (Cash, kind and services)						
	2014 Initial budget	Amendments	2014 Final budget	Protection	Assistance	Prevention	Cooperation with National Societies	General	2014 Total expenditure	Overheads (already included in the total expenditure)
<b>EUROPE AND THE AMERICAS</b>										
Armenia	2,367	-	<b>2,367</b>	513	1,193	399	271	-	<b>2,376</b>	145
Azerbaijan	7,565	-	<b>7,565</b>	2,041	4,422	770	369	-	<b>7,602</b>	464
Georgia	10,818	-	<b>10,818</b>	2,686	5,261	1,481	674	-	<b>10,102</b>	617
Kyrgyzstan	8,080	-	<b>8,080</b>	1,008	5,282	561	409	-	<b>7,259</b>	443
Europe (regional)	2,980	-	<b>2,980</b>	2,217	-	489	435	-	<b>3,141</b>	192
Moscow (regional)	12,588	8,204	<b>20,792</b>	5,193	14,428	4,199	3,729	-	<b>27,549</b>	1,681
Tashkent (regional)	8,103	-	<b>8,103</b>	1,228	1,600	2,476	1,799	-	<b>7,104</b>	434
Western Balkans (regional)	3,470	-	<b>3,470</b>	2,351	-	518	360	-	<b>3,229</b>	197
Brussels	3,178	-	<b>3,178</b>	44	-	2,607	198	-	<b>2,850</b>	174
London	2,383	-	<b>2,383</b>	1,163	-	1,105	527	-	<b>2,794</b>	171
Paris	1,602	-	<b>1,602</b>	44	-	1,407	101	-	<b>1,552</b>	95
Colombia	33,335	-	<b>33,335</b>	9,026	15,858	3,624	1,594	411	<b>30,513</b>	1,862
Haiti	4,492	-	<b>4,492</b>	748	2,547	273	828	-	<b>4,395</b>	268
Brasilia (regional)	7,528	-	<b>7,528</b>	1,752	1,377	2,738	1,366	367	<b>7,600</b>	464
Caracas (regional)	2,150	-	<b>2,150</b>	549	-	1,718	1,049	-	<b>3,316</b>	202
Lima (regional)	5,850	-	<b>5,850</b>	2,514	255	2,622	205	-	<b>5,595</b>	341
Mexico City (regional)	16,425	-	<b>16,425</b>	6,796	5,009	2,675	1,005	-	<b>15,485</b>	945
Washington (regional)	6,702	-	<b>6,702</b>	2,130	252	3,222	607	44	<b>6,256</b>	382
New York	2,384	-	<b>2,384</b>	-	-	2,506	-	-	<b>2,506</b>	153
<b>Total Europe and the Americas</b>	<b>142,001</b>	<b>8,204</b>	<b>150,204</b>	<b>42,002</b>	<b>57,483</b>	<b>35,390</b>	<b>15,528</b>	<b>821</b>	<b>151,224</b>	<b>9,230</b>
<b>MIDDLE EAST</b>										
Egypt	3,989	720	<b>4,710</b>	608	2,110	1,140	926	-	<b>4,784</b>	292
Iran, Islamic Republic of	4,528	-	<b>4,528</b>	1,713	-	1,856	642	-	<b>4,210</b>	257
Iraq	60,408	11,252	<b>71,660</b>	13,950	49,853	7,663	2,005	-	<b>73,471</b>	4,484
Israel and the Occupied Territories	43,722	29,610	<b>73,332</b>	16,399	37,505	5,706	6,003	-	<b>65,612</b>	4,005
Jordan	15,455	16,042	<b>31,497</b>	3,376	24,724	2,319	767	965	<b>32,151</b>	1,959
Lebanon	23,427	14,712	<b>38,139</b>	4,602	18,592	1,720	4,334	-	<b>29,247</b>	1,784
Syrian Arab Republic	105,318	34,108	<b>139,426</b>	2,964	100,186	2,085	3,689	-	<b>108,924</b>	6,648
Yemen	25,897	-	<b>25,897</b>	2,716	19,685	2,429	625	-	<b>25,456</b>	1,554
Kuwait (regional)	4,863	-	<b>4,863</b>	1,795	252	1,497	530	-	<b>4,074</b>	249
<b>Total Middle East</b>	<b>287,606</b>	<b>106,444</b>	<b>394,050</b>	<b>48,121</b>	<b>252,908</b>	<b>26,414</b>	<b>19,522</b>	<b>965</b>	<b>347,931</b>	<b>21,231</b>
Stock in Kind	-	-	-	-	-	-	-	-	-	-
<b>TOTAL FIELD</b>	<b>1,104,438</b>	<b>206,129</b>	<b>1,310,568</b>	<b>206,106</b>	<b>770,129</b>	<b>146,006</b>	<b>83,645</b>	<b>3,798</b>	<b>1,209,684</b>	<b>73,643</b>

N.B. Figures in these tables are rounded off, may vary slightly from the amounts presented in other documents and may result in rounding-off addition differences.



INCOME (Cash, kind, services and assets)						FUNDING OF FIELD OPERATIONS (Balances brought forward)					
Cash contributions	Cash non-operating income	Kind contributions	Services contributions	Assets contributions	2014 Total income	2013 Donors' restricted contributions brought forward	2013 Field operations with temporary deficit financing brought forward	Adjustments and transfers	2014 Donors' restricted contributions	2014 Field operations with temporary deficit financing	
											<b>EUROPE AND THE AMERICAS</b>
2,376	1	-	-	-	<b>2,376</b>						Armenia
7,457	2	-	143	-	<b>7,602</b>						Azerbaijan
10,097	6	-	-	-	<b>10,102</b>						Georgia
7,253	6	-	-	-	<b>7,259</b>						Kyrgyzstan
3,121	0	-	20	-	<b>3,141</b>						Europe (regional)
26,270	8	-	109	-	<b>26,388</b>					-1,162	Moscow (regional)
7,080	24	-	-	-	<b>7,104</b>						Tashkent (regional)
3,238	-9	-	-	-	<b>3,229</b>						Western Balkans (regional)
2,847	2	-	-	-	<b>2,850</b>						Brussels
2,794	0	-	-	-	<b>2,794</b>						London
1,549	3	-	-	-	<b>1,552</b>						Paris
32,237	48	-	83	-	<b>32,369</b>		-2,742			-886	Colombia
4,380	15	-	-	-	<b>4,395</b>						Haiti
7,597	3	-	-	-	<b>7,600</b>						Brasilia (regional)
3,303	13	-	-	-	<b>3,316</b>						Caracas (regional)
5,581	15	-	-	-	<b>5,595</b>						Lima (regional)
15,469	16	-	-	-	<b>15,485</b>						Mexico City (regional)
6,254	2	-	-	-	<b>6,256</b>						Washington (regional)
2,506	-	-	-	-	<b>2,506</b>						New York
<b>151,408</b>	<b>155</b>	<b>-</b>	<b>355</b>	<b>-</b>	<b>151,918</b>	<b>-</b>	<b>-2,742</b>	<b>-</b>	<b>-</b>	<b>-2,048</b>	<b>Total Europe and the Americas</b>
											<b>MIDDLE EAST</b>
4,774	4	-	6	-	<b>4,784</b>						Egypt
4,197	1	-	13	-	<b>4,210</b>						Iran, Islamic Republic of
80,943	134	-	256	-	<b>81,333</b>		-1,851	74	6,085		Iraq
68,470	150	3	347	-	<b>68,969</b>		-3,357				Israel and the Occupied Territories
31,224	104	47	230	-	<b>31,606</b>	545					Jordan
28,428	24	17	433	-	<b>28,902</b>	1,384			1,039		Lebanon
93,276	1,942	2	198	-	<b>95,418</b>	22,551			9,045		Syrian Arab Republic
13,152	6	-	51	-	<b>13,209</b>	12,480			234		Yemen
4,068	6	-	-	-	<b>4,074</b>						Kuwait (regional)
<b>328,532</b>	<b>2,371</b>	<b>70</b>	<b>1,534</b>	<b>-</b>	<b>332,507</b>	<b>36,960</b>	<b>-5,208</b>	<b>74</b>	<b>16,403</b>	<b>-</b>	<b>Total Middle East</b>
											<b>Stock in Kind</b>
-	-	844	-	-	<b>844</b>	76	-	-	920	-	
<b>1,179,238</b>	<b>4,684</b>	<b>3,647</b>	<b>6,281</b>	<b>-</b>	<b>1,193,850</b>	<b>52,122</b>	<b>-15,437</b>	<b>262</b>	<b>28,979</b>	<b>-7,867</b>	<b>TOTAL FIELD</b>

## C. CONTRIBUTIONS IN 2014

### SUMMARY OF ALL CONTRIBUTIONS (in CHF)

	Headquarters Appeal	Emergency Appeals	Adjustments on previous years	Total cash	Total kind	Total services	Total assets	Grand total
1. Governments	138,104,496	969,988,983	2,758,817	1,110,852,297	1,898,480	373,880		1,113,124,657
2. European Commission <sup>(1)</sup>		126,370,981		126,370,981				126,370,981
3. International organizations					1,240,673			1,240,673
4. Supranational organizations					70,851			70,851
5. National Societies	4,291,938	34,147,035	25,375	38,464,348	343,256	6,356,753		45,164,356
6. Public sources		4,852,088		4,852,088		2,720,004		7,572,092
7. Private sources	5,327,550	41,633,145	-8,391	46,952,304	103,052	255,113		47,310,469
<b>GRAND TOTAL</b>	<b>147,723,983</b>	<b>1,176,992,232</b>	<b>2,775,802</b>	<b>1,327,492,017</b>	<b>3,656,312</b>	<b>9,705,749</b>	<b>-</b>	<b>1,340,854,079</b>

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#### Reconciliation between the 2014 consolidated contributions and the summary of all contributions to the ICRC (see above)

<b>Total consolidated contributions to the ICRC</b>	<b>1,340,854,079</b>
Contributions received from funds and foundations consolidated in ICRC accounts:	
Foundation for the ICRC	4,140,000
Adjustment of the contributions provided by funds and foundations to the ICRC actions	-1,539,000
<b>Total contributions to the ICRC as disclosed in the consolidated accounts (see A. Income and expenditure related to the 2014 Emergency and Headquarters Appeals above)</b>	<b>1,343,455,079</b>

N.B. Figures in these tables are rounded off, may vary slightly from the amounts presented in other documents and may result in rounding-off addition differences.

### 1. GOVERNMENTS (in CHF)

	Headquarters Appeal	Emergency Appeals	Adjustments on previous years	Total cash	Total kind	Total services	Total assets	Grand total
Afghanistan						225,515		225,515
Algeria	37,526			37,526				37,526
Andorra	12,307	49,228		61,535				61,535
Argentina	133,455			133,455				133,455
Armenia	13,422			13,422				13,422
Australia <sup>(1)</sup>	2,633,070	34,068,580		36,701,650				36,701,650
Austria	731,280	1,197,854		1,929,134				1,929,134
Azerbaijan	20,000			20,000				20,000
Bahamas	32,596			32,596				32,596
Belgium <sup>(1)</sup>	904,050	11,195,950		12,100,000				12,100,000
Bulgaria	90,118	120,170		210,288				210,288
Cambodia	7,670			7,670				7,670
Canada <sup>(1)</sup>	2,141,910	44,351,160		46,493,070				46,493,070
Chile	35,824	134,970		170,794				170,794
China	640,000			640,000				640,000
Congo, Democratic Republic of the		29,099		29,099				29,099
Costa Rica	23,680			23,680				23,680
Cyprus	24,400			24,400				24,400
Czech Republic	740,116	123,648		863,764				863,764
Denmark <sup>(1)</sup>	3,239,760	20,847,442		24,087,202				24,087,202
Egypt	256,931			256,931				256,931
Estonia	30,768	274,698		305,465				305,465
Finland <sup>(1)</sup>	1,230,700	12,437,556		13,668,256	1,898,433			15,566,689
France <sup>(1)</sup>	1,216,700	17,430,905		18,647,605				18,647,605
Georgia	13,422			13,422				13,422
Germany <sup>(1)</sup>	1,686,498	50,855,476		52,541,974				52,541,974
Ghana	26,844			26,844				26,844
Greece	60,140			60,140				60,140
Guyana	1,094			1,094				1,094
Haiti	5,752			5,752				5,752
Holy See	4,382	8,764		13,146				13,146
Hungary	18,042			18,042				18,042
Iceland	78,101	194,000		272,101				272,101
Iran, Islamic Republic of			18,150	18,150				18,150
Iraq						148,365		148,365
Ireland <sup>(1)</sup>	157,950	11,293,275		11,451,225				11,451,225
Israel	93,890			93,890				93,890
Italy	1,706,320	5,449,410		7,155,730				7,155,730
Japan <sup>(1)</sup>	400,000	33,458,448		33,858,448				33,858,448
Kazakhstan		28,938		28,938				28,938

## 1. GOVERNMENTS (CONT.) (in CHF)

	Headquarters Appeal	Emergency Appeals	Adjustments on previous years	Total cash	Total kind	Total services	Total assets	Grand total
Korea, Republic of	285,449	1,588,140		1,873,589				1,873,589
Kuwait <sup>(1)</sup>		17,884,533	2,666,700	20,551,233				20,551,233
Lao People's Democratic Republic			1,820	1,820				1,820
Lebanon	29,507		29,215	58,722				58,722
Liechtenstein	200,000	500,000		700,000				700,000
Lithuania	10,317			10,317				10,317
Luxembourg <sup>(1)</sup>	977,280	7,691,875		8,669,155				8,669,155
Mexico	459,200			459,200				459,200
Monaco	109,881			109,881				109,881
Morocco	118,879			118,879				118,879
Myanmar			11,064	11,064				11,064
Netherlands <sup>(1)</sup>	4,922,800	42,763,417		47,686,217				47,686,217
New Zealand	293,840	2,277,260		2,571,100				2,571,100
Nicaragua	4,075			4,075				4,075
Norway <sup>(1)</sup>	4,403,610	54,944,351		59,347,961				59,347,961
Oman	7,126			7,126				7,126
Pakistan	4,008			4,008				4,008
Panama	25,867			25,867				25,867
Peru	44,202			44,202				44,202
Poland	200,412	637,210		837,622				837,622
Romania		28,335		28,335				28,335
Russian Federation		964,400		964,400				964,400
Saint Lucia	1,917		1,868	3,785				3,785
San Marino	25,000			25,000				25,000
Saudi Arabia	177,380			177,380				177,380
Serbia	30,000		30,000	60,000				60,000
Singapore	58,929			58,929				58,929
Slovakia	35,000			35,000				35,000
Slovenia		36,432		36,432				36,432
Spain		6,137,647		6,137,647				6,137,647
Sweden <sup>(1)</sup>	6,595,650	66,558,440		73,154,090				73,154,090
Switzerland <sup>(1)</sup>	80,205,550	59,862,493		140,068,043	48			140,068,090
Tajikistan	3,884			3,884				3,884
Thailand	89,172			89,172				89,172
Togo		80		80				80
Tunisia	5,413			5,413				5,413
United Arab Emirates	90,250			90,250				90,250
United Kingdom of Great Britain and Northern Ireland <sup>(1)</sup>	986,810	170,344,860		171,331,670				171,331,670
United States of America <sup>(1)</sup>	19,145,480	294,219,940		313,365,420				313,365,420
Uruguay	99,705			99,705				99,705
Viet Nam	9,184			9,184				9,184
<b>Total from governments</b>	<b>138,104,496</b>	<b>969,988,983</b>	<b>2,758,817</b>	<b>1,110,852,297</b>	<b>1,898,480</b>	<b>373,880</b>		<b>1,113,124,657</b>

1. Member of the Donor Support Group

N.B. Figures in these tables are rounded off, may vary slightly from the amounts presented in other documents and may result in rounding-off addition differences.

## 2. EUROPEAN COMMISSION <sup>(1)</sup> (in CHF)

	Headquarters Appeal	Emergency Appeals	Adjustments on previous years	Total cash	Total kind	Total services	Total assets	Grand total
Directorate General Development and Cooperation (EUROPEAID)		1,213,900		1,213,900				1,213,900
Directorate General Humanitarian Aid (ECHO)		122,519,105		122,519,105				122,519,105
European Commission Service FPI		2,637,976		2,637,976				2,637,976
<b>Total from European Commission</b>		<b>126,370,981</b>		<b>126,370,981</b>				<b>126,370,981</b>

1. Member of the Donor Support Group

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### 3. INTERNATIONAL ORGANIZATIONS (in CHF)

	Headquarters Appeal	Emergency Appeals	Adjustments on previous years	Total cash	Total kind	Total services	Total assets	Grand total
WFP					1,216,867			1,216,867
Various UN					23,806			23,806
<b>Total from International organizations</b>					<b>1,240,673</b>			<b>1,240,673</b>

N.B. Figures in these tables are rounded off, may vary slightly from the amounts presented in other documents and may result in rounding-off addition differences.

### 4. SUPRANATIONAL ORGANIZATIONS (in CHF)

	Headquarters Appeal	Emergency Appeals	Adjustments on previous years	Total cash	Total kind	Total services	Total assets	Grand total
Médecins Sans Frontières					70,851			70,851
<b>Total from Supranational organizations</b>					<b>70,851</b>			<b>70,851</b>

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N.B. Figures in these tables are rounded off, may vary slightly from the amounts presented in other documents and may result in rounding-off addition differences.

### 5. NATIONAL SOCIETIES (in CHF)

	Headquarters Appeal	Emergency Appeals	Adjustments on previous years	Total cash	Total kind	Total services	Total assets	Grand total
Albania	940			940				940
Andorra	1,235			1,235				1,235
Australia		1,860,616		1,860,616	8,616	465,732		2,334,964
Austria	40,000	2,084,245		2,124,245		16,215		2,140,460
Bulgaria	2,700			2,700				2,700
Burkina Faso	537			537				537
Cambodia	2,282			2,282				2,282
Canada	127,320	3,087,323		3,214,643		552,943		3,767,586
China	353,664			353,664	141,173			494,837
China/Hong Kong		754,163		754,163		32,133		786,296
Cook Islands	486			486				486
Croatia	5,147			5,147				5,147
Czech Republic	8,730	8,691		17,421				17,421
Denmark	111,938	185,880		297,818	50,227	662,963		1,011,008
Dominica	134			134				134
Estonia	7,248			7,248				7,248
Ethiopia	2,000			2,000				2,000
Finland	194,347	501,701		696,048		686,213		1,382,260
France	360,780			360,780				360,780
Germany	465,151	81,904		547,055		19,260		566,314
Greece		1,206		1,206				1,206
Hungary	5,000			5,000				5,000
Iceland	15,462	374,600		390,062		80,894		470,956
Indonesia						8,074		8,074
Iran, Islamic Republic of	59,861	50,000		109,861				109,861
Ireland	20,000			20,000		11,180		31,180
Israel						9,315		9,315
Italy	149,098	385,216		534,314				534,314
Japan	886,157	2,678,520		3,564,677		279,446		3,844,123
Kenya	16,495			16,495	131,696			148,191
Korea, Republic of	332,995			332,995				332,995
Kuwait		9,599		9,599				9,599
Latvia	3,249			3,249				3,249
Lebanon	7,248			7,248				7,248
Liechtenstein	2,500	70,100		72,600				72,600
Lithuania	4,716			4,716				4,716
Luxembourg	13,690	336,078		349,768		171,449		521,217
Maldives	151			151				151
Micronesia, Federated States of	134			134				134
Monaco	3,758	102,871		106,629	9,619			116,248
Morocco	1,085			1,085				1,085
Namibia	108			108				108
Nepal	940			940				940

## 5. NATIONAL SOCIETIES (CONT.) (in CHF)

	Headquarters Appeal	Emergency Appeals	Adjustments on previous years	Total cash	Total kind	Total services	Total assets	Grand total
Netherlands	266,557	3,041,335		3,307,892		257,600		3,565,492
New Zealand	78,517	408,265		486,782		779,399		1,266,181
Norway		8,366,951		8,366,951		715,606		9,082,558
Pakistan	8,148			8,148				8,148
Philippines	10,248	22,895		33,143				33,143
Romania	20,133			20,133				20,133
Serbia	1,000			1,000				1,000
Singapore		2,534,691		2,534,691		14,895		2,549,586
Slovenia	19,327			19,327				19,327
Suriname	268			268				268
Sweden	100,000	3,048,631	25,375	3,174,006		1,018,865		4,192,871
Switzerland		300,000		300,000		16,590		316,590
Thailand	32,883			32,883				32,883
Tonga	134			134				134
United Kingdom of Great Britain and Northern Ireland	185,000	3,266,837		3,451,837		514,980		3,966,817
United States of America	354,320	584,718		939,038		43,000		982,038
Vanuatu	280			280				280
Viet Nam	7,837			7,837				7,837
International Federation of Red Cross and Red Crescent Societies					1,925			1,925
<b>Total from National Societies</b>	<b>4,291,938</b>	<b>34,147,035</b>	<b>25,375</b>	<b>38,464,348</b>	<b>343,256</b>	<b>6,356,753</b>		<b>45,164,356</b>

N.B. Figures in these tables are rounded off, may vary slightly from the amounts presented in other documents and may result in rounding-off addition differences.

## 6. PUBLIC SOURCES (in CHF)

	Headquarters Appeal	Emergency Appeals	Adjustments on previous years	Total cash	Total kind	Total services	Total assets	Grand total
Bellinzona, City of		5,000		5,000				5,000
Fribourg, Canton of		30,000		30,000				30,000
Geneva, Canton of		4,500,000		4,500,000		2,304,492		6,804,492
Geneva, City of		51,500		51,500				51,500
Pfeffingen		2,000		2,000				2,000
Roma		31,088		31,088				31,088
Romanshorn		2,000		2,000				2,000
Troinex		500		500				500
Versoix, City of						415,512		415,512
Zurich, Canton of		230,000		230,000				230,000
<b>Total from public sources</b>		<b>4,852,088</b>		<b>4,852,088</b>		<b>2,720,004</b>		<b>7,572,092</b>

N.B. Figures in these tables are rounded off, may vary slightly from the amounts presented in other documents and may result in rounding-off addition differences.



## 7. PRIVATE SOURCES (in CHF)

	Headquarters Appeal	Emergency Appeals	Adjustments on previous years	Total cash	Total kind	Total services	Total assets	Grand total
Direct mail fundraising campaigns	50	6,411,552		6,411,602				6,411,602
Online donations		535,293	-1,796	533,497				533,497
Spontaneous donations from private individuals	2,500	7,977,831		7,980,331		39,881		8,020,211
<b>Donations from foundations/funds</b>								
AVINA STIFTUNG <sup>(1)</sup>	350,000	150,000		500,000				500,000
Fondation Albert Edouard Oechslin		30,000		30,000				30,000
Fondation des immeubles pour les organisations internationales (FIPOI)						100,260		100,260
Fondation Johann et Luzia Grässli		10,000		10,000				10,000
Fondation Lombard Odier <sup>(1)</sup>	500,000			500,000				500,000
Fondation Odeon		10,000		10,000				10,000
Fondation pour le Comité International de la Croix Rouge	1,500,000			1,500,000				1,500,000
Fondation Sanofi Espoir		16,950		16,950				16,950
Kantonale St. Gallische Winkelriedstiftung		10,000		10,000				10,000
Link Foundation		33,765		33,765				33,765
Medicor Foundation		300,000		300,000				300,000
Promotor Stiftung		40,000		40,000				40,000
Swiss Re Foundation <sup>(1)</sup>	500,000	500,000		1,000,000				1,000,000
Others and less than CHF 10,000	1,975,000	7,897,332		9,872,332	69,626			9,941,958
<b>Total donations from foundations/funds</b>	<b>4,825,000</b>	<b>8,998,046</b>		<b>13,823,046</b>	<b>69,626</b>	<b>100,260</b>		<b>13,992,933</b>
<b>Legacies</b>		<b>11,623,415</b>		<b>11,623,415</b>				<b>11,623,415</b>
<b>Donations from private companies</b>								
ABB Asea Brown Boveri Ltd <sup>(1)</sup>		500,000		500,000				500,000
Crédit Suisse Group <sup>(1)</sup>	500,000			500,000				500,000
F. Hoffmann La Roche Ltd <sup>(1)</sup>		500,000		500,000				500,000
Famille Firmenich		50,000		50,000				50,000
Holcim Ltd <sup>(1)</sup>		500,000		500,000				500,000
Novartis International AG <sup>(1)</sup>		524,731		524,731				524,731
Schweizerische Nationale Versicherungen		150,000		150,000				150,000
Zurich Insurance Group <sup>(1)</sup>		500,000		500,000				500,000
Other private companies		1,409,837	-275	1,409,562	28,276	114,972		1,552,810
<b>Total donations from private companies</b>	<b>500,000</b>	<b>4,134,568</b>	<b>-275</b>	<b>4,634,293</b>	<b>28,276</b>	<b>114,972</b>		<b>4,777,541</b>
<b>Donations from associations and service clubs</b>								
MINE-EX Rotary Schweiz-Liechtenstein		800,000		800,000				800,000
UEFA		122,560		122,560				122,560
Other associations and service clubs		76,879	-6,320	70,560				70,560
<b>Total donations from associations and service clubs</b>		<b>999,439</b>	<b>-6,320</b>	<b>993,120</b>				<b>993,120</b>
<b>Various donors</b>		<b>953,000</b>		<b>953,000</b>	<b>5,150</b>			<b>958,150</b>
<b>Total from private sources</b>	<b>5,327,550</b>	<b>41,633,145</b>	<b>-8,391</b>	<b>46,952,304</b>	<b>103,052</b>	<b>255,113</b>		<b>47,310,469</b>

1. Member of the Corporate Support Group

N.B. Figures in these tables are rounded off, may vary slightly from the amounts presented in other documents and may result in rounding-off addition differences.

## D. CONTRIBUTIONS IN KIND, IN SERVICES AND TO INTEGRATED PROJECTS (IPs) IN 2014 (in CHF)

	Donations in kind (excluding IPs)		Donations in services (excluding IPs)		Donations for IPs				Grand total		Number of days of employ- ee service
	Headquarters	Field	Headquarters	Field	Kind	Services	Cash	Total IPs	Total kind	Total services	
<b>NATIONAL SOCIETIES</b>											
Australia		8,616		405,257			60,475	60,475	8,616	465,732	2,071
Austria				16,215						16,215	57
Canada				552,943						552,943	1,806
China		141,173							141,173		
China/Hong Kong				32,133						32,133	118
Denmark		50,227		596,991		65,971		65,971	50,227	662,963	2,273
Finland			128,350	557,863						686,213	2,352
Germany				19,260						19,260	54
Iceland				80,894			300,000	300,000		80,894	283
Indonesia				8,074						8,074	32
Ireland				11,180						11,180	40
Israel				9,315						9,315	32
Japan			32,253	247,193						279,446	998
Kenya		131,696							131,696		
Luxembourg				171,449						171,449	605
Monaco	9,619								9,619		
Netherlands			45,200	212,400						257,600	851
New Zealand				779,399						779,399	2,731
Norway			173,366	441,329		100,912	3,618,272	3,719,183		715,606	2,038
Singapore				14,895						14,895	48
Sweden				915,665		103,200	1,082,798	1,185,998		1,018,865	3,383
Switzerland				16,590						16,590	58
United Kingdom of Great Britain and Northern Ireland			131,631	374,749		8,600		8,600		514,980	1,911
United States of America				43,000						43,000	153
International Federation of Red Cross and Red Crescent Societies		1,925							1,925		
<b>Subtotal</b>	<b>9,619</b>	<b>333,636</b>	<b>510,799</b>	<b>5,506,796</b>		<b>339,158</b>	<b>5,001,070</b>	<b>5,340,228</b>	<b>343,256</b>	<b>6,356,753</b>	<b>21,894</b>
<b>GOVERNMENTS</b>											
Afghanistan				225,515						225,515	
Finland		1,898,433							1,898,433		
Iraq				148,365						148,365	
Switzerland		48							48		
<b>Subtotal</b>		<b>1,898,480</b>		<b>373,880</b>					<b>1,898,480</b>	<b>373,880</b>	
<b>INTERNATIONAL ORGANIZATIONS</b>											
WFP		1,216,867								1,216,867	
Various UN		23,806								23,806	
<b>Subtotal</b>		<b>1,240,673</b>								<b>1,240,673</b>	
<b>SUPRANATIONAL ORGANIZATIONS</b>											
Médecins Sans Frontières		70,851							70,851		
<b>Subtotal</b>		<b>70,851</b>							<b>70,851</b>		
<b>PUBLIC SOURCES</b>											
Geneva, Canton of				2,304,492						2,304,492	
Versoix, City of				415,512						415,512	
<b>Subtotal</b>				<b>2,720,004</b>						<b>2,720,004</b>	
<b>PRIVATE SOURCES</b>											
Spontaneous donations from private individuals				39,881						39,881	
Fondation des immeubles pour les organisations internationales (FIPOI)			100,260							100,260	
Other foundations/funds		69,626							69,626		
Other private companies		28,276	93,192	21,780					28,276	114,972	
Various donors		5,150							5,150		
<b>Subtotal</b>		<b>103,052</b>	<b>193,452</b>	<b>61,661</b>					<b>103,052</b>	<b>255,113</b>	
<b>GRAND TOTAL</b>	<b>9,619</b>	<b>3,646,693</b>	<b>3,424,255</b>	<b>5,942,336</b>		<b>339,158</b>	<b>5,001,070</b>	<b>5,340,228</b>	<b>3,656,312</b>	<b>9,705,749</b>	<b>21,894</b>

N.B. Figures in these tables are rounded off, may vary slightly from the amounts presented in other documents and may result in rounding-off addition differences.

## E. COMPARATIVE BALANCE SHEET AND PROFIT AND LOSS STATEMENT FOR THE LAST FIVE YEARS (in KCHF)

	2014	2013	2012	2011	2010
<b>Balance Sheet</b>					
Current assets	670,480	750,097	597,259	637,030	556,148
Non-current assets	400,482	451,768	538,993	351,690	189,841
<b>Total Assets</b>	<b>1,070,962</b>	<b>1,201,865</b>	<b>1,136,252</b>	<b>988,720</b>	<b>745,989</b>
Liabilities	-734,802	-717,891	-811,353	-657,594	-412,549
<b>Total Net assets</b>	<b>336,160</b>	<b>483,974</b>	<b>324,899</b>	<b>331,126</b>	<b>333,440</b>
Reserves for the funds and foundations	38,029	36,946	36,200	35,397	32,986
Reserves for the funding of operations	21,428	37,191	3,922	54,604	-21,167
Unrestricted reserves designated by the Assembly	262,302	395,436	270,376	226,725	307,221
Other unrestricted reserves	14,401	14,401	14,401	14,400	14,400
<b>Total Reserves</b>	<b>336,160</b>	<b>483,974</b>	<b>324,899</b>	<b>331,126</b>	<b>333,440</b>
<b>Profit and Loss Statement</b>					
Contributions	1,343,455	1,223,635	1,013,359	1,160,299	1,060,591
Operational expenditure	-1,312,674	-1,143,430	-1,048,461	-1,054,189	-1,107,445
<b>Operating Result</b>	<b>30,781</b>	<b>80,205</b>	<b>-35,102</b>	<b>106,110</b>	<b>-46,854</b>
Net result of non-operating activities	15,421	12,755	13,539	5,963	-28,788
<b>Net result for the year</b>	<b>46,202</b>	<b>92,960</b>	<b>-21,563</b>	<b>112,073</b>	<b>-75,642</b>
Administrative costs	130,322	120,881	116,574	119,183	105,144
<b>Ratios</b>					
Reserves in % of assets	31.4%	40.3%	28.6%	33.5%	44.7%
Assets-to-reserves ratio	3.19	2.48	3.50	2.99	2.24
Administrative costs in % of operational expenditure	9.9%	10.6%	11.1%	11.3%	9.5%

## F. ASSISTANCE ITEMS FIGURES

The statistical data in the following tables can be summarized as follows.

### RECEIPT OF ASSISTANCE ITEMS BY CONTRIBUTIONS IN KIND, CASH FOR KIND AND PURCHASES IN 2014

All assistance items received as contributions in kind or purchased by the ICRC and inventoried in the context of final destination between 1 January and 31 December 2014. The figures for contributions in kind cover all material support received as a gift but do not include any services received, such as the provision of human resources and/or logistical means. The figures for assistance item purchases comprise all procurements carried out both with non-earmarked and with earmarked financial contributions ("cash for kind"). The grand total is CHF 229,613,495.

### RECEIPT OF ASSISTANCE ITEMS BY CONTEXT IN 2014

All assistance items received as contributions in kind or purchased by the ICRC and inventoried in the context of final destination between 1 January and 31 December 2014.

### DELIVERY OF ASSISTANCE ITEMS IN 2014

All assistance items delivered by the ICRC in the field between 1 January and 31 December 2014. These goods were either purchased or received in kind during 2014 or taken from stock already constituted at the end of 2013.

**RECEIPT OF ASSISTANCE ITEMS BY CONTRIBUTIONS IN KIND, CASH FOR KIND AND PURCHASES IN 2014 (in KCHF)**

Donors	Food	Relief kits	Blanket	Economic security*	Medical	Physical rehabilitation	Water and habitat	Grand Total
	(Kg)	(each)	(each)	(CHF)	(CHF)	(CHF)	(CHF)	(CHF)
<b>NATIONAL SOCIETIES</b>	<b>1,279,300</b>	<b>36,309</b>	<b>6,000</b>	<b>1,585,648</b>			<b>8,616</b>	<b>1,594,263</b>
Australia							8,616	8,616
Denmark				50,227				50,227
Finland	1,279,300	34,309		1,394,106				1,394,106
Kenya		2,000	6,000	131,696				131,696
Monaco				9,619				9,619
<b>GOVERNMENTS</b>					<b>43</b>			<b>43</b>
Switzerland					43			43
<b>VARIOUS DONORS</b>	<b>1,729,275</b>	<b>210</b>	<b>35</b>	<b>1,316,668</b>	<b>111,701</b>	<b>194</b>	<b>32,767</b>	<b>1,461,330</b>
IFRC					1,925			1,925
KSB Zurich, SA							17,341	17,341
Médecins Sans Frontières	3,440	210	35	29,674	27,233		13,944	70,852
Other associations and service clubs				1,492	82,544	194	1,482	85,711
UNHCR				22,785				22,785
UNICEF	448			1,021				1,021
WFP	1,725,387			1,261,696				1,261,696
<b>TOTAL CONTRIBUTIONS IN KIND</b>	<b>3,008,575</b>	<b>36,519</b>	<b>6,035</b>	<b>2,902,316</b>	<b>111,744</b>	<b>194</b>	<b>41,383</b>	<b>3,055,636</b>
<b>NATIONAL SOCIETIES</b>	<b>361,439</b>	<b>55,553</b>	<b>117,620</b>	<b>3,746,625</b>	<b>595,931</b>		<b>608,969</b>	<b>4,951,525</b>
Austria	361,439	37,090	60,056	1,839,868				1,839,868
Canada					172,114			172,114
Iran					45,455			45,455
Netherlands		5,617		272,245	31,337		601,750	905,332
Norway					49,992			49,992
Sweden				73,825	153,729			227,554
United Kingdom of Great Britain and Northern Ireland		12,846	57,564	1,560,688	143,303		7,219	1,711,210
<b>GOVERNMENTS</b>	<b>4,766,040</b>	<b>69,207</b>	<b>8,164</b>	<b>6,559,562</b>				<b>6,559,562</b>
Canada	723,016			1,245,388				1,245,388
France	4,043,024	69,207	8,164	5,314,174				5,314,174
<b>VARIOUS DONORS</b>								
<b>TOTAL CONTRIBUTIONS IN CASH FOR KIND</b>	<b>5,127,478</b>	<b>124,760</b>	<b>125,784</b>	<b>10,306,187</b>	<b>595,931</b>		<b>608,969</b>	<b>11,511,087</b>
<b>ICRC</b>								
ICRC purchases	54,964,821	4,483,554	1,905,271	158,543,851	21,368,892	3,188,631	31,945,397	215,046,771
<b>TOTAL ICRC</b>	<b>54,964,821</b>	<b>4,483,554</b>	<b>1,905,271</b>	<b>158,543,851</b>	<b>21,368,892</b>	<b>3,188,631</b>	<b>31,945,397</b>	<b>215,046,771</b>
<b>GRAND TOTAL</b>	<b>63,100,874</b>	<b>4,644,833</b>	<b>2,037,090</b>	<b>171,752,354</b>	<b>22,076,567</b>	<b>3,188,824</b>	<b>32,595,749</b>	<b>229,613,495</b>

\* Economic security includes food and essential household items (sometimes provided in kits), seed, agricultural and veterinary inputs and other micro-economic inputs.

**RECEIPT OF ASSISTANCE ITEMS BY CONTEXT IN 2014 (in KCHF)**

Context	Gifts in kind and cash for kind				Purchases by the ICRC				Total received				Total
	Economic Security*	Medical	Physical Rehabilitation	Water and Habitat	Economic Security*	Medical	Physical Rehabilitation	Water and Habitat	Economic Security*	Medical	Physical Rehabilitation	Water and Habitat	
<b>AFRICA</b>	<b>7,446,893</b>	<b>184,205</b>		<b>207,844</b>	<b>51,832,581</b>	<b>6,523,854</b>	<b>928,755</b>	<b>6,980,592</b>	<b>59,279,474</b>	<b>6,708,060</b>	<b>928,755</b>	<b>7,188,436</b>	<b>74,104,724</b>
Algeria					8,771				8,771				8,771
Angola					19				19				19
Burkina Faso					141,892				141,892				141,892
Burundi					78,665	10,219		26,738	78,665	10,219		26,738	115,621
Cabo Verde					420	3,285			420	3,285			3,705
Cameroon					34,802				34,802				34,802
Central African Republic	2,750,853	13,511		194,328	559,492	1,230,918	19,149	251,372	3,310,345	1,244,429	19,149	445,700	5,019,623
Chad		1,209			212,504	29,814	128	2,686	212,504	31,023	128	2,686	246,340
Comoros					318				318				318
Congo					1,151				1,151				1,151
Congo, Democratic Republic of the	1,368,989	81			4,480,460	837,357	76,737	780,399	5,849,449	837,437	76,737	780,399	7,544,022
Côte d'Ivoire					145,791	39,181		80,549	145,791	39,181		80,549	265,521
Djibouti					14,341	928		2,071	14,341	928		2,071	17,339
Eritrea					287,108	77		164,751	287,108	77		164,751	451,936
Ethiopia					1,538,827	91,457	537,945	450,926	1,538,827	91,457	537,945	450,926	2,619,154
Gabon					40,994	673		4,433	40,994	673		4,433	46,100
Gambia						2,400				2,400			2,400
Guinea		154			104,540	5,545		93,174	104,540	5,699		93,174	203,412
Guinea-Bissau					47,640	25,837	16,364	10,599	47,640	25,837	16,364	10,599	100,440
Kenya					7,016				7,016				7,016
Liberia	4,531				259,755	8,883	259	78,531	264,286	8,883	259	78,531	351,958
Libya					1,515,319	50,408	97,716	89,053	1,515,319	50,408	97,716	89,053	1,752,496
Madagascar					91,283	11,120		5,419	91,283	11,120		5,419	107,822
Mali	672,646	436			9,939,005	524,208		138,893	10,611,650	524,645		138,893	11,275,188
Mauritania					61,578	47,863		14,557	61,578	47,863		14,557	123,998
Niger	96,575				851,488	133,835	5,180	66,372	948,063	133,835	5,180	66,372	1,153,450
Nigeria					2,331,369	133,276	3,577	92,757	2,331,369	133,276	3,577	92,757	2,560,979
Rwanda					192,531	14,299		163,367	192,531	14,299		163,367	370,197
Sao Tome and Principe					107				107				107
Senegal					152,387	4,828		252,685	152,387	4,828		252,685	409,901
Somalia	629,943	168,814		13,516	11,892,776	1,857,979	335	1,832,078	12,522,719	2,026,793	335	1,845,594	16,395,442
South Africa					451				451				451
South Sudan	1,923,356				16,321,860	1,364,452	87,763	2,109,086	18,245,216	1,364,452	87,763	2,109,086	21,806,517
Sudan					27,477	27,124	70,530	54,466	27,477	27,124	70,530	54,466	179,596
Togo					186				186				186
Tunisia					61,116	30,023	911	3,382	61,116	30,023	911	3,382	95,432
Uganda					135,128	4,345		11,520	135,128	4,345		11,520	150,992
Western Sahara					3,775	8,171	12,108	539	3,775	8,171	12,108	539	24,593
Zimbabwe					290,238	25,351	54	200,191	290,238	25,351	54	200,191	515,834
<b>ASIA AND THE PACIFIC</b>	<b>984,981</b>	<b>95,999</b>	<b>194</b>	<b>403,822</b>	<b>13,728,545</b>	<b>5,571,663</b>	<b>1,732,697</b>	<b>5,736,930</b>	<b>14,713,527</b>	<b>5,667,661</b>	<b>1,732,891</b>	<b>6,140,752</b>	<b>28,254,830</b>
Afghanistan		10,653		5,861	5,618,152	4,071,850	892,136	1,777,714	5,618,152	4,082,503	892,136	1,783,575	12,376,365
Bangladesh					2,015	17,103	19,545	18,918	2,015	17,103	19,545	18,918	57,581
Cambodia					54,122	93,955	75,358	50,784	54,122	93,955	75,358	50,784	274,220
China					17,336		14,797		17,336		14,797		32,134
India					272,061	3,057	351	76,324	272,061	3,057	351	76,324	351,793
Indonesia					415	368		2,771	415	368		2,771	3,554
Korea, Democratic People's Republic of					137,595	350,722	50,315	560,567	137,595	350,722	50,315	560,567	1,099,198
Lao People's Democratic Republic					284				284				284
Myanmar	22,785				670,766	536,904	236,222	415,386	693,551	536,904	236,222	415,386	1,882,063
Nepal					14,522	8,025			14,522	8,025			22,547
Pakistan		73,091	194		65,412	47,650	381,010	19,412	65,412	120,741	381,203	19,412	586,768
Papua New Guinea					91	21,309		2,341	91	21,309		2,341	23,740



Context	Gifts in kind and cash for kind				Purchases by the ICRC				Total received				Total
	Economic Security*	Medical	Physical Rehabilitation	Water and Habitat	Economic Security*	Medical	Physical Rehabilitation	Water and Habitat	Economic Security*	Medical	Physical Rehabilitation	Water and Habitat	
Philippines	962,197	12,255		397,961	6,799,606	416,857	33,388	2,777,369	7,761,802	429,112	33,388	3,175,330	11,399,632
Sri Lanka					47,445	3,863	29,575	29,085	47,445	3,863	29,575	29,085	109,968
Thailand					28,725			6,259	28,725			6,259	34,984
<b>EUROPE AND THE AMERICAS</b>	<b>22,771</b>	<b>2,400</b>			<b>8,089,247</b>	<b>975,968</b>	<b>71,455</b>	<b>2,237,905</b>	<b>8,112,017</b>	<b>978,368</b>	<b>71,455</b>	<b>2,237,905</b>	<b>11,399,745</b>
Armenia					14,099	3,619		20,213	14,099	3,619		20,213	37,931
Azerbaijan					225,751	2,667	900	69,272	225,751	2,667	900	69,272	298,590
Bolivia, Plurinational State of					26,780	3,729		5,180	26,780	3,729		5,180	35,690
Brazil					1,413				1,413				1,413
Colombia					1,554,767	76,009	24,265	882,123	1,554,767	76,009	24,265	882,123	2,537,164
Ecuador					13,166				13,166				13,166
France					63				63				63
Georgia					283,749	18,375	16,794	266,174	283,749	18,375	16,794	266,174	585,092
Haiti		2,400			208,592	58,497	13,018	31,435	208,592	60,897	13,018	31,435	313,941
Kazakhstan					78				78				78
Kyrgyzstan					188,354	77,277	210	91,685	188,354	77,277	210	91,685	357,527
Mexico					11,962	22,121	15,945	37,894	11,962	22,121	15,945	37,894	87,922
Peru					120,725	247		19	120,725	247		19	120,991
Russian Federation					1,234,494	100,985	322	18,298	1,234,494	100,985	322	18,298	1,354,099
Serbia					3,905	2,030		1,728	3,905	2,030		1,728	7,663
Tajikistan					22,416	48,205		60,557	22,416	48,205		60,557	131,179
Turkmenistan					147				147				147
Ukraine	22,771				4,175,256	436,503		751,875	4,198,027	436,503		751,875	5,386,405
United Kingdom of Great Britain and Northern Ireland					7				7				7
United States of America					1,573				1,573				1,573
Uzbekistan					1,419	3,593			1,419	3,593			5,012
Venezuela, Bolivarian Republic of					532	122,111		1,451	532	122,111		1,451	124,094
<b>MIDDLE EAST</b>	<b>4,262,923</b>	<b>420,468</b>		<b>37,204</b>	<b>71,440,647</b>	<b>8,124,843</b>	<b>455,724</b>	<b>16,989,970</b>	<b>75,703,570</b>	<b>8,545,311</b>	<b>455,724</b>	<b>17,027,174</b>	<b>101,731,780</b>
Egypt					938,980	61,920			938,980	61,920			1,000,900
Iran, Islamic Republic of					7,620				7,620				7,620
Iraq	265,415	172,114			10,565,505	190,867	241,718	470,936	10,830,920	362,981	241,718	470,936	11,906,554
Israel and the occupied territories	917,501	242,362		7,219	5,462,839	2,539,649	154,476	1,960,198	6,380,341	2,782,011	154,476	1,967,417	11,284,245
Jordan	186,975				4,148,661	298,692		173,221	4,335,636	298,692		173,221	4,807,549
Kuwait					33,625				33,625				33,625
Lebanon	283,110	324		17,341	358,635	656,713	2,222	222,936	641,745	657,037	2,222	240,277	1,541,281
Morocco					467				467				467
Syrian Arab Republic	2,609,922	2,527		12,644	47,900,503	3,788,082	6,313	12,937,417	50,510,425	3,790,609	6,313	12,950,061	67,257,408
Yemen		3,140			2,023,811	588,922	50,995	1,225,264	2,023,811	592,062	50,995	1,225,264	3,892,132
<b>REGIONAL STOCKS</b>	<b>490,935</b>	<b>4,603</b>		<b>1,482</b>	<b>13,452,832</b>	<b>172,564</b>			<b>13,943,767</b>	<b>177,167</b>		<b>1,482</b>	<b>14,122,416</b>
Field neutral stocks	490,935	4,603		1,482	13,452,832	172,564			13,943,767	177,167		1,482	14,122,416
<b>GRAND TOTAL</b>	<b>13,208,503</b>	<b>707,675</b>	<b>194</b>	<b>650,352</b>	<b>158,543,851</b>	<b>21,368,892</b>	<b>3,188,631</b>	<b>31,945,397</b>	<b>171,752,354</b>	<b>22,076,567</b>	<b>3,188,824</b>	<b>32,595,749</b>	<b>229,613,495</b>

\* Economic security includes food and essential household items (sometimes provided in kits), seed, agricultural and veterinary inputs and other micro-economic inputs.

\*\* UN Security Council Resolution 1244

## DELIVERY OF ASSISTANCE ITEMS IN 2014

Context	Economic security*		Medical	Physical rehabilitation	Water and habitat	Total
	(CHF)	(KG)	(CHF)	(CHF)	(CHF)	(CHF)
<b>AFRICA</b>	<b>56,542,315</b>	<b>45,768,918</b>	<b>7,862,173</b>	<b>1,051,036</b>	<b>7,921,492</b>	<b>73,377,016</b>
Algeria	24,246	4,154	2,857			27,103
Angola	19	-				19
Botswana	742	2				742
Burkina Faso	145,940	17,474	7,418			153,358
Burundi	120,471	14,481	10,489	916	41,959	173,835
Cabo Verde	660	7	6,507			7,167
Cameroon	35,707	3,441	3,122			38,830
Central African Republic	3,414,324	2,540,195	1,134,931	16,033	597,405	5,162,693
Chad	305,423	79,026	29,577	128	2,174	337,302
Comoros	318	13				318
Congo	1,352	162	4			1,356
Congo, Democratic Republic of the	6,478,077	2,714,220	1,007,027	153,173	973,825	8,612,102
Côte d'Ivoire	206,345	34,004	88,159		114,977	409,481
Djibouti	14,341	-	928		2,071	17,339
Eritrea	335,518	79,811	77		138,449	474,044
Ethiopia	1,411,553	354,948	110,898	555,318	475,381	2,553,150
Gabon	47,719	971	673		4,433	52,824
Gambia	120	3	5,870			5,990
Guinea	192,298	42,565	37,619		206,839	436,756
Guinea-Bissau	47,640	4,516	46,557	19,133	10,729	124,059
Kenya	7,016	35	4,551			11,567
Liberia	186,774	33,372	61,788	140	85,249	333,951
Libya	1,003,945	322,314	403,591	97,716	190,200	1,695,452
Madagascar	85,760	47,704	15,390		5,661	106,811
Malawi	2,369	79			818	3,187
Mali	11,032,714	16,072,076	420,016	14,158	156,697	11,623,586
Mauritania	80,620	8,798	46,999		55,917	183,536
Niger	1,809,227	2,410,815	231,190	5,180	68,112	2,113,708
Nigeria	3,245,144	2,382,008	206,475	4,128	108,293	3,564,040
Rwanda	199,150	44,485	4,391		194,758	398,299
Sao Tome And Principe	107	-				107
Senegal	164,438	98,012	14,224		240,758	419,419
Somalia	11,202,365	4,454,423	2,062,294	580	1,832,184	15,097,424
South Africa	451	2				451
South Sudan	13,741,436	12,884,598	1,526,720	92,027	1,285,126	16,645,308
Sudan	476,741	343,760	47,097	78,778	896,252	1,498,869
Togo	186	1				186
Tunisia	70,695	367	44,200	911		115,806
Uganda	124,356	22,437	3,798	555	16,719	145,428
Western Sahara	3,775	1	17,238	12,108	539	33,659
Zimbabwe	322,232	753,639	259,499	54	215,969	797,753
<b>ASIA AND THE PACIFIC</b>	<b>13,825,225</b>	<b>9,606,891</b>	<b>7,117,613</b>	<b>2,572,450</b>	<b>6,248,043</b>	<b>29,763,332</b>
Afghanistan	5,242,600	3,494,136	5,215,324	1,310,047	2,568,084	14,336,055
Australia	326	600				326
Bangladesh	3,285	79	59,586	157,380	28,597	248,847
Bhutan	200	100	5,000			5,200
Cambodia	49,307	13,881	102,093	79,542	50,505	281,447
China	17,336	-		38,229		55,565
India	270,143	100,013	12,138	71,997	83,162	437,441
Indonesia	415	10	368		2,771	3,554
Korea, Democratic People's Republic of	137,580	613	353,245	98,561	559,069	1,148,455
Lao People's Democratic Republic	284	2				284
Myanmar	645,854	192,356	507,302	174,951	266,904	1,595,011
Nepal	17,075	543	21,212	8,021	2,478	48,786
Pakistan	71,747	1,517	197,542	570,719	46,403	886,411
Papua New Guinea	54,030	14,481	21,309		2,341	77,679
Philippines	7,222,746	5,779,606	615,998	33,388	2,602,385	10,474,517
Sri Lanka	74,491	8,756	6,496	29,616	29,085	139,689
Thailand	17,806	198			6,259	24,065

## DELIVERY OF ASSISTANCE ITEMS IN 2014 (CONT.)

Context	Economic security*		Medical	Physical rehabilitation	Water and habitat	Total
	(CHF)	(KG)	(CHF)	(CHF)	(CHF)	(CHF)
<b>EUROPE AND THE AMERICAS</b>	<b>4,847,526</b>	<b>869,891</b>	<b>1,331,922</b>	<b>141,062</b>	<b>2,360,075</b>	<b>8,680,585</b>
Albania	369	2				369
Argentina	6,810	4,241	291	48,102	9,025	64,227
Armenia	14,170	1,668	2,612		20,213	36,995
Azerbaijan	221,551	68,084	8,828	900	70,741	302,020
Belarus	23,250	-				23,250
Bolivia, Plurinational State of	25,855	7	3,729		5,180	34,765
Brazil	1,953	2,103				1,953
Canada	249	1				249
Chile	1,383	3,607				1,383
Colombia	1,538,812	209,309	53,248	46,459	856,129	2,494,648
Ecuador	10,495	33				10,495
France	63	0				63
Georgia	288,947	49,952	27,929	16,794	190,812	524,482
Haiti	376,077	50,868	194,164	12,330	179,519	762,090
Kazakhstan	78	-				78
Kosovo**	778	9				778
Kyrgyzstan	241,957	16,527	209,134	210	128,549	579,851
Mexico	40,821	669	22,121	15,945	41,567	120,454
Peru	134,040	29	247		19	134,306
Puerto Rico	60	1				60
Russian Federation	1,049,003	192,983	157,895	322	124,066	1,331,287
Serbia	3,905	186	2,030		1,728	7,663
Tajikistan	35,199	4,275	43,339		60,557	139,096
Turkmenistan	147	-				147
Ukraine	824,945	264,333	480,649		670,518	1,976,113
United Kingdom Of Great Britain And Northern Ireland (The)	7	-				7
United States of America	3,374	29				3,374
Uzbekistan	1,419	7	3,593			5,012
Venezuela, Bolivarian Republic of	1,812	967	122,111		1,451	125,373
<b>MIDDLE EAST</b>	<b>75,657,316</b>	<b>44,052,890</b>	<b>7,043,074</b>	<b>655,608</b>	<b>14,467,761</b>	<b>97,823,760</b>
Egypt	861,594	94	115,898		41	977,533
Iran, Islamic Republic of	6,049	10			20	6,069
Iraq	12,611,033	7,978,007	654,283	345,485	477,512	14,088,314
Israel and the occupied territories	7,699,201	1,397,539	3,006,306	91,208	713,297	11,510,012
Jordan	4,418,386	297,640	226,080		175,712	4,820,178
Kuwait	32,279	24				32,279
Lebanon	883,907	2,658,129	999,054	9,799	240,646	2,133,405
Morocco	467	-				467
Syrian Arab Republic	46,961,360	30,887,003	1,526,485		11,788,855	60,276,700
Yemen	2,183,040	834,445	514,968	209,116	1,071,678	3,978,802
<b>GRAND TOTAL</b>	<b>150,872,382</b>	<b>100,298,589</b>	<b>23,354,782</b>	<b>4,420,156</b>	<b>30,997,372</b>	<b>209,644,693</b>

\* Economic security includes food and essential household items (sometimes provided in kits), seed, agricultural and veterinary inputs and other micro-economic inputs.

\*\* UN Security Council Resolution 1244

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**FOUNDATION FOR THE INTERNATIONAL COMMITTEE OF THE RED CROSS (in CHF)**

BALANCE SHEET AS AT 31 DECEMBER	2014	2013
<b>ASSETS</b>		
<b>Current Assets</b>		
Cash and cash equivalents	1,162,974	383,816
Securities	23,620,260	23,353,457
Accounts receivable and accrued interest	137,054	195,186
International Committee of the Red Cross, current account	-	368,274
<b>Total Assets</b>	<b>24,920,288</b>	<b>24,300,733</b>
<b>LIABILITIES AND RESERVES</b>		
<b>Current liabilities</b>		
International Committee of the Red Cross, current account	18,067	-
<b>Total Liabilities</b>	<b>18,067</b>	<b>-</b>
<b>Restricted Reserves</b>		
Inalienable capital	1,000,000	1,000,000
<b>Total Restricted Reserves</b>	<b>1,000,000</b>	<b>1,000,000</b>
<b>Unrestricted Reserves</b>		
Reserves designated by the Board		
Balance brought forward	21,183,185	19,730,764
Allocation to inalienable capital	-	-114,000
Attribution to the International Committee of the Red Cross	-1,500,000	-
Result of the year	749,929	1,566,421
	20,433,114	21,183,185
Financial risk reserves		
Balance brought forward	2,117,548	2,269,541
Increase/decrease of unrealized gains during the year	1,351,559	-151,993
	3,469,107	2,117,548
General reserves		
Balance brought forward	-	377,413
Attribution to the International Committee of the Red Cross	-	-377,413
	-	-
<b>Total Unrestricted Reserves</b>	<b>23,902,221</b>	<b>23,300,733</b>
<b>Total Reserves</b>	<b>24,902,221</b>	<b>24,300,733</b>
<b>Total Liabilities and Reserves</b>	<b>24,920,288</b>	<b>24,300,733</b>
<b>STATEMENT OF INCOME AND EXPENDITURE FOR THE YEAR ENDED</b>		
<b>Income</b>		
Contributions	61	1,000,000
Income from securities	479,033	491,973
Realized gains on securities	392,654	829,699
Foreign exchange gains, net	123,004	-
<b>Total Income</b>	<b>994,752</b>	<b>2,321,672</b>
<b>Expenditure</b>		
Realized losses on securities	-130,704	-61,054
Bank charges	-95,384	-52,647
Mission expenses	-8,996	-
External auditors' fees	-6,820	-9,140
Fundraising charges	-2,250	-
Expenses Other Periods	-669	-
Financial assistance to the International Committee of the Red Cross	-	-622,586
Foreign exchange losses, net	-	-9,824
<b>Total Expenditure</b>	<b>-244,823</b>	<b>-755,251</b>
<b>Result for the year before transfers from/(to) reserves</b>	<b>749,929</b>	<b>1,566,421</b>
Allocation to reserves designated by the Board	-749,929	-1,566,421
<b>Result for the year after transfer from/to reserves</b>	<b>-</b>	<b>-</b>

**Note 1 - Establishment**

Created on 1 May 1931; statutes and objectives revised on 25 October 2012.

**Note 2 - Purpose**

The Foundation strives to secure long-term support for the ICRC by establishing a substantial endowment fund income, most of which will be freely available to the organization.

**Note 3 - Administration**

The Foundation Board is made up of representatives of business and political circles and the ICRC:

- ▶ 1 representative of the Swiss Confederation
- ▶ 3 members appointed by the ICRC.



## AUGUSTA FUND (in CHF)

BALANCE SHEET AS AT 31 DECEMBER	2014		2013		
<b>ASSETS</b>					
<b>Current Assets</b>					
Share of the overall capital of the special funds		145,630		137,467	
<b>Total Current Assets</b>		<b>145,630</b>		<b>137,467</b>	
<b>LIABILITIES AND RESERVES</b>					
<b>Current liabilities</b>					
International Committee of the Red Cross, current account		1,030		3,090	
<b>Total Current liabilities</b>		<b>1,030</b>		<b>3,090</b>	
<b>Restricted Reserves</b>					
Inalienable capital		100,000		100,000	
<b>Total Restricted Reserves</b>		<b>100,000</b>		<b>100,000</b>	
<b>Unrestricted Reserves</b>					
General reserves					
Balance brought forward	7,903		8,809		
Result of the year	2,120	10,023	-906	7,903	
Share of the overall reserve for portfolio unrealized gains					
Balance brought forward	26,474		23,511		
Increase of unrealized gains during the year	8,103	34,577	2,963	26,474	
<b>Total Unrestricted Reserves</b>		<b>44,600</b>		<b>34,377</b>	
<b>Total Reserves</b>		<b>144,600</b>		<b>134,377</b>	
<b>Total Liabilities and Reserves</b>		<b>145,630</b>		<b>137,467</b>	
<b>STATEMENT OF INCOME AND EXPENDITURE FOR THE YEAR ENDED</b>					
		2014		2013	
<b>Income</b>					
Share of net revenue from the overall capital of the special funds		3,150		2,184	
<b>Total Income</b>		<b>3,150</b>		<b>2,184</b>	
<b>Expenditure</b>					
External auditors' fees		-1,030		-3,090	
<b>Total Expenditure</b>		<b>-1,030</b>		<b>-3,090</b>	
<b>Result for the year before attribution to the Florence Nightingale Medal Fund and transfers from/to reserves</b>		<b>2,120</b>		<b>-906</b>	
Attribution to Florence Nightingale Medal Fund		-		-	
Use of / Allocation to Unrestricted Reserves		-2,120		906	
<b>Result for the year after attribution to the Florence Nightingale Medal Fund and transfers from/to reserves</b>		<b>-</b>		<b>-</b>	

### Note 1 - Establishment

In 1890, at the initiative of the ICRC, to commemorate the services rendered to the Red Cross by the German Empress Augusta, wife of Wilhelm I.

### Note 2 - Purpose

Modified on several occasions. At the 21st International Conference of the Red Cross, held in Istanbul in 1969, it was decided that, pending further modification, receipts from the Augusta Fund would be allocated to the Florence Nightingale Medal Fund. This decision was confirmed at the 22nd Conference, held in Tehran in 1973.

### Note 3 - Administration

In view of the aforementioned decision, the same as for the Florence Nightingale Medal Fund.

### Note 4 - Assets

In order to optimize returns, risk management and bank charges, the assets of the fund are managed within two portfolios held jointly by the seven ICRC-related funds. Each fund holds a share of these portfolios proportional to its initial investment and subsequent inflows/outflows.

### Note 5 - External auditors' fees

The fees are charged to the statement of income and expenditure as the external auditors invoice them to the funds. The fees for the limited review carried out on the 2013 financial statements have been invoiced and accounted for only in 2014.

## CLARE BENEDICT FUND (in CHF)

BALANCE SHEET AS AT 31 DECEMBER	2014		2013	
<b>ASSETS</b>				
<b>Current Assets</b>				
Share of the overall capital of the special funds		2,186,946		2,048,835
<b>Total Current Assets</b>		<b>2,186,946</b>		<b>2,048,835</b>
<b>LIABILITIES AND RESERVES</b>				
<b>Current liabilities</b>				
International Committee of the Red Cross, current account		1,030		3,090
<b>Total Current liabilities</b>		<b>1,030</b>		<b>3,090</b>
<b>Restricted Reserves</b>				
Capital		1,632,629		1,632,629
<b>Total Restricted Reserves</b>		<b>1,632,629</b>		<b>1,632,629</b>
<b>Unrestricted Reserves</b>				
General reserves				
Balance brought forward	18,534		25,212	
Attribution to the International Committee of the Red Cross	-27,786		-34,464	
Result of the year	43,276	34,024	27,786	18,534
Share of the overall reserve for portfolio unrealized gains				
Balance brought forward	394,582		348,745	
Increase of unrealized gains during the year	124,681	519,263	45,837	394,582
<b>Total Unrestricted Reserves</b>		<b>553,287</b>		<b>413,116</b>
<b>Total Reserves</b>		<b>2,185,916</b>		<b>2,045,745</b>
<b>Total Liabilities and Reserves</b>		<b>2,186,946</b>		<b>2,048,835</b>

STATEMENT OF INCOME AND EXPENDITURE FOR THE YEAR ENDED	2014		2013	
<b>Income</b>				
Share of net revenue from the overall capital of the special funds		44,306		30,876
<b>Total Income</b>		<b>44,306</b>		<b>30,876</b>
<b>Expenditure</b>				
External auditors' fees		-1,030		-3,090
<b>Total Expenditure</b>		<b>-1,030</b>		<b>-3,090</b>
<b>Result for the year before transfers from/to reserves</b>		<b>43,276</b>		<b>27,786</b>
Allocation to General Reserves		-43,276		-27,786
<b>Result for the year after transfers from/to reserves</b>		<b>-</b>		<b>-</b>

### Note 1 - Establishment

Created on February 1968.

### Note 2 - Purpose

The Fund's income is attributed to assistance activities for the victims of armed conflicts, in accordance with Miss Benedict's wishes.

### Note 3 - Administration

A commission composed of 3 people appointed by the ICRC.

### Note 4 - Assets

In order to optimize returns, risk management and bank charges, the assets of the fund are managed within two portfolios held jointly by the seven ICRC-related funds. Each fund holds a share of these portfolios proportional to its initial investment and subsequent inflows / outflows.

### Note 5 - External auditors' fees

The fees are charged to the statement of income and expenditure as the external auditors invoice them to the funds. The fees for the limited review carried out on the 2013 financial statements have been invoiced and accounted for only in 2014.

## FLORENCE NIGHTINGALE MEDAL FUND (in CHF)

BALANCE SHEET AS AT 31 DECEMBER	2014	2013
<b>ASSETS</b>		
<b>Current Assets</b>		
Share of the overall capital of the special funds	508,777	473,414
Stock of medals	43,941	43,941
<b>Total Current Assets</b>	<b>552,718</b>	<b>517,355</b>
<b>LIABILITIES AND RESERVES</b>		
<b>Current liabilities</b>		
International Committee of the Red Cross, current account	1,030	3,950
<b>Total Current liabilities</b>	<b>1,030</b>	<b>3,950</b>
<b>Unrestricted Reserves</b>		
Capital	75,000	75,000
General reserves		
Balance brought forward	347,231	352,967
Result of the year	8,655	-5,736
Share of the overall reserve for portfolio unrealized gains		
Balance brought forward	91,174	79,624
Increase of unrealized gains during the year	29,628	11,550
<b>Total Unrestricted Reserves</b>	<b>551,688</b>	<b>513,405</b>
<b>Total Liabilities and Reserves</b>	<b>552,718</b>	<b>517,355</b>
<b>STATEMENT OF INCOME AND EXPENDITURE FOR THE YEAR ENDED</b>		
<b>Income</b>		
Share of net revenue from the overall capital of the special funds	9,685	6,176
<b>Total Income</b>	<b>9,685</b>	<b>6,176</b>
<b>Expenditure</b>		
General and office supplies	-	-8,516
External auditors' fees	-1,030	-3,090
Other expenses	-	-306
<b>Total Expenditure</b>	<b>-1,030</b>	<b>-11,912</b>
<b>Result for the year before transfers from / to reserves</b>	<b>8,655</b>	<b>-5,736</b>
Use of / (Allocation to) General Reserves	-8,655	5,736
<b>Result for the year after transfers from / to reserves</b>	<b>-</b>	<b>-</b>

### Note 1 - Establishment

In accordance with the recommendations of the Eighth International Conference of the Red Cross, held in London in 1907, and with the decision of the Ninth Conference, held in Washington in 1912, a fund was established by contributions from National Red Cross Societies. The regulations were revised by the Eighteenth International Conference of the Red Cross, held in Toronto in 1952, and by the Council of Delegates, held in Budapest in 1991.

### Note 2 - Purpose

The Fund's income is used to distribute a medal, called the "Florence Nightingale Medal", to honour the life and work of Florence Nightingale. The medal may be awarded to Red Cross and Red Crescent nurses and voluntary aides for having distinguished themselves by their service to sick and wounded people in time of peace or war. The medal is awarded every two years by the ICRC on the basis of proposals made to it by the National Societies. Only 50 medals may be distributed at any one time.

### Note 3 - Administration

A commission composed of 5 ICRC representatives, including 4 Committee members.

### Note 4 - Assets

In order to optimize returns, risk management and bank charges, the assets of the fund are managed within two portfolios held jointly by the seven ICRC-related funds. Each fund holds a share of these portfolios proportional to its initial investment and subsequent inflows/outflows.

### Note 5 - External auditors' fees

The fees are charged to the statement of income and expenditure as the external auditors invoice them to the funds. The fees for the limited review carried out on the 2013 financial statements have been invoiced and accounted for only in 2014.

## JEAN PICTET FUND (in CHF)

BALANCE SHEET AS AT 31 DECEMBER	2014		2013	
<b>ASSETS</b>				
<b>Current Assets</b>				
Share of the overall capital of the special funds		682,233		652,606
<b>Total Current Assets</b>		<b>682,233</b>		<b>652,606</b>
<b>LIABILITIES AND RESERVES</b>				
<b>Current liabilities</b>				
International Committee of the Red Cross, current account		21,030		23,090
<b>Total Current liabilities</b>		<b>21,030</b>		<b>23,090</b>
<b>Restricted Reserves</b>				
Inalienable capital		500,000		500,000
<b>Total Restricted Reserves</b>		<b>500,000</b>		<b>500,000</b>
<b>Unrestricted Reserves</b>				
Reserves designated by the Board				
Balance brought forward	-		10,099	
Transfer to general reserves during the year	-	-	-10,099	-
General reserves				
Balance brought forward	3,832		8,518	
Transfer from reserves designated by the Board during the year	-		10,099	
Result of the year	- 4,616	-784	-14,785	3,832
Share of the overall reserve for portfolio unrealized gains				
Balance brought forward	125,684		109,554	
Increase of unrealized gains during the year	36,303	161,987	16,130	125,684
<b>Total Unrestricted Reserves</b>		<b>161,203</b>		<b>129,516</b>
<b>Total Reserves</b>		<b>661,203</b>		<b>629,516</b>
<b>Total Liabilities and Reserves</b>		<b>682,233</b>		<b>652,606</b>

STATEMENT OF INCOME AND EXPENDITURE FOR THE YEAR ENDED	2014		2013	
<b>Income</b>				
Share of net revenue from the overall capital of the special funds		16,414		8,305
<b>Total Income</b>		<b>16,414</b>		<b>8,305</b>
<b>Expenditure</b>				
Financial assistance		-20,000		-20,000
External auditors' fees		-1,030		-3,090
<b>Total Expenditure</b>		<b>-21,030</b>		<b>-23,090</b>
<b>Result for the year before transfers from/to reserves</b>		<b>-4,616</b>		<b>-14,785</b>
Attribution to the Jean Pictet Competition decided by the Board		-		-
Use of general reserves		4,616		14,785
<b>Result for the year after attribution to the Jean Pictet Competition and transfers from/to reserves</b>		<b>-</b>		<b>-</b>

### Note 1 - Establishment

The fund was set up under the auspices of the Henry Dunant Institute on 2 July 1985 and continued by the Swiss Red Cross, the International Federation and the ICRC, in accordance with the fund's regulations updated on 21 September 2010.

### Note 2 - Purpose

The fund's purpose is to use the income to encourage and promote knowledge and dissemination of international humanitarian law, giving priority to co-financing the organization of the "Jean Pictet competition on IHL".

### Note 3 - Administration

The fund is administered by a Board composed of Swiss Red Cross, International Federation and ICRC representatives, with an ICRC representative designated as administrator.

### Note 4 - Assets

In order to optimize returns, risk management and bank charges, the assets of the fund are managed within two portfolios held jointly by the seven ICRC-related funds. Each fund holds a share of these portfolios proportional to its initial investment and subsequent inflows/outflows.

### Note 5 - External auditors' fees

The fees are charged to the statement of income and expenditure as the external auditors invoice them to the funds. The fees for the limited review carried out on the 2013 financial statements have been invoiced and accounted for only in 2014.

## MAURICE DE MADRE FRENCH FUND (in CHF)

BALANCE SHEET AS AT 31 DECEMBER	2014		2013	
<b>ASSETS</b>				
<b>Current Assets</b>				
Share of the overall capital of the special funds		5,032,828		4,738,465
<b>Total Current Assets</b>		<b>5,032,828</b>		<b>4,738,465</b>
<b>LIABILITIES AND RESERVES</b>				
<b>Current liabilities</b>				
International Committee of the Red Cross, current account		125,276		94,528
Allocations to be paid		111,277		172,020
<b>Total Current liabilities</b>		<b>236,553</b>		<b>266,548</b>
<b>Restricted Reserves</b>				
Donors' restricted contributions				
Balance brought forward	3,000		31,859	
Use during the year	-3,000		-31,859	
Allocation during the year	451	451	3,000	3,000
<b>Total Restricted Reserves</b>		<b>451</b>		<b>3,000</b>
<b>Unrestricted Reserves</b>				
Capital				
Balance brought forward	3,556,343		3,591,901	
Result for the year	44,498	3,600,841	-35,558	3,556,343
Share of the overall reserve for portfolio unrealized gains				
Balance brought forward	912,574		791,461	
Increase of unrealized gains during the year	282,409	1,194,983	121,113	912,574
<b>Total Unrestricted Reserves</b>		<b>4,795,824</b>		<b>4,468,917</b>
<b>Total Reserves</b>		<b>4,796,275</b>		<b>4,471,917</b>
<b>Total Liabilities and Reserves</b>		<b>5,032,828</b>		<b>4,738,465</b>
<b>STATEMENT OF INCOME AND EXPENDITURE FOR THE YEAR ENDED</b>				
<b>Income</b>				
Contributions		40		33,250
Share of net revenue from the overall capital of the special funds		106,483		56,306
<b>Total Income</b>		<b>106,523</b>		<b>89,556</b>
<b>Expenditure</b>				
<b>Allocations</b>				
Allocations paid during the year		-123,674		-129,907
Reversal of prior year's provision		172,020		151,839
Allocations to be paid next year		-111,277		-172,020
External auditors' fees		-1,030		-3,090
Other expenses		-613		-796
<b>Total Expenditure</b>		<b>-64,574</b>		<b>-153,974</b>
<b>Result for the year before transfers from/to reserves</b>		<b>41,949</b>		<b>-64,418</b>
<b>Use of Restricted Reserves</b>				
Donors' restricted contributions		3,000		31,859
<b>Allocation to Restricted Reserves</b>				
Donors' restricted contributions		-451		-3,000
<b>Use of / (Allocation to) Unrestricted Reserves</b>				
		-44,498		35,559
<b>Result for the year after transfers from/to reserves</b>		<b>-</b>		<b>-</b>

### Note 1 - Establishment

The Fund was set up in accordance with Count Maurice de Madre's will and the ICRC Assembly's decision of 19 December 1974.

### Note 2 - Purpose

To assist temporary or permanent staff, such as first-aid workers, delegates and nurses, of international or national Red Cross or Red Crescent institutions who, in the course of their work or during war operations or natural disasters, have suffered injury and thereby find themselves in straitened circumstances or in reduced health. In the event that the persons specified above should lose their lives in the course of the said humanitarian activities, payments may be made to their families.

### Note 3 - Administration

A Board composed of 5 people appointed by the ICRC, currently:

- ▶ 2 ICRC members or staff
- ▶ 1 representative of the International Federation of Red Cross and Red Crescent Societies
- ▶ 1 representative of the de Madre family
- ▶ 1 member from outside the Movement.

### Note 4 - Annual meeting

The Fund's Board held its official annual meeting on 24 April 2015; its secretariat handled 68 files on Movement staff.

### Note 5 - Assets

In order to optimize returns, risk management and bank charges, the assets of the fund are managed within two portfolios held jointly by the seven ICRC-related funds. Each fund holds a share of these portfolios proportional to its initial investment and subsequent inflows/outflows.

### Note 6 - External auditors' fees

The fees are charged to the statement of income and expenditure as the external auditors invoice them to the funds. The fees for the limited review carried out on the 2013 financial statements have been invoiced and accounted for only in 2014.



## OMAR EL MUKHTAR FUND (in CHF)

BALANCE SHEET AS AT 31 DECEMBER	2014		2013	
<b>ASSETS</b>				
<b>Current Assets</b>				
Share of the overall capital of the special funds		1,016,405		952,259
<b>Total Current Assets</b>		<b>1,016,405</b>		<b>952,259</b>
<b>LIABILITIES AND RESERVES</b>				
<b>Current liabilities</b>				
International Committee of the Red Cross, current account		1,030		3,090
<b>Total Current liabilities</b>		<b>1,030</b>		<b>3,090</b>
<b>Restricted Reserves</b>				
Capital		760,500		760,500
<b>Total Restricted Reserves</b>		<b>760,500</b>		<b>760,500</b>
<b>Unrestricted Reserves</b>				
General reserves				
Balance brought forward	5,274		8,533	
Attribution to the International Committee of the Red Cross	-11,302		-14,561	
Result of the year	19,570	13,542	11,302	5,274
Share of the overall reserve for portfolio unrealized gains				
Balance brought forward	183,395		162,132	
Increase of unrealized gains during the year	57,938	241,333	21,263	183,395
<b>Total Unrestricted Reserves</b>		<b>254,875</b>		<b>188,669</b>
<b>Total Reserves</b>		<b>1,015,375</b>		<b>949,169</b>
<b>Total Liabilities and Reserves</b>		<b>1,016,405</b>		<b>952,259</b>

STATEMENT OF INCOME AND EXPENDITURE FOR THE YEAR ENDED	2014		2013	
<b>Income</b>				
Share of net revenue from the overall capital of the special funds		20,600		14,392
<b>Total Income</b>		<b>20,600</b>		<b>14,392</b>
<b>Expenditure</b>				
External auditors' fees		-1,030		-3,090
<b>Total Expenditure</b>		<b>-1,030</b>		<b>-3,090</b>
<b>Result for the year before transfers from/to reserves</b>		<b>19,570</b>		<b>11,302</b>
Allocation to unrestricted reserves		-19,570		-11,302
<b>Result for the year after transfers from/to reserves</b>		<b>-</b>		<b>-</b>

### Note 1 - Establishment

Pursuant to decision No. 5 of the Executive Board of 20 November 1980, adopted by the Committee in December 1980.

### Note 2 - Purpose

A fund in dollars, made up of one or more donations by the authorities of Libya, the income of which is to be used to finance the ICRC's general assistance.

### Note 3 - Administration

A Board composed of 3 ICRC representatives.

### Note 4 - Assets

In order to optimize returns, risk management and bank charges, the assets of the fund are managed within two portfolios held jointly by the seven ICRC-related funds. Each fund holds a share of these portfolios proportional to its initial investment and subsequent inflows/outflows.

### Note 5 - External auditors' fees

The fees are charged to the statement of income and expenditure as the external auditors invoice them to the funds. The fees for the limited review carried out on the 2013 financial statements have been invoiced and accounted for only in 2014.

## PAUL REUTER FUND (in CHF)

BALANCE SHEET AS AT 31 DECEMBER	2014	2013
<b>ASSETS</b>		
<b>Current Assets</b>		
Share of the overall capital of the special funds	636,929	600,013
<b>Total Current Assets</b>	<b>636,929</b>	<b>600,013</b>
<b>LIABILITIES AND RESERVES</b>		
<b>Current liabilities</b>		
International Committee of the Red Cross, current account	1,030	12,301
<b>Total Current liabilities</b>	<b>1,030</b>	<b>12,301</b>
<b>Unrestricted Reserves designated by the Assembly of the ICRC</b>		
Initial capital	200,000	200,000
General reserves		
Balance brought forward	272,156	273,307
Result of the year	12,511	-1,151
	284,667	272,156
Share of the overall reserve for portfolio unrealized gains		
Balance brought forward	115,556	104,240
Increase of unrealized gains during the year	35,676	11,316
	151,232	115,556
<b>Total Unrestricted Reserves</b>	<b>635,899</b>	<b>587,712</b>
<b>Total Liabilities and Reserves</b>	<b>636,929</b>	<b>600,013</b>
<b>STATEMENT OF INCOME AND EXPENDITURE FOR THE YEAR ENDED</b>		
<b>Income</b>		
Share of net revenue from the overall capital of the special funds	13,541	11,150
<b>Total Income</b>	<b>13,541</b>	<b>11,150</b>
<b>Expenditure</b>		
Allocation to the Jean-Pictet Competition and Grands Lacs IHL Competition	-	-5,000
External auditors' fees	-1,030	-3,090
Mission expense	-	-1,164
Other expenses	-	-3,047
<b>Total Expenditure</b>	<b>-1,030</b>	<b>-12,301</b>
<b>Result for the year before transfers from/to reserves</b>	<b>12,511</b>	<b>-1,151</b>
Use of / Allocation to unrestricted reserves	-12,511	1,151
<b>Result for the year after transfers from/to reserves</b>	<b>-</b>	<b>-</b>

### Note 1 - Establishment

Pursuant to decision No. 1 of the Executive Board of 6 January 1983.

### Note 2 - Purpose

The fund's initial capital of CHF 200,000 donated by Prof. Paul Reuter (his Balzan prize) may be augmented by gifts or bequests. The fund's purpose is to use the income to encourage and promote knowledge and dissemination of international humanitarian law. To that end, the fund awards a prize every two years to reward work, to assist in the implementation of a project or to make a publication possible.

### Note 3 - Administration

- ▶ a committee composed of 1 member of the ICRC, who is its chairman, and 2 ICRC staff members, appointed by the Directorate
- ▶ 2 people from outside the ICRC who, with the Committee members, make up the Paul Reuter prize jury.

### Note 4 - Assets

In order to optimize returns, risk management and bank charges, the assets of the fund are managed within two portfolios held jointly by the seven ICRC-related funds. Each fund holds a share of these portfolios proportional to its initial investment and subsequent inflows/outflows.

### Note 5 - External auditors' fees

The fees are charged to the statement of income and expenditure as the external auditors invoice them to the funds. The fees for the limited review carried out on the 2013 financial statements have been invoiced and accounted for only in 2014.

## ICRC SPECIAL FUND FOR THE DISABLED (in CHF)

BALANCE SHEET AS AT 31 DECEMBER	2014	2013
<b>ASSETS</b>		
<b>Current Assets</b>		
Cash and cash equivalents	105,707	188,503
Securities	4,133,091	4,704,998
Accounts receivable	2,458,544	2,903,707
<b>Non-current Assets</b>		
Long-term receivable	2,967,300	1,335,160
<b>Total Assets</b>	<b>9,664,642</b>	<b>9,132,368</b>
<b>LIABILITIES AND RESERVES</b>		
<b>Current liabilities</b>		
International Committee of the Red Cross, current account	1,125,919	1,756,072
Expenses payable	2,820	2,827
Current deferred income	2,432,980	2,725,060
<b>Non-current liabilities</b>		
Non-current deferred income	2,967,300	1,335,160
<b>Total Liabilities</b>	<b>6,529,019</b>	<b>5,819,119</b>
<b>Restricted Reserves</b>		
Donors' restricted contributions	-	71,947
Operations with temporary deficit funding	-491,454	-
<b>Total Restricted Reserves</b>	<b>-491,454</b>	<b>71,947</b>
<b>Unrestricted Reserves</b>		
Unrestricted Reserves designated by the Board		
Initial capital	1,000,000	1,000,000
Reserve for portfolio unrealized gains		
Balance brought forward	628,452	567,470
Increase/decrease of unrealized gains during the year	200,511	60,982
General reserves		
Balance brought forward	1,612,850	1,526,977
Result for the year after transfers from/to unrestricted reserves	185,264	85,873
<b>Total Unrestricted Reserves</b>	<b>3,627,077</b>	<b>3,241,302</b>
<b>Total Reserves</b>	<b>3,135,623</b>	<b>3,313,249</b>
<b>Total Liabilities and Reserves</b>	<b>9,664,642</b>	<b>9,132,368</b>

### Note 1 - Establishment and initial objectives

The year 1981 was declared by the United Nations to be the "International Year for Disabled Persons". The same year, when it met in Manila, the 24th International Conference of the Red Cross and Red Crescent adopted a resolution recommending that "a special fund be formed for the benefit of the disabled and to promote the implementation of durable projects to aid disabled persons". Pursuant to the ICRC Assembly's decision No. 2 of 19-20 October 1983, the Special Fund for the Disabled (SFD) was subsequently established. Its objectives were twofold:

- ▶ to help finance long-term projects for disabled persons, in particular the creation of workshops for the production of artificial limbs and orthotic appliances, and centres for rehabilitation and occupational retraining
- ▶ to participate not only in ICRC and National Society projects, but also in those of other humanitarian bodies working in accordance with ICRC criteria

### Note 2 - Legal status

In January 2001, the ICRC Assembly converted the SFD into an independent foundation under Swiss law. The primary objectives of the "ICRC Special Fund for the Disabled" remained to a large extent unchanged, i.e. to support physical rehabilitation services in low-income countries, with priority given to former projects of the

ICRC. Although the SFD had become a more independent body, its projects continued to be drawn up in accordance with ICRC operational policies in the countries concerned. However, the statutes of the new Foundation also allowed the opening of its Board to members of other organizations, and the SFD developed its own independent fundraising and financial management structure.

### Note 3 - Funding

In 1983, the ICRC donated an initial 1 million Swiss francs to set up the Special Fund for the Disabled. Further support is since given to the SFD by various governments, a number of National Societies and by private and public sources.

### Note 4 - Administration

A board composed of 11 people, at least 6 of whom are ICRC representatives.

### Note 5 - Support granted by the ICRC

The ICRC has been providing support to the SFD over the years, both at headquarters and in the field. These pro bono services are estimated at KCHF 681 for the financial year 2014. They cover logistic services such as supply chain and transport, as well as administrative services including bookkeeping, treasury, human resources and management.

**ICRC SPECIAL FUND FOR THE DISABLED (CONT.)** (in CHF)

STATEMENT OF INCOME AND EXPENDITURE FOR THE YEAR ENDED							
	2014						2013
	Africa	Asia	Latin America (incl. Haiti)	Tajikistan	General	Total 2014	Total
<b>Operating Activities</b>							
<b>Contributions Received in Cash</b>							
Governments							
Australia		259,845	538,055			797,900	1,042,410
Geneva, City of			1,000			1,000	-
Liechtenstein	50,000					50,000	50,000
Monaco	24,684					24,684	24,522
Norway	345,152	100,000	481,870	150,519		1,077,541	1,133,898
P. Leahy War Victims Fund/USAID	1,019,662			325,275	7,653	1,352,590	1,139,500
Switzerland	100,000	100,000	100,000			300,000	300,000
National Societies							
Iran, Islamic Republic of						-	18,838
Monaco			12,121			12,121	6,154
New Zealand		-2,868				-2,868	150,000
Norway			90,000			90,000	90,000
Foundations Private sources							
Benchmark Telecom B.V.B.A.						-	12,006
CR Machinery						-	9,225
Swiss Red Cross Humanitarian Foundation	300,000					300,000	350,000
OPEC Fund for International Development	135,165					135,165	290,820
V. Lyapchuk Initiative			1,000			1,000	28,474
Various donors			655			655	6,600
<b>Total Contributions</b>	<b>1,974,663</b>	<b>456,977</b>	<b>1,224,701</b>	<b>475,794</b>	<b>7,653</b>	<b>4,139,788</b>	<b>4,652,447</b>
<b>Operating Expenditure</b>							
Cash expenditure	-2,152,293	-861,610	-1,127,816	-475,794	-85,676	-4,703,189	-5,224,141
<b>Total Operating Expenditure</b>	<b>-2,152,293</b>	<b>-861,610</b>	<b>-1,127,816</b>	<b>-475,794</b>	<b>-85,676</b>	<b>-4,703,189</b>	<b>-5,224,141</b>
<b>Net Result of Operating Activities</b>	<b>-177,630</b>	<b>-404,633</b>	<b>96,885</b>	<b>-</b>	<b>-78,023</b>	<b>-563,401</b>	<b>-571,694</b>
<b>Non-operating Activities</b>							
<b>Financial Income</b>							
Securities income					75,340	75,340	79,518
Realized gains on securities ,net					82,949	82,949	68,386
Bank charges					-18,710	-18,710	-18,111
Non-refundable withholding taxes					-	-	-138
<b>Total Financial Income, net</b>					<b>139,579</b>	<b>139,579</b>	<b>129,655</b>
<b>Foreign exchange results</b>							
Realized exchange losses/(gains), net					58,170	58,170	-30,472
Unrealized exchange (losses), net					-5,865	-5,865	-5,590
<b>Total Foreign exchange results, net</b>					<b>52,305</b>	<b>52,305</b>	<b>-36,062</b>
<b>Non-operating expenditure</b>							
External auditors' fees					-6,620	-6,620	-7,720
<b>Total Non-operating expenditure</b>					<b>-6,620</b>	<b>-6,620</b>	<b>-7,720</b>
<b>Net Result of Non-operating Activities</b>					<b>185,264</b>	<b>185,264</b>	<b>85,873</b>
<b>Result for the year before transfers from/ to reserves</b>	<b>-177,630</b>	<b>-404,633</b>	<b>96,885</b>	<b>-</b>	<b>107,241</b>	<b>-378,137</b>	<b>-485,821</b>
<b>Allocation to Unrestricted Reserves</b>							
General reserves	-	-	-	-	-185,264	-185,264	-85,873
<b>Use / Allocation to Restricted Reserves</b>							
Donors' restricted contributions	42,688	200,031	-248,795	-	78,023	71,947	571,694
Operations with temporary deficit funding	134,942	204,602	151,910	-	-	491,454	-
<b>Result for the year after transfers from/ to reserves</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>

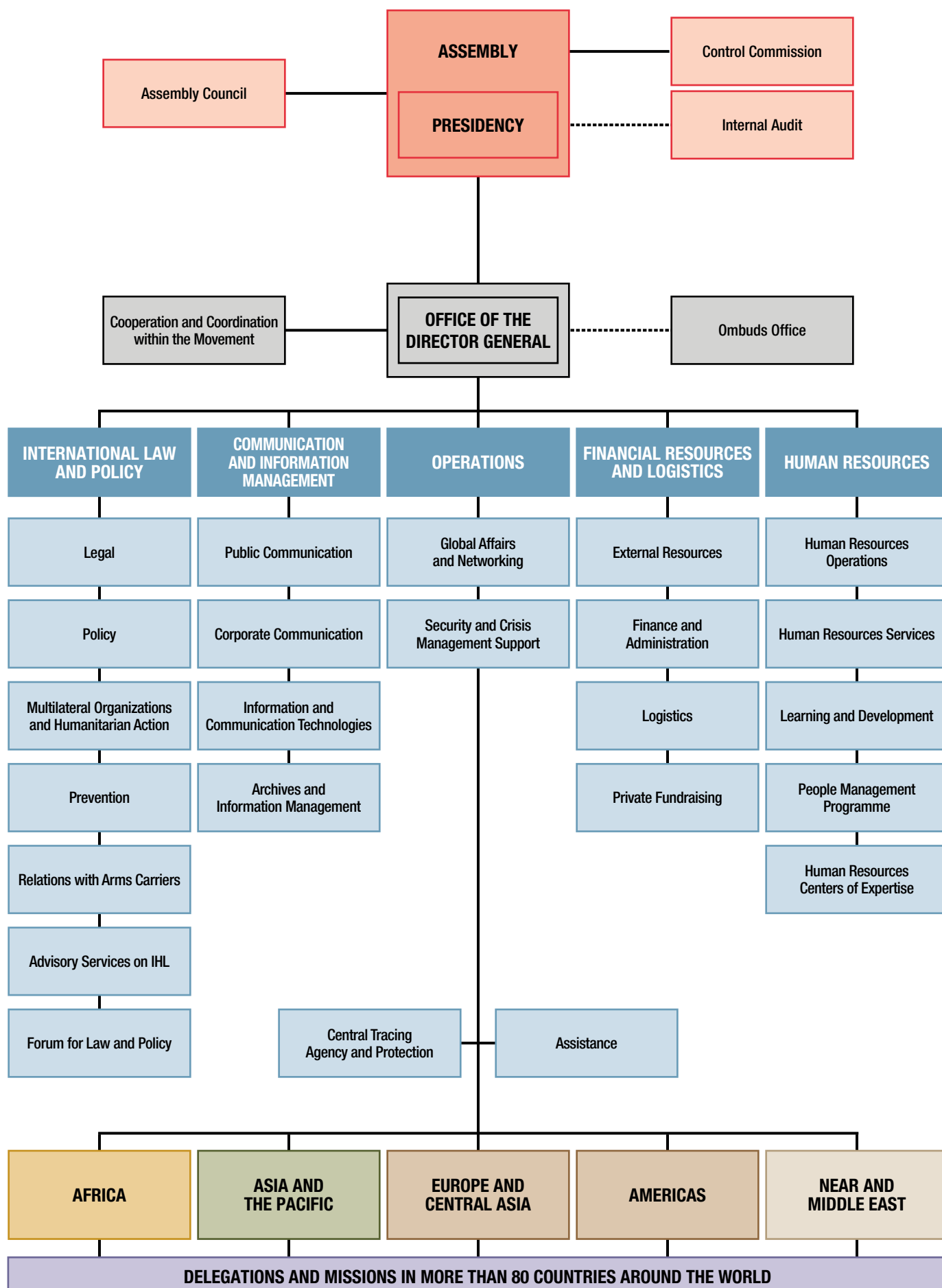






# ANNEXES

## ICRC ORGANIZATIONAL CHART



As at 01.01.2015

# ICRC DECISION-MAKING STRUCTURES<sup>1</sup>

## ASSEMBLY

The Assembly is the supreme governing body of the ICRC and oversees all its activities. It formulates policy, defines general objectives and institutional strategy, approves the budget and accounts, and appoints the directors and the head of Internal Audit. Composed of between 15 and 25 co-opted Committee members of Swiss nationality, the Assembly is collegial in character. The Recruitment Commission, which is made up of members of the Assembly, handles matters relating to the Committee's composition and submits proposals to the Assembly for the co-optation of new members. The Assembly's president and vice-president are the president and vice-president of the ICRC. The Assembly convenes four to six times a year for ordinary sessions and can decide to hold an extraordinary session at any time.

**Mr Peter Maurer, president**, PhD in contemporary history from the University of Bern, former ambassador and permanent representative of Switzerland to the UN in New York (United States of America), former secretary of State for foreign affairs in Bern (Switzerland), ICRC president since 1 July 2012

**Ms Christine Beerli, vice-president**, lawyer, former director of the School of Engineering and Information Technology at Bern University of Applied Sciences, former member of the Swiss parliament, chairwoman of Swissmedic Agency Council, ICRC vice-president since 1 January 2008

**Mr Mauro Arrigoni**, PhD in mathematics from the University of Zurich, author of numerous scientific papers on mathematical models in biology, founder of the scientific journal *Il Volteriano*, dean of a high school in Mendrisio (Switzerland)

**Mr Hugo Bänziger**, PhD in banking history from the University of Bern, managing partner at Lombard Odier & Cie, former chief risk officer of Deutsche Bank, member of the European Union's High-level Expert Group on structural reforms in the banking sector, chairman of the Eurex Group, lecturer on finance at the Universities of Chicago and London

**Mr François Bugnion**, PhD in political science, independent consultant in the fields of IHL and humanitarian action, author of numerous books and articles, former ICRC delegate and director

**Mr Jacques Chapuis**, psychiatric nurse, anaesthesia and resuscitation specialist, vice-president of the international secretariat of nurses in the French-speaking world (SIDIEF), director of La Source Institute and Faculty of Applied Health Sciences, former ICRC delegate

**Mr Bernard G.R. Daniel**, degree in law from the University of Geneva, former secretary-general and secretary to the board of directors of the Nestlé Group, member of the International Corporate Governance Network, former ICRC delegate

**Mr Melchior de Muralt**, PhD in political science from the University of Lausanne, partner in the Pury Pictet Turretini & Cie asset management firm, president of Cadmos Fund Management and Guilé Engagement Funds, chairman of Blue Orchard Finance

**Ms Paola Ghillani**, pharmacist and businesswoman, former chief executive officer of the Max Havelaar Foundation, founder of Paola Ghillani & Friends Ltd, a company that promotes and implements sustainable development and ethics in business

**Mr Alexis Keller**, professor, PhD in political science from the University of Geneva, former fellow of the Carr Center for Human Rights Policy at Harvard University, former Swiss special representative for the Middle East peace process, professor at the Universities of Geneva and Paris (Sciences Po)

**Mr Jürg Kesselring**, doctor, head of the Department of Neurorehabilitation at the Valens Rehabilitation Centre, professor of clinical neurology and neurorehabilitation at the Universities of Bern and Zurich, chairman of the Swiss Multiple Sclerosis Society and of the Swiss Brain Council, former ICRC delegate

**Mr Thierry Lombard**, private banker, managing partner at Lombard Odier & Cie, involved in developing thematic investment strategy and new skills and products, chairman of the board of the Family Business Network International

**Mr Yves Sandoz**, lecturer, PhD in law from the University of Neuchâtel, former lecturer at the Universities of Fribourg and Geneva, member of a number of international law institutes and associations, former ICRC delegate and director

**Ms Doris Schopper**, professor, PhD in public health from Harvard University, former president of Médecins Sans Frontières (MSF) Switzerland and of the MSF International Council, professor at the University of Geneva and director of the Centre for Education and Research in Humanitarian Action, chair of MSF's ethics review board

**Mr Rolf Soiron**, PhD from Harvard Business School, chairman of the boards of Holcim, Lonza and Nobel Biocare, former member of the Riehen Communal Council and of the State Council of the Canton of Basel-City, former chairman of the Council of Basel University

**Mr Bruno Staffelbach**, professor, PhD in business administration from the University of Zurich, professor at the Universities of Fribourg, Lucerne and Zurich, former Swiss army brigadier-general, former chairman of the Council of the University of Lucerne

**Ms Heidi Tagliavini**, PhD in philology from the Universities of Geneva and Moscow, former Swiss ambassador having served mainly in conflict settlement (Georgia, 2008), peacekeeping (Georgia, 2002–06) and electoral observation missions (Ukraine, 2009, Russian Federation, 2011 and Armenia, 2013). On temporary leave since 1 July 2014

**Mr Daniel Thürer**, professor, PhD in law from the University of Zurich, member of the International Court of Arbitration and of the Court of Arbitration of the Organization for Security and Co-operation in Europe, professor emeritus of international, comparative constitutional and European law at the University of Zurich

1. As at 31 December 2014

**Honorary members:** Mr Jean Abt, Mr Peter Arbenz, Mr Jean-Philippe Assal, Mr Jean-François Aubert, Ms Christiane Augsburg, Mr Paolo Bernasconi, Mr Ernst Brugger, Ms Suzy Brusweiler, Mr Jean de Courten, Mr Georges-André Cuendet, Mr Max Daetwyler, Mr Josef Feldmann, Mr Jacques Forster, Ms Renée Guisan, Mr Rodolphe de Haller, Mr Jakob Kellenberger, Mr Pierre Keller, Ms Liselotte Kraus-Gurny, Mr Pierre Languetin, Ms Claude Le Coultre, Mr Jacques Moreillon, Ms Gabrielle Nanchen, Mr Jakob Nüesch, Ms Anne Petitpierre, Ms Francesca Pometta, Mr Eric Roethlisberger, Mr Dietrich Schindler, Mr Cornelio Sommaruga, Mr Jenö Staehelin, Mr Olivier Vodoz, Mr André von Moos

## ASSEMBLY COUNCIL

The Assembly Council is a subsidiary body of the Assembly and comprises the president, the vice-president and three members elected by the Assembly. The Assembly Council oversees the functioning of the organization, ensuring that institutional risks and finances are properly managed and monitoring the development of key institutional projects. The Assembly Council supports the work of the Assembly by holding initial discussions of key topics and adopting budget extensions when needed. Its members are in regular contact with the members of the Directorate.

- ▶ **Mr Peter Maurer, president**
- ▶ **Ms Christine Beerli, vice-president**
- ▶ **Mr Rolf Soiron, member of the Committee**
- ▶ **Mr Bruno Staffelbach, member of the Committee**
- ▶ **Ms Heidi Tagliavini, member of the Committee (on temporary leave since 1 July 2014)**

## PRESIDENCY

The Presidency is composed of the president and the vice-president. The president of the ICRC has primary responsibility for the organization's external relations. As president of the Assembly and of the Assembly Council, he ensures that the spheres of competence of these two bodies are safeguarded and leads their work. The president engages in ongoing dialogue with the Directorate on all activities conducted by the ICRC and can take appropriate measures in cases of extreme urgency.

## OVERSIGHT MECHANISMS

### Control Commission

The Control Commission is composed of five members of the Assembly who are not members of the Assembly Council. It helps the Assembly oversee the work of the organization. It controls the implementation of Assembly decisions, ensures that ICRC activities are conducted efficiently, reviews the reports of the external and internal auditors, and monitors implementation of audit recommendations. It meets six to eight times a year.

### Internal Audit

Internal Audit helps the ICRC to accomplish its objectives by using a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes. It reports its findings directly to the president and the Control Commission, and issues recommendations to management. The head of Internal Audit is appointed by the Assembly.

### External Audit

The Assembly appoints the external auditors for the ICRC's financial statements. The external auditors report their audit opinion to the Assembly and prepare a management letter addressed to the Directorate. Since 2007, the external audit has been carried out by Ernst & Young.

## DIRECTORATE

The Directorate is the executive body of the ICRC and, as such, is responsible for fulfilling and implementing the general objectives and institutional strategy established by the Assembly or the Assembly Council. The Directorate is also responsible for the smooth running of the ICRC and for the efficiency of its staff as a whole.

The director-general sets the administration's general priorities, directs the decision-making process and supervises implementation of the decisions taken. The director-general is accountable to the Presidency and the Assembly as regards the Directorate's objectives and activities, and the results achieved.

- ▶ **Mr Yves Daccord, director-general**
- ▶ **Ms Helen Alderson, director of financial resources and logistics**
- ▶ **Mr Dominik Stillhart, director of operations (as of 1 July 2014), replacing Mr Pierre Krähenbühl**
- ▶ **Ms Charlotte Lindsey-Curtet, director of communication and information management**
- ▶ **Ms Helen Durham, director of international law and policy (as of 1 July 2014), replacing Mr Philip Spoerri**
- ▶ **Mr Gherardo Pontrandolfi, director of human resources (as of 1 July 2014), replacing Ms Caroline Welch-Ballentine**



# ICRC STRATEGY 2015–2018

## INTRODUCTION

The purpose of the ICRC's Institutional Strategy 2015–2018 is to inform and guide the work of the organization over the next four years. It was developed on the basis of consultations with major stakeholders in ICRC action, including National Red Cross and Red Crescent Societies and major donors, ICRC staff at headquarters and in the field, as well as various professional circles engaged in humanitarian action. The ICRC's supreme governing body, the Assembly, adopts the Strategy.

Building on an analysis of the operational and policy challenges facing the ICRC, the Strategy presents a selection of orientations and objectives for the period 2015–2018 designed to assist in the elaboration of ICRC programmes and activities over the coming years. It provides a framework to support ICRC decision-makers in setting operational and thematic priorities in addressing challenges, as they emerge. It further situates the ICRC's actions within the larger international humanitarian response to armed conflicts and other situations of violence, particularly in relation to the International Red Cross and Red Crescent Movement, United Nations agencies, and international non-governmental organizations (INGOs). The results of these actions and the relevance of these programmes to the ICRC's mission will be regularly monitored through concrete indicators and progress reports.

## ICRC VISION FOR 2015–2018

The ICRC's overarching goal is to address the needs and vulnerabilities of people affected by armed conflicts and other situations of violence – in all their many dimensions – in line with the core principles of its action: humanity, neutrality, impartiality, and independence. At the centre of its action is the commitment to protect and assist victims, based on the applicable international legal frameworks and through a sustained dialogue with all the parties concerned.

In striving to reach this goal, the ICRC rises to the challenge and harnesses the opportunities of an increasingly complex operational and policy environment, finding ways to seek the acceptance and broad-based support of all stakeholders. The ICRC is committed to building its capacity to respond to increasing needs, to addressing evolving legal and policy challenges, and to continuously reviewing its performance in order to bolster the relevance of its action. Supported by recent innovations, it connects more effectively with the beneficiaries of its programmes, integrating them into the assessment of their needs and the formulation of a relevant response, including through the use of new information and communication technologies. It contributes to the design and coordination of international, regional, and national humanitarian responses, drawing from its specific operational and legal experience. Building on a growth strategy linked to greater needs and an expanding international response, the ICRC seeks cooperation with other components of the Movement, as well as the broader humanitarian community including the specialized UN agencies and INGOs, national and local organizations, government agencies and professional associations involved in responding to humanitarian crises. It aims to distinguish itself by the collaborative and innovative nature of its work at field level as well as within legal and policy circles.

## ASSESSING THE OPERATING ENVIRONMENT OF THE ICRC

### A changing global political environment

The ICRC has observed a definite shift, in recent years, in the dynamic of international relations. While humanitarian operations have expanded steadily over recent decades in parallel with an increasingly active debate on humanitarian policies and standards, these operations are taking place in a considerably more fluid multipolar world. On the one hand, there is a more diverse set of security and political agendas shaping current debates – especially among emerging powers – triggering exchanges on response strategies at the national and regional levels. In some contexts, these exchanges have called into question the prevalence of traditional principles and methods, such as the impartial and secular character of emergency aid or the distinction between humanitarian and development programming, in light of differentiated humanitarian values and practices.

On the other hand, national governments affected by armed conflict or other situations of violence are taking a more active role in designing humanitarian response strategies and coordinating relief efforts, questioning at times the relevance of independent humanitarian action. The growing role of national governments has had a definite impact on the structure and chain of command of international organizations, requiring increasing the autonomy of field representatives and an improved capacity to engage in policy and operational dialogue, particularly within regional humanitarian hubs. The regionalization of policy debates has, in turn, contributed to the emergence of regional humanitarian response models dealing, for example, with the impact of forced migration, gender-based violence, and the resilience of communities.

Attempts to maintain the integrity of internationally accepted procedures and to mitigate the effects of this ongoing decentralization have yielded limited results so far. Despite their best efforts to connect with local communities and maintain a sense of overall coherence, many international humanitarian organizations are perceived by national governments as foreign entities guided by international political and security agendas, often acting as a substitute or, in some cases, a catalyst, for greater security interventions by Western-led intergovernmental organizations. Emerging regional powers from the Global South remain guarded in their relationship with humanitarian actors and reluctant to participate in protection initiatives that put pressure on States and non-State actors to respect the rules of international humanitarian law (IHL), preferring less intrusive informal bilateral dialogue and common standard-setting approaches.

Consequently, the ICRC is confronted with increasingly divergent and dispersed views as to how humanitarian operations should be conducted and how to mobilize governments to respect and to ensure respect for IHL. Whereas some governments have explicitly questioned the core principles of international humanitarian action in times of crisis, others have been openly politicizing humanitarian operations and access to require more robust and direct interventions in the domestic affairs of particular States.

### An increasingly complex operational environment

The ICRC is working in conflict environments that are increasingly fragmented and volatile, where unexpected emergencies unfold

alongside protracted and complex armed conflicts; where violence and instability are both causes and consequences of recurring conflict and suffering; and where natural disasters, environmental problems, urbanization, migration, and socio-economic crises exacerbate situations of chronic hardship. Non-State armed groups are no longer clearly defined entities with distinct political and security agendas similar to those in the late 20th century. Rather, they often operate in the vacuum left by increasingly fragile States, composed of varying combinations of formal and informal armed elements animated by a mixture of motives, including control over natural resources, conduct of criminal activities, and predatory intentions towards the local population. Most current conflicts are not conducted along delineated front lines either. They take place in a multitude of locations with a multitude of evolving actors and alliances, and without a clear end in sight, as the legal and institutional configurations needed to restore a minimum of stability and respect for law and order are often absent. Ensuring respect for IHL and other legal norms by all parties to a conflict – States and non-State armed groups alike – is a perennial challenge.

Further difficulties have arisen with the intensification and diversification of counter-terrorism efforts that amalgamate law enforcement activities and the conduct of hostilities, question the relevance of clearly established legal frameworks applicable to these situations, and project military power across sensitive political and security borders. While terrorism undermines the very roots of humanitarian principles, the fast-evolving weapons technology used in counter-terrorism operations, such as combat drones, poses new challenges to respecting IHL and international human rights law. Legal and administrative restrictions imposed on the delivery of humanitarian assistance in these contexts have already seriously impacted the ability of major agencies to respond to specific crises. This politicization of humanitarian programmes has also led, in certain contexts, to the militarization of essential public services such as health care and electricity and water networks – including the use of siege warfare tactics and direct attacks – depriving entire populations of the necessary means of survival in times of crisis.

As a result of these developments, many armed conflicts are becoming long-lasting affairs, because the parties and the international community are unable to address the root causes of the conflict, and humanitarian action is unable to mitigate the impact of hostilities on the population. The protracted character of these conflicts gives rise to long-term needs in terms of education, health care, food security, water, electricity, law and order, etc. The multiple origins of violence (conflict-related, criminal, inter-communal) and its long-term impact on public infrastructure and the economy have become significant sources of internal displacement and refugee flows, spilling over borders and further destabilizing neighbouring countries and regions. The collapse of health, water or educational systems in conflict environments reverberates across entire regions, as populations seek essential services abroad, overloading public and private infrastructure in neighbouring countries and causing regional and even at times global challenges. These movements also serve as channels for human trafficking, child labour, and other severe abuses, as criminal groups take advantage of the vulnerabilities of these populations that are in flux.

### **A widening international humanitarian response**

Since the adoption of the United Nations General Assembly Resolution 46/182 in 1991, which established the UN Guiding

Principles for strengthening the coordination of emergency humanitarian assistance in the UN system, UN agencies, INGOs, and major donors have contributed to establishing a cogent international humanitarian response that has grown considerably over recent years. It currently accounts for between 80 and 90% of all international humanitarian assistance in armed conflict and natural disasters. This response is centred on the recognition of common standards of practice among humanitarian organizations, and on the need to ensure effective coordination of humanitarian operations, as exemplified by the Cluster Approach, the main outcome of the 2005 UN humanitarian reform. While contributing to exchanges on increased effectiveness of humanitarian operations, the ICRC has generally kept some distance between its sphere of operations and the UN-based response system so as to maintain its specific neutral and independent approach. This distance has allowed the ICRC to safeguard its autonomy in view of the perceived increasing politicization of some UN-led humanitarian operations and their integration into political and peacekeeping efforts. It has also facilitated the maintenance of the ICRC's distinct multidisciplinary approach to the needs of populations affected by armed conflict and other situations of violence from and alongside specialized UN agencies and INGOs, as well as its direct contacts with these populations and communities. Ultimately, it has allowed the ICRC to retain its focus on the essential needs of populations affected by armed conflicts and other situations of violence, distinct from the growing movement to address the demands of people under a more transformative "rights-based" agenda and from discussions associated with this effort.

Despite the ICRC's efforts to keep its distance from such debates, its access to populations affected is not immune to the overall politicization of humanitarian assistance. It is particularly vulnerable to the confusion arising from UN agencies and INGOs referring to the same principles of humanity, impartiality, and neutrality contained in both General Assembly Resolution 46/182 and the Fundamental Principles of the Movement. As the ICRC often works alongside these organizations, confronting the same operational challenges and cooperating substantially at the field level in building the resilience of communities affected, it is becoming increasingly difficult to demonstrate unambiguously the distinctly independent character of the ICRC within the larger humanitarian response. Such confusion may increase as UN-led response to conflict situations is foreseen as an area of priority concern in the post-2015 Millennium Development Goals. This evolution will parallel the growing tendency to integrate humanitarian objectives with political resolutions of the UN Security Council, the UN Human Rights Council's more assertive reviews of the implementation of IHL obligations by States in accordance with human rights concerns, and the provision of specific mandates to UN peacekeeping forces to use military force to protect civilians from attacks, hence taking an active part in armed hostilities as part of an overall international "humanitarian" response.

Finally, a critical factor impacting the ICRC's operations and perception in some contexts is the need for components of the Movement as a whole to work according to their distinct roles and in adherence with the Fundamental Principles. This is particularly important in times of armed conflict and other situations of violence. Contexts in which National Societies are directed by governments or used as implementing partners by UN agencies can present a major perception risk and thus impede the capacity to respond.

## ADDRESSING THE CHALLENGES

A number of dilemmas and tensions arise as the ICRC considers ways to improve the impact of its operations on the vulnerabilities of populations affected by armed conflicts and other situations of violence. Identifying the main issues confronting the ICRC in the implementation of its mission is a first step towards developing the strategic orientations and objectives of the organization for the coming years.

Throughout its history, the ICRC has been at the centre of numerous processes aimed at developing, clarifying and interpreting IHL in order to address new and evolving protection, prevention and assistance challenges. In recent times, the trend appears to have accelerated owing to the emergence of new technology in the battlefield, the diversification of actors in conflict, and the spread of violence targeting civilians.

Not only does the ICRC lead a variety of initiatives to ensure that the law remains relevant, it also has to face rising difficulties in terms of compliance. Indeed, State and non-State actors alike flout basic rules of IHL with negative repercussions on the protection of civilians in armed conflicts and other situations of violence. How should the ICRC, in such circumstances, adapt and make use of IHL to ensure stronger protection? How far should the ICRC join other humanitarian actors in mobilizing attention to the violations of IHL in some of the most desperate situations? These questions embody the most difficult and recurring dilemmas encountered by the ICRC in its protection activities.

Paradoxically, these vexing issues arise in the context of the growing engagement of international humanitarian and human rights organizations in the protection of civilians. The protection of civilians has now become a priority goal of the UN system as well as many INGOs, increasingly blurring the distinct historic character of the ICRC's mission within the overall international response. Underpinning these developments, international human rights law is also becoming a major framework of reference in assessing the legality of the conduct of parties to armed conflict and other situations of violence, along with IHL. Human rights institutions, such as the Human Rights Council and its review and monitoring mechanisms as well as ad hoc bodies, are taking an increasingly important role in assessing compliance with the rules of IHL and international human rights law. This concurrence of approaches can be mutually reinforcing and result in better protection; conversely, the mixing of legal frameworks may create confusion or ambiguities when international human rights law and IHL take distinct perspectives, supporting differing actions by States or humanitarian organizations.

In this regard, the ICRC will continue to invest significant intellectual energy, diplomatic skills, operational capacities and resources to support the enhancement of respect for and implementation of IHL, international human rights law and other relevant norms, with a view to asserting the organization's distinctive pragmatic and experiential perspective on the protection of people and communities affected by armed conflicts and other situations of violence. Overall, the ICRC will focus its energies on affirming a critical role in the orientation of the international humanitarian response dealing with the protection of civilians. While doing so the ICRC will continue to promote and broaden quality exchanges amongst professionals on IHL, stimulating rigorous, evidence-based reflections and promoting nuanced and sophisticated perspectives on the development and implementation of IHL.

A growing challenge facing the ICRC remains its ability to work in close proximity with populations affected, and continuing to operate in line with the Fundamental Principles, where few other actors can. Proximity is a distinct feature of the organization that is necessary for understanding people's needs and influencing relevant actors and stakeholders. In many cases, this proximity facilitates harnessing the necessary security guarantees from local actors. It also involves a greater exposure to security risks that need to be mitigated. To maintain its presence and approach, the ICRC must mobilize the necessary human resources and skills to negotiate with all relevant stakeholders, particularly at field level. This requires the sharing of experience among senior negotiators and learning from institutional best practices. Also, proximity to victims, their community, and the ongoing humanitarian response will require definite efforts to devolve responsibility to the level closest to implementation and to simplify the operational planning and reporting processes of the ICRC.

A further challenge in this regard is to see how protection strategies can be integrated practically across the various aspects of ICRC operations: health care, food security, water, detention activities and family reunification, as well as outreach, public communication, fundraising and cooperation with National Societies. At the same time, new technology and regulatory developments will present both challenges and opportunities for the ICRC, including in terms of how it interacts with beneficiaries, gathers and shares information and protects data, as well as with regard to its ability to analyse 'big data' to strengthen its response to humanitarian needs. The overall impact of the ICRC's efforts to prioritize protection will depend on the extent to which experts and managers communicate with each other on protection matters and build synergies in their activities, in particular between prevention, assistance and protection programming.

Finally, the ICRC will remain focused on its core humanitarian objectives, i.e. addressing the protection and assistance needs of populations affected by violence, while building bridges with other specialized agencies that could enhance its impact on the longer term needs of populations affected – in terms of development, health, education, economic security, environmental preservation, etc. In doing so, the ICRC will consider ways of scaling up its operational capacities through new partnerships with National Societies, and pragmatic cooperation with specialized UN agencies, NGOs and the private sector, while preserving the integrity of the Fundamental Principles of its action.

The ICRC's relationship and cooperation with the other components of the Movement will remain paramount to its operational approaches, but with the understanding that National Societies are increasingly confronted with more assertive governments, increasing competition for funding from humanitarian agencies and NGOs, as well as shifting political environments at the national and international levels. The ICRC will need to engage in a pragmatic dialogue with all National Societies on how it can support these organizations in fulfilling their humanitarian mission and identify operational synergies while, at the same time, being ready to maintain some distance from those who opt to participate in integrated responses impacting on the protection needs of populations affected. In taking a more assertive coordination role within the Movement during armed conflict and other situations of violence and, as appropriate, in major emergencies, the ICRC will offer donors a more direct way of financing principled humanitarian assistance through the Movement.

The ICRC's humanitarian diplomacy has relied on interactions with States, international organizations and non-State actors to build a consensus on negotiating access to vulnerable groups and compliance

with IHL. These confidential and pragmatic interactions have been a distinctive asset of the ICRC that should continue to be nurtured in terms of engagement with actors of influence. Yet, the increasing fluidity and diversity of agendas in the international system explain in part the growing obstacles to effective humanitarian diplomacy. To address these obstacles, the ICRC will continue to develop its political understanding of the current global environment and connect with emerging actors and networks of influence, while maintaining an independent needs-based approach. It will invest in relationships with world religious and social leaders, approach business leaders and philanthropists, particularly in the Global South, and engage with global academic and policy hubs to mobilize their efforts in support of humanitarian action. It should maintain these efforts while preserving a strong focus on its overall protection mission.

In this regard, its capacity to work beyond national programmes and contacts is likely to acquire a strategic importance for the whole organization. The ICRC will need to strengthen the policy and planning capacity of its operations beyond national contexts to respond to the increasingly transnational impact of crisis situations, with the goal of participating and engaging more actively in professional and diplomatic exchanges on emerging challenges in major regional humanitarian hubs including Geneva, Amman, Nairobi, Bangkok, and New York. Such regional capacities of the ICRC's planning and coordination role should also allow exploring new partnerships with local, national, and regional organizations, particularly within the Movement.

At headquarters, the ICRC should expand its policy anchoring within Geneva's political, social and scientific networks to support its research and development initiatives, building on its historic roots in Geneva as well as among Geneva-based humanitarian agencies and policy centres.

Over the past decade, the ICRC has maintained a steady level of operational activity while most major humanitarian agencies and INGOs have significantly expanded their operational engagements, investing heavily in national partnerships. In view of the multiplicity of UN agencies and INGOs active in armed conflicts and other situations of violence, and the relative decrease in the ICRC's share of the international humanitarian response, the ICRC's reputation as a leading actor in humanitarian action has been facing some challenges. Overcoming such challenges will require a more ambitious footprint that builds on the ICRC's unique features as a distinct independent, impartial and neutral actor, its relevance in a host of very different contexts, and consistent excellence in the field of protection and assistance.

In this regard, the ICRC will continue to explore new avenues of humanitarian engagement to respond to existing needs in traditional armed conflicts, as well as multiple sources of violence in hazardous environments, such as violence against conflict migrants, urban violence, sexual violence and the humanitarian consequences of the collapse of health-care systems in times of crisis. To do so will require resources, strategic vision, and renewed operational engagement to learn from experience and take controlled risks in expanding the scope and outreach of operations. It is crucial in this regard that the ICRC consider ways to mobilize the required human, financial and operational resources it needs to expand its operations. This mobilization will entail an expansion of its own capacity to operate, as well as the crafting of new arrangements with other humanitarian actors. In particular, it will need to connect and cooperate more effectively

with local organizations so as to achieve maximum impact in addressing humanitarian needs.

By doing so, the ICRC will ensure a broader funding basis, while preserving the commitment of traditional donors. It will also enhance its personnel, financial, organizational, communication and information management capacities, as well as its technological capacities, with a view to becoming a larger, more global, more diverse and more connected ICRC. It will develop a definite growth strategy, aimed at increasing the relevance of its action in both qualitative and quantitative terms, especially as needs continue to grow.

Key to achieving all aspects of the ICRC's ambitions and priorities are the organization's 13,000 staff members. It is essential that the ICRC continue to capitalize on its rich and increasingly diverse human resources through improved people management policies and programmes, with the goal of strengthening and empowering a global workforce. It will invest proactively in the development of field competencies, support exchanges with professional circles inside and outside the organization, and seek to attract the best minds and most committed professionals.

To do so, it will need to offer career prospects that value individual aspirations and allow for lateral progression. It will enforce a strict policy of field and headquarter rotation as a means of exposing staff to the various and changing realities of operations in all their aspects. The ICRC will continue the devolution of responsibilities from its centre to the field, at the national level and in the regional humanitarian hubs, where a larger number of staff can develop their skills and bring their experience to bear on ICRC standards and methods. The ICRC must also continue to look to the future and further develop its information management capacity and systems, including better incorporation of the use of new technologies, to facilitate informed decision-making in order to adapt its humanitarian response to constantly changing situations.

## DEFINING THE ICRC'S STRATEGIC ORIENTATIONS AND OBJECTIVES

In order to realize its vision in such a complex and dynamic environment, with such wide-ranging humanitarian needs, the ICRC needs to make bold, progressive choices in the face of some fundamental dilemmas. It must build on existing strengths and find new ways to overcome challenges and constraints to its mission. This section presents the strategic orientations of the organization to respond to the challenges identified above:

1. Strengthen the ICRC's capacity to protect through law, operations and policy
2. Enhance the ICRC's distinctive response to growing needs
3. Secure the widest possible support for ICRC action
4. Contribute to a more significant response by the Movement to large-scale emergencies
5. Adapt and strengthen organizational capacities to sustain growth and the continued relevance of ICRC action

This section details how these strategic orientations are translated into strategic objectives.

### 1. Strengthen the ICRC's capacity to protect through law, operations and policy

- Align the ICRC's initiatives and contributions in terms of IHL development, clarification and implementation with a focus on overcoming protection challenges.



- ▶ Strengthen and systematize protection dimensions in assistance and prevention activities, and build synergies around priority themes across the ICRC's programmes.
- ▶ Strengthen capabilities to use a range of legal frameworks and methods – including international human rights law and refugee law, along with IHL – in operational, legal and policy activities.
- ▶ Further develop methods and tools for engaging non-State armed groups, in particular relating to their compliance with IHL.
- ▶ Contribute to the development of IHL monitoring and compliance mechanisms.
- ▶ Enhance the ICRC's capacity to conduct evidence-based analysis on legal and policy challenges to reinforce its protection work, respecting state-of-the-art standards of professional scrutiny and research.
- ▶ Improve the ICRC's ability to inform policy debates on key humanitarian issues, such as the protection of civilians, in relevant international fora.
- ▶ Influence and ensure compliance with emerging data protection regulatory developments given their direct or potential impact on the ICRC's continued ability to fulfil its mandate and to carry out its humanitarian activities.

## **2. Enhance the ICRC's distinctive response to growing needs**

- ▶ Enhance humanitarian access and proximity of the ICRC's operations through local partnerships and collaboration.
- ▶ Strengthen the ICRC's crisis management and security capacity.
- ▶ Increase the response to health needs, particularly surgical care for wounded persons, health care in detention and the rehabilitation of persons with disabilities.
- ▶ Consolidate and expand the ICRC's focus on preventing and responding to sexual violence by gaining a better understanding of the phenomenon, developing comprehensive, multidisciplinary responses, and sharing good practices and lessons learnt.
- ▶ Consolidate and reinforce the ICRC's approach to addressing the humanitarian needs of internally displaced persons, refugees, populations affected by urban violence and vulnerable migrants, in order to bridge identified protection and assistance gaps and position the organization's operational response across the various international agendas addressing such needs.
- ▶ Support development and analysis of the ICRC's negotiation experience as a policy tool to improve the ability of staff throughout the organization to negotiate and persuade at field and headquarters levels.
- ▶ Engage in a more structured and systematic way with beneficiaries, with a view to better involving them in the assessment of their needs and in the determination of adequate responses.

## **3. Secure the widest possible support for ICRC action**

- ▶ Develop and strengthen the ICRC's humanitarian diplomacy to respond to an increasingly diverse, multifaceted and dynamic environment and organize the organization's external relations accordingly; consider evolving interests and concerns of emerging powers as well as regional and sub-regional organizations.
- ▶ Enhance the capacities of ICRC delegations to engage in humanitarian policy and diplomacy, in particular at national and regional levels.
- ▶ Strengthen and expand the ICRC's donor base by continued engagement with its traditional donors and greater engagement with emerging powers, private donors, global philanthropy and the corporate sector.
- ▶ Strengthen the ICRC's reputation, positioning and support

base, particularly in strategic contexts and with key actors of influence, including civil society actors and the general public, notably through social media.

- ▶ Improve synergies between resource-mobilization and public communication content and tools, notably through continued investment in digital fundraising.
- ▶ Identify and seize opportunities for building stronger relationships within the ICRC's political, social and scientific environment in Geneva.

## **4. Contribute to a more significant response by the Movement to large-scale emergencies**

- ▶ Enhance joint planning between the ICRC, National Societies and the International Federation of Red Cross and Red Crescent Societies for humanitarian response.
- ▶ Provide support to National Societies in the fields of capacity building, security management, communication and fundraising to enhance the planning, coordination and management of humanitarian operations in accordance with Movement decisions.
- ▶ Strengthen partnerships with selected National Societies in line with the ICRC's mission.
- ▶ Engage with all the components of the Movement to establish a pragmatic dialogue and cooperation on Red Cross and Red Crescent issues, capitalizing on the ICRC's specific international mandate.

## **5. Adapt and strengthen organizational capacities to sustain growth and the continued relevance of ICRC action**

- ▶ Review work streams within the ICRC in order to promote lean and efficient processes, strengthen responsible leadership and devolve planning, decision-making and reporting responsibilities to the level closest to implementation.
- ▶ Complete the implementation of the People Management Programme, with a view to strengthening and empowering a global workforce; develop leadership capabilities at all levels through the ICRC's Humanitarian Leadership and Management School.
- ▶ Improve collaboration and mobility throughout the organization and with partners by reinforcing the systems and tools for information management and exchange.
- ▶ Identify key domains for investment in new technologies to reinforce the ICRC's humanitarian response and communication capabilities.
- ▶ Develop the ICRC's ability to capitalize on available information in order to make appropriate and timely management decisions, and rationalize reporting requirements by refining how data is gathered, used and shared.
- ▶ Revamp the management and delivery of the organization's corporate services in order to enhance their efficiency and effectiveness.

The Strategy will be put into practice by ICRC staff members around the world, in accordance with clearly defined management priorities. Indicators will be developed to monitor results, and progress reports prepared at regular intervals.



# THE ICRC AND ITS WORK WITH OTHER COMPONENTS OF THE INTERNATIONAL RED CROSS AND RED CRESCENT MOVEMENT

The Movement is made up of the National Societies, their International Federation and the ICRC. Although each of the Movement's components engages in different activities, they are all united by the same mission: to alleviate human suffering, protect life and health, and uphold human dignity, especially during armed conflicts and other emergencies. Moreover, they share the same Fundamental Principles: humanity, impartiality, neutrality, independence, voluntary service, unity and universality.

As the founding institution of the Movement, the ICRC has certain statutory responsibilities towards the other components. In particular, it is responsible under the Statutes of the Movement for ensuring respect for and promoting knowledge of the Fundamental Principles, recognizing new National Societies that meet the requisite conditions, and discharging the mandates entrusted to it by the International Conference. The ICRC is actively involved in the organization of the Council of Delegates and the International Conference.

National Societies in their respective countries and the ICRC both have the mandate to assist those affected by armed conflict and other situations of violence. National Societies are the primary partners of the ICRC, particularly in the fields of medical and relief assistance and restoring family links. Efforts to strengthen partnerships between National Societies and the ICRC contribute to a more effective Movement, optimizing each component's ability to fulfil their common mission.

Complementing the efforts of the International Federation in the area of organizational development, the ICRC contributes to the development of National Societies in the following fields:

- ▶ disseminating knowledge of IHL and promoting the Fundamental Principles
- ▶ taking measures to ensure the implementation of IHL
- ▶ preparing for activities in the event of armed conflict and other situations of violence, particularly in fields such as the evacuation of the wounded, pre-hospital care and relief assistance
- ▶ restoring family links
- ▶ responding to weapon contamination, including risk reduction and victim assistance
- ▶ supporting the authorities in efforts to ensure the well-being of detained migrants

In addition, the ICRC helps National Societies build a strong legal basis for independent action, including by:

- ▶ providing technical and legal assistance for the establishment and the recognition of National Societies within the Movement
- ▶ together with the International Federation, helping revise and strengthen National Society statutory and legal base instruments
- ▶ together with the International Federation, supporting National Societies in their efforts to apply and adhere at all times to the Fundamental Principles and to the Movement's regulatory framework
- ▶ using the Safer Access Framework, advising National Societies on ways to foster acceptance for their work, increase their access to communities in need, and ensure their safety, especially in contexts affected by conflict and other situations of violence

Finally, the ICRC may act as the lead agency, or support the National Society of the affected country in its responsibility as the lead agency, in coordinating the international relief operations conducted by the Movement. These operations may be carried out in response to the direct consequences of armed conflicts and other situations of violence, or of situations of armed conflict that coincide with natural or technological disasters. The ICRC also coordinates activities to restore family links in all situations that require an international response.

The work of the ICRC is based on the four Geneva Conventions of 1949, their two Additional Protocols of 1977 and Additional Protocol III of 2005, the Statutes of the International Red Cross and Red Crescent Movement, and the resolutions of the International Conferences of the Red Cross and Red Crescent. The ICRC's mission is to provide the victims of armed conflict with protection and assistance. To that end, the ICRC takes direct and immediate action in response to emergency situations, while at the same time promoting preventive measures, such as the dissemination and national implementation of IHL.

It was on the ICRC's initiative that States adopted the original Geneva Convention of 1864. Since then, the ICRC, with the support of the entire Movement, has put constant pressure on governments to adapt IHL to changing circumstances, in particular, to modern developments in the means and methods of warfare, so as to provide more effective protection and assistance for conflict victims.

Today, all States are bound by the four Geneva Conventions of 1949, which, in times of armed conflict, protect wounded, sick and shipwrecked members of the armed forces, prisoners of war and civilians.

Over three-quarters of all States are currently party to the 1977 Additional Protocols. Protocol I protects the victims of international armed conflicts, while Protocol II protects the victims of non-international armed conflicts. These instruments have, in particular, codified the rules protecting the civilian population against the effects of hostilities.

The legal bases of any action undertaken by the ICRC may be summed up as follows:

- ▶ The four Geneva Conventions and Additional Protocol I confer on the ICRC a specific mandate to act in the event of international armed conflict. In particular, the ICRC has the right to visit prisoners of war and civilian internees. The Conventions also give the ICRC a broad right of initiative.
- ▶ In situations of armed conflict that are not international in character, the ICRC enjoys a right of humanitarian initiative recognized by the international community and enshrined in Article 3 common to the four Geneva Conventions.
- ▶ In the event of internal disturbances and tensions, and in any other situation that warrants humanitarian action, the ICRC also enjoys a right of initiative, which is affirmed and recognized in the Statutes of the International Red Cross and Red Crescent Movement. Thus, wherever IHL does not apply, the ICRC may offer its services to governments without that offer constituting interference in the internal affairs of the State concerned.

## UNIVERSAL ACCEPTANCE OF THE GENEVA CONVENTIONS AND THEIR ADDITIONAL PROTOCOLS

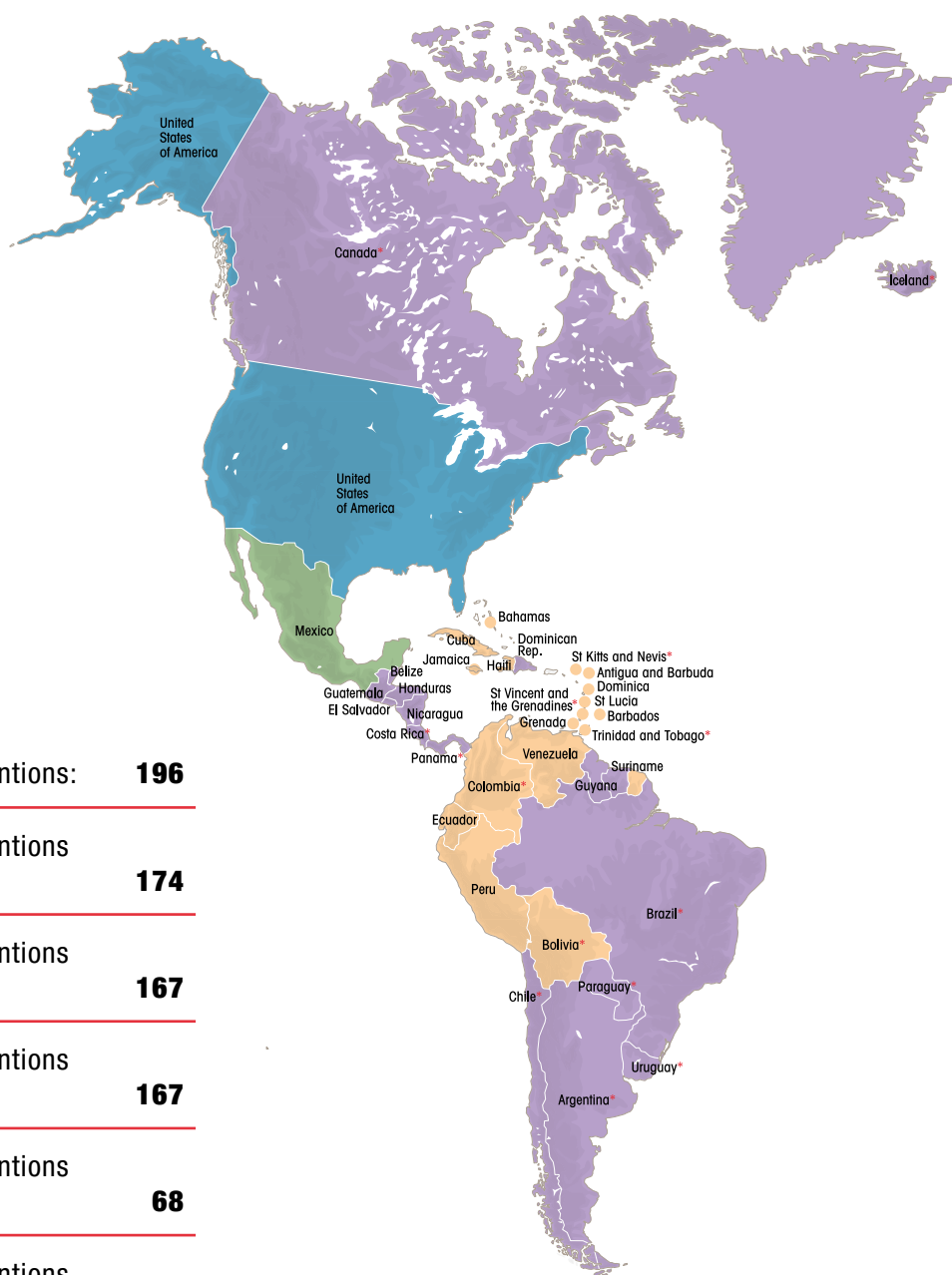
In 2014, Palestinian Authority acceded to the four 1949 Geneva Conventions and Additional Protocol I of 1977. In addition, Portugal and Sweden became party to Additional Protocol III of 2005. 196 States are now party to the four 1949 Geneva Conventions. The number of States party to Additional Protocols I, II and III is brought to 174, 167 and 68 respectively.

By 2014, 76 States have made declarations under Article 90 of Additional Protocol I, which provides for the establishment of an International Fact-Finding Commission to enquire into allegations of serious violations of humanitarian law.

# STATES PARTY TO THE GENEVA CONVENTIONS

This map shows which States were party to the 1949 Geneva Conventions and to their Additional Protocols, as at 31 December 2014. It also indicates which States had made the optional declaration under Article 90 of Additional Protocol I, recognizing the competence of the International Fact-Finding Commission.

*N.B. The names of the countries given on this map may differ from their official names*



States party to the 1949 Geneva Conventions: **196**

States party to the 1949 Geneva Conventions and to 1977 Additional Protocol I: **174**

States party to the 1949 Geneva Conventions and to 1977 Additional Protocol II: **167**

States party to the 1949 Geneva Conventions and to both 1977 Additional Protocols: **167**

States party to the 1949 Geneva Conventions and to 2005 Additional Protocol III: **68**

States party to the 1949 Geneva Conventions, to both 1977 Additional Protocols and to 2005 Additional Protocol III: **64**

States having made the declaration under Article 90 of 1977 Additional Protocol I: **76**

# AND THEIR ADDITIONAL PROTOCOLS

States party to the 1949 Geneva Conventions only

States party to the 1949 Geneva Conventions and to 1977 Additional Protocol I and II



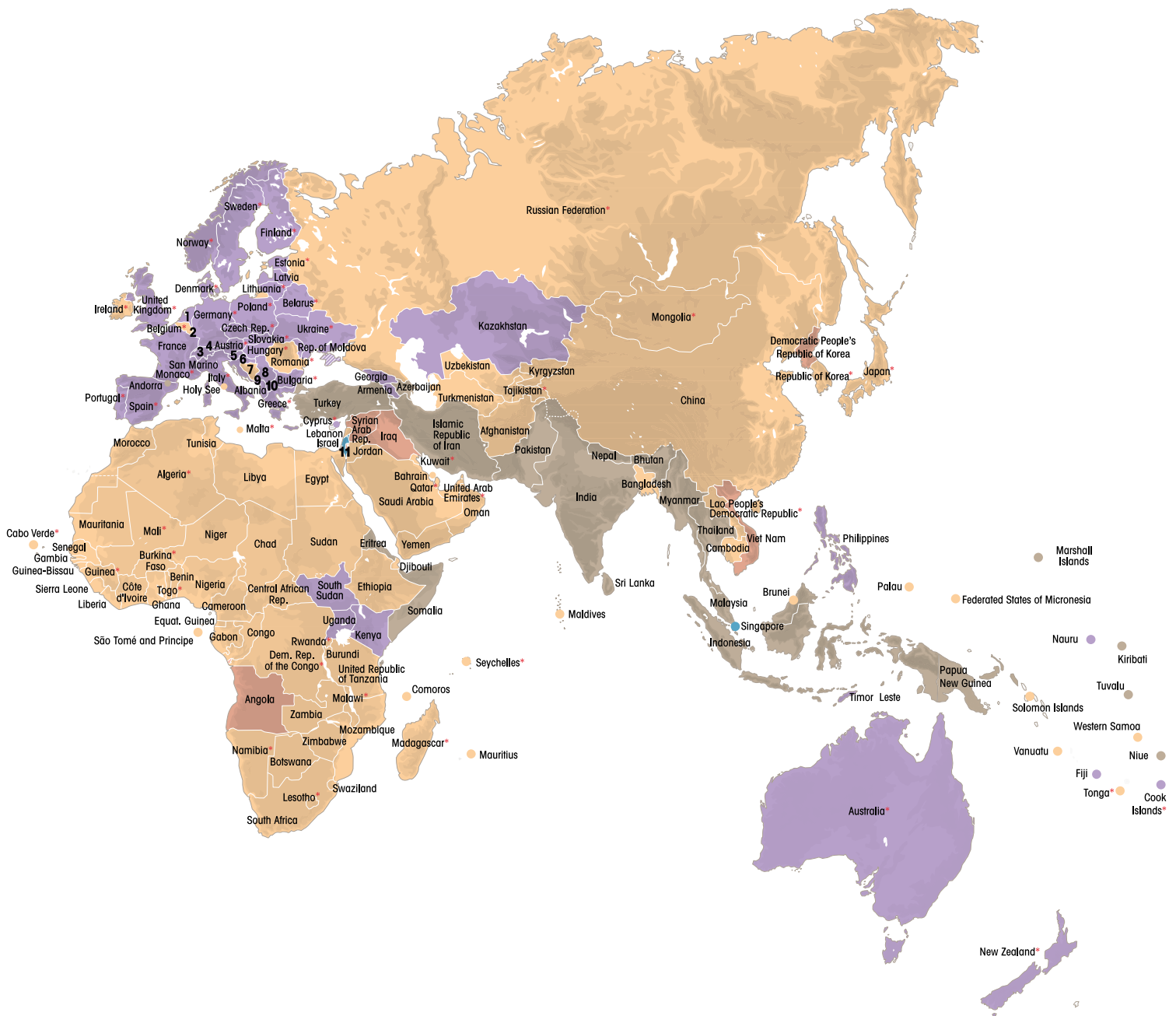
States having made the declaration under Article 90 of 1977 Additional Protocol I

States party to the 1949 Geneva Conventions and to 1977 Additional Protocol I only

States party to the 1949 Geneva Conventions, to both 1977 Additional Protocols and to 2005 Additional Protocol III

States party to the 1949 Geneva Conventions and to 2005 Additional Protocol III only

States party to the 1949 Geneva Conventions, 1977 Additional Protocol I and 2005 Additional Protocol III



- |                       |                         |                    |                                  |                          |                                 |
|-----------------------|-------------------------|--------------------|----------------------------------|--------------------------|---------------------------------|
| <b>1</b> Netherlands* | <b>3</b> Switzerland*   | <b>5</b> Slovenia* | <b>7</b> Bosnia and Herzegovina* | <b>9</b> Montenegro*     | <b>11</b> Palestinian Authority |
| <b>2</b> Luxembourg*  | <b>4</b> Liechtenstein* | <b>6</b> Croatia*  | <b>8</b> Serbia*                 | <b>10</b> FYR Macedonia* |                                 |

## ABBREVIATIONS

R/A/S =

**Ratification:** a treaty is generally open for signature for a certain time following the conference that has adopted it. However, a signature is not binding on a State unless it has been endorsed by ratification. The time limits having elapsed, the Conventions and the Protocols are no longer open for signature. The States that have not signed them may at any time accede or, in the appropriate circumstances, succeed to them.

**Accession:** instead of signing and then ratifying a treaty, a State may become party to it by the single act called accession.

**Succession** (declaration of): a newly independent State may declare that it will abide by a treaty which was applicable to it prior to its independence. A State may also declare that it will provisionally abide by such treaties during the time it deems necessary to examine their texts carefully and to decide on accession or succession to some or all of the said treaties (declaration of provisional application of the treaties). At present no State is bound by such a declaration.

R/D = **Reservation/Declaration:** unilateral statement, however phrased or named, made by a State when ratifying, acceding or succeeding to a treaty, whereby it purports to exclude or to modify the legal effect of certain provisions of the treaty in their application to that State (provided that such reservations are not incompatible with the object and purpose of the treaty).

D90 = **Declaration** provided for under article 90 of Protocol I (prior acceptance of the competence of the International Fact-Finding Commission).

## DATES

The dates indicated are those on which the Swiss Federal Department of Foreign Affairs received the official instrument from the State that was ratifying, acceding to or succeeding to the Conventions or Protocols or accepting the competence of the Commission provided for under Article 90 of Protocol I. They thus represent neither the date on which ratification, accession, succession or acceptance of the Commission was decided upon by the State concerned nor that on which the corresponding instrument was sent.

N.B.: The dates given for succession to the Geneva Conventions by **Congo, Democratic Republic of the Congo, Jamaica, Madagascar, Mauritania, Niger, Nigeria, Rwanda, Senegal, and Sierra Leone** used to be those on which the corresponding instruments had been officially adopted. They have now been replaced by the dates on which the depositary received those instruments.

## ENTRY INTO FORCE

Except as mentioned in footnotes at the end of the tables, for all States the entry into force of the Conventions and of the Protocols occurs six months after the date given in the present document; for States which have made a declaration of succession, entry into force takes place retroactively, on the day of their accession to independence. The 1949 Geneva Conventions entered into force on 21 October 1950. The 1977 Additional Protocols entered into force on 7 December 1978. The 2005 Additional Protocol III entered into force on 14 January 2007.

## NAMES OF COUNTRIES

The names of countries given in the following list may differ from the official names of States.

## UPDATE SINCE 31.12.2013

196 States are party to the four Geneva Conventions of 1949.

Ratifications, accessions or successions to Additional Protocol I: 1  
▶ Palestinian Authority 02.04.2014

Ratifications, accessions or successions to Additional Protocol II: 0

Ratifications, accessions or successions to Additional Protocol III: 2  
▶ Portugal 22.04.2014  
▶ Sweden 21.08.2014

## TOTALS:

Number of States Parties to the Geneva Conventions of 1949: 196  
Number of States to the Additional Protocol I: 174  
Number of States having made the declaration under Article 90: 76  
Number of States Parties to the Additional Protocol II: 167  
Number of States Parties to the Additional Protocol III: 68  
Number of States Members of the United Nations: 193

States Parties to the Geneva Conventions but not members of the United Nations: **Cook Islands, Holy See and Palestinian Authority**



## STATES PARTY TO THE GENEVA CONVENTIONS AND THEIR ADDITIONAL PROTOCOLS

COUNTRY	GENEVA CONVENTIONS		PROTOCOL I			PROTOCOL II		PROTOCOL III				
	R/A/S	R/D	R/A/S	R/D	D90	R/A/S	R/D	R/A/S	R/D			
Afghanistan	26.09.1956	R	10.11.2009	A		10.11.2009	A					
Albania	27.05.1957	R	16.07.1993	A		16.07.1993	A	06.02.2008	A			
Algeria	20.06.1960	A	16.08.1989	A	X	16.08.1989	16.08.1989	A				
	03.07.1962		16.08.1989			16.08.1989	16.08.1989	A				
Andorra	17.09.1993	A										
Angola	20.09.1984	A	20.09.1984	A	X							
Antigua and Barbuda	06.10.1986	S	06.10.1986	A		06.10.1986	A					
Argentina	18.09.1956	R	26.11.1986	A	X	11.10.1996	26.11.1986	A	X			
Armenia	07.06.1993	A	07.06.1993	A			07.06.1993	A	12.08.2011	A		
Australia	14.10.1958	R	21.06.1991	R	X	23.09.1992	21.06.1991	R	15.07.2009	R		
Austria	27.08.1953	R	13.08.1982	R	X	13.08.1982	13.08.1982	R	X	03.06.2009	R	
Azerbaijan	01.06.1993	A										
Bahamas	11.07.1975	S	10.04.1980	A			10.04.1980	A				
Bahrain	30.11.1971	A	30.10.1986	A			30.10.1986	A				
Bangladesh	04.04.1972	S	08.09.1980	A			08.09.1980	A				
Barbados	10.09.1968	S	19.02.1990	A			19.02.1990	A				
Belarus	03.08.1954	R	23.10.1989	R		23.10.1989	23.10.1989	R	31.03.2011	A		
Belgium	03.09.1952	R	20.05.1986	R	X	27.03.1987	20.05.1986	R				
Belize	29.06.1984	A	29.06.1984	A			29.06.1984	A	03.04.2007	A		
Benin	14.12.1961	S	28.05.1986	A			28.05.1986	A				
Bhutan	10.01.1991	A										
Bolivia, Plurinational State of	10.12.1976	R	08.12.1983	A		10.08.1992	08.12.1983	A				
Bosnia and Herzegovina	31.12.1992	S	31.12.1992	S		31.12.1992	31.12.1992	S				
Botswana	29.03.1968	A	23.05.1979	A			23.05.1979	A				
Brazil	29.06.1957	R	05.05.1992	A		23.11.1993	05.05.1992	A	28.08.2009	R		
Brunei Darussalam	14.10.1991	A	14.10.1991	A			14.10.1991	A				
Bulgaria	22.07.1954	R	26.09.1989	R		09.05.1994	26.09.1989	R	13.09.2006	R		
Burkina Faso	07.11.1961	S	20.10.1987	R		24.05.2004	20.10.1987	R				
Burundi	27.12.1971	S	10.06.1993	A			10.06.1993	A				
Cabo Verde	11.05.1984	A	16.03.1995	A		16.03.1995	16.03.1995	A				
Cambodia	08.12.1958	A	14.01.1998	A			14.01.1998	A				
Cameroon	16.09.1963	S	16.03.1984	A			16.03.1984	A				
Canada	14.05.1965	R	20.11.1990	R	X	20.11.1990	20.11.1990	R	X	26.11.2007	R	X
Central African Republic	01.08.1966	S	17.07.1984	A			17.07.1984	A				
Chad	05.08.1970	A	17.01.1997	A			17.01.1997	A				
Chile	12.10.1950	R	24.04.1991	R		24.04.1991	24.04.1991	R	06.07.2009	R		
China	28.12.1956	R	14.09.1983	A	X		14.09.1983	A	X			
Colombia	08.11.1961	R	01.09.1993	A		17.04.1996	14.08.1995	A				
Comoros	21.11.1985	A	21.11.1985	A			21.11.1985	A				
Congo	04.02.1967	S	10.11.1983	A			10.11.1983	A				
Congo, Democratic Republic of the	24.02.1961	S	03.06.1982	A		12.12.2002	12.12.2002	A				
Cook Islands	07.05.2002	S	07.05.2002	A		07.05.2002	07.05.2002	A	07.09.2011	A		
Costa Rica	15.10.1969	A	15.12.1983	A		09.12.1999	15.12.1983	A	30.06.2008	R		
Côte d'Ivoire	28.12.1961	S	20.09.1989	R			20.09.1989	R				
Croatia	11.05.1992	S	11.05.1992	S		11.05.1992	11.05.1992	S	13.06.2007	R		
Cuba	15.04.1954	R	25.11.1982	A			23.06.1999	A				
Cyprus	23.05.1962	A	01.06.1979	R		14.10.2002	18.03.1996	A	27.11.2007	R		
Czech Republic	05.02.1993	S	05.02.1993	S		02.05.1995	05.02.1993	S	23.05.2007	R		
Denmark	27.06.1951	R	17.06.1982	R	X	17.06.1982	17.06.1982	R	25.05.2007	R		
Djibouti	06.03.1978	S	08.04.1991	A			08.04.1991	A				
Dominica	28.09.1981	S	25.04.1996	A			25.04.1996	A				
Dominican Republic	22.01.1958	A	26.05.1994	A			26.05.1994	A	01.04.2009	R		
Ecuador	11.08.1954	R	10.04.1979	R			10.04.1979	R				
Egypt	10.11.1952	R	09.10.1992	R	X		09.10.1992	R	X			
El Salvador	17.06.1953	R	23.11.1978	R			23.11.1978	R	12.09.2007	R		
Equatorial Guinea	24.07.1986	A	24.07.1986	A			24.07.1986	A				
Eritrea	14.08.2000	A										
Estonia	18.01.1993	A	18.01.1993	A		20.02.2009	18.01.1993	A	28.02.08	R		
Ethiopia	02.10.1969	R	08.04.1994	A			08.04.1994	A				
Fiji	09.08.1971	S	30.07.2008	A			30.07.2008	A	30.07.08	A		

## STATES PARTY TO THE GENEVA CONVENTIONS AND THEIR ADDITIONAL PROTOCOLS (cont.)

COUNTRY	GENEVA CONVENTIONS		PROTOCOL I			PROTOCOL II		PROTOCOL III					
	R/A/S	R/D	R/A/S	R/D	D90	R/A/S	R/D	R/A/S	R/D				
Finland	22.02.1955	R	07.08.1980	R	X	07.08.1980	07.08.1980	R	14.01.2009	R			
France	28.06.1951	R	11.04.2001	A	X		24.02.1984	A	X	17.07.2009	R		
Gabon	26.02.1965	S	08.04.1980	A			08.04.1980	A					
Gambia	20.10.1966	S	12.01.1989	A			12.01.1989	A					
Georgia	14.09.1993	A	14.09.1993	A			14.09.1993	A		19.03.2007	R		
Germany	03.09.1954	A	X	14.02.1991	R	X	14.02.1991	14.02.1991	R	X	17.06.2009	R	
Ghana	02.08.1958	A		28.02.1978	R			28.02.1978	R				
Greece	05.06.1956	R		31.03.1989	R	X	04.02.1998	15.02.1993	A		26.10.2009	R	
Grenada	13.04.1981	S		23.09.1998	A			23.09.1998	A				
Guatemala	14.05.1952	R		19.10.1987	R			19.10.1987	R		14.03.2008	R	
Guinea	11.07.1984	A		11.07.1984	A		20.12.1993	11.07.1984	A				
Guinea-Bissau	21.02.1974	A	X	21.10.1986	A			21.10.1986	A				
Guyana	22.07.1968	S		18.01.1988	A			18.01.1988	A		21.09.2009	A	
Haiti	11.04.1957	A		20.12.2006	A			20.12.2006	A				
Holy See	22.02.1951	R		21.11.1985	R	X		21.11.1985	R	X			
Honduras	31.12.1965	A		16.02.1995	R			16.02.1995	R		08.12.2006	R	
Hungary	03.08.1954	R		12.04.1989	R		23.09.1991	12.04.1989	R		15.11.2006	R	
Iceland	10.08.1965	A		10.04.1987	R	X	10.04.1987	10.04.1987	R		04.08.2006	R	
India	09.11.1950	R											
Indonesia	30.09.1958	A											
Iran (Islamic Republic of)	20.02.1957	R	X										
Iraq	14.02.1956	A		01.04.2010	A								
Ireland	27.09.1962	R		19.05.1999	R	X	19.05.1999	19.05.1999	R	X			
Israel	06.07.1951	R	X								22.11.2007	R	X
Italy	17.12.1951	R		27.02.1986	R	X	27.02.1986	27.02.1986	R		29.01.2009	R	
Jamaica	20.07.1964	S		29.07.1986	A			29.07.1986	A				
Japan	21.04.1953	A		31.08.2004	A	X	31.08.2004	31.08.2004	A				
Jordan	29.05.1951	A		01.05.1979	R			01.05.1979	R				
Kazakhstan	05.05.1992	S		05.05.1992	S			05.05.1992	S		24.06.2009	A	
Kenya	20.09.1966	A		23.02.1999	A			23.02.1999	A		28.10.2013	R	
Kiribati	05.01.1989	S											
Korea, Democratic People's Republic of	27.08.1957	A	X	09.03.1988	A								
Korea, Republic of	16.08.1966	A	X	15.01.1982	R	X	16.04.2004	15.01.1982	R				
Kuwait	02.09.1967	A	X	17.01.1985	A		21.06.2013	17.01.1985	A				
Kyrgyzstan	18.09.1992	S		18.09.1992	S			18.09.1992	S				
Lao People's Democratic Republic	29.10.1956	A		18.11.1980	R		30.01.1998	18.11.1980	R				
Latvia	24.12.1991	A		24.12.1991	A			24.12.1991	A		02.04.2007	R	
Lebanon	10.04.1951	R		23.07.1997	A			23.07.1997	A				
Lesotho	20.05.1968	S		20.05.1994	A		13.08.2010	20.05.1994	A				
Liberia	29.03.1954	A		30.06.1988	A			30.06.1988	A				
Libya	22.05.1956	A		07.06.1978	A			07.06.1978	A				
Liechtenstein	21.09.1950	R		10.08.1989	R	X	10.08.1989	10.08.1989	R	X	24.08.2006	R	
Lithuania	03.10.1996	A		13.07.2000	A		13.07.2000	13.07.2000	A		28.11.2007	R	
Luxembourg	01.07.1953	R		29.08.1989	R		12.05.1993	29.08.1989	R				
Macedonia, the Former Yugoslav Republic of	01.09.1993	S	X	01.09.1993	S	X	01.09.1993	01.09.1993	S		14.10.2008	R	
Madagascar	18.07.1963	S		08.05.1992	R		27.07.1993	08.05.1992	R				
Malawi	05.01.1968	A		07.10.1991	A		10.01.2014	07.10.1991	A				
Malaysia	24.08.1962	A											
Maldives	18.06.1991	A		03.09.1991	A			03.09.1991	A				
Mali	24.05.1965	A		08.02.1989	A		09.05.2003	08.02.1989	A				
Malta	22.08.1968	S		17.04.1989	A	X	17.04.1989	17.04.1989	A	X			
Marshall Islands	01.06.2004	A											
Mauritania	30.10.1962	S		14.03.1980	A			14.03.1980	A				
Mauritius	18.08.1970	S		22.03.1982	A	X		22.03.1982	A	X			
Mexico	29.10.1952	R		10.03.1983	A						07.07.2008	R	
Micronesia (Federated States of)	19.09.1995	A		19.09.1995	A			19.09.1995	A				
Moldova, Republic of	24.05.1993	A		24.05.1993	A			24.05.1993	A		19.08.2008	R	X
Monaco	05.07.1950	R		07.01.2000	A		26.10.2007	07.01.2000	A		12.03.2007	R	
Mongolia	20.12.1958	A		06.12.1995	R	X	06.12.1995	06.12.1995	R				
Montenegro	02.08.2006	A		02.08.2006	A		02.08.2006	02.08.2006	A				

**STATES PARTY TO THE GENEVA CONVENTIONS AND THEIR ADDITIONAL PROTOCOLS (cont.)**

COUNTRY	GENEVA CONVENTIONS		PROTOCOL I			PROTOCOL II		PROTOCOL III				
	R/A/S	R/D	R/A/S	R/D	D90	R/A/S	R/D	R/A/S	R/D			
Morocco	26.07.1956	A	03.06.2011	R		03.06.2011	R					
Mozambique	14.03.1983	A	14.03.1983	A		12.11.2002	A					
Myanmar	25.08.1992	A										
Namibia	22.08.1991	S	17.06.1994	A	X	21.07.1994	17.06.1994	A	X			
Nauru	27.06.2006	A	27.06.2006	A			27.06.2006	A	04.12.2012	R		
Nepal	07.02.1964	A										
Netherlands	03.08.1954	R	26.06.1987	R	X	26.06.1987	26.06.1987	R	X	13.12.2006	R	X
New Zealand	02.05.1959	R	08.02.1988	R	X	08.02.1988	08.02.1988	R	X	23.10.2013	R	
Nicaragua	17.12.1953	R	19.07.1999	R			19.07.1999	R		02.04.2009	R	
Niger	21.04.1964	S	08.06.1979	R			08.06.1979	R				
Nigeria	20.06.1961	S	10.10.1988	A			10.10.1988	A				
Norway	03.08.1951	R	14.12.1981	R		14.12.1981	14.12.1981	R		13.06.2006	R	
Oman	31.01.1974	A	29.03.1984	A	X		29.03.1984	A	X			
Pakistan	12.06.1951	R	X									
Palau	25.06.1996	A	25.06.1996	A			25.06.1996	A				
Palestinian Authority	02.04.2014	A	02.04.2014	A								
Panama	10.02.1956	A	18.09.1995	R		26.10.1999	18.09.1995	R		30.04.2012	R	
Papua New Guinea	26.05.1976	S										
Paraguay	23.10.1961	R	30.11.1990	A		30.01.1998	30.11.1990	A		13.10.2008	R	
Peru	15.02.1956	R	14.07.1989	R			14.07.1989	R				
Philippines	06.10.1952	R	30.03.2012	R	X		11.12.1986	A		22.08.2006	R	
Poland	26.11.1954	R	23.10.1991	R		02.10.1992	23.10.1991	R		26.10.2009	R	
Portugal	14.03.1961	R	X	27.05.1992	R	X	01.07.1994	27.05.1992	R	X	22.04.2014	R
Qatar	15.10.1975	A	05.04.1988	A	X	24.09.1991	05.01.2005	A				
Romania	01.06.1954	R	21.06.1990	R		31.05.1995	21.06.1990	R				
Russian Federation	10.05.1954	R	X	29.09.1989	R	X	29.09.1989	29.09.1989	R	X		
Rwanda	05.05.1964	S	19.11.1984	A		08.07.1993	19.11.1984	A				
Saint Kitts and Nevis	14.02.1986	S	14.02.1986	A		17.04.2014	14.02.1986	A				
Saint Lucia	18.09.1981	S	07.10.1982	A			07.10.1982	A				
Saint Vincent and the Grenadines	01.04.1981	A	08.04.1983	A		04.11.2013	08.04.1983	A				
Samoa	23.08.1984	S	23.08.1984	A			23.08.1984	A				
San Marino	29.08.1953	A	05.04.1994	R			05.04.1994	R		22.06.2007	R	
Sao Tome and Principe	21.05.1976	A	05.07.1996	A			05.07.1996	A				
Saudi Arabia	18.05.1963	A	21.08.1987	A	X		28.11.2001	A				
Senegal	18.05.1963	S	07.05.1985	R			07.05.1985	R				
Serbia	16.10.2001	S	16.10.2001	S		16.10.2001	16.10.2001	S		18.08.2010	R	
Seychelles	08.11.1984	A	08.11.1984	A		22.05.1992	08.11.1984	A				
Sierra Leone	10.06.1965	S	21.10.1986	A			21.10.1986	A				
Singapore	27.04.1973	A								07.07.2008	R	
Slovakia	02.04.1993	S	02.04.1993	S		13.03.1995	02.04.1993	S		30.05.2007	R	
Slovenia	26.03.1992	S	26.03.1992	S		26.03.1992	26.03.1992	S		10.03.2008	R	
Solomon Islands	06.07.1981	S	19.09.1988	A			19.09.1988	A				
Somalia	12.07.1962	A										
South Africa	31.03.1952	A	21.11.1995	A			21.11.1995	A				
South Sudan	25.01.2013	A	25.01.2013	A			25.01.2013	A		25.01.2013	A	
Spain	04.08.1952	R	21.04.1989	R	X	21.04.1989	21.04.1989	R		10.12.2010	R	
Sri Lanka	28.02.1959	R										
Sudan	23.09.1957	A	07.03.2006	A			13.07.2006	A				
Suriname	13.10.1976	S	X	16.12.1985	A		16.12.1985	A		25.06.2013	A	
Swaziland	28.06.1973	A	02.11.1995	A			02.11.1995	A				
Sweden	28.12.1953	R	31.08.1979	R	X	31.08.1979	31.08.1979	R		21.08.2014	R	
Switzerland	31.03.1950	R	17.02.1982	R		17.02.1982	17.02.1982	R		14.07.2006	R	
Syrian Arab Republic	02.11.1953	R	14.11.1983	A	X							
Tajikistan	13.01.1993	S	13.01.1993	S		10.09.1997	13.01.1993	S				
Tanzania, United Republic of	12.12.1962	S	15.02.1983	A			15.02.1983	A				
Thailand	29.12.1954	A										
Timor-Leste	08.05.2003	A	12.04.2005	A			12.04.2005	A		29.07.2011	R	
Togo	06.01.1962	S	21.06.1984	R		21.11.1991	21.06.1984	R				
Tonga	13.04.1978	S	20.01.2003	A		20.01.2003	20.01.2003	A				
Trinidad and Tobago	24.09.1963	A	20.07.2001	A		20.07.2001	20.07.2001	A				

## STATES PARTY TO THE GENEVA CONVENTIONS AND THEIR ADDITIONAL PROTOCOLS (cont.)

COUNTRY	GENEVA CONVENTIONS		PROTOCOL I			PROTOCOL II		PROTOCOL III		
	R/A/S	R/D	R/A/S	R/D	D90	R/A/S	R/D	R/A/S	R/D	
Tunisia	04.05.1957	A	09.08.1979	R		09.08.1979	R			
Turkey	10.02.1954	R							X	
Turkmenistan	10.04.1992	S	10.04.1992	S		10.04.1992	S			
Tuvalu	19.02.1981	S								
Uganda	18.05.1964	A	13.03.1991	A		13.03.1991	A	21.05.2008	A	
Ukraine	03.08.1954	R	25.01.1990	R	25.01.1990	25.01.1990	R	19.01.2010	R	
United Arab Emirates	10.05.1972	A	09.03.1983	A	X	06.03.1992	09.03.1983	A	X	
United Kingdom of Great Britain and Northern	23.09.1957	R	X	28.01.1998	R	X	17.05.1999	28.01.1998	R	X
United States of America	02.08.1955	R	X					08.03.2007	R	
Uruguay	05.03.1969	R	X	13.12.1985	A	17.07.1990	13.12.1985	A	19.10.2012	R
Uzbekistan	08.10.1993	A		08.10.1993	A		08.10.1993	A		
Vanuatu	27.10.1982	A		28.02.1985	A		28.02.1985	A		
Venezuela, Bolivarian Republic of	13.02.1956	R		23.07.1998	A		23.07.1998	A		
Viet Nam	28.06.1957	A	X	19.10.1981	R					
Yemen	16.07.1970	A	X	17.04.1990	R		17.04.1990	R		
Zambia	19.10.1966	A		04.05.1995	A		04.05.1995	A		
Zimbabwe	07.03.1983	A		19.10.1992	A		19.10.1992	A		

### NOTES

#### Djibouti

Djibouti's declaration of succession in respect of the First Geneva Convention was dated 26.01.1978.

#### France

On accession to Additional Protocol II, France made a communication concerning Additional Protocol I.

#### Ghana

Entry into force of Additional Protocols I and II on 07.12.1978.

#### Namibia

An instrument of accession to the Geneva Conventions and the 1977 Additional Protocols was deposited by the United Nations Council for Namibia on 18.10.1983. In an instrument deposited on 22.08.1991, Namibia declared its succession to the Geneva Conventions, which were previously applicable pursuant to South Africa's accession on 31.03.1952.

#### Niue

Pursuant to New Zealand law at the time of accession, and consistent with customary international law, the Geneva Conventions apply to Niue by virtue of New Zealand's accession, on 02.05.1959, to the four 1949 Geneva Conventions.

#### Philippines

The First Geneva Convention was ratified on 07.03.1951.

#### Republic of Korea

The Geneva Conventions entered into force on 23.09.1966, the Republic of Korea having invoked Art.62/61/141/157 common respectively to the First, Second, Third and Fourth Conventions (immediate effect).

#### Sri Lanka

Accession to the Fourth Geneva Convention on 23.02.1959 (Ceylon had signed only the First, Second, and Third Geneva Conventions).

#### Switzerland

Entry into force of the Geneva Conventions on 21.10.1950.

#### Trinidad and Tobago

Accession to the First Geneva Convention on 17.03.1963.

**MISSION**

The International Committee of the Red Cross (ICRC) is an impartial, neutral and independent organization whose exclusively humanitarian mission is to protect the lives and dignity of victims of armed conflict and other situations of violence and to provide them with assistance. The ICRC also endeavours to prevent suffering by promoting and strengthening humanitarian law and universal humanitarian principles. Established in 1863, the ICRC is at the origin of the Geneva Conventions and the International Red Cross and Red Crescent Movement. It directs and coordinates the international activities conducted by the Movement in armed conflicts and other situations of violence.





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