

# NEAR AND MIDDLE EAST

## KEY RESULTS/CONSTRAINTS IN 2016

- ▶ The ICRC reminded parties to conflicts to fulfil their obligations under IHL and other norms to respect and protect civilians, including patients and medical workers, and ensure their access to essential services and humanitarian aid.
- ▶ Tens of millions of people, particularly in Iraq, the Syrian Arab Republic (hereafter Syria), and Yemen, met their urgent needs with the help of food, water, essential household items and cash grants provided by the ICRC.
- ▶ In Iraq, Jordan, Lebanon, Syria and Yemen, and in the occupied Palestinian territory, ill or injured people had access to adequate health care, including surgery and psychosocial support, from ICRC-backed first-aid and medical services.
- ▶ Detainees in several contexts received visits from the ICRC, which monitored their treatment and living conditions. Throughout the region, the ICRC sought increased access to people held by different actors, including armed groups.
- ▶ Members of families dispersed by conflict, migration or detention reconnected through the Movement's family-links services. The fate of thousands of people missing in relation to past or current conflicts remained unknown, however.
- ▶ National Societies remained crucial partners for the ICRC, enabling humanitarian aid to reach as many beneficiaries as possible. For instance, relief distributions in Syria were conducted mainly by National Society teams.

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
<b>Restoring family links</b>	
RCMs collected	7,859
RCMs distributed	9,738
Phone calls facilitated between family members	18,427
Tracing cases closed positively (subject located or fate established)	1,203
People reunited with their families	7
<i>of whom unaccompanied minors/separated children</i>	2
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
<b>ICRC visits</b>	
Detainees visited	123,612
Detainees visited and monitored individually	8,053
Number of visits carried out	1,377
Number of places of detention visited	323
<b>Restoring family links</b>	
RCMs collected	7,567
RCMs distributed	3,417
Phone calls made to families to inform them of the whereabouts of a detained relative	21,092

ASSISTANCE	2016 Targets (up to)	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>		
<b>Economic security (in some cases provided within a protection or cooperation programme)</b>		
Food commodities	Beneficiaries	14,033,000 11,303,585
Essential household items	Beneficiaries	3,258,000 3,314,518
Productive inputs	Beneficiaries	601,600 446,686
Cash	Beneficiaries	312,050 201,063
Vouchers	Beneficiaries	3,779
Services and training	Beneficiaries	109,617
<b>Water and habitat (in some cases provided within a protection or cooperation programme)</b>		
Water and habitat activities	Beneficiaries	20,675,520 22,630,024
<b>Health</b>		
Health centres supported	Structures	63 68
<b>WOUNDED AND SICK</b>		
<b>Hospitals</b>		
Hospitals supported	Structures	28 180
<b>Water and habitat</b>		
Water and habitat activities	Number of beds	585 7,748
<b>Physical rehabilitation</b>		
Projects supported	Projects	17 22
Patients receiving services	Patients	105,900 116,442

EXPENDITURE IN KCHF	
Protection	52,920
Assistance	349,019
Prevention	28,111
Cooperation with National Societies	16,020
General	1,902
<b>Total</b>	<b>447,971</b>
<i>Of which: Overheads</i>	<i>27,258</i>

IMPLEMENTATION RATE	
Expenditure/yearly budget	87%
<b>PERSONNEL</b>	
Mobile staff	477
Resident staff (daily workers not included)	2,404

**DELEGATIONS**

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

**REGIONAL DELEGATION**

- Kuwait



 ICRC delegation  ICRC regional delegation  ICRC mission



**Syrian Arab Republic, southeast of the city of Aleppo, Jibreem.** The ICRC and the Syrian Arab Red Crescent visit collective shelters to assess and monitor humanitarian needs.

In 2016, ICRC operations in the Middle East continued to concentrate on addressing the humanitarian consequences of ongoing armed conflicts and other situations of violence, many protracted and compounded by longstanding tensions. The ICRC's work to protect and assist people affected by the conflict in the Syrian Arab Republic (hereafter Syria), remained one of its largest undertakings: it maintained its region-oriented approach, helping alleviate the plight of people who remained in Syria and those who had fled to such neighbouring countries as Iraq, Jordan and Lebanon. The ICRC also ran large-scale programmes to enable violence-affected people in Iraq and Yemen, and in the occupied Palestinian territory, to meet their needs.

The volatility of the situation in large swaths of the region posed challenges to neutral, impartial and independent humanitarian action. Nevertheless, the ICRC remained committed to carrying out its work, especially where few or no other humanitarian organizations could operate, as in parts of Iraq and Yemen. It engaged in dialogue with influential actors to foster an environment conducive to respect for IHL and to humanitarian action. The ICRC pursued its limited dialogue with the parties to the Syrian conflict; particularly, it reminded them – through bilateral meetings, confidential reports and public statements – to protect civilians and to ensure their access to medical and humanitarian aid. In Egypt, Iraq, Jordan and Lebanon, the ICRC monitored those affected by the Syrian crisis, shared documented allegations of abuse with the parties concerned, and encouraged them to implement corrective and preventive measures. In Iraq and Yemen, it urged actors taking part in the hostilities to fulfil their obligations under IHL and other applicable norms, especially with regard to the protection of civilians. The ICRC prompted the

Israeli authorities to ensure that military operations conformed to IHL and that Palestinians were protected, including from settler violence; the *de facto* authorities and armed groups in the Gaza Strip, occupied Palestinian territory, were reminded to respect IHL principles, particularly distinction. All these interactions contributed to the ICRC's ability to reach vulnerable people. Notably, in Syria, the ICRC and the National Society, acting jointly as a neutral intermediary – in line with agreements reached by the pertinent parties – evacuated tens of thousands of people from eastern Aleppo in December.

The ICRC constantly scrutinized prevailing security conditions and the situation of people in need relative to its ability to operate safely and meaningfully, and adapted its activities accordingly. It focused on aiding the most vulnerable: those who were internally displaced, residing in communities hosting IDPs or migrants – including refugees and asylum seekers – and/or unable to obtain assistance from elsewhere. In Yemen, as it gained access to some areas, the ICRC was able to reach more people than planned with its relief distributions and initiatives to improve local water supplies. When the number of asylum seekers at the Jordan-Syria border surged at the start of the year, the ICRC scaled up its activities to fill the gap in assistance until other humanitarian actors could take over.

Partnerships with the region's National Societies were crucial to reaching as many beneficiaries as possible. For instance, in Syria, relief distributions were conducted mainly by the Syrian Arab Red Crescent. The National Societies conducted their own activities autonomously and effectively, partly thanks to ICRC material, training, and financial assistance.

Several million people, mostly IDPs, met their urgent needs with the help of food and household essentials donated by the ICRC, at times with the National Societies. People in Iraq, Jordan, Syria and Yemen, in particular, benefited from more relief distributions. Hundreds of thousands of people covered their basic expenses with ICRC cash assistance, either provided directly or earned through cash-for-work projects involving improvements to community facilities.

Over 22 million people gained or maintained their access to water and related basic services through various ICRC initiatives. Tens of thousands of newly displaced people in Iraq received bottled water; millions of others benefited from infrastructural repairs in areas that were violence-prone, underserved or hosting large IDP populations. The ICRC's donations of water-treatment chemicals, spare parts and fuel to local water boards mitigated supply interruptions for some 15 million people in Syria and about 3 million people in Yemen. Around 1 million people in the Gaza Strip had better access to water, sanitation and electricity, following renovations to wells and other facilities.

Impeded access to health care was one of the most life-threatening consequences of the widespread violence. The ICRC, during its contact with parties to the conflict and other influential actors, emphasized the need to safeguard patients and health services from abuse. It also provided capacity-building material, technical, and/or financial support to local health actors and direct assistance to ill or injured people. All this helped facilitate access to adequate care for people in need.

Thousands of current and prospective first responders, among them National Society volunteers and weapon bearers, underwent first-aid training and received pertinent supplies and, in some cases, funding. The Palestine Red Crescent Society provided emergency medical services throughout the occupied Palestinian territory, with comprehensive ICRC support, including help in obtaining crossing and transport permits. In Lebanon, the Lebanese Red Cross ran emergency services and a blood bank, enabling people to obtain on-site care, be evacuated to hospital, and/or receive transfusions.

People in need of hospital care, many weapon-wounded, were treated at facilities that maintained their services with the help of the ICRC. Several facilities in Syria, including some located across front lines, received basic medical materials; deliveries of surgical supplies, however, were still rarely allowed by key actors. Patients in Yemen continued to benefit from an ICRC-backed surgical team at one hospital and regular donations of medical supplies and equipment to six others. In Iraq, the ICRC scaled up its assistance to hospitals and other health facilities – in one front-line hospital in Iraq, personnel were supported by an ICRC surgical team, and had use of upgraded operating rooms. In the Gaza Strip, medical personnel honed their skills in trauma management and vascular surgery, and three hospitals reinforced their mass-casualty management with regular on-site support. In Lebanon, the ICRC ran a weapon-traumatology centre, providing patients with surgery, physiotherapy and psychosocial support.

Hundreds of thousands of people had access to basic health care. In Iraq, the ICRC adapted to security constraints by providing specific support for shorter periods than before – for building local capacities in mother-and-child care and non-communicable-disease management, for instance. ICRC mobile clinics at crossing

points on the Jordan–Syria border treated asylum seekers until their closure in June, owing to security reasons; health activities elsewhere in Jordan continued. Similarly, along the Lebanon–Syria border, refugees and vulnerable residents had access to preventive, curative, or ante/post-natal care at ICRC-supported health facilities. In the Islamic Republic of Iran, Afghan migrants obtained preventive care and other health services provided by a local NGO and the National Society, backed by ICRC advice and funding.

The ICRC managed or supported physical rehabilitation projects in Iraq, Lebanon, Syria, Yemen, and in the Gaza Strip. Over 100,000 people, mainly in Iraq and Yemen, availed themselves of physiotherapy and other services, and assistive devices, through these projects. To help prevent injuries related to mines and explosive remnants of war (ERW), the Iranian Red Crescent and the Jordanian mine-action body conducted, in their respective countries, risk-awareness sessions for people living in or passing through weapon-contaminated areas. People in the Gaza Strip learnt safer behaviour around mines and ERW, from either ICRC-trained schoolteachers or Palestine Red Crescent personnel.

Where security conditions were relatively stable, the ICRC helped tens of thousands of vulnerable resident or returnee households build their self-sufficiency. Farming households in Iraq had more water for livelihood use after irrigation canals were cleaned with ICRC assistance; some planted crops using ICRC-provided seed and tools. In Yemen, the ICRC resumed livelihood projects that were suspended in 2015: households benefited from livestock vaccination and treatment, and donated agricultural inputs. Syrian farmers increased their production with the help of seed and fertilizer purchased by the ICRC and delivered by the National Society. Hundreds of Gazan farmers accessed their agricultural lands near the Israeli border for the first time in many years, following ICRC representations to the authorities concerned. In Jordan, Syrian and Jordanian women completed National Society/ICRC-run vocational courses, improving their livelihood prospects and potentially reducing their vulnerability to sexual violence.

In accordance with its standard procedures, the ICRC visited tens of thousands of detainees in Bahrain, Iraq, Israel, Jordan, Kuwait, Lebanon, Qatar, Saudi Arabia, Syria and Yemen, and in the occupied Palestinian territory. It monitored detainees' treatment and living conditions, and helped foreign detainees notify the UNHCR or their consular representatives of their situation. Based on its visits, the ICRC shared confidential feedback with the authorities. Discussions and local and regional workshops with the detaining authorities centred particularly on respect for judicial guarantees, adherence to the principle of *non-refoulement*, and health care in detention. Throughout the region, the ICRC sought increased access – in terms of frequency of visits, and the number and categories of detainees visited – to people held by different actors, including armed groups. At their request, former detainees or family members of current detainees received attestations of detention from the ICRC, facilitating such administrative procedures as applications for State benefits.

Thousands of residents, IDPs, migrants and detainees contacted relatives through the Movement's family-links services. People in Egypt, the Islamic Republic of Iran, Jordan and Yemen phoned family members detained either domestically or abroad. Palestinians detained in Israel and Iraqis held far from their homes received family visits. People returned home or resettled in third countries with the help of ICRC travel documents. In several



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contexts, the ICRC acted as a neutral intermediary between the actors concerned to enable people to cross borders, demarcation lines, or front lines – or to exchange official documents across these – for humanitarian purposes.

The ICRC continued to help families acquire information on their missing relatives. In 2016, it closed more than a thousand tracing cases, having established the fate of the people being sought. At the request of the families concerned, the ICRC submitted enquiries to the pertinent parties in Egypt, Iraq, Syria and Yemen regarding people allegedly arrested or detained. With the ICRC acting as a neutral intermediary, the parties concerned sustained their work to ascertain the fate of people missing in connection with the 1980–1988 Iran–Iraq war and the 1990–1991 Gulf War. Joint excavations conducted by Iranian and Iraqi experts, with ICRC support, led to the recovery and repatriation of the remains of hundreds of people. Although several missions were conducted in Iraq and Kuwait, no remains in relation to the 1990–1991 Gulf War were exhumed. The Israeli authorities, prompted by ICRC representations, transferred the remains of dozens of Palestinians who perished in 2015 to the families concerned; the handover of the remains of a few others was pending. In preparation for future identification efforts in Lebanon, forensic data continued to be collected from the families of missing persons; a draft law on addressing these families' needs awaited parliamentary approval. The ICRC helped strengthen forensic capacities in Egypt, Iraq, the Islamic Republic of Iran, Kuwait, Lebanon, Saudi Arabia, Syria and Yemen, notably through training. The fate of thousands of people missing in relation to past or current conflicts remained unknown, however.

The ICRC continued reaching out to government authorities, including national IHL committees, military and police forces, and civil society leaders, through dialogue, training and events, to broaden acceptance for humanitarian principles, IHL, and the Movement. It maintained its partnership with the League of Arab States, based in Cairo, Egypt. In the Islamic Republic of Iran, it promoted the values shared between IHL and Islam through its work with the Qom Centre for Comparative Studies on Islam and IHL, which hosted an international conference on the subject.

Jordan hosted the ICRC's logistical hub for operations in the region and beyond, and the main training centre for ICRC staff in the Balkans, the Caucasus and the Middle East. The regional resource and communication centre in Cairo helped organize regional IHL seminars and produced multimedia Arabic-language IHL material.



## PROTECTION MAIN FIGURES AND INDICATORS

PROTECTION															
	CIVILIANS														
	RCMs collected	RCMs distributed	Phone calls facilitated between family members	Names published in the media	People reunited with their families	of whom UAM/SC*	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	16	30	1,091	28						117	1,971				
Iran, Islamic Republic of	155	143	8				1	68	20						
Iraq	3,094	5,416					2	2	394	593	1,922	45,774	1,411	1,297	2,131
Israel and the Occupied Territories	581	443			1			7	1	6	1	22,881	218	686	3,624
Jordan	40	43	17,043							30	851	9,093	415	26	975
Lebanon	128	134			4			2	1	47	21	7,896	635	208	933
Syrian Arab Republic	171	193	2					2		108	13	18,330	1,014	232	39
Yemen	3,648	3,320	114	577	2	2				279	63	5,890	3	43	
Kuwait (regional)	26	16	169							3	3	13,748	1,517	237	351
<b>Total</b>	<b>7,859</b>	<b>9,738</b>	<b>18,427</b>	<b>605</b>	<b>7</b>	<b>2</b>	<b>3</b>	<b>13</b>	<b>464</b>	<b>1,203</b>	<b>4,845</b>	<b>123,612</b>	<b>5,213</b>	<b>2,729</b>	<b>8,053</b>

\* Unaccompanied minors/separated children

PEOPLE DEPRIVED OF THEIR FREEDOM

<i>of whom women</i>	<i>of whom girls</i>	<i>of whom boys</i>	Detainees newly registered	<i>of whom women</i>	<i>of whom girls</i>	<i>of whom boys</i>	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
										1				194	Iran, Islamic Republic of
34	7	413	1,412	29	7	399	343	107	5,858	2,355	16,502	190		165	Iraq
71	20	289	2,655	52	19	274	683	113	481	561	3,299	8,031		8,056	Israel and the Occupied Territories
189	3	4	820	175	3	3	71	18	650	209	240			13	Jordan
60	2	23	699	57	2	20	157	33	267	214	1,001			8	Lebanon
9			25	4			30	8	11	10	28			3	Syrian Arab Republic
							8	6			5			1	Yemen
15		57	341	15		57	85	38	300	67	17		52	2,315	Kuwait (regional)
<b>378</b>	<b>32</b>	<b>786</b>	<b>5,952</b>	<b>332</b>	<b>31</b>	<b>753</b>	<b>1,377</b>	<b>323</b>	<b>7,567</b>	<b>3,417</b>	<b>21,092</b>	<b>8,221</b>	<b>52</b>	<b>10,755</b>	<b>Total</b>



## 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	Services and training	Water and habitat activities	Health centres supported	Average catchment population	Consultations	Immunizations (patients)	
Egypt	1,168	1,956		1,454	3,779							
Iraq	924,024	925,584	44,559	112,256		108,415	2,488,330	15	383,062	345,493	226,662	76,206
Israel and the Occupied Territories		1,125	21,182	5,216		882	1,256,292					2,957
Jordan	86,947	86,153		10,335			325,602	4	26,824	54,819	60,497	15,861
Lebanon	9,219	24,023		14,990		300	170,761	14	590,946	375,064	50,243	5,573
Syrian Arab Republic	10,008,119	2,154,717	161,180				15,000,096	14	2,558,000	280,932	9,510	
Yemen	274,108	120,960	219,765	56,812		20	3,388,943	21	408,481	368,796	90,044	10,000
<b>Total</b>	<b>11,303,585</b>	<b>3,314,518</b>	<b>446,686</b>	<b>201,063</b>	<b>3,779</b>	<b>109,617</b>	<b>22,630,024</b>	<b>68</b>	<b>3,967,313</b>	<b>1,425,104</b>	<b>436,956</b>	<b>110,597</b>
of whom women	3,403,234	1,013,138	123,311	61,258	902	38,239	6,751,251					2,594
of whom children	4,569,602	1,352,212	213,189	92,128	1,978	43,956	9,197,148					744

PEOPLE DEPRIVED OF THEIR FREEDOM	PHYSICAL REHABILITATION											
	HOSPITALS				PHYSICAL REHABILITATION							
Water and habitat activities	Hospitals supported	<i>of which provided data</i>	Admissions	<i>of whom weapon-wounded</i>	Projects supported	Patients receiving services	New patients fitted with prostheses	New patients fitted with orthoses	Prostheses delivered	Orthoses delivered	Patients receiving physiotherapy	
												Egypt
7,848	21				12	37,357	1,274	11,291	2,955	21,064	10,870	Iraq
1,541	11	11	177,435	1,956	1	2,332	76	1,295	174	1,805	1,029	Israel and the Occupied Territories
												Jordan
1,345	15	14	5,929	729	3	814	108	228	113	334	72	Lebanon
17,600	61				2	2,340	180	83	549	168	1,150	Syrian Arab Republic
460	72	46	92,211	33,230	4	73,599	730	9,699	1,057	21,108	36,511	Yemen
<b>28,794</b>	<b>180</b>	<b>71</b>	<b>275,575</b>	<b>35,915</b>	<b>22</b>	<b>116,442</b>	<b>2,368</b>	<b>22,596</b>	<b>4,848</b>	<b>44,479</b>	<b>49,632</b>	<b>Total</b>
2,153			85,775	553		23,439	414	3,452	729	6,984	11,895	of whom women
29			16,391	644		52,544	339	14,438	626	28,535	19,473	of whom children

# EGYPT

COVERING: Egypt, League of Arab States



ICRC/AR\_2016  
ICRC delegation

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

## KEY RESULTS/CONSTRAINTS IN 2016

- ▶ Palestinians who fled the Syrian Arab Republic obtained food and other necessities with vouchers from the Egyptian Red Crescent and the ICRC; Palestinian and Syrian children received financial and material aid for their schooling.
- ▶ The Egyptian Ambulance Organization created a psychosocial support unit for its staff with ICRC backing. Dialogue with the health ministry, however, was limited, and the ICRC could not support the ministry's hospitals as planned.
- ▶ Despite the ICRC's dialogue with the authorities on its potential contribution to their efforts to address the needs of detainees and of people affected by the situation in North Sinai, it remained without access to both groups.
- ▶ At events organized by the League of Arab States and the ICRC, officials from the region discussed the incorporation of IHL provisions in military doctrine, and the legal frameworks applicable to sexual violence in armed conflict.

## EXPENDITURE IN KCHF

Protection	546
Assistance	1,762
Prevention	911
Cooperation with National Societies	286
General	76
<b>Total</b>	<b>3,580</b>
<i>Of which: Overheads</i>	<i>219</i>

## IMPLEMENTATION RATE

Expenditure/yearly budget	87%
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## PERSONNEL

Mobile staff	9
Resident staff (daily workers not included)	53

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

## YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

**LOW**

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
<b>Restoring family links</b>	
RCMs collected	16
RCMs distributed	30
Phone calls facilitated between family members	1,091
Tracing cases closed positively (subject located or fate established)	117

ASSISTANCE	2016 Targets (up to)	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>		
<b>Economic security</b> (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 6,000	1,168
Essential household items	Beneficiaries 6,000	1,956
Cash <sup>1</sup>	Beneficiaries 7,300	1,454
Vouchers	Beneficiaries	3,779

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

## CONTEXT

Clashes between security forces and armed groups continued in Egypt's North Sinai. Casualties, displacement and mass arrests were reported, but security and other constraints made it difficult for international humanitarian organizations to reach the area.

Egypt remained a transit and destination country for thousands of migrants, including refugees and asylum seekers, from the Syrian Arab Republic (hereafter Syria), Libya and elsewhere. Migrants were reportedly arrested for entering Egypt illegally. The government dealt with an increasing number of casualties at sea among people trying to reach Europe.

The country continued to participate in the Saudi Arabia-led military campaign in Yemen.

Cairo hosted the headquarters of the Arab Inter-Parliamentary Union (AIPU) and the League of Arab States (LAS). In May, Egypt chaired the UN Security Council, of which it is a non-permanent member.

## ICRC ACTION AND RESULTS

In cooperation with the Egyptian Red Crescent Society and other local organizations, the ICRC sustained its efforts to address the humanitarian needs arising from the situation in Egypt and conflict in the region. It continued to offer its help to the Egyptian authorities for improving the situation of detainees, including through ICRC visits to these people; such activities however, did not take place in 2016. The ICRC also expressed its concern about the humanitarian situation of people affected by the violence in North Sinai.

The ICRC continued to assist other vulnerable people. Palestinians who had fled Syria met some of their needs, including food, with vouchers distributed by the National Society and the ICRC. Over 1,100 Palestinian and Syrian children – more than twice the number targeted – had their education-related expenses subsidized by the ICRC. Unaccompanied minors from other conflict-affected countries received relief goods and psychosocial and educational support from an ICRC-funded NGO, and used Movement family-links services to reconnect with their relatives.

Egyptians and migrants, including refugees and asylum seekers, restored or maintained contact with relatives separated from them because of conflict and other situations of violence, through Movement family-links services. A total of 1,971 foreign nationals were issued ICRC travel documents to help them resettle in third countries.

The ICRC sought to improve people's access to medical assistance by supporting the casualty care chain, but some objectives – such as material and technical support for health ministry-run hospitals – were not met because of limited dialogue with the health ministry. Backing for the National Society's provision of health care for Palestinians from Syria and for their host communities was also cancelled after it sought help from another actor instead. Nevertheless, the ICRC was still able to offer some assistance to government institutions and local organizations. For instance, it organized courses on weapon-wound surgery for doctors and nurses from the defence and interior ministries, and provided technical, material and financial assistance for the National Society's emergency action teams. The Egyptian Ambulance

Organization (EAO) drew on the ICRC's advice to refine its operational guidelines and training curriculum; with ICRC backing, it created a psychosocial unit at its Cairo headquarters, to help staff cope with the stress associated with their duties. During events with health personnel and military/security forces, the ICRC drew attention to the protection due to those providing or seeking medical care.

Local institutions involved in managing human remains strengthened coordination with each other through national meetings, which began in 2016 and were facilitated by the ICRC. Forensic professionals added to their knowledge of the subject via courses in Egypt and abroad.

Military/security forces, including peacekeepers bound for missions abroad, learnt more about IHL, international policing standards and other relevant norms at ICRC-organized courses and dissemination sessions; these events also tackled issues related to the situation in North Sinai, such as: the proportionate use of force, the goals of the Health Care in Danger project, and the prevention of sexual violence. At courses abroad, senior military officers broadened their understanding of IHL and of international rules applicable to their duties, with their attendance subsidized by the ICRC.

The ICRC worked with the AIPU and the LAS to promote IHL implementation in Egypt and other Arab States. Government representatives, diplomats, judges and academics added to their knowledge of the subject at courses in Egypt and overseas. Journalists enhanced their understanding of IHL and the protection it affords them, at seminars conducted with local associations and at times alongside first-aid training.

The ICRC's regional resource and communication centre in Cairo supported the organization's efforts to promote IHL throughout the Arabic-speaking world, through written and audiovisual materials, and information from the ICRC's Arabic-language website.

## CIVILIANS

### People in North Sinai remain inaccessible to the ICRC

The ICRC continued to monitor humanitarian concerns in North Sinai through media reports and coordination with the National Society, the EAO and other organizations. It raised these concerns with the authorities at high-level meetings, including between the Egyptian president and the ICRC's president (see *Actors of influence*). While it remained without access to the area, it supported the activities of the National Society, which was able to reach people there (see *Wounded and sick* and *Red Cross and Red Crescent Movement*).

During field visits, the ICRC monitored the concerns of Palestinians and others who had fled Syria, including concerns connected with the principle of *non-refoulement*.

With a view to helping people reduce their risk of becoming victims of sexual violence, the ICRC exchanged information on safety measures with the National Society, the LAS and other organizations, during workshops and meetings. With the ICRC's support, the National Society integrated care for victims of sexual violence in the training of its emergency action teams. Plans to assist such victims in coordination with a local hospital and an NGO were cancelled, owing to administrative constraints.

## **Palestinians who fled Syria meet some of their most urgent needs with ICRC vouchers**

The ICRC continued to aid other vulnerable people from conflict-affected countries near Egypt. Some 1,200 Palestinian households (over 3,700 people) who had fled Syria received vouchers for food and household items<sup>1</sup>; these vouchers were distributed by the National Society and the ICRC, with the authorities' approval and in coordination with the Palestinian embassy. As part of the ICRC's preparations to hand over such support to another organization in 2017, more than 1,400 vulnerable foreigners in Egypt were given one-off cash assistance by the ICRC in September, to help them cover their housing, medical and other urgent expenses. Beneficiaries included families with elderly, sick and disabled members, and Palestinians from Syria who were assisted through the National Society.

Over 1,100 Palestinian and Syrian children attending an NGO-run education centre – more than twice the number targeted for 2016 – had their school and transportation fees subsidized by the ICRC<sup>1</sup>; nearly 800 of them also received school kits. However, plans to refurbish schools attended by Palestinian and Egyptian children were not carried out because of logistical and operational constraints.

Starting in June, over 1,100 unaccompanied minors, mostly girls from other conflict-affected countries in Africa, were given food and hygiene items regularly by an ICRC-funded NGO. They also obtained psychosocial, educational and other support from the same NGO, and were able to contact their relatives via Movement family-links services.

A few people formerly held at the Guantanamo Bay Naval Station in Cuba were also given vouchers by the ICRC, to help ease their situation following their release.

## **Migrants resettle in third countries with the help of ICRC travel documents**

Egyptians and migrants – including refugees and asylum seekers – restored or maintained contact with relatives separated from them by armed conflict or other violence, through Movement family-links services. Families made over 1,090 calls to relatives overseas, and sent RCMs or oral messages to those detained abroad. They obtained news of 117 people they had reported missing, partly through the ICRC's tracing services. In coordination with UNHCR and the embassies concerned, 1,971 foreign nationals without valid identification papers were issued ICRC travel documents to help them resettle in third countries.

National Society personnel enhanced their ability to provide family-links services and other humanitarian assistance, with ICRC support (see *Red Cross and Red Crescent Movement*).

## **Key institutions coordinate their efforts to manage human remains**

The EAO, the Egyptian Forensic Medicine Authority (EFMA), government ministries and the National Society developed their expertise in managing human remains during emergencies, with ICRC support. They discussed institutional guidelines and coordination at working group meetings, which began in 2016 and were facilitated by the ICRC. Forensic specialists honed their skills at ICRC-organized courses; doctors from the EFMA and Cairo

University attended training overseas with the ICRC's help. EFMA doctors and information technology specialists learnt more about handling ante/post-mortem data at an ICRC-organized workshop.

## **PEOPLE DEPRIVED OF THEIR FREEDOM**

The ICRC continued to engage the authorities, particularly the interior and justice ministries, in dialogue to clarify the humanitarian nature of its activities for detainees. It raised awareness of the ICRC's potential contribution to the authorities' efforts to ensure that detainees' living conditions and treatment, including respect for judicial guarantees, were in line with internationally recognized standards. However, it remained without access to detainees.

At the request of the families concerned, the ICRC followed up the alleged arrest of four people in Egypt to ascertain their whereabouts, but none of the cases were resolved via the ICRC's efforts.

## **WOUNDED AND SICK**

During dissemination sessions (see *Actors of influence*) for weapon bearers and training sessions (see below) for health professionals and National Society volunteers, the ICRC underscored the protection due to people providing or seeking medical care. It also organized, with the National Society, a round-table on the goals of the Health Care in Danger project, and gave presentations on the issue at courses and training sessions for medical professionals and students, military officers and the National Society's emergency action teams (see below).

## **Medical professionals hone their skills at ICRC courses**

The ICRC sought to improve people's access to medical assistance by supporting the casualty care chain, but some of its plans – such as material and technical support for health ministry-run hospitals, and training in weapon-wound surgery that was to be co-organized with the Egyptian Fellowship Board – either fell through or were put on hold because of limited dialogue with the health ministry. Plans to help the National Society provide health care to Palestinians from Syria, and to their host communities, were also cancelled after the National Society sought support from another actor instead.

Nevertheless, the ICRC was able to offer some support to local organizations, including the EAO and the National Society (see below), both of which were able to reach people in North Sinai. Furthermore, over 140 doctors, nurses and medical students – from the defence and interior ministries, and Cairo University – honed their skills in weapon-wound surgery and emergency-room trauma care at ICRC-organized seminars, including a train-the-trainer course.

The interior ministry's medical services and a health ministry-run hospital received medical supplies from the ICRC on an ad hoc basis, at times through the National Society.

## **The EAO creates a psychosocial support unit for its staff**

The EAO – one of the largest ambulance services in the country – drew on ICRC support to bolster its capacity to handle mass-casualty situations, notably, by revising its operating procedures, training programme and guidelines for standardizing equipment. On the ICRC's recommendation, the EAO began using case cards to document patients' medical information, in order to facilitate follow-up care. Some 100 trainers were also instructed in the use of a new curriculum developed with ICRC support.

1. Budgeted under Syria (see *Syrian Arab Republic*)

At a workshop organized by the EAO and the ICRC, personnel from the EAO, the National Society and the military reinforced their ability to deal with mass casualties. At ICRC workshops, EAO doctors and paramedics learnt more about the Safer Access Framework and ways to reduce their safety risks when responding to emergencies in weapon-contaminated communities.

With financial and technical backing from the ICRC, the EAO undertook initiatives to help its personnel cope with the emotional stress associated with their duties. It established a psychosocial support unit, composed of a psychologist and four social workers, at its headquarters. To make such support available in other branches, including in North Sinai, the ICRC conducted train-the-trainer courses in coping mechanisms and helped the EAO develop communication materials to promote self-care and the support unit's services. Through workshops, EAO paramedics also learnt how to provide psychosocial support while managing human remains during emergencies.

### **National Society emergency action teams expand their pool of first-responders**

The National Society's emergency action teams – 140 in all – stood ready to provide first aid to casualties and to evacuate them, with the help of ICRC-donated supplies, equipment and vehicles. To bolster the pool of potential first-responders, 75 additional National Society personnel were trained by the National Society and the ICRC. Journalists and others likely to be at the scene of violent incidents were also trained in first aid (see *Actors of influence*).

## **ACTORS OF INFLUENCE**

### **Security forces broaden their knowledge of IHL and pertinent international standards**

Discussions with the authorities continued, centring on the ICRC's potential contribution to their efforts to address the humanitarian needs of violence-affected people (see *Civilians* and *People deprived of their freedom*); thematic issues, such as the protection due to those providing or seeking medical care, were also discussed. Newly elected members of the parliament were briefed on the ICRC's mandate and activities in Egypt.

Police and military forces furthered their understanding of international policing standards at ICRC-organized courses. Over 3,000 army personnel, including peacekeepers, and police officers learnt more about IHL and/or other norms applicable to their duties at ICRC-organized dissemination sessions. Also discussed during these events were issues related to the situation in North Sinai, such as: the proportionate use of force, the protection of civilians, the goals of the Health Care in Danger project, and the prevention of sexual violence.

With ICRC support, two Egyptian army officers broadened their understanding of IHL at an advanced course in San Remo, Italy; at a workshop in Lucerne, Switzerland, a senior official enriched his knowledge of international rules applicable to military operations (see *International law and policy*).

### **State officials, academics and journalists learn more about IHL at various events**

The ICRC continued to work with the AIPU, the LAS and other regional institutions to promote IHL and its implementation among Arab States. For instance, at two courses in Cairo, representatives from LAS Member States exchanged views on the incorporation of IHL provisions in military doctrine, and on the legal

frameworks applicable to the prevention of sexual violence during conflict. The ICRC's Egypt delegation also helped organize regional events elsewhere, including IHL courses in Arabic for officials and academics (see *Kuwait* and *Tunis*) and for legal experts and diplomats (see *Kuwait*); these were organized with the LAS and the foreign ministry of the United Arab Emirates, respectively, and with the ICRC delegations in those countries. Egyptian representatives attended these events with the ICRC's support.

In Egypt, judges and prosecutors learnt more about IHL at an advanced course organized by the National Centre for Judicial Studies and the ICRC. Parliamentarians, officials from the foreign and interior ministries, IHL experts and National Society staff discussed the role of judges in prosecuting perpetrators of international crimes, during a panel discussion facilitated by a local think-tank and the ICRC. Students and professors from five law schools demonstrated their knowledge of IHL at a moot court competition organized by Cairo University and the ICRC. A Cairo University professor gave a lecture at an international conference on the points of correspondence between Islamic law and IHL (see *Iran, Islamic Republic of*); the ICRC sponsored his participation.

The national IHL committee received support for its efforts to promote the ratification or implementation of IHL-related treaties. For instance, it was advised on the drafting of a law on the protection of cultural property, and its representatives exchanged views with their peers at an international meeting in Geneva, Switzerland, which they attended with financial assistance from the ICRC.

The media remained a key partner in promoting humanitarian principles and the Movement among the general public. Briefings and information from the ICRC's website helped improve the coverage of humanitarian issues. During seminars, at times organized with local media organizations, journalists learnt more about the protection afforded to them by IHL and about the National Society's activities; at some of these events, they were also trained in first aid by the National Society and the ICRC. Some of these seminars were cancelled because of constraints faced by partner organizations.

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

With financial, material and technical support from the ICRC (see *Civilians* and *Wounded and sick*), the Egyptian Red Crescent strengthened its ability to respond to emergencies arising from the situation in Egypt and conflict in other countries, and its ability to promote the Movement's work. The National Society and the ICRC formalized their cooperation in these areas by signing a three-year agreement.

At ICRC workshops, 41 National Society volunteers, including from North Sinai, were trained to assess food-related needs; 16 coordinators bolstered their ability to provide family-links services; and 23 staff members learnt more about the Safer Access Framework, which helped them minimize their exposure to risks while working. Some 200 newly recruited volunteers learnt about IHL and the Movement's Fundamental Principles at orientation sessions.

Movement partners met regularly to coordinate their activities.



MAIN FIGURES AND INDICATORS: PROTECTION		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>RCMs and other means of family contact</b>			UAMs/SC		
RCMs collected		16			
RCMs distributed		30			
Phone calls facilitated between family members		1,091			
Names published in the media		28			
<b>Tracing requests, including cases of missing persons</b>			Women	Girls	Boys
People for whom a tracing request was newly registered		522	143	102	92
<i>including people for whom tracing requests were registered by another delegation</i>		3			
Tracing cases closed positively (subject located or fate established)		117			
Tracing cases still being handled at the end of the reporting period (people)		778	161	134	118
<i>including people for whom tracing requests were registered by another delegation</i>		44			
<b>Documents</b>					
People to whom travel documents were issued		1,971			
Official documents relayed between family members across borders/front lines		3			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security (in some cases provided within a protection or cooperation programme)</b>				
Food commodities	Beneficiaries	1,168		1,168
Essential household items	Beneficiaries	1,956	8	1,940
Cash <sup>1</sup>	Beneficiaries	1,454	835	522
Vouchers	Beneficiaries	3,779	902	1,978

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

# IRAN, ISLAMIC REPUBLIC OF



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

## KEY RESULTS/CONSTRAINTS IN 2016

- ▶ Iranian and Iraqi authorities, with ICRC support, sustained their joint efforts to clarify the fate of persons still missing in relation to the 1980–1988 Iran–Iraq war. As a result, the remains of hundreds of people were recovered.
- ▶ To enhance current recovery and identification practices, Iranian and Iraqi forensic scientists considered the recommendations of an ICRC-sponsored third-party expert and formulated proposals on standardizing working procedures.
- ▶ Islamic scholars discussed the values shared between Islamic jurisprudence and IHL, notably during an international academic conference, via the efforts of the ICRC-backed Centre for Comparative Studies on Islam and IHL in Qom.
- ▶ Vulnerable Afghan migrants accessed health services, including physical rehabilitation, via a joint project of a local NGO and the Red Crescent Society of the Islamic Republic of Iran, supported with ICRC advice and funding.
- ▶ The National Society and the ICRC continued to strengthen their partnership in the field of physical rehabilitation: based on a new agreement, they expanded relevant joint activities for people in need, such as Afghan migrants.

## YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

**MEDIUM**

## EXPENDITURE IN KCHF

Protection	1,029
Assistance	1,058
Prevention	1,561
Cooperation with National Societies	705
General	68
<b>Total</b>	<b>4,421</b>
<i>Of which: Overheads</i>	270

## IMPLEMENTATION RATE

Expenditure/yearly budget	80%
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## PERSONNEL

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

## PROTECTION

	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
<b>Restoring family links</b>	
RCMs collected	155
RCMs distributed	143
Phone calls facilitated between family members	8
Tracing cases closed positively (subject located or fate established)	20
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
<b>Restoring family links</b>	
RCMs distributed	1

## CONTEXT

Thousands of families in the Islamic Republic of Iran remained without information on relatives missing in connection with the 1980–1988 Iran–Iraq war. Owing to their irregular status, around 2 million migrants, mainly from Afghanistan, faced difficulties in accessing basic services. An increasing number of these migrants, including asylum seekers and refugees, used the Islamic Republic of Iran as a transit point for their journey. People in areas bordering Iraq and those returning to Afghanistan were exposed to the risks of mines/explosive remnants of war (ERW).

The Islamic Republic of Iran began to have relief from certain sanctions, in relation to the long-term international agreement on its nuclear programme that it signed in 2015. It maintained its diplomatic engagement with regard to security-related developments and humanitarian emergencies in the region, particularly in Iraq and the Syrian Arab Republic (hereafter Syria) – where it had sent military advisers – and in Yemen. It also sustained efforts to enhance its international profile.

## ICRC ACTION AND RESULTS

The ICRC continued to: help address the issue of persons missing in connection with the 1980–1988 Iran–Iraq war; reinforce its partnership with the Red Crescent Society of the Islamic Republic of Iran; support local initiatives to mitigate risks related to people's limited health-care access or their exposure to mines/ERW; and foster acceptance for IHL and the ICRC.

As a neutral intermediary, the ICRC backed the efforts of the Iranian and Iraqi governments to clarify the fate of persons still missing in relation to the past conflict, chairing both the tripartite committee on missing persons and the committee's joint working group. Despite some logistical and security challenges, the working group – to which the ICRC donated key equipment – facilitated the recovery of the remains of hundreds of people. The ICRC chaired three meetings of the working group. It also facilitated a meeting of Iranian and Iraqi forensic scientists, who discussed ways to enhance current practices: they considered the recommendations of an ICRC-sponsored third-party expert, and formulated proposals on standardizing working procedures for the tripartite committee.

Pursuant to their 2012 partnership agreement, the National Society and the ICRC sustained their work to: reconnect dispersed members of dispersed families; raise mine-risk awareness; promote IHL and the Movement; and draw attention to humanitarian issues. The two organizations strengthened their cooperation in physical rehabilitation based on a new agreement, leading to the expansion of some joint activities in the country. Cooperation in other areas was maintained – for instance, towards enabling health and humanitarian professionals to better respond to large-scale emergencies, they organized a Health Emergencies in Large Populations (HELP) course.

The ICRC's dialogue and networking with State and civil society representatives, and the events it organized with them, helped build understanding of IHL and the Movement, and foster awareness of humanitarian concerns. Notably, the national IHL committee, based on an agreement between the defence and foreign affairs ministries and the ICRC, drew on ICRC input to pilot courses tailored for such audiences as peacekeepers and Islamic clerics. These groups were thus enabled to further their grasp of IHL and of neutral, impartial and independent humanitarian action.

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

Support to the Centre for Comparative Studies on Islam and IHL in Qom (hereafter Qom Centre), from the national IHL committee, the National Society and the ICRC, facilitated the enrichment of the dialogue on the values shared by Islamic jurisprudence and IHL, by Islamic scholars and researchers. Notably, the centre held an international academic conference on Islam and IHL, where Islamic scholars, representatives of other faiths, and IHL experts, alongside Movement partners, tackled various humanitarian issues.

The ICRC sustained its cooperation with the National Society and other local partners in assisting vulnerable people. Thousands of Afghan migrants accessed health care – including physical rehabilitation and psychosocial support – and learnt more about good hygiene and health practices, through an ICRC-backed project run by a local NGO and the National Society. Activities with the National Society helped raise people's awareness of mine/ERW-related risks. With ICRC input, the Iranian Mine Action Centre (IRMAC) continued to develop its capacities as central coordinator of mine/ERW-related activities: for instance, the IRMAC augmented its ability to conduct humanitarian demining, in line with a formalized memorandum of understanding between the organizations.

Migrants – including asylum seekers and refugees – from neighbouring countries, particularly Afghanistan, used Movement family-links services to contact their relatives abroad, as did Iranians, and detainees from Afghanistan and Iraq.

## CIVILIANS

### Joint Iranian–Iraqi efforts lead to recovery and handover of human remains

The Iranian and Iraqi governments sustained their joint efforts to clarify the fate of people missing in connection with the 1980–1988 Iran–Iraq war. In line with its existing agreements with these governments, the ICRC continued to chair both the tripartite committee on missing persons and the committee's joint working group, and provide these with support as a neutral intermediary.

Despite some logistical challenges linked to the situation in Iraq (see *Iraq*), the working group facilitated excavations in the Iraqi provinces of Basra and Missan, and in the Iraqi Kurdistan region (IKR); the ICRC donated key equipment in this regard. In May, owing to security constraints, IKR operations were temporarily suspended, and later resumed. The excavations led to the recovery of the remains of 371 people. Under ICRC auspices, the remains of 394 people were handed over to the Iranian authorities; the remains of 68, exhumed from Iranian sites, were transferred to the Iraqi authorities.

During three ICRC-chaired meetings held by the working group, Iranian and Iraqi authorities discussed technical and logistical issues pertinent to recovery operations.

In the lead-up to the annual meeting of the tripartite committee, Iranian and Iraqi forensic scientists convened in the Islamic Republic of Iran, with ICRC support. They considered the recommendations of a third-party forensic geneticist, who had conducted an assessment during past ICRC-organized visits, and formulated proposals for the committee, particularly on standardizing working procedures.

Local actors involved in forensic work continued to receive ICRC input, helping improve their services. The Legal Medicine Organization (LMO) and the ICRC engaged in dialogue on best practices for human remains management, especially in relation to migration, as did the National Society (see below). Staff of the LMO and first-responder organizations, including the Iranian Red Crescent, learnt more about proper human remains management during emergencies, at workshops organized by the LMO and the ICRC. Representatives from the LMO and the National Society strengthened their grasp of the subject during an international course (see *Pakistan*). Iranian, Iraqi and Syrian specialists honed their knowledge of forensic anthropology through a regional course held in the Islamic Republic of Iran by the LMO and the ICRC. During a study tour in Cyprus, five scientists from one Iranian laboratory trained in forensic human identification, with experts from the Committee on Missing Persons.

### **Members of dispersed families reconnect**

Migrants – including asylum seekers and refugees – from neighbouring countries, particularly Afghanistan, who were staying in or passing through the Islamic Republic of Iran contacted relatives using Movement family-links services, as did detainees from Afghanistan and Iraq. Representatives of the Iranian Red Crescent and other Movement partners identified ways to strengthen such services, and deepened their understanding of human remains management, during a conference in the Islamic Republic of Iran on reconnecting families – particularly those dispersed by migration – organized by the National Society and the ICRC. Iranian Red Crescent personnel contributed to a Movement conference abroad on the same subject (see *Western Balkans*). Staff members of Iranian NGOs and of international organizations based in the Islamic Republic of Iran discussed ways to help families separated by migration restore contact, during a National Society/ICRC workshop. The Iranian Red Crescent, backed by the ICRC, explored the use of innovative tools to enable dispersed relatives to reconnect. Relatives of migrants reported missing in connection with their journey to Greece stood to benefit from a pilot project aimed at facilitating efforts to ascertain these migrants' fate (see *Paris*).

Iranians connected with family members detained in nearby countries, like Afghanistan, or held at the US internment facility at Guantanamo Bay Naval Station in Cuba (see *Washington*), through RCMs, phone or video calls, or oral messages relayed by ICRC delegates.

In all, 194 Iraqi former POWs received attestations of detention; these facilitated their application for State benefits and other proceedings.

Two former members of the People's Mojahedin Organization of Iran voluntarily returned from Iraq; they were repatriated with the Iranian authorities' approval and under ICRC auspices.

A government foundation and the ICRC engaged in dialogue, facilitated by the foreign affairs ministry, on the potential psychosocial needs of the families of missing persons; discussions on possible steps to respond jointly to such needs were ongoing.

### **Vulnerable Afghan migrants address their health needs**

In Mashhad city suburbs, thousands of vulnerable Afghan migrants, and some Iranians, continued to meet some of their health and other needs through an ongoing project run by a local NGO and the National Society; the ICRC backed the project with advice, notably in the field of mental health, and funding.

During home visits by the NGO's staff to over 3,700 households, about 3,170 people obtained preventive care; as necessary, those visited were encouraged to avail themselves of the project's other services. Some 2,500 people were treated by a general practitioner. Around 1,850 consulted health-care workers at the NGO's clinic, for their nutritional or psychological needs. More than 4,350 people were referred for specialized diagnosis and care, including National Society-provided physical rehabilitation services. Others benefited from the National Society's health caravans.

During information sessions, about 15,200 adults and children honed their knowledge of good hygiene and health practices, and their psychosocial skills, including communication and cooperation. Community members, through the National Society, learnt more about reproductive health, HIV/AIDS prevention, and disaster preparedness.

Hundreds of people benefited from psychosocial support or services to mitigate the consequences of drug use; the women among them had access to a shelter established to help address their specific vulnerabilities. People in need of social assistance were referred to the pertinent NGOs.

### **Health and humanitarian workers enhance their emergency preparedness**

Towards enabling health and humanitarian professionals to better respond to large-scale emergencies, the National Society and the ICRC ran a HELP course with a local medical university. The participants, from various countries, also increased their familiarity with the Health Care in Danger project and the Movement. Local representatives of the International Committee of Military Medicine observed part of the course, and engaged in dialogue with the ICRC on topics of mutual interest.

### **People reduce their exposure to mine-related risks**

Over 220,000 people – Iranians living in western provinces and Afghan returnees passing through eastern provinces – learnt safer behaviour around mines/ERW during dissemination sessions conducted by National Society personnel, with ICRC financial and technical support. To help ensure suitable aid for people affected by other types of weapon, selected National Society representatives furthered their pertinent skills during an ICRC workshop.

The IRMAC continued to develop its capacities as central coordinator of mine/ERW-related activities, with input from the ICRC. The two organizations, with the support of the defence and foreign affairs ministries, formalized a three-year memorandum of understanding. In line with this, IRMAC managers augmented their knowledge of humanitarian demining, at an ICRC-conducted seminar. The IRMAC also received some 50 sets of personal protective equipment, for its mine-clearance staff.

During an IRMAC event, the centre's representatives, defence ministry officials and other parties concerned were encouraged by the ICRC to ensure coordination on addressing the needs of people in mine/ERW-affected areas. The national IHL committee, with ICRC backing, promoted broader familiarity with the issue of mines/ERW during an academic conference. Dialogue between the State Welfare Organization and the ICRC, regarding prospective joint work on mine-risk education, led to a draft agreement that awaited official approval.

Owing to operational constraints in Kurdistan province, the National Society/ICRC project to provide civilian mine victims with physical rehabilitation services was concluded and no longer pursued in 2016.

## ACTORS OF INFLUENCE

The ICRC's dialogue and networking with State and civil society representatives – during the ICRC president's visit, for instance – and the events it organized with them, helped build understanding of IHL and the Movement, and foster awareness of humanitarian concerns, domestic (see *Civilians*) and international. The national IHL committee, the foreign affairs ministry, the Qom Centre and the National Society remained crucial in facilitating contact with key actors.

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

### Authorities lead IHL training

The national IHL committee drew on ICRC input to pilot courses tailored for peacekeepers, Islamic clerics, university students and National Society personnel. These audiences were thus enabled to further their grasp of IHL and neutral, impartial and independent humanitarian action. Committee members and other officials advanced their knowledge of IHL at events abroad, with ICRC support (see, for example, *Nepal*).

Dialogue with the general secretariat of the Parliamentary Union of the OIC (Organisation of Islamic Cooperation) Member States (PUIC), based in the country, covered humanitarian issues, including health-care insecurity. This facilitated the ICRC's participation in a PUIC conference (see *Iraq*).

**Scholars discuss values shared by Islamic jurisprudence and IHL**  
Islamic researchers enriched the dialogue on Islam and IHL through the initiatives of the Qom Centre, backed by the national IHL committee, the National Society and the ICRC.

Notably, the centre held an international academic conference on the subject. Some 500 Islamic scholars, representatives of other faiths, and IHL experts from over 20 countries, alongside Movement partners, discussed: humanitarian values common to world religions; the protection due to civilians, including patients and medical workers; the plight of missing persons and their families; proper human remains management; and environmental conservation and management.

Several activities preparatory to the conference were implemented with ICRC support. During a workshop series on armed conflict, Afghan, Iranian, Iraqi and other specialists in IHL covered some of the conference topics. Two Iranian clerics exchanged views with peers at an IHL course abroad (see *Tunis*). Scholars compiled recent papers on Islam and IHL for distribution, and updated and republished relevant Qom Centre materials.

The Qom Centre continued to: translate references on Islam and IHL from Farsi into Arabic and English; promote its publications; conduct studies on humanitarian concerns with prominent institutions; and, through its library, support the work of researchers.

During one session of an international seminar on the role of culture and religion in promoting environmental sustainability, hosted by Iranian officials with partner organizations, participants gained more familiarity with the ICRC's efforts to foster dialogue on Islam and IHL.

### Academics advance their understanding of IHL

Iranian academics, with ICRC backing, deepened their IHL expertise during a seminar abroad (see *New Delhi*). University students learnt more about IHL during locally held courses (see above), international conferences or moot court competitions, with ICRC support (see, for example, *Beijing*). Officials of one university, the pertinent authorities and the ICRC continued discussions on developing an IHL master's programme.

During National Society/ICRC information sessions, people involved in media increased their understanding of IHL and the Movement: reporters; journalism professors; and, based on an agreement between the country's official news agency and the ICRC, students at a journalism university run by the agency.

Various audiences better understood humanitarian concerns and the ICRC through news reports, public events, including an ICRC-supported film festival, and ICRC multimedia materials.

## RED CROSS AND RED CRESCENT MOVEMENT

Pursuant to their 2012 partnership agreement, the Iranian Red Crescent and the ICRC worked to: reconnect dispersed family members; raise mine-risk awareness; promote IHL and the Movement; and raise awareness of humanitarian concerns (see above).

### National Society and the ICRC bolster partnership

The two organizations strengthened their cooperation in physical rehabilitation. Based on a new agreement, they expanded some joint activities (see *Civilians*); other activities were maintained – for instance, they conducted orthotics workshops in the country and in Tajikistan, and held a consultative meeting with pertinent local parties, on promoting social inclusion for disabled people.

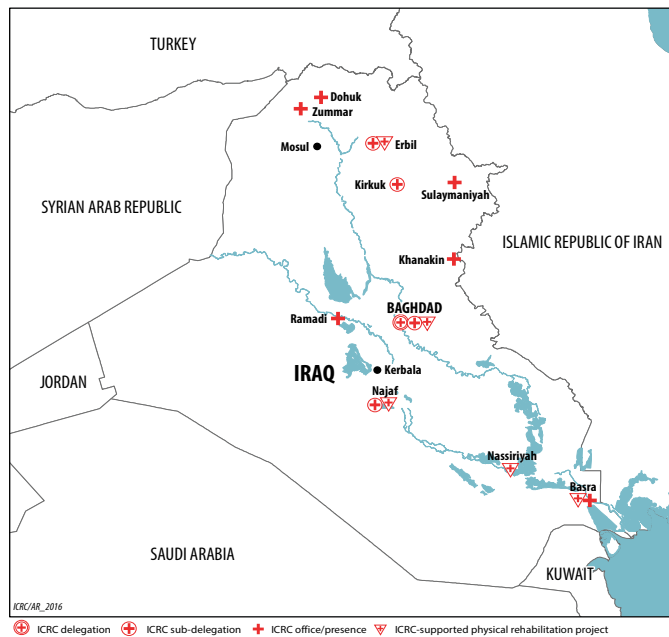
The Iranian Red Crescent and the ICRC sustained cooperation in other fields, notably emergency preparedness (see *Civilians*). Given logistical constraints, a planned war-surgery seminar for local doctors was postponed.

The National Society, with ICRC training, boosted its security management and logistics capacities. It helped establish an ICRC warehouse at one of its centres to support regional humanitarian operations.

National Society personnel deepened their understanding of humanitarian issues and the Fundamental Principles through, for instance, locally organized IHL courses (see *Actors of influence*) – which encompassed ICRC-led discussions of the Safer Access Framework – and a workshop abroad held by the International Federation and the ICRC for some 20 National Societies, on sustaining Movement-wide advocacy efforts to end nuclear weapon use.

<b>MAIN FIGURES AND INDICATORS: PROTECTION</b>		<b>Total</b>			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>RCMs and other means of family contact</b>			<b>UAMs/SC</b>		
RCMs collected		155			
RCMs distributed		143			
Phone calls facilitated between family members		8			
<b>Reunifications, transfers and repatriations</b>					
Human remains transferred or repatriated		68			
<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		248	54	65	56
<i>including people for whom tracing requests were registered by another delegation</i>		2			
Tracing cases closed positively (subject located or fate established)		20			
Tracing cases still being handled at the end of the reporting period (people)		272	59	61	59
<i>including people for whom tracing requests were registered by another delegation</i>		7			
<b>Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers</b>			<b>Girls</b>		<b>Demobilized children</b>
UAMs/SC newly registered by the ICRC/National Society		1	1		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		1	1		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>					
<b>RCMs and other means of family contact</b>					
RCMs distributed		1			
People to whom a detention attestation was issued		194			





## KEY RESULTS/CONSTRAINTS IN 2016

- ▶ The parties to the conflict were urged to fulfil their obligations, under IHL and other applicable norms, to respect and protect civilians, including patients and medical personnel. Contact with certain armed groups remained limited.
- ▶ Weapon bearers, local leaders and others helped facilitate the ICRC's access to people in need, partly as a result of dialogue and networking. Security and other challenges, however, continued to restrict access to some communities.
- ▶ IDPs, returnees and residents met their immediate needs for food, household essentials, basic health care and water – and restored contact with relatives – through the ICRC's direct deliveries of aid or its support for the authorities.
- ▶ Wounded people were treated by ICRC-trained first-aiders and at hospitals that were given material assistance; at one hospital, the staff had use of renovated operating rooms and support from an ICRC surgical team.
- ▶ Detainees, including those arrested in relation to the current conflict, were visited by the ICRC. People held at two federal prisons received basic health services through a pilot project run by the ICRC and the central government.
- ▶ Front-line troops, military and police commanders and trainees, national IHL committee members, and political and judicial authorities learnt more about IHL and other applicable norms during meetings, and training, with the ICRC.

## EXPENDITURE IN KCHF

Protection	15,187
Assistance	80,593
Prevention	6,490
Cooperation with National Societies	2,208
General	336
<b>Total</b>	<b>104,814</b>
<i>Of which: Overheads</i>	<i>6,379</i>

## IMPLEMENTATION RATE

Expenditure/yearly budget	77%
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## PERSONNEL

Mobile staff	120
Resident staff (daily workers not included)	852

The ICRC has been present in Iraq since the outbreak of the Iran–Iraq war in 1980. Protection activities focus on monitoring the treatment and living conditions of detainees in the country and on helping 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 and hospital services; and repairing water, health and prison infrastructure. The ICRC promotes IHL knowledge and compliance among weapon bearers and coordinates its work with the Iraqi Red Crescent Society.

## YEARLY RESULT

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

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
Restoring family links	
RCMs collected	3,094
RCMs distributed	5,416
Tracing cases closed positively (subject located or fate established)	598
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
ICRC visits	
Detainees visited	45,774
Detainees visited and monitored individually	2,131
Number of visits carried out	343
Number of places of detention visited	107
Restoring family links	
RCMs collected	5,858
RCMs distributed	2,355
Phone calls made to families to inform them of the whereabouts of a detained relative	16,502

ASSISTANCE	2016 Targets <sup>1</sup> (up to)	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 1,126,500	924,024
Essential household items	Beneficiaries 1,126,500	925,584
Productive inputs	Beneficiaries 80,700	44,559
Cash	Beneficiaries 212,400	112,256
Services and training	Beneficiaries	108,415
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries 1,862,000	2,488,330
Health		
Health centres supported	Structures 9	15
<b>WOUNDED AND SICK</b>		
Hospitals		
Hospitals supported	Structures 6	21
Water and habitat		
Water and habitat activities	Number of beds	86
Physical rehabilitation		
Projects supported	Projects 9	12
Patients receiving services	Patients 37,000	37,357

1. Some target figures were revised following the preliminary budget extension appeal released in July and the budget extension adopted by the Assembly Council in December.

## CONTEXT

The conflict between Iraqi forces and armed groups continued unabated. The situation was exacerbated by longstanding ethnic and sectarian tensions, and by the effects of past violence.

In mid-2016, forces of the central government, including armed groups called popular mobilization units, and those of the government of the Iraqi Kurdistan region (IKR), intensified their campaign against the Islamic State group (ISg). The Iraqi forces – backed by air strikes, military advice and training from an international coalition – regained key areas, including the cities of Ramadi and Fallujah. The ISg, however, maintained its presence elsewhere. Military operations to retake the city of Mosul, launched in October, were ongoing. Various IHL violations were alleged to have occurred throughout the year.

Over 3.3 million people had been displaced since the start of the current conflict in 2014. Although some had returned to areas retaken by the military, many still remained in camps or informal settlements. From October to December 2016, around 100,000 people were displaced from Mosul and nearby villages. Tens of thousands of people were wounded or killed, and others, allegedly arrested.

People's access to essential services, which was already limited, was curtailed even further by the poor security conditions, extensive infrastructural damage and the presence of mines and/or explosive remnants of war (ERW). Budgetary and other constraints continued to affect the government's ability to respond to needs. Humanitarian organizations had difficulty in reaching the hardest-hit communities.

Almost 250,000 Syrian refugees remained in Iraq, mostly in the IKR.

## ICRC ACTION AND RESULTS

The ICRC continued to focus on contributing to the protection of civilians and helping them meet their needs. When fighting intensified mid-year, it expanded its emergency activities for the people most affected, particularly the newly displaced and the seriously wounded; the adjustments were supported by a budget extension, for which a preliminary appeal<sup>1</sup> was issued in July.

Through dialogue and networking efforts with most of the parties to the conflict, the ICRC urged them to fulfil their obligations under IHL and other applicable norms. Whenever possible, it made bilateral representations, about documented behavioural concerns, to the pertinent parties. The ICRC raised awareness of humanitarian principles and its mandate and activities during interactions with armed groups and people with influence over them. It promoted IHL through briefings for front-line troops, support for the armed forces' training initiatives, and events with national authorities, including the national IHL committee.

These efforts helped the ICRC reach vulnerable people, notably in areas where there were few or no other humanitarian organizations or where needs were most acute. There were, however, fewer beneficiaries of emergency aid and livelihood assistance than planned, because of continuing difficulties in obtaining access to certain areas. Moreover, the pace at which people were displaced

from Mosul was slower than expected, and other actors addressed most of the IDPs' needs.

Hundreds of thousands of IDPs, residents and returnees covered their immediate needs with food and household essentials from the ICRC. Millions had access to water from facilities upgraded or repaired by the ICRC; more projects than planned were implemented in response to increased needs.

The ICRC scaled up its efforts to increase the availability and accessibility of health care. Clinics, first-responders and hospitals were thus able to sustain their services with ICRC support, which included medical supplies, infrastructural repairs and staff training, particularly in first aid and emergency-room trauma care. Notably, the ICRC helped expand surgical capacities at one hospital through on-site staff support and infrastructural upgrades. It continued to manage one physical rehabilitation centre and support several State-run facilities.

Where security conditions were more stable, the ICRC helped vulnerable households improve their livelihoods by providing them with farming tools or grants for establishing small businesses. Farmers had more water for their crops after the ICRC or community members repaired irrigation canals; the community members earned income for their work. Female heads of household who were registering for State benefits received cash for related expenses.

The ICRC monitored the situation of thousands of detainees, including those arrested in relation to the ongoing conflict, through visits conducted according to its standard procedures. It shared its findings confidentially with the authorities, to help them ensure that detainees' treatment and living conditions conformed to applicable norms and standards. It supported them to this end by giving them advice and material assistance, and by implementing projects to improve prison facilities and detainees' health-care access.

Family members reconnected through RCMs and other family-links services. The ICRC served as a neutral intermediary to support the efforts of the parties concerned to ascertain the fate of people missing in relation to past international armed conflicts. People and institutions involved in recovering and identifying human remains received supplies, equipment and training.

The ICRC pursued dialogue with the Iraqi Red Crescent Society, with a view to resuming direct support for it. Under a short-term project agreement, it supported the National Society's emergency activities for IDPs.

## CIVILIANS

Parties to the conflict were urged to fulfil their obligations under IHL and other applicable norms, particularly to respect civilians, including patients and medical personnel. Whenever possible, the ICRC made representations to the pertinent parties about documented concerns regarding the behaviour of weapon bearers, for their follow-up. For instance, it submitted representations requesting unobstructed passage through security checkpoints for patients and their caretakers. Having monitored the situation of IDPs in screening centres and camps, the ICRC provided the authorities with recommendations for ensuring that humanitarian standards in these areas were met: for example, by minimizing delays when screening particularly vulnerable IDPs.

1. For more information on the preliminary budget extension appeal, please see: [https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/186F16E4D9CF2484C12580270022764E/\\$File/UpD\\_PreliminaryBEA\\_REX2016\\_445\\_Iraq\\_Final.pdf](https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/186F16E4D9CF2484C12580270022764E/$File/UpD_PreliminaryBEA_REX2016_445_Iraq_Final.pdf)

Ways to respond more effectively to the needs of victims of sexual violence were explored, and steps taken to draft an action plan.

### **Hundreds of thousands of people meet their basic needs**

Interaction with parties to the conflict and with other groups enabled the ICRC to raise awareness of humanitarian principles and of its mandate and activities (see *Actors of influence*). This helped it to obtain access to people in need, especially in places where there were few or no other organizations, or where needs were most acute, such as areas near front lines or those retaken by government forces. Access to some communities was nevertheless restricted by logistical and security-related challenges, including difficulties linked to the ICRC's limited contact with certain parties and to the authorities' security regulations.

Some 924,000 people (154,000 households), mostly IDPs in informal settlements, received food supplies sufficient for one month. Among them were around 130,000 people in Ninewa, including IDPs from Mosul; the latter were given one round of food ration, instead of the planned two, as they eventually returned to their houses. Some 925,500 people (154,200 households) eased their living conditions with ICRC-donated household essentials, shelter materials and/or supplies for coping with cold weather. Fewer beneficiaries than planned were reached, because the influx of IDPs from Mosul was slower than anticipated and because other actors addressed most of the IDP's needs.

Some 90,060 people (14,860 households) covered their rent and other expenses with ICRC cash grants.

Government personnel learnt more about assessing emergency needs through an ICRC-organized training session.

### **IDPs and residents have better access to water**

Some 2,140,000 people, including around 107,000 IDPs, had more access to water after the ICRC upgraded water infrastructure in violence-prone or underserved areas and in places with large numbers of IDPs. More people than planned benefited from such initiatives, as the ICRC undertook additional projects in response to increased needs, including among people who had returned to their villages. Some 142,200 others benefited from repairs to dilapidated facilities, while farming households (47,620 people in all) had more water for their crops (see below).

Another 157,346 people met their immediate needs for water through ICRC projects for the newly displaced, such as the distribution of bottled water. The ICRC prepared to address needs in IDP camps, but these were mostly covered by other actors.

Repairs were in progress on several water facilities serving IDPs, residents and returnees. Through ICRC-organized training, 83 technicians learnt more about maintaining such infrastructure.

### **Violence-affected people receive basic health care**

Primary-health-care centres sustained their services with the help of the ICRC, which scaled up its emergency health activities (see also *Wounded and sick*), and adapted to security constraints by providing specific support for shorter periods than before.

Thirteen centres received material assistance, technical advice and staff training for mother-and-child care and for preventing and treating non-communicable diseases. Some continued to receive support, mainly staff training, under a 2012 agreement between

the ICRC and the central health ministry. Two other centres, in Mosul district, received supplies, training and financial incentives for staff. Facilities at four clinics were improved.

Thirty additional centres in fighting-affected areas were provided, on an ad hoc basis, with medical and cleaning materials, and/or furniture. The central health ministry replenished local medical stocks with logistical assistance from the ICRC.

Health risks for women and children were reduced through ICRC-backed initiatives: health centres carried out vaccination programmes; the authorities trained traditional birth attendants and midwives.

### **Female or disabled breadwinners support their families through microeconomic initiatives**

Where security conditions were more stable, the ICRC helped households strengthen their livelihoods. Some 21,000 farming households (108,000 people) had a better supply of water for their crops after the ICRC and/or community members cleaned irrigation canals; the community members (supporting some 13,400 people) received cash for their work. More than 7,300 households (44,500 people) planted crops using ICRC-donated tools, seed and fertilizer.

Around 1,200 women, including relatives of missing persons, and disabled people (supporting 6,500 in all) covered their household expenses partly with earnings from small businesses they had started with cash grants and – for some – training in basic business skills.

A total of 540 female breadwinners (supporting 2,160 people) who were seeking to register for State benefits, with the help of local NGOs, covered registration-related and basic expenses with ICRC cash assistance.

### **Members of dispersed families reconnect**

Members of families separated by conflict in Iraq and the wider region used ICRC family-links services to reconnect. Some families reported that their relatives were allegedly arrested or missing in relation to the conflict; the ICRC made representations to the authorities on their behalf, and several hundred people were located. Over 1,900 people received travel documents; two people returned home from Iraq (see *Iran, Islamic Republic of*).

The parties concerned continued their efforts to clarify the fate of persons missing in relation to past international armed conflicts (see *Iran, Islamic Republic of* and *Kuwait*); the ICRC served as a neutral intermediary. Under the ICRC's auspices, the Iraqi authorities transferred the remains of 394 people to their Iranian counterparts, and received the remains of 68 people. The needs of families of missing persons were assessed, with the findings set to be shared with the authorities.

People and institutions involved in recovering and identifying human remains received supplies, training and technical guidance, notably during the search for gravesites. The central Medico-Legal Institute (MLI) in Baghdad, whose caseload had grown, continued to strengthen its capacities: staff members learnt how to use an ICRC-donated genetic analyser. The MLI in the IKR discussed possibilities for support with the ICRC.

Through awareness-raising sessions and informational materials, some 25,000 people learnt about safe practices in areas with

mines/ERW. Health workers benefited from such sessions during first-aid courses (see *Wounded and sick*); some learnt how to deal with chemical contamination and received supplies for protecting themselves. The mine-action directorate received communication materials for its awareness-raising initiatives.

### PEOPLE DEPRIVED OF THEIR FREEDOM

Some 45,700 detainees, including people arrested in relation to the conflict, received ICRC visits conducted according to the organization's standard procedures; 2,131 particularly vulnerable detainees were followed up individually. The ICRC continued to seek access to all detainees.

In its findings submitted confidentially to the authorities, and during meetings and training activities (see also *Actors of influence*), the ICRC emphasized the need to ensure that detainees' treatment and living conditions conformed to applicable norms and standards. It also sought to foster respect for judicial guarantees and the principle of *non-refoulement*, and stressed the importance of notifying families of their relatives' arrest and detaining people in places near their families. Allegations of arrest were followed up with the authorities.

Detainees contacted their relatives through RCMs, oral messages, and phone calls made by ICRC delegates on their behalf; 190 detainees were visited by relatives through an ICRC project. Former detainees received attestations of detention for use in legal or administrative proceedings.

### Detainees have better access to water and health services

Nearly 7,850 detainees had improved living conditions after the ICRC helped upgrade water and sanitation infrastructure, ventilation systems, and basic facilities in 12 prisons. Prison maintenance teams and the central authorities received advice on specific matters. Thousands of detainees received clothes, winter supplies, and hygiene, educational and/or recreational items.

The ICRC continued to urge the authorities to improve detainees' access to health care, and provided them with technical and material support to this end. Detainees in two federal prisons received basic health services through a pilot project run by the ICRC with the central health and justice ministries; the project was based on a 2014 joint assessment and an action plan signed in December 2016. An agreement was also signed with the IKR ministries of justice and of labour and social affairs to pilot a similar health project in one prison, following a round-table on an ICRC report on health care in detention and other discussions with IKR officials. IKR authorities discontinued medical screenings, owing to financial constraints.

Penitentiary staff learnt more about best practices for health care in detention at a workshop held locally and a conference abroad (see *Jordan*).

### WOUNDED AND SICK

The ICRC reminded parties to the conflict to respect and protect patients and health personnel (see *Civilians* and *Actors of influence*), and stepped up its efforts to ensure the availability of timely and appropriate treatment.

### Wounded people receive life-saving treatment

Wounded and sick people had access to first-aid and hospital-level care from personnel and institutions supported by the ICRC with training and material assistance.

More than 200 ambulance staff and 40 civil defence officials bolstered their first-aid skills during workshops. Hundreds of weapon bearers and health workers benefited from similar sessions, which were coupled with briefings on IHL and mine-risk awareness.

Thousands of wounded patients, including people from Mosul, were treated at 21 hospitals supplied by the ICRC with surgical items, wound-dressing kits and other medical supplies. Personnel at a hospital near the front line in Ninewa Governorate received support from an ICRC surgical team, and had use of renovated or newly constructed operating rooms. Some 140 doctors expanded their capacities in emergency-room trauma care and 38, in surgery; 6 doctors were trained to instruct their peers. They also learnt more about the protection afforded by IHL to patients and health personnel.

### Disabled people avail themselves of rehabilitation services

Over 37,000 people obtained services and assistive devices at one ICRC-managed and 11 State-run physical rehabilitation centres. People treated by the ICRC-managed centre in Erbil included 1,212 IDPs and 217 refugees, and people whose lodging (1,495) and transport (555) expenses were covered by the ICRC. Another 149 people, mostly IDPs, used ICRC-arranged transportation to go to a State-run centre in Baghdad.

The State-run facilities received raw materials and technical advice from the ICRC. Their staff members and other physical rehabilitation professionals developed their skills at ICRC-organized workshops.

A university in Erbil began developing a curriculum for a bachelor's degree in physiotherapy; the ICRC provided guidance. Support continued for initiatives to ensure the welfare of disabled people and to promote their economic and social reintegration. Selected patients of ICRC-supported centres received livelihood support (see *Civilians*); others participated in sporting events. Local organizations, including Paralympic committee branches, received assistive devices.

### ACTORS OF INFLUENCE

#### Weapon bearers and other key parties help facilitate safe access for the ICRC

The ICRC used dialogue and networking to emphasize respect for IHL and other applicable norms (see *Civilians*). Contact with certain parties, including armed groups, remained limited. The ICRC therefore pursued meetings with community and religious leaders, journalists, and others with influence over these parties, in order to convey messages about basic IHL principles and the ICRC's mandate and work.

All these efforts helped to facilitate safe access for the ICRC to people in need and to broaden awareness of humanitarian issues, including the goals of the Health Care in Danger project. Training initiatives (see below), public events, briefings for media representatives and distribution of multimedia resource materials also contributed to these ends.

#### Front-line troops learn more about IHL and other applicable norms

During dissemination sessions and meetings with ICRC officials, some 1,700 members of front-line central/IKR military commands, and of popular mobilization units, became more familiar with basic IHL principles and other rules on the conduct



of hostilities and the protection of civilians. Officers and troops of the central armed forces strengthened their grasp of IHL during ICRC-supported courses at training institutions. The IKR's military continued to instruct its personnel in IHL and to reinforce its instructional capacities. International coalition representatives training Iraqi troops were provided with advice on teaching IHL.

At ICRC-run workshops, intelligence officers from the central government furthered their understanding of international human rights law; and some 3,700 central and IKR police commanders and personnel familiarized themselves with norms and standards relevant to their duties, particularly in connection with detention practices and the use of force.

#### **National IHL committee members take steps to advance implementation of IHL**

Government bodies involved in promoting and advancing the domestic implementation of IHL drew on ICRC expertise. National IHL committee members began to formulate action plans and completed draft legislation on the protection of the emblem, cultural property, and international crimes. Members of the committee, health authorities and parliamentarians agreed to propose amendments to domestic law to expand the legal protection for medical personnel.

National IHL committee members, government officials and academics furthered their understanding of IHL and exchanged views with their peers at courses and meetings abroad (see *Lebanon* and *Tunis*). Central government officials, notably members of the human rights commission, added to their IHL knowledge during training sessions organized by the authorities and the ICRC under a 2014 memorandum of understanding. Ten religious scholars discussed IHL and Islamic jurisprudence, and familiarized themselves with the ICRC's operations, at a round-table organized by a local institution and the ICRC.

Policy-makers from 30 countries learnt more about the Health Care in Danger project during an ICRC presentation at a conference of the Parliamentary Union of the OIC (Organization of Islamic Cooperation) Member States.

The Iraqi institute responsible for training judges began, with ICRC support, to offer a course that it had developed on IHL and international human rights law. At a workshop, 37 law professors discussed the teaching of IHL. Discussions with the IKR's higher education ministry, on ICRC support for developing a standard IHL curriculum, were ongoing.

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

### **The National Society and the ICRC conclude a project agreement to assist IDPs**

The Iraqi Red Crescent continued to respond to humanitarian needs, in consonance with its strategic plan and backed by Movement components. Although the National Society and the ICRC remained without a formal partnership agreement, they jointly distributed attestations of detention and exchanged information that facilitated their respective initiatives.

Following talks on the resumption of direct ICRC support to the National Society, the two organizations signed a short-term project agreement under which the ICRC provided financial and material assistance for the National Society's activities for IDPs in Ninewa. Discussions on a broader and longer-term project agreement were in progress.

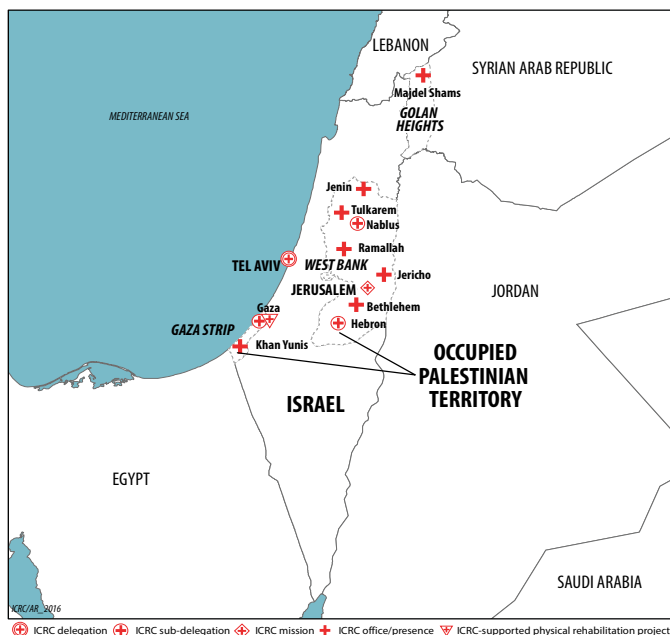
Other Movement components supported the National Society bilaterally; this was facilitated by their agreements – on security, logistical and administrative services – with the ICRC.

<b>MAIN FIGURES AND INDICATORS: PROTECTION</b>		<b>Total</b>			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>RCMs and other means of family contact</b>			<b>UAMs/SC</b>		
RCMs collected		3,094			
RCMs distributed		5,416			
<b>Reunifications, transfers and repatriations</b>					
People transferred or repatriated		2			
Human remains transferred or repatriated		394			
<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		2,720	127	56	177
<i>including people for whom tracing requests were registered by another delegation</i>		12			
Tracing cases closed positively (subject located or fate established)		598			
<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)		6,912	215	97	290
<i>including people for whom tracing requests were registered by another delegation</i>		18			
<b>Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers</b>			<b>Girls</b>		<b>Demobilized children</b>
UAMs/SC newly registered by the ICRC/National Society		3			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		2			
<b>Documents</b>					
People to whom travel documents were issued		1,922			
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		45,774	1,411	1,297	
			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually		2,131	34	7	413
Detainees newly registered		1,412	29	7	399
Number of visits carried out		343			
Number of places of detention visited		107			
<b>RCMs and other means of family contact</b>					
RCMs collected		5,858			
RCMs distributed		2,355			
Phone calls made to families to inform them of the whereabouts of a detained relative		16,502			
Detainees visited by their relatives with ICRC/National Society support		190			
People to whom a detention attestation was issued		165			



MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security (in some cases provided within a protection or cooperation programme)</b>				
Food commodities	Beneficiaries	924,024	301,670	369,481
	<i>of whom IDPs</i>	813,402	264,678	325,233
Essential household items	Beneficiaries	925,584	301,393	370,103
	<i>of whom IDPs</i>	847,362	274,121	338,815
Productive inputs	Beneficiaries	44,559	14,440	17,813
	<i>of whom IDPs</i>	825	246	333
Cash	Beneficiaries	112,256	39,067	45,136
	<i>of whom IDPs</i>	88,512	30,940	35,387
Services and training	Beneficiaries	108,415	37,937	43,357
<b>Water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Water and habitat activities	Beneficiaries	2,488,330	746,499	995,332
	<i>of whom IDPs</i>	273,895	82,168	109,557
<b>Health</b>				
Health centres supported	Structures	15		
Average catchment population		383,062		
Consultations		345,493		
	<i>of which curative</i>	335,905	92,785	130,328
	<i>of which antenatal</i>	9,588		
Immunizations	Patients	226,662		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	179,782		
Referrals to a second level of care	Patients	16,849		
	<i>of whom gynaecological/obstetric cases</i>	1,961		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>Economic security (in some cases provided within a protection programme)</b>				
Essential household items	Beneficiaries	76,206	1,344	743
<b>Water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Water and habitat activities	Beneficiaries	7,848		
<b>Health</b>				
Visits carried out by health staff		65		
Places of detention visited by health staff	Structures	45		
Health facilities supported in places of detention visited by health staff	Structures	16		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	21		
<b>Water and habitat</b>				
Water and habitat activities	Number of beds	86		
<b>Physical rehabilitation</b>				
Projects supported	Projects	12		
Patients receiving services	Patients	37,357	4,001	18,353
New patients fitted with prostheses	Patients	1,274	212	102
Prostheses delivered	Units	2,955	382	212
	<i>of which for victims of mines or explosive remnants of war</i>	552	20	5
New patients fitted with orthoses	Patients	11,291	993	8,925
Orthoses delivered	Units	21,064	1,647	17,173
	<i>of which for victims of mines or explosive remnants of war</i>	50	5	34
Patients receiving physiotherapy	Patients	10,870	1,818	3,092
Walking aids delivered	Units	1,463	145	199
Wheelchairs or tricycles delivered	Units	450	59	186

# 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 in Israel and the Palestine Red Crescent Society.

## YEARLY RESULT

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

## KEY RESULTS/CONSTRAINTS IN 2016

- ▶ Israeli and Palestinian authorities and weapon bearers were reminded, via ICRC representations, to fulfil their respective obligations under IHL and other pertinent norms, particularly to respect and protect civilians and civilian objects.
- ▶ In relation to the 2014 Gaza Strip hostilities, the Israel Defense Forces and the ICRC built on their lessons-learnt dialogue, notably during an IHL round-table series. Parallel efforts with the Hamas *de facto* authorities continued.
- ▶ Medical staff trained to hone their skills, notably in vascular surgery and trauma management, and hospitals received on-site support and infrastructural upgrades, through the ICRC. Such helped boost the Gazan emergency-care system.
- ▶ In Gaza, more than one million people had increased access to basic services and thousands of people resumed their livelihoods, facilitated in part by the ICRC's representations to and coordination with the pertinent authorities.
- ▶ Detainees held by Israeli and Palestinian authorities received ICRC visits; on this basis, the ICRC worked to improve their situation. Thousands of Palestinians in Israeli custody met with relatives during ICRC-organized family visits.
- ▶ Detainees in Gaza had better access to basic health care owing to such ICRC-backed initiatives as: renovations to prison clinics; training for health workers; and, for people held in police stations, weekly visits by doctors.

## EXPENDITURE IN KCHF

Protection	16,395
Assistance	22,612
Prevention	5,945
Cooperation with National Societies	2,711
General	219
<b>Total</b>	<b>47,882</b>
<i>Of which: Overheads</i>	<i>2,922</i>

## IMPLEMENTATION RATE

Expenditure/yearly budget	92%
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## PERSONNEL

Mobile staff	72
Resident staff (daily workers not included)	307

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
<b>Restoring family links</b>	
RCMs collected	581
RCMs distributed	443
Tracing cases closed positively (subject located or fate established)	6
People reunited with their families	1
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
<b>ICRC visits</b>	
Detainees visited	22,881
Detainees visited and monitored individually	3,624
Number of visits carried out	683
Number of places of detention visited	113
<b>Restoring family links</b>	
RCMs collected	481
RCMs distributed	561
Phone calls made to families to inform them of the whereabouts of a detained relative	3,299

ASSISTANCE	2016 Targets (up to)	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>		
<b>Economic security (in some cases provided within a protection or cooperation programme)</b>		
Essential household items	Beneficiaries	30,000 1,125
Productive inputs	Beneficiaries	38,400 21,182
Cash	Beneficiaries	1,200 5,216
Services and training	Beneficiaries	882
<b>Water and habitat (in some cases provided within a protection or cooperation programme)</b>		
Water and habitat activities	Beneficiaries	200,000 1,256,292
<b>WOUNDED AND SICK</b>		
<b>Hospitals</b>		
Hospitals supported	Structures	3 11
<b>Water and habitat</b>		
Water and habitat activities	Number of beds	2,257 2,367
<b>Physical rehabilitation</b>		
Projects supported	Projects	1 1
Patients receiving services	Patients	2,500 2,332

## CONTEXT

Beginning May, skirmishes broke out between Israel and the Hamas *de facto* authorities and local armed groups in the Gaza Strip, affecting people who still endured the consequences of the 2014 hostilities between these parties. Most people had limited access to basic services and livelihood resources; thousands remained without homes. Certain communities were at risk from mines/explosive remnants of war (ERW).

This situation persisted amid longstanding difficulties linked to Israel's blockade of Gaza, and was exacerbated by the closure of crossing points with Egypt and the strained ties between the Palestinian Authority (PA) and Hamas, both grappling with budgetary and other constraints.

In East Jerusalem and the West Bank, Palestinians struggled with the adverse effects of Israeli occupation policies, including those that contravene IHL. Such effects were aggravated in relation to violence between Palestinians and Israelis – albeit less intense than in late 2015 – leading to casualties, deaths and mass arrests.

In the Israeli-occupied Golan Heights, conditions remained volatile in connection with the Syrian conflict (see *Syrian Arab Republic*). Occasional clashes along Israel's borders with Lebanon and the Syrian Arab Republic (hereafter Syria) were reported.

The PA continued to accede to IHL-related and other international treaties, fraying already-strained relations with Israel.

## ICRC ACTION AND RESULTS

The ICRC sustained efforts to promote the protection of civilians and help ease the circumstances of Palestinians living under occupation, notably those still enduring the consequences of the 2014 hostilities in Gaza.

The ICRC reminded Israeli and Palestinian authorities and weapon bearers to fulfil their respective obligations under IHL and other applicable norms; particularly, to respect and protect civilians and civilian infrastructure, including patients and medical workers and facilities. They received technical support for incorporating IHL, other applicable norms and relevant standards in their decision-making. Dialogue with the Israeli authorities covered: the use of force in military and law enforcement operations; settler violence; and Palestinians' restricted access to livelihood resources. The ICRC reinforced its lessons-learned dialogue with the Israeli Defense Forces (IDF) on the 2014 fighting; parallel efforts with the *de facto* authorities continued. These initiatives – alongside interaction with Israeli and Palestinian civil society representatives – helped build acceptance for IHL and the ICRC, and broadened awareness of humanitarian issues, including the legality and consequences of Israeli occupation policies.

The ICRC endeavoured to alleviate the situation of people grappling with such consequences, and the lingering effects of the 2014 hostilities. Towards ensuring that wounded or sick people could access appropriate care, it backed local actors in strengthening their emergency response. It supported the Palestine Red Crescent Society in providing emergency medical services (EMS) throughout the occupied Palestinian territory. In Gaza, the ICRC enabled hospitals to bolster their capacities with: staff training in, for example, vascular surgery and trauma management; and infrastructural improvements. It helped support the Artificial Limb and Polio Centre (ALPC); disabled people thus sustained their access to suitable services.

Gazans had increased access to basic services following ICRC-led renovations – coordinated with local authorities and technicians – to essential infrastructure.

Farmers recovered their livelihoods, with ICRC support: representations to the authorities concerned, facilitating safe access to their land; land-levelling and ploughing; mobilizing mine/ERW-clearance actors; productive inputs; and cash assistance. Other breadwinners, including those disabled or whose productive assets were destroyed in 2014, launched small businesses with cash grants, following training. At information sessions, people learnt safer behaviour around mines/ERW. People whose houses had been destroyed or confiscated by Israeli authorities or settlers addressed their basic needs with cash grants or household essentials, from the Palestine Red Crescent and/or the ICRC.

According to its standard procedures, the ICRC visited detainees to monitor their living conditions and treatment, including health-care access, sharing confidential feedback with the Israeli and Palestinian authorities afterwards. It paid particular attention to the situation of detainees with specific vulnerabilities, such as those on hunger strike. Detainees in Gaza benefited from: improvements to prison clinics, linked to an ongoing pilot project with the *de facto* authorities; training for health workers; and, for people held in police stations, weekly visits by doctors. Detainees used ICRC family-links services to contact relatives – thousands of Palestinians in Israeli custody received family visits, for example.

Family members separated by past or current violence and/or movement restrictions drew on the same services to reconnect; they included Syrian patients evacuated to Israeli hospitals.

The ICRC maintained its support to Magen David Adom in Israel and the Palestine Red Crescent, to bolster their capacities. It facilitated Movement coordination to help ensure coherent humanitarian action.

## CIVILIANS

ICRC representations to Israeli and Palestinian authorities and weapon bearers, based on documented allegations and first-hand accounts of abuse, sought to persuade them, particularly, to: respect and protect civilians and civilian infrastructure, including patients and medical workers and facilities; and address the situation of people in the occupied territories and in Israel (see also *Actors of influence*).

The Israeli authorities were reminded of the consequences of their non-compliance with IHL. The ICRC urged them to ensure, *inter alia*, that:

- ▶ military operations abide by IHL – particularly the principles of precaution, distinction and proportionality – and other pertinent norms, and law enforcement operations respect internationally recognized standards;
- ▶ Palestinians and their property are protected, including from settler violence;
- ▶ sustainable solutions enabling Palestinians' access to livelihood resources are found; and
- ▶ the situation of inhabitants of the Israeli-occupied Golan complies with international law.

In Gaza, the ICRC endeavoured to promote respect for IHL principles, especially distinction, and other pertinent norms among the *de facto* authorities and armed groups.

### **Gazans have increased access to basic services**

Some 1.25 million people had improved access to water, sanitation and electricity following ICRC-led renovations – coordinated with local authorities and technicians – of wells, wastewater networks and other infrastructure.

Water and electricity providers standardized the appearance of and/or maintained their heavy-duty and other vehicles with ICRC support, helping bolster staff safety during emergencies.

### **Vulnerable people improve their situation**

People whose houses had been destroyed or confiscated by Israeli authorities or settlers addressed their basic needs: in the West Bank, 343 people (60 households) obtained cash grants through a Palestine Red Crescent/ICRC project, as did 186 people (27 households) in East Jerusalem, from the ICRC. Fifty-eight people (9 households) in Gaza and the West Bank, including one airstrike-affected household (see *Context*), received household essentials from the ICRC; some also obtained livestock-shelter materials. Hundreds of others received such items through National Society distributions of ICRC-donated supplies. National Society personnel boosted their needs assessment/response, with ICRC training.

In Gaza, ICRC representations (see above) helped: facilitate safe access to agricultural areas near the Israeli border, enabling 450 farmers (supporting 2,700 people) to cultivate and harvest their land – levelled and ploughed by the ICRC, and cleared of mines/ERW by ICRC-mobilized actors – for the first time in many years; and persuade the IDF to review its border-area protocols, notably aerial herbicide application. About 3,530 households (21,180 people) benefited from agricultural supplies (e.g. almond seedlings, fertilizer), and/or upgraded infrastructure (e.g. irrigation systems, greenhouses); some 210 households (1,240 people) earned from contributing to such upgrade. Using cash grants, 200 farmers (supporting 1,200 people) purchased productive inputs; 141 also offset frost-damage costs. Local authorities distributed ICRC-provided agricultural supplies to farmers. Approximately 150 breadwinners (supporting 880 people), including those disabled or whose productive assets were destroyed in 2014 (see *Context*) underwent business-skills training; some 140 later launched small businesses with cash grants.

Through ICRC-provided cash-for-work projects: some 40 households (240 people) in Nablus, the West Bank, repaired an agricultural road, improving access to farmland at risk from settlers; and 150 households (900 people) started renovating a Hebron community centre, to help facilitate vocational training. The reopening of some shops was postponed, given the prevailing situation (see *Context*).

In Gaza, 89 ICRC-trained teachers, whose schools received first-aid kits, instructed over 23,000 children in safer behaviour around mines/ERW. Some 21,000 other people learnt such during National Society/ICRC information sessions. Bomb-disposal technicians enhanced their capacities with donated equipment. Civil defence and National Society personnel, during ICRC-organized courses, boosted their ability to operate in high-risk environments; work on a contingency plan for advanced weapon-related threats continued.

### **Dispersed family members reconnect**

The pertinent authorities were reminded to respect the right to family contact. People used ICRC family-links services to trace or contact relatives, transfer documents, or travel for humanitarian or medical reasons.

Four blind people from the West Bank visited relatives in Gaza. One child reunited with his mother in Jordan; another was transferred from Jordan to her family in Gaza. Two Lebanese nationals, and the remains of another, were repatriated under ICRC auspices. Weapon-wounded Syrians in Israel (see *Wounded and sick*) informed their families of their whereabouts.

In the Israeli-occupied Golan, people sent official documents to relatives in Syria proper. Travel for educational or humanitarian purposes was not facilitated, given security constraints (see *Context*); Israel's family-visit ban remained in place.

The Israeli authorities, prompted by ICRC representations, transferred the remains of 68 Palestinians who had perished during violence that began in 2015 (see *Context*) to the families concerned; the remains of 9 others awaited handover.

No progress was made in clarifying the fate of people unaccounted for, either in relation to the 2014 hostilities, or since the 1980s – Israelis missing in action or Jordanians missing in Israel.

## **PEOPLE DEPRIVED OF THEIR FREEDOM**

During visits conducted according to its standard procedures, the ICRC monitored the living conditions and treatment, including health-care access, of: Palestinians and foreigners, including migrants, detained in prisons and interrogation or provisional-detention centres in Israel; and people held in Gaza and the West Bank. In Israel, people in administrative detention, under interrogation or in prolonged solitary confinement; women; minors; detainees on hunger strike; and others with specific needs received close attention. Visits to people held by Palestinian authorities focused on respect for judicial guarantees and detainees' treatment, including those under interrogation or death sentence.

Based on these visits, the pertinent authorities received confidential feedback, including recommendations for improvement (see below).

Israeli and Palestinian security personnel strengthened their grasp of applicable norms and standards during seminars (see *Actors of influence*).

### **Detainees on hunger strike are monitored**

Detainees on hunger strike received individual follow-up, including while hospitalized; the ICRC reminded the authorities concerned of their responsibilities.

The West Bank authorities enhanced their ability to manage hunger strikes, such as by refining standard procedures, with ICRC input.

### **Detainees contact relatives**

Detainees used ICRC family-links services. In Israel, 8,031 Palestinian detainees received visits from relatives from East Jerusalem, Gaza, the West Bank and the Israeli-occupied Golan; visitors included sick or elderly people, some ambulance-conveyed. Starting July, the ICRC organized fewer family visits, based on an assessment of families' attendance rates; detainees from Gaza or with particular vulnerabilities were unaffected.

People obtained, at their request, attestations of their relatives' detention or other official documents, helping them advance legal or administrative proceedings.



Detainees in Palestinian-run prisons informed relatives of their whereabouts.

### **Detainees have improved living conditions**

Particularly vulnerable detainees eased their confinement with ICRC donations of: hygiene, medical, educational and recreational items (Israel); hygiene essentials and, for mothers co-detained with their infants, food (Gaza); or clothing and handicraft supplies (West Bank).

In Gaza, pursuant to a 2015 agreement on a pilot project, the *de facto* authorities and the ICRC renovated and equipped two prisons' clinics, improving health-care access for up to 700 detainees. During workshops, prison staff enhanced their knowledge of health-care provision, including medical ethics; some learnt to promote proper health practices among detainees. People held in police stations obtained care during weekly visits from doctors, who used ICRC-provided transportation allowances.

Dialogue with West Bank officials, on prison health care, continued; some augmented their pertinent knowledge through ICRC-supported participation in seminars abroad (see, for example, *Jordan*).

Some 1,540 detainees had better living conditions after the *de facto* authorities, with ICRC backing, maintained the daily function of six prisons with donated fuel and/or infrastructural upgrades; at one prison, the expanded recreational space could accommodate 40 additional detainees. Gazan prison administrators, following ICRC-organized round-tables, provided the *de facto* interior ministry with recommendations towards better aligning the design of a proposed central prison with internationally recognized standards.

Detainees in the West Bank benefited from ongoing repairs by the authorities, based on assessments conducted with ICRC advice.

### **WOUNDED AND SICK**

The ICRC reminded the pertinent parties of the respect and protection due to patients and medical workers through representations (see *Civilians*) and training; local actors also strengthened their emergency response through such training. Israeli security forces were urged to ensure safe passage for emergency responders.

The Palestine Red Crescent provided EMS across the occupied Palestinian territory, with comprehensive ICRC support, including: Safer Access Framework training; solar-panel installation in key EMS stations; and help in obtaining crossing and transport permits. The ICRC monitored the National Society's patient transfers from Gaza to the West Bank and to Israel.

### **Patients access adequate care**

In East Jerusalem, 60 al-Aqsa mosque personnel learnt first aid during a Palestine Red Crescent/ICRC course.

ICRC support helped bolster the Gazan emergency-care system. During workshops, 32 doctors honed their skills in vascular surgery, and 53 nurses and 38 doctors, in trauma management. Some 250 emergency responders refreshed their skills at monthly courses. Fifteen general and orthopaedic surgeons reinforced their capacities through an e-learning programme. Three hospitals improved their mass-casualty management with regular on-site support. Thirty-two *de facto* health ministry personnel, trained in

psychosocial-support provision, helped 509 emergency responders manage work-related stress. The ministry developed a Gaza-wide emergency plan, launched a public-information campaign on when to use emergency rooms, and trained first responders in human remains management. Hospitals underwent improvements: 13 (2,367 beds) received generators, maintenance services and/or fuel and, at 1 of these, the intensive-care unit (14 beds) was equipped for solar power. Discussions between the ministry, the Qatar Red Crescent Society and the ICRC, on upgrading one hospital, continued. Armed groups trained in first aid at Palestine Red Crescent/ICRC dissemination sessions.

About 840 weapon-wounded Syrians evacuated to four Israeli hospitals received ICRC monitoring visits. They benefited from: referrals to further care; psychosocial support from ICRC-trained social workers; medical supplies and equipment and clothing donated to the hospitals; and recreational items from the ICRC. Agreements with two hospitals helped patients benefit from ICRC-provided medical materials: notably, 25 from prostheses or orthoses, and 286 from mobility devices, including wheelchairs.

In Israel, dozens of surgeons and paramedics, including IDF representatives, expanded their knowledge of working in austere environments during a seminar organized by the health ministry, the National Society and the ICRC.

### **Disabled people enhance their mobility and social inclusion**

Some 2,300 disabled people – 112 of whom used ICRC-provided transportation allowances – accessed suitable services at the ALPC, which continued improving its operations with technical and material input from the Norwegian Red Cross and the ICRC. The services included psychosocial care from a mental-health professional, ICRC-trained health workers, and/or referral providers. ALPC staff obtained similar care, during group sessions.

Selected ALPC patients received livelihood assistance (see *Civilians*). Others trained in wheelchair basketball at sessions organized by the ICRC, some with the Palestinian Paralympic Committee.

The ICRC's dialogue with the West Bank authorities, on ensuring the welfare of disabled people, continued.

### **ACTORS OF INFLUENCE**

Interaction with key parties helped build acceptance for IHL, the goals of the Health Care in Danger project and the ICRC.

The ICRC reinforced bilateral discussions with the IDF on the 2014 hostilities (see *Context*) and encouraged their incorporation of IHL into decision-making (see below). Parallel efforts with the *de facto* authorities continued.

Dialogue with Israeli authorities and/or other pertinent actors, drawing on ICRC studies, explored ways to address policies affecting: the economy in Gaza and the West Bank; and access to water in the West Bank.

Israeli and Palestinian civil society representatives, including think-tank personnel, journalists, and young people, joined events on humanitarian issues, and could access multimedia resources in Arabic, English and Hebrew. Such fostered, in Israel, public discussions on the legality and consequences of occupation policies on which the ICRC had not had significant dialogue with the

authorities; settlements; the annexation of East Jerusalem; and the routing of the West Bank barrier.

### **Israeli authorities are engaged in sustained dialogue on IHL**

Expanded communication channels with the IDF helped enhance contact with various strategic and operational units (see *Civilians*). The IDF and the ICRC built on their lessons-learned dialogue regarding the 2014 fighting during a round-table series on such topics as explosive-weapon use in populated areas. Senior officers joined IHL courses, at San Remo and in Lucerne, Switzerland (see *International law and policy*).

Security personnel, including border guards, were regularly briefed on: IHL and other pertinent norms; and/or applicable law enforcement standards, covering arrest and the use of force. Officers of a unit coordinating civilian matters implemented a training exercise, with the ICRC's IHL advice.

During meetings with senior Israeli officials, including State lawyers, the ICRC raised humanitarian concerns, including settlements and the issue of missing persons (see *Civilians*).

Law and security experts discussed contemporary challenges for IHL at a workshop organized by a local university and the ICRC. Government representatives exchanged views on IHL with specialists, during events marking the launch of the ICRC's updated commentary on the First Geneva Convention.

### **Palestinian security forces further IHL integration**

At ICRC-facilitated events: over 470 Palestinian security officers in Gaza and the West Bank strengthened their grasp of IHL and internationally recognized law enforcement standards, including on detention; and some 140 members of armed groups learnt more about IHL principles, alongside first aid (see *Wounded and sick*).

Based on an extended agreement between the *de facto* interior ministry and the ICRC, Gazan security personnel continued to incorporate pertinent norms and standards into their operations, notably by revising training manuals. West Bank security forces and the ICRC began efforts towards such incorporation.

The PA, given its accession to international treaties (see *Context*), obtained ICRC technical advice, particularly on: the revived national IHL committee; and, in coordination with the National Society, implementing a red crescent emblem law. Some foreign ministry officials augmented their understanding of IHL at a course abroad (see *Lebanon*), and a meeting of national IHL committees in Geneva, Switzerland (see *International law and policy*).

### **Civil society representatives increase IHL knowledge**

In Israel, 26 Israeli and Palestinian lawyers advanced their expertise at an IHL course by a local NGO and the ICRC. Academics enriched their knowledge of IHL and cyberspace at a round-table, part of a larger event organized by a local research institute. Students bolstered their IHL proficiency during information sessions, a conference organized with a local university, and/or a moot court competition.

Eight law/sharia faculties in the occupied Palestinian territory, with ICRC backing, continued teaching IHL; some 2,000 professors and students joined round-tables and other events.

Dialogue with key actors, backed by public-communication efforts, aimed to clarify the ICRC's decision regarding family visits to detainees (see *People deprived of their freedom*).

Magen David Adom and the Palestine Red Crescent reinforced their public communication with ICRC support.

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

Magen David Adom and the Palestine Red Crescent strengthened their operational capacities and helped vulnerable people, backed by Movement partners (see *Civilians, Wounded and sick* and *Actors of influence*). Both continued supporting the Health Care in Danger project.

The Palestine Red Crescent enhanced its emergency coordination mechanisms, notably drafting a joint emergency response plan with the ICRC.

Magen David Adom, with authorities and/or Movement partners, trained its personnel in first aid, needs assessment/response, and the Safer Access Framework, and undertook disaster-response planning, particularly for earthquakes. It continued improving its community outreach.

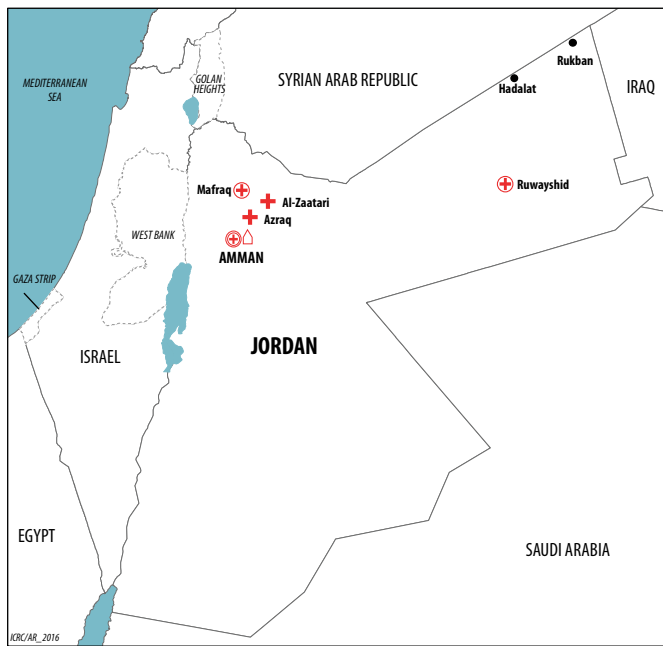
The ICRC sustained support for monitoring the implementation of the 2005 memorandum of understanding between the two National Societies, particularly given a 32nd International Conference resolution aimed at advancing such implementation. It facilitated coordination among Movement components, helping ensure coherent humanitarian action.



<b>MAIN FIGURES AND INDICATORS: PROTECTION</b>		<b>Total</b>			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>RCMs and other means of family contact</b>			<b>UAMs/SC</b>		
RCMs collected		581			
RCMs distributed		443			
<b>Reunifications, transfers and repatriations</b>					
People reunited with their families		1			
People transferred or repatriated		7			
Human remains transferred or 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		56	7	3	10
Tracing cases closed positively (subject located or fate established)		6			
Tracing cases still being handled at the end of the reporting period (people)		202	14	5	29
<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		875			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>					
<b>ICRC visits</b>			<b>Women</b>	<b>Minors</b>	
Detainees visited		22,881	218	686	
			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually		3,624	71	20	289
Detainees newly registered		2,655	52	19	274
Number of visits carried out		683			
Number of places of detention visited		113			
<b>RCMs and other means of family contact</b>					
RCMs collected		481			
RCMs distributed		561			
Phone calls made to families to inform them of the whereabouts of a detained relative		3,299			
Detainees visited by their relatives with ICRC/National Society support		8,031			
People to whom a detention attestation was issued		8,056			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security (in some cases provided within a protection or cooperation programme)</b>				
Essential household items	Beneficiaries	1,125	335	455
Productive inputs	Beneficiaries	21,182	5,571	10,040
Cash	Beneficiaries	5,216	1,442	2,332
Services and training	Beneficiaries	882	221	440
<b>Water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Water and habitat activities	Beneficiaries	1,256,292	351,762	540,206
	<i>of whom IDPs</i>	12,562	3,517	5,402
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>Economic security (in some cases provided within a protection programme)</b>				
Essential household items	Beneficiaries	2,957		
<b>Water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Water and habitat activities	Beneficiaries	1,541	31	15
<b>Health</b>				
Visits carried out by health staff		65		
Places of detention visited by health staff	Structures	22		
Health facilities supported in places of detention visited by health staff	Structures	2		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	11		
	<i>of which provided data</i>	11		
Admissions	Patients	177,435	60,876	121
	<i>of whom weapon-wounded</i>	1,956	27	68
	<i>(including by mines or explosive remnants of war)</i>	14		
	<i>of whom surgical cases</i>	45,414	20	53
	<i>of whom internal medicine and paediatric cases</i>	69,236		
	<i>of whom gynaecological/obstetric cases</i>	60,829	60,829	
Operations performed		41,613		
Outpatient consultations	Patients	518,747	71,894	
	<i>of whom surgical cases</i>	253,651		
	<i>of whom internal medicine and paediatric cases</i>	193,202		
	<i>of whom gynaecological/obstetric cases</i>	71,894	71,894	
<b>Water and habitat</b>				
Water and habitat activities	Number of beds	2,367		
<b>Physical rehabilitation</b>				
Projects supported	Projects	1		
Patients receiving services	Patients	2,332	229	1,488
New patients fitted with prostheses	Patients	76	17	5
Prostheses delivered	Units	174	33	19
	<i>of which for victims of mines or explosive remnants of war</i>	4		2
New patients fitted with orthoses	Patients	1,295	52	1,147
Orthoses delivered	Units	1,805	82	1,580
Patients receiving physiotherapy	Patients	1,029	251	64
Walking aids delivered	Units	311	36	46
Wheelchairs or tricycles delivered	Units	70	17	3

# JORDAN



## KEY RESULTS/CONSTRAINTS IN 2016

- ▶ Asylum seekers at the Jordan–Syria border and in transit and registration sites met their urgent needs with the ICRC’s help: 1.7 million servings of cooked meals, over 230 million litres of clean water, winter clothes and other aid.
- ▶ Asylum seekers at the border were treated at two ICRC-run mobile clinics. Those allowed to enter Jordan received health care and benefited from water, sanitation and shelter facilities at ICRC-supported transit and registration sites.
- ▶ Families separated by armed conflict and detention – including asylum seekers at the border and refugees in camps – reconnected using Movement family-links services, such as phone and video calls, RCMs and short oral messages.
- ▶ The authorities were apprised of the needs of vulnerable foreigners – in connection with the principle of *non-refoulement*, for example. ICRC efforts enabled some people to enter Jordan to receive medical attention.
- ▶ At ICRC-supported train-the-trainer courses, the Jordanian Armed Forces and the *gendarmierie* learnt ways to teach IHL and international human rights law, respectively, in view of gaining full autonomy in IHL education.
- ▶ The detaining authorities and the health ministry acted jointly to improve penitentiary health services. Prison clinics were provided by the ICRC with supplies and other equipment for tending to wounded, sick or pregnant detainees.

## EXPENDITURE IN KCHF

Protection	3,897
Assistance	27,889
Prevention	3,206
Cooperation with National Societies	1,137
General	472
<b>Total</b>	<b>36,600</b>
<i>Of which: Overheads</i>	<i>2,206</i>

## IMPLEMENTATION RATE

Expenditure/yearly budget	86%
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## PERSONNEL

Mobile staff	57
Resident staff (daily workers not included)	266

The ICRC has been present in Jordan since the 1967 Arab–Israeli war. In cooperation with the Jordan National Red Crescent Society, the ICRC provides assistance to asylum seekers and refugees from across the region. It visits detainees, 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. It also partners the National Society in promoting IHL throughout Jordanian society. The delegation provides logistical support to ICRC relief operations in the region and beyond.

## YEARLY RESULT

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

## PROTECTION

	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
<b>Restoring family links</b>	
RCMs collected	40
RCMs distributed	43
Phone calls facilitated between family members	17,043
Tracing cases closed positively (subject located or fate established)	30
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
<b>ICRC visits</b>	
Detainees visited	9,093
Detainees visited and monitored individually	975
Number of visits carried out	71
Number of places of detention visited	18
<b>Restoring family links</b>	
RCMs collected	650
RCMs distributed	209
Phone calls made to families to inform them of the whereabouts of a detained relative	240

## ASSISTANCE

	2016 Targets (up to)	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>		
<b>Economic security (in some cases provided within a protection or cooperation programme)</b>		
Food commodities	Beneficiaries 33,000	86,947
Essential household items	Beneficiaries 33,000	86,153
Cash	Beneficiaries 30,000	10,335
<b>Water and habitat (in some cases provided within a protection or cooperation programme)</b>		
Water and habitat activities <sup>1</sup>	Beneficiaries 250,000	325,602
<b>Health</b>		
Health centres supported	Structures 4	4
<b>WOUNDED AND SICK</b>		
<b>Hospitals</b>		
Hospitals supported	Projects 2	

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

## CONTEXT

Asylum seekers fleeing the conflict in the Syrian Arab Republic (hereafter Syria) sought to enter Jordan, mainly through the Hadalat and Rukban crossing points on the country's border with Syria. They remained stranded there for months, under extreme desert conditions, with poor access to essential services. In April, UN agencies began assisting them regularly, and the Jordanian authorities allowed the entry of a few thousand people, even as the number of arrivals mounted. In June, an armed attack near Rukban prompted the complete closure of the border; this prevented further entry by asylum seekers, and led to the suspension of all humanitarian operations there, which resumed only in November.

Asylum seekers allowed to enter Jordan stayed at transit sites which had limited essential services. Jordan already hosted some 640,000 refugees, straining the resources – such as water supply – of residents, State services and humanitarian agencies.

Jordan continued to take part in multilateral airstrikes against the Islamic State group and a Saudi-led coalition in Yemen (see *Yemen*). It cracked down on perceived threats to national security, often leading to arrests, and reinforced security along its borders with Iraq and Syria (see *Iraq* and *Syrian Arab Republic*).

## ICRC ACTION AND RESULTS

The ICRC, with the Jordan National Red Crescent Society, focused on protecting and assisting asylum seekers from Syria, throughout their passage from the Hadalat and Rukban crossing points to transit and registration sites run by the Jordanian Armed Forces (JAF). As the humanitarian situation at the border worsened, the ICRC scaled up its assistance for people there<sup>1</sup>. From January to March, asylum seekers met some of their urgent needs with ICRC-provided food, clean water and household essentials. Two ICRC-run mobile clinics provided them with health care on-site; first-aiders at the border and in southern Syria trained at National Society or ICRC workshops, to help ensure care for wounded asylum seekers. In April, UN agencies took over providing aid in Hadalat and Rukban; the ICRC concluded its distribution of emergency aid. Following the June incident, the ICRC also terminated its protection and health-related activities there, and did not resume them in November, owing to security reasons (see *Context*).

Asylum seekers allowed to proceed from the border benefited from emergency relief, and from water, sanitation, shelter and health-care facilities, at ICRC-supported transit and registration sites. In May, the ICRC concluded its support for the Bustana, Hadalat and Rukban transit sites, as asylum seekers no longer used them. It continued supporting or running clinics at the Ruwayshid transit site and Raba'a al-Sarhan registration center – including a Royal Medical Services (RMS) clinic – to provide asylum seekers with curative and preventive care.

On a smaller scale, the National Society and the ICRC helped people in host communities throughout the country to ease their situation. Over 220,000 refugees and residents had easier access to clean water, with ICRC-upgraded water systems. Vulnerable Syrian and Jordanian families, particularly those headed by women, benefited from cash assistance and livelihood training. Potential

returnees to Syria learnt more about the risks posed by mines or explosive remnants of war (ERW).

The ICRC documented the protection concerns of the above-mentioned people, and shared them with the Jordanian authorities, reminding them of the need to respect the principle of *non-refoulement* and to facilitate access to medical care. Afterwards, some people requiring medical attention were allowed entry into Jordan. Allegations of arrest and reported IHL violations in Syria were documented for discussion with the relevant actors there.

Families separated by conflict or detention reconnected using Movement family-links services. Refugees in camps made phone calls; asylum seekers at the border contacted their families abroad (see *Kuwait*). Some joined their relatives or resettled in third countries, using ICRC-issued travel documents. Foreign detainees were assisted in contacting their relatives, embassies or the UNHCR.

The ICRC visited detainees and gave the authorities confidential feedback to help them improve detainees' treatment and living conditions, and reminded them of the need to uphold the principle of *non-refoulement*. The authorities improved detainees' access to health care with ICRC technical and material support. At an international conference in Amman, members of medical associations discussed ways to foster respect for medical ethics in places of detention.

To facilitate the Movement's work in Jordan and the wider region, the ICRC broadened awareness of IHL and support for the Movement, for instance, among the JAF, the *gendarmierie* and Syrian armed groups. The ICRC organized train-the-trainer courses for instructors of the JAF and the *gendarmierie*, to help them attain autonomy in teaching IHL and international human rights law, respectively, to their troops.

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

## CIVILIANS

### Asylum seekers in Hadalat and Rukban meet their urgent needs, partly with increased ICRC aid

From January to March, in response to the worsening situation of asylum seekers at the Hadalat and Rukban crossing points (see *Context*), the ICRC allocated more resources to adapt to their increased needs; it delivered aid to them with the help of 60 National Society volunteers, in coordination with the Jordanian border guard, and the UNHCR and other humanitarian agencies. People allowed to enter Jordan were again assisted, during their journey to transit or registration sites; beneficiaries were thus assisted several times. In April, UN agencies took over providing aid at these crossing points; the ICRC subsequently focused on delivering emergency aid to people at transit and registration sites.

Over 68,000 asylum seekers tided themselves over with food and water delivered daily by the ICRC. For up to three times a day, they ate rations which included: 1.7 million servings of cooked meals and freshly baked bread, and high-energy biscuits and food supplements for pregnant women, children and elderly people. At Hadalat and Rukban, they had access to water for drinking and washing; over 230 million litres of clean water were trucked in by the ICRC and its local partners. They protected themselves

1. For more information on the budget extension appeal, please see: [https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/82C4BC34C3E93B3BC125802700227AE2/\\$file/BEA\\_Jordan\\_REX2016\\_310\\_Final.pdf](https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/82C4BC34C3E93B3BC125802700227AE2/$file/BEA_Jordan_REX2016_310_Final.pdf)

from harsh weather, using ICRC-provided household essentials, including winter clothes and shoes, blankets, mattresses and tarpaulins. Distributions of hygiene items helped them maintain good hygiene despite the lack of sanitation facilities.

Asylum seekers passing through the Bustana, Hadalat, Rukban and Ruwayshid transit sites benefited from water, sanitation and shelter facilities maintained with ICRC material and financial support; they were also provided with food, water and household essentials. In May, the ICRC concluded its support for the Bustana, Hadalat and Rukban transit sites, as they were no longer used by asylum seekers. Ruwayshid transit site hosted, at one point, a maximum of 1,300 asylum seekers per day; after June, only some 350 people remained there to receive assistance.

### **Asylum seekers access health care on-site in Hadalat and Rukban or in transit sites**

Asylum seekers at the border received care at two ICRC-run mobile clinics opened in late 2015. As these were the only health-care providers on-site, these clinics held scores of consultations a day – 110 in Hadalat and 235 in Rukban, on average, for a total of more than 28,000 curative and 2,500 antenatal consultations performed. The ICRC's installation of tents, caravans and a fence strengthened the clinics' capacity to deal with large numbers of people. However, the clinics were closed in June, owing to security developments (see *Context*).

Health activities elsewhere continued. At the Ruwayshid transit site, asylum seekers accessed curative and preventive care at the RMS clinic, supported by the ICRC with medical supplies. At the Raba'a al-Sarhan registration centre, about 22,470 asylum seekers were medically screened at the ICRC-run clinic there: some 5,800, including some pregnant women, availed themselves of consultations, and 158 weapon wounded and 39 critical cases were referred to a secondary health facility, with the help of the National Society.

### **Vulnerable Jordanians and Syrians in host communities cover basic household needs**

In northern Jordan, over 220,000 refugees and residents had a more reliable supply of clean water after the ICRC repaired three pumping stations and over 16 kilometres of transmission pipelines. With ICRC support, local water providers trained in maintaining and operating the above-mentioned facilities, and reinforced the maintenance and operation of the Ruwayshid treatment plant with donations of two excavators and two sub-pumps. In five southern districts of Jordan, 14,295 Syrian refugees (2,859 families) eased their resettlement in host communities, partly through food rations, hygiene kits and clothing provided by the ICRC thrice throughout the year. Around 750 Jordanian households (3,750 people) taking care of orphans also received material assistance.

In host communities in Madaba and Mafraq, 3,000 Syrian refugee households (10,335 people), mostly headed by women, covered rent and winter-related and other essential expenses for up to five months, with cash distributed by the National Society and the ICRC. Moreover, 144 vulnerable Syrian and Jordanian women improved their livelihood prospects, potentially reducing their vulnerability to sexual violence, after they completed vocational courses run by the National Society with the ICRC's material and technical support (see *Red Cross and Red Crescent Movement*).

### **Jordanians and foreigners restore family contact**

Families separated by armed conflict, detention or other circumstances maintained contact using the Movement's family-links

services. Refugees in camps made phone calls to their relatives abroad. Asylum seekers at the border and the Ruwayshid transit site requested tracing services to locate family members; 30 tracing cases were positively closed. Asylum seekers updated their relatives in Jordan or elsewhere on their situation through short oral messages (see, for instance, *Kuwait*). Families in Jordan made video calls to relatives detained at the US internment facility at Guantanamo Bay Naval Station in Cuba, and sent RCMs or short oral messages to their relatives detained abroad, such as Iraq and Yemen. Those unable to travel to ICRC offices availed themselves of these services during delegates' visits to their homes. With the help of the UNHCR, IOM, the embassies concerned and the ICRC, some 850 foreigners obtained travel documents, helping them resettle or rejoin their families in third countries.

### **Authorities are reminded of their obligations to people who have fled Syria**

ICRC delegates documented the protection concerns of people at the border and transit sites, and in refugee camps and host communities, including allegations of abuse. Where necessary, the ICRC raised these concerns with the Jordanian authorities at field level and, in cooperation with the UNHCR and other humanitarian actors, at central level. The authorities were reminded of the principle of *non-refoulement* and the rights of asylum seekers, particularly those of the most vulnerable groups. Following such dialogue, some people requiring medical attention were allowed to enter Jordan to receive appropriate care. Allegations of arrest and first-hand accounts of alleged IHL violations committed in Syria were also documented for discussion with the relevant actors there (see *Syrian Arab Republic*).

In northern Jordan, 25,000 refugees – particularly children and potential returnees to Syria – were briefed by the National Committee for Demining and Rehabilitation and the ICRC on ways to reduce their exposure to the dangers of mines/ERW. At a train-the-trainer course, 120 Syrian refugees learnt to conduct such briefings themselves.

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 or detained in correction and rehabilitation centres (CRCs) run by the interior ministry received regular visits from the ICRC. Security detainees and particularly vulnerable people, including inmates sentenced to death, were followed up individually.

Following these visits, the ICRC confidentially shared its findings with the detaining authorities, to help them improve detainees' treatment and living conditions. They were reminded of the need to inform families of arrests of relatives, and to uphold the principle of *non-refoulement* for foreign detainees – including Iraqis, Palestinians and Syrians – fearing persecution in their countries of residence.

With ICRC assistance, the authorities improved detainees' access to health care: clinics in CRCs were provided with medical supplies and equipment; and a women's prison, with an ultrasound machine for pregnant detainees. At an international conference that the ICRC had helped organize in Amman, members of medical associations from Jordan and other countries met for the fifth consecutive year, and discussed ways of fostering medical ethics among detention staff.



## Foreign detainees contact relatives or apply for relocation abroad

With the ICRC's help, Palestinian refugees from Syria held in a facility under the authority of the interior ministry applied for relocation abroad: 98 people were relocated. Following the closure of Cyber City, refugees there were transferred to King Abdallah Park; of the 130 remaining refugees in the latter, 110 submitted applications to various embassies.

Detainees, mainly foreigners and security detainees who could not receive family visits, contacted their relatives through RCMs and short oral messages; the ICRC advocated for more frequent phone calls for this group. Through the ICRC, 322 foreign detainees notified their respective embassies or the UNHCR of their situation. A few recently released detainees or their families were provided with attestations of detention, to help them apply for State benefits.

## WOUNDED AND SICK

With ad hoc donations of medical supplies by the ICRC, the Ruwayshid hospital provided treatment to its patients, including 67 weapon-wounded people, who were afterwards evacuated to Amman. The health ministry accepted the ICRC's offer of technical assistance, with a view to strengthening the emergency-room capacities of this hospital in treating weapon-wounded patients.

Given the dire situation of asylum seekers at the Jordan–Syria border (see *Context*), the ICRC adapted its activities elsewhere. For instance, instead of training potential first responders among refugees, ICRC first-aid workshops were held for: border guards and RMS units in Hadalat and Rukban; and community members, weapon bearers and medical personnel, including female nurses, paramedics and ambulance staff, in southern Syria. Some medical personnel also underwent training in pre-hospital care. Such efforts helped ensure that wounded asylum seekers arriving in Jordan had access to some basic care.

An RMS medical facility at the border no longer received ICRC support because other humanitarian actors were helping it to cope with the influx of patients.

## ACTORS OF INFLUENCE

### Jordanian military commanders and leaders of Syrian armed groups train in applying IHL

More than 2,000 officers from the Jordanian armed and security forces participated in ICRC-conducted training in IHL and international human rights law, respectively. At the JAF's Peace Operations Training Centre (POTC), 58 JAF military commanders practiced using IHL principles in decision-making at an ICRC-facilitated session. At the request of the JAF's command and staff college, 158 cadets from the JAF and 106 from around the world were briefed on the same topic. At pre-deployment briefings, around 500 police officers participating in peacekeeping missions learnt more about international policing standards, particularly the use of force and firearms. Training abroad planned for members of the *gendarmierie* was cancelled owing to administrative constraints. Some 60 field commanders of Syrian armed groups discussed with ICRC experts the proper conduct of hostilities and people's right to safe access to humanitarian aid; they learnt more about the ICRC's mandate and protection-related activities.

With ICRC technical support, Jordanian military and security forces continued integrating IHL and other applicable international

norms into their training programmes. Continuing to work towards attaining full autonomy in IHL education, the JAF held an advanced course at the POTC, at which 42 military officers honed their skills in teaching and developing educational tools and exercises. The *gendarmierie* organized an instructors' course to help 16 officers teach to their peers topics relating to IHL, international human rights law, international policing standards and the prevention of sexual violence, with a view to establishing a dedicated unit for training in these topics.

### Academic and Islamic circles boost their knowledge of IHL

Owing to the Jordanian government's other priorities, little progress was made in the ratification and implementation of IHL-related treaties. Efforts to promote IHL implementation continued; the national IHL committee, backed by the ICRC, worked to raise awareness of IHL and the contemporary challenges to implementing it, for example, by publishing its magazine featuring IHL-related themes, and by organizing workshops and other events for more than 1,200 officials and legal advisers of various ministries, and other stakeholders. Legal experts and diplomats attended a regional IHL course abroad (see *Kuwait*). With a view to reaching future decision-makers, the ICRC maintained its contact with academics: lecturers and students from the region exchanged ideas on ways to overcome challenges to implementing IHL, at an international conference co-organized by the ICRC with a local university; students put their IHL knowledge to the test at a national moot court competition. University professors and representatives of Islamic circles attended regional IHL courses abroad (see *Lebanon* and *Tunis*). Influential members of Islamic circles were briefed on IHL – notably, its common ground with Islamic law. Staff members and volunteers from six Islamic charities assisting Syrians in Jordan learnt more about the ICRC's neutral, impartial and independent humanitarian approach.

In coordination with media outlets, the National Society and the ICRC launched communication efforts that raised the public's awareness of IHL and ICRC activities in Jordan and elsewhere, including issues covered by the Health Care in Danger project. These included the production and distribution of audio-visual and print materials – video clips, leaflets, Ramadan greeting cards and other materials in Arabic and English – and public events, such as World Red Cross and Red Crescent Day (8 May). A planned workshop abroad for journalists did not push through (see *Egypt*).

## RED CROSS AND RED CRESCENT MOVEMENT

The National Society actively addressed the needs of Syrian asylum seekers and refugees, and vulnerable Jordanians, conducting joint activities with the ICRC in Hadalat, Rukban and host communities (see *Civilians* and *Wounded and sick*). It drew on ICRC funding and expertise to train its volunteers and staff and develop their emergency response capacities, with a view to establishing emergency response teams in key branches; it was also provided with two vehicles for use in emergency operations. Volunteers practised their skills in administering first aid and delivering tracing and other family-links services, and were urged to apply the Safer Access Framework, in ICRC-supported workshops at the National Society's branches and national training centre. With continued ICRC assistance, the National Society expanded its vocational training for vulnerable Jordanian and Syrian women.

The National Society completed the construction of another centre for training its staff and volunteers and potentially for generating income from first-aid and vocational courses.



Backed by the International Federation and the ICRC, the National Society undertook organizational reforms. It revised its policies on finance, human resources and management of volunteers. It drew on ICRC funding to pay the salaries of key staff. Movement components in Jordan exchanged information – the ICRC updated

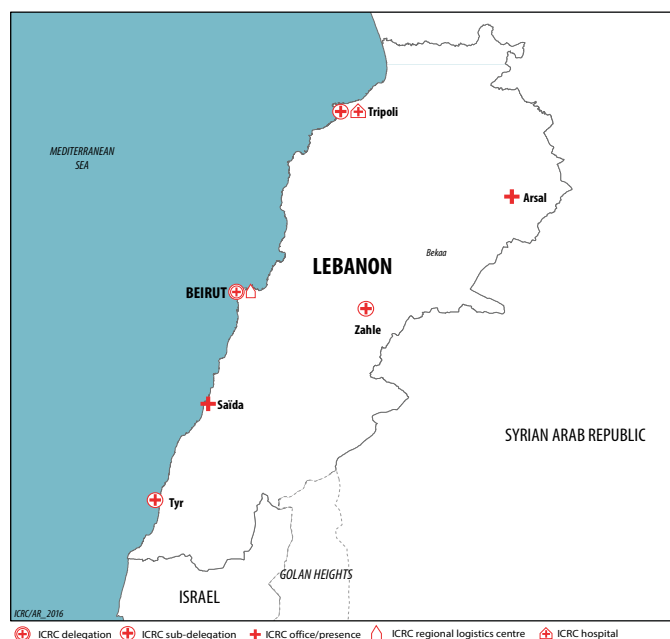
other Movement components on its operational constraints and the prevailing security situation – facilitating their work in the country. Movement components also met regularly to coordinate their activities for refugees from Syria.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>RCMs and other means of family contact</b>			UAMs/SC		
RCMs collected		40			
RCMs distributed		43			
Phone calls facilitated between family members		17,043			
<b>Tracing requests, including cases of missing persons</b>			Women	Girls	Boys
People for whom a tracing request was newly registered		405	14	8	19
Tracing cases closed positively (subject located or fate established)		30			
Tracing cases still being handled at the end of the reporting period (people)		1,827	45	20	72
<b>Documents</b>					
People to whom travel documents were issued		851			
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>			Women	Minors	
Detainees visited		9,093	415	26	
			Women	Girls	Boys
Detainees visited and monitored individually		975	189	3	4
Detainees newly registered		820	175	3	3
Number of visits carried out		71			
Number of places of detention visited		18			
<b>RCMs and other means of family contact</b>					
RCMs collected		650			
RCMs distributed		209			
Phone calls made to families to inform them of the whereabouts of a detained relative		240			
People to whom a detention attestation was issued		13			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security (in some cases provided within a protection or cooperation programme)</b>				
Food commodities	Beneficiaries	86,947	26,997	42,402
	<i>of whom IDPs</i>	68,867	17,057	37,878
Essential household items	Beneficiaries	86,153	27,438	41,354
	<i>of whom IDPs</i>	66,037	16,378	36,321
Cash	Beneficiaries	10,335	2,584	7,751
<b>Water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Water and habitat activities <sup>1</sup>	Beneficiaries	325,602	81,401	156,289
	<i>of whom IDPs</i>	325,602	81,401	156,289
<b>Health</b>				
Health centres supported	Structures	4		
Average catchment population		26,824		
Consultations		54,819		
	<i>of which curative</i>	51,809	14,440	14,066
	<i>of which antenatal</i>	3,010		
Immunizations	Patients	60,497		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	3,539		
Referrals to a second level of care	Patients	295		
	<i>of whom gynaecological/obstetric cases</i>	71		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>Economic security (in some cases provided within a protection programme)</b>				
Essential household items	Beneficiaries	15,861	1,228	
<b>Health</b>				
Visits carried out by health staff		16		
Places of detention visited by health staff	Structures	15		
Health facilities supported in places of detention visited by health staff	Structures	10		

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

# LEBANON



ICRC/AR\_2016  
 + ICRC delegation + ICRC sub-delegation + ICRC office/presence △ ICRC regional logistics centre ⊕ ICRC hospital

## KEY RESULTS/CONSTRAINTS IN 2016

- ▶ Refugees from the Syrian Arab Republic and residents obtained care at ICRC-supported hospitals and other health facilities. Wounded people had advanced surgery, free of charge, at facilities in Beirut and Tripoli.
- ▶ Palestinian and Syrian refugees in camps and informal settlements had refurbished homes and shelters, and refugees and residents had improved access to water, sanitation and electricity, thanks in part to ICRC-supported projects.
- ▶ Palestinian and Syrian refugees established or supplemented their sources of income with livelihood support and cash grants from the ICRC. Emergency aid was dispensed only to the most vulnerable refugees and residents.
- ▶ Members of families separated by armed conflict and detention reconnected through Movement family-links services. Hundreds of families of missing people received psychosocial care from ICRC-trained volunteers.
- ▶ Confidential feedback from ICRC visits to detainees helped the authorities improve detainee treatment and living conditions. The military updated its procedures for managing hunger strikes, with the ICRC's technical input.
- ▶ The authorities and weapon bearers were reminded of the protection afforded by international norms, including *non-refoulement*, to people seeking refuge in Lebanon, and of the necessity of facilitating their access to medical care.

## EXPENDITURE IN KCHF

Protection	4,890
Assistance	29,185
Prevention	1,679
Cooperation with National Societies	3,140
General	204
<b>Total</b>	<b>39,098</b>
<i>Of which: Overheads</i>	<i>2,386</i>

## IMPLEMENTATION RATE

Expenditure/yearly budget	93%
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## PERSONNEL

Mobile staff	68
Resident staff (daily workers not included)	250

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

## YEARLY RESULT

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

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
<b>Restoring family links</b>	
RCMs collected	128
RCMs distributed	134
Tracing cases closed positively (subject located or fate established)	47
People reunited with their families	4
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
<b>ICRC visits</b>	
Detainees visited	7,896
Detainees visited and monitored individually	933
Number of visits carried out	157
Number of places of detention visited	33
<b>Restoring family links</b>	
RCMs collected	267
RCMs distributed	214
Phone calls made to families to inform them of the whereabouts of a detained relative	1,001

ASSISTANCE	2016 Targets (up to)	Achieved	
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>			
<b>Economic security (in some cases provided within a protection or cooperation programme)</b>			
Food commodities	Beneficiaries	12,500	9,219
Essential household items	Beneficiaries	12,500	24,023
Cash	Beneficiaries	17,750	14,990
<b>Water and habitat (in some cases provided within a protection or cooperation programme)</b>			
Water and habitat activities	Beneficiaries	103,000	170,761
<b>Health</b>			
Health centres supported	Structures	11	14
<b>WOUNDED AND SICK</b>			
<b>Hospitals</b>			
Hospitals supported	Structures	7	15
<b>Water and habitat</b>			
Water and habitat activities	Number of beds		1,449
<b>Physical rehabilitation</b>			
Projects supported	Projects		3
Patients receiving services	Patients	200	814

## CONTEXT

The conflict in the Syrian Arab Republic (hereafter Syria) and its spillover effects continued to affect Lebanon. Over a million refugees from Syria were in host communities, informal settlements and Palestinian camps; some had been there for over five years. Their presence severely strained struggling local economies and public services, especially electricity, water and health care; the authorities and humanitarian organizations were hard-pressed to meet the needs of both refugees and destitute residents. Strict entry policies at the Lebanon–Syria border limited the further influx of people from Syria – including the wounded.

Communal tensions persisted, particularly in Palestinian camps such as Beddawi and Ein el-Helwe, and in some areas of Tripoli and the Bekaa valley; and near the Lebanon–Syria border, fighting between Hezbollah and armed groups continued. However, incidents of violence reportedly declined within the year, as Lebanon tightened its security with international support. Arrests were made throughout the country, and the overcrowding in prisons worsened.

Hundreds of missing-persons cases, linked to past conflicts in the country, remained unresolved.

A new president took office on 31 October, ending a two-year political deadlock.

Floods struck Aarsal in December, damaging informal settlements of Syrian refugees.

## ICRC ACTION AND RESULTS

The ICRC's delegation in Lebanon sought to protect and assist refugees from Syria, Palestinian refugees and vulnerable residents, in partnership with the Lebanese Red Cross and other Movement components, and in close coordination with the authorities, the UN Relief and Works Agency (UNRWA) and other organizations.

The ICRC continued to support Lebanon's overloaded health system. The casualty care chain – first-responders and the National Society's emergency medical services (EMS), trauma-care specialists and hospitals – was given medical supplies, training, funding and technical advice to help ensure timely and suitable care for wounded people. The ICRC's Weapon Traumatology and Training Centre (WTTTC), housed in the Dar al-Chifae and Dar al-Zahra hospitals in Tripoli, and the ICRC-run emergency ward in the Rafik Hariri University Hospital (RHUH) in Beirut provided free surgical care to wounded patients, referrals in critical condition and vulnerable people without health insurance. The Dar al-Zahra hospital also provided physical rehabilitation services for disabled people. Refugees and residents obtained preventive care partly through ICRC-supported health facilities and vaccination campaigns. Psychosocial support, available at some of the facilities mentioned above and from ICRC-trained counsellors, helped alleviate the distress of the emotionally traumatized.

Because of the protracted displacement of people from Syria, the ICRC focused on supporting strained public services and improving the economic prospects of these refugees. In Palestinian camps, host communities and informal settlements, refugees and residents benefited from ICRC-supported repairs to damaged/dilapidated homes or shelters and to water, sanitation and electrical infrastructure: they had better protection against the cold and better access to water and electricity. Refugees established and

supplemented their sources of income with ICRC livelihood support and cash grants. Emergency aid – food rations and household essentials – was maintained, but only for the most vulnerable refugees and residents, such as victims of abuse and people in remote areas.

Members of families separated by armed conflict or detention reconnected through Movement family-links services. Several people rejoined their families in Lebanon or abroad, and some lodged tracing requests with the ICRC for relatives missing in Syria. Work preparatory to identifying human remains continued: for instance, the collection of data on missing people from their relatives. Government and National Society personnel strengthened their forensic capacities with equipment and training from the ICRC.

The ICRC visited detainees held by the defence and interior ministries; confidential feedback and technical input were shared with the authorities to help them improve detainee living conditions and treatment, particularly in relation to *non-refoulement* and respect for judicial guarantees. At workshops, military and security forces officers and penitentiary staff reinforced their understanding of international policing standards and internationally recognized detention standards. The Lebanese Armed Forces (LAF) drew on ICRC expertise to update their procedures for dealing with hunger strikes. The ICRC renovated four prisons and distributed essential items to detainees. The pertinent authorities were helped to strengthen the prison health system; sick and wounded detainees were referred for medical care.

Refugees from Syria and others reported allegations of abuse to the ICRC; these were shared with parties concerned, including those in Syria, with a view to preventing the recurrence of such abuse. The Lebanese authorities were reminded of the protection granted by IHL and other applicable international norms to people seeking refuge. The ICRC organized workshops for the Internal Security Forces (ISF) and the LAF, and lent them its expertise, to improve training in IHL and international human rights law for their personnel. Academics, government officials and others with influence learnt more about IHL at events organized by the ICRC. The ICRC cultivated support for Movement action in Lebanon and in the region through the activities mentioned above, public events and media campaigns.

## CIVILIANS

Refugees from Syria and others reported allegations of abuse to the ICRC, which shared them with parties concerned (see also *Syrian Arab Republic*) to prevent the recurrence of such abuse. The Lebanese authorities were reminded of the protection due to people seeking refuge (see *Actors of influence*).

Victims of abuse received ICRC assistance or were referred to other organizations. Community leaders and the ICRC discussed how to reduce communities' risks from violence; three schools in Tripoli designated safe areas, upgraded walls to better resist gunfire and took other passive security measures to protect 600 students.

## Refugees and residents have better living conditions and access to public services

Over 170,000 vulnerable people – more than planned – benefitted from infrastructural projects carried out by Movement components, the UNRWA and local actors which used ICRC material and technical support or worked directly with the organization. Some projects were also done through cash-for-work initiatives.

In Beddawi and Ein el-Helwe and five informal settlements, over 870 homes and shelters accommodating roughly 900 households (4,500 people) were refurbished: doors, windows and insulation were installed, providing more comfort and better protection against the cold. Of these, 245 were apartments damaged by fighting in al-Qaa, Ein el-Helwe and Tripoli. The tents of approximately 28,500 people in Arsal and the Bekaa valley were insulated against winter cold.

The installation of transformers and lights, and the repair of power lines in Ein el-Helwe benefitted around 75,500 refugees. Another 28,000 people in villages near Tripoli and a few thousand people each in Arsal, Khat al-Petrol, and villages in the Bekaa valley and southern Lebanon improved their access to water, after the upgrade of supply and distribution networks. Floodwater outlets in Arsal and Nahr el-Bared were also repaired.

The construction of sanitation facilities at the main crossing point on the Lebanon–Syria border, and National Society-conducted hygiene-promotion activities helped vulnerable people maintain good hygiene conditions.

### **Refugees and residents obtain medical services and psychosocial care**

Refugees and vulnerable residents received preventive, curative or ante/post-natal care at ten primary-health-care facilities along the Lebanese–Syrian border and in Palestinian camps, supported by the ICRC with supplies, equipment and staff training, and at the RHUH's outpatient clinic. Tens of thousands of infants were vaccinated by four mobile health units, backed by the Lebanese Red Cross and the ICRC.

An ICRC-supported facility provided psychosocial care for 113 victims of violence, including sexual violence.

### **Palestinian and Syrian refugees improve their economic prospects**

The ICRC helped refugees establish and reinforce sources of income through livelihood and cash-based assistance. Emergency aid was reduced and given only to the most vulnerable refugees and residents – victims of abuse and people in remote areas – who needed it to meet their immediate needs.

Nearly 1,990 households (9,950 people) improved their economic prospects: 531 breadwinners, mostly Syrian refugees in Arsal, ran small businesses established with ICRC-provided cash grants, livestock and/or supplies; and 425 people in Tripoli participated in cash-for-work projects to upgrade local infrastructure. Moreover, 60 Palestinian refugees in Ein el-Helweh underwent vocational training and 18 Syrian refugees found employment, with ICRC support. Monthly distributions of cash, for up to eight months, enabled over 1,010 households (5,050 people) to pay for rent, food and winter necessities.

Some 9,200 refugees, returnees and residents (1,800 households) received one-month food rations and 4,900 households (24,000 people), household essentials. Beneficiaries included: 550 households (2,800 people), newly arrived from Syria; 3,000 flood-affected people in Arsal; and 3,000 Syrian children, during winter.

### **Members of separated families reunite**

Members of families separated by armed conflict, detention or other circumstances restored or maintained contact through

Movement family-links services; some lodged tracing requests for relatives who had gone missing in Syria. Four minors rejoined their families abroad. Using ICRC travel documents, 21 people without identification papers sought resettlement in third countries. The ICRC facilitated the return from Israel of two Lebanese people and the remains of a Lebanese national.

In preparation for future efforts to identify human remains, the ICRC conducted over 2,500 interviews with 340 families of missing persons, mapped gravesites and collected biological samples for DNA profiling. Government and National Society personnel received equipment and advice to improve their forensic capacities.

### **Missing people's relatives find some solace**

Around 400 families of missing people and several families of captured soldiers received psychosocial care from trained volunteers, notably psychology students, via an ICRC-supported accompaniment programme. Families commemorated their relatives at ICRC-organized events (see *Actors of influence*). A draft law concerning the needs of missing people and their families, prepared with ICRC help, awaited parliamentary approval.

## **PEOPLE DEPRIVED OF FREEDOM**

### **The LAF incorporates ICRC recommendations in its procedures for managing hunger strikes**

Nearly 7,900 detainees held by the defence and interior ministries – including security detainees, people under interrogation and foreigners – were visited in accordance with standard ICRC procedures. Findings from these visits and other technical input were shared with the authorities, helping them improve living conditions and treatment, including respect for judicial guarantees and the principle of *non-refoulement*. Towards reducing overcrowding in prisons, the ICRC urged the authorities to explore alternatives to pre-trial detention; visits to overcrowded prisons were organized for judges. An ICRC-commissioned lawyer provided legal advice for 144 detainees in prolonged pre-trial detention.

ICRC-organized workshops and other events helped LAF and ISF officers, including trainers and new recruits, and penitentiary officials strengthen their grasp of international policing standards and internationally recognized detention standards. The LAF, advised by the ICRC, updated its procedures for managing hunger strikes.

Detainees contacted relatives in Lebanon and elsewhere through family-links services. Foreigners notified the UNHCR or their embassies of their situation through the ICRC.

### **In four prisons, detainees' living conditions improve, following ICRC-supported infrastructural upgrades**

The authorities continued to draw on ICRC material and technical support to improve prison infrastructure. They worked with the ICRC to: renovate water/sanitation, electrical, ventilation and heating systems, and family-visit areas, in four prisons housing 340 detainees; and install water-treatment and fire-safety systems in a newly constructed detention facility in Beirut (capacity: 1,000 detainees). Over 5,500 detainees received household essentials and recreational items.

The health and interior ministries pursued coordinated efforts to strengthen the prison health system, with ICRC support. Prison doctors attended a regional conference on medical ethics (see *Jordan*), and health staff in three prisons had first-aid training.



Sixty-eight inmates were referred for specialized care, including physical rehabilitation and psychosocial support (see *Civilians and Wounded and sick*). At the ICRC's urging, two detainees were released on medical grounds.

## WOUNDED AND SICK

The ICRC maintained its support for the casualty care chain. As fewer wounded people sought treatment and pressure mounted on medical services, ICRC-supported care was extended to other vulnerable people needing treatment. Medical personnel were reminded of their rights and obligations, in line with the Health Care in Danger project.

### Trauma-care specialists from Lebanon and the wider region, and first-aiders, develop their skills

Basic and refresher courses in first aid were organized by the Lebanese Red Cross and the ICRC for prospective first-responders, including weapon bearers, hospital staff, NGO workers and Palestinian refugees; ten LAF soldiers became certified first-aid instructors.

Eighty-seven doctors and nurses and medical students from Lebanon and the region underwent advanced training – emergency-room care courses in Tripoli and the Bekaa valley, a war-surgery seminar at the RHUH and a degree course in trauma management offered by a Lebanese university. In Tripoli, doctors working at the WTTC (see below) gained practical experience.

These efforts helped ensure the availability of timely and appropriate care for wounded people.

### Wounded refugees and residents receive free surgical care at ICRC-run facilities in Beirut and Tripoli

At the ICRC-run WTTC in Tripoli, 306 patients, including 134 weapon-wounded patients, underwent 627 operations at the surgery unit in the Dar al-Chifae hospital and/or the post-operative care and reconstructive surgery unit in the Dar al-Zahra hospital. In Beirut, 424 patients, including 35 weapon-wounded patients, obtained treatment at the ICRC-supported emergency ward in RHUH; 244 surgical operations were carried out. Treatment was free for weapon-wounded patients, people without health insurance and, in the WTTC, critical cases referred by other hospitals. With ICRC support, the Dar al-Zahra hospital and the RHUH upgraded their sanitation, fire-safety, electrical and other infrastructure, improving the environment for staff and patients.

Medical facilities in volatile areas responded to emergencies and improved their services with ICRC support (supplies, fuel, technical advice and infrastructural upgrades). These included five hospitals run by the Palestine Red Crescent Society's Lebanon branch, three Palestinian-run facilities in Ein el-Helwe, two Syrian field hospitals in Aarsal and an LAF hospital.

Patients critically wounded by firearms or explosives who were unable to reach the above-mentioned facilities had their treatment costs covered by the ICRC. Among the beneficiaries were 27 Syrian refugees and 20 Palestinian refugees receiving treatment at seven hospitals in the Bekaa valley and southern Lebanon. The treatment costs of 30 weapon-wounded patients evacuated from Syria at end-2015 were also covered.

The National Society provided EMS, notably on-site care and medical evacuation, for wounded people. Its blood bank served

thousands of patients; the ICRC funded transfusions for around 4,000 Syrian and Lebanese patients.

The WTTC provided psychosocial care for 160 patients, as did the RHUH for several others. In volatile areas, 65 health personnel were trained to care for emotionally distressed colleagues.

### Disabled people regain some mobility with free care at the Dar al-Zahra hospital

Over 800 patients, including 78 from the WTTC, obtained physical rehabilitation services at the Dar al-Zahra hospital. Some received follow-up physical therapy as outpatients and/or were referred to two other ICRC-supported facilities for assistive devices. Physical rehabilitation specialists throughout Lebanon attended ICRC refresher seminars on amputee care.

The authorities were urged to draft a law concerning the needs of disabled people.

## ACTORS OF INFLUENCE

Regular interaction with influential parties broadened respect for IHL and other applicable international norms and support for the Movement. Discussions with the authorities and weapon bearers focused on: the protection due to people seeking refuge in Lebanon, including the principle of *non-refoulement*; the importance of easing restrictions on these people's access to medical care; and the needs of detainees and the families of missing people.

### The LAF updates its IHL curriculum with help from the ICRC

The LAF continued to strive, independently, to incorporate IHL and international human rights law more fully in its operations, training and doctrine; it did so at the urging of its office in charge of promoting applicable international law and standards among troops. The ICRC backed the LAF by providing support for IHL instruction, in particular, by: organizing workshops and advanced courses abroad for officers (see *Egypt*); and establishing 13 IHL libraries at LAF training institutions. Afterwards, the LAF moved to update its IHL curriculum, drawing on ICRC teaching materials, and began to draft regulations governing its use of explosive weapons. The LAF also approved the inclusion of legal advisers in operational units. The LAF's official magazine regularly published articles on IHL, using material from ICRC publications.

Security forces supplemented their training in IHL, and in international standards applicable to their duties, with ICRC support (see *People deprived of their freedom*). ICRC-organized workshops helped some security forces personnel to design a training programme for the special operations unit, and ISF instructors to develop their ability to teach IHL.

Some LAF and security forces personnel learnt about IHL and international policing standards from ICRC presentations in the field. First-aid workshops and briefings in Palestinian camps, including Ein el-Helwe, broadened awareness of: international rules governing the use of force, among weapon bearers; and the importance of ensuring unhindered access to medical care, among weapon bearers, health personnel and community leaders.

### Academics and government officials from Lebanon and the region discuss IHL-related issues

Regional events in Lebanon and elsewhere (see *Tunis*), organized or supported by the ICRC, facilitated discussions among actors capable of facilitating IHL implementation. Academics, clerics,

government officials and NGO workers participated in panel discussions on: IHL and Islamic law pertaining to detention (100 participants); IHL in the Middle East (120 participants); and inter-faith dialogue concerning humanitarian action. Justice ministry officials and LAF and ISF officers attended advanced IHL courses organized by the League of Arab States' Centre for Legal and Judicial Studies and the ICRC.

Lebanese students and lecturers of law or political science learnt more about IHL at events organized by their universities and the ICRC. Moreover, lecturers discussed ways to overcome the difficulties in teaching IHL in Lebanon.

Owing to the political situation, little progress was made in implementing IHL or in reactivating the national IHL committee. However, justice ministry officials attended the annual meeting of national IHL committees in Switzerland.

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

The National Society and the ICRC distributed communication materials, organized public events, such as multimedia exhibits, and used other means to broaden awareness of the Movement's work and of humanitarian issues in Lebanon, Syria and the wider region. Field trips were organized for journalists to help them cover humanitarian issues and ICRC operations accurately. Two commemorative events organized by an NGO and the ICRC drew attention to the needs of the families of missing people.

The National Society strengthened its communication capacities, particularly in digital and social media, with Movement support.

## RED CROSS AND RED CRESCENT SOCIETIES

The Lebanese Red Cross remained the ICRC's main partner in assisting people affected by conflict and/or other violence, and the country's primary EMS provider (see *Civilians and Wounded and sick*). It drew on comprehensive support from the ICRC to: upgrade and maintain EMS equipment, vehicles and stations, for example, by installing high-frequency telecommunication equipment in 20 stations and 100 ambulances; cover the costs of fuel and other consumables; pay the salaries of key staff, including five EMS teams; and train over 6,200 volunteers in first aid. It also carried out organizational reforms – revising its guidelines and procedures on finance, human resources and logistics – to cope with its increased workload.

The Palestine Red Crescent Society's Lebanon branch drew on the ICRC's help to provide EMS and raise financial support from the Movement for one of its hospitals. Some of its personnel strengthened their ability to manage projects, particularly those carried out with other organizations, at a workshop organized by the International Federation and the ICRC.

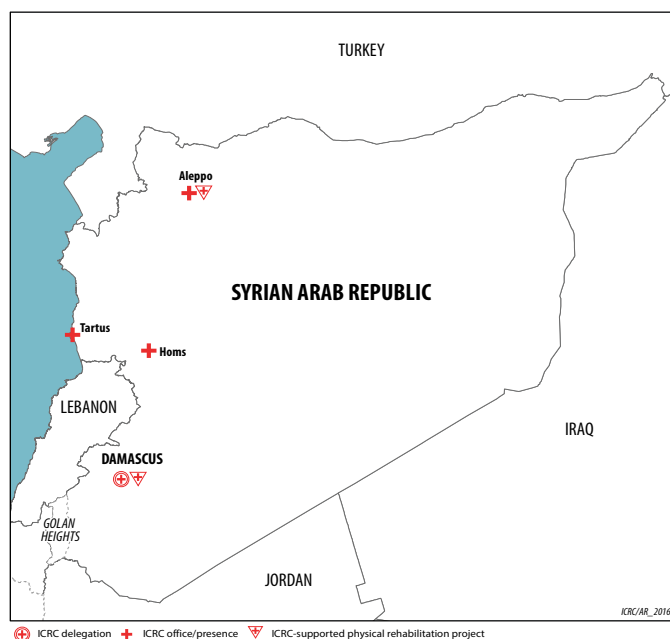
Movement components met regularly to coordinate their activities; the Lebanese Red Cross and the ICRC signed a three-year cooperation agreement. The Lebanese Red Cross and other Movement components took steps to coordinate their response to the effects of the crisis in Syria.

MAIN FIGURES AND INDICATORS: PROTECTION	Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>RCMs and other means of family contact</b>		UAMs/SC		
RCMs collected	128			
RCMs distributed	134			
<b>Reunifications, transfers and repatriations</b>				
People reunited with their families	4			
People transferred or repatriated	2			
Human remains transferred or repatriated	1			
<b>Tracing requests, including cases of missing persons</b>		Women	Girls	Boys
People for whom a tracing request was newly registered	551	22	24	34
<i>including people for whom tracing requests were registered by another delegation</i>	7			
Tracing cases closed positively (subject located or fate established)	47			
Tracing cases still being handled at the end of the reporting period (people)	3,432	279	52	130
<i>including people for whom tracing requests were registered by another delegation</i>	26			
<b>Documents</b>				
People to whom travel documents were issued	21			
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>		Women	Minors	
Detainees visited	7,896	635	208	
		Women	Girls	Boys
Detainees visited and monitored individually	933	60	2	23
Detainees newly registered	699	57	2	20
Number of visits carried out	157			
Number of places of detention visited	33			
<b>RCMs and other means of family contact</b>				
RCMs collected	267			
RCMs distributed	214			
Phone calls made to families to inform them of the whereabouts of a detained relative	1,001			
People to whom a detention attestation was issued	8			



MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security (in some cases provided within a protection or cooperation programme)</b>				
Food commodities	Beneficiaries	9,219	2,314	4,590
Essential household items	Beneficiaries	24,023	6,017	11,989
Cash	Beneficiaries	14,990	3,760	7,470
Services and training	Beneficiaries	300	76	148
<b>Water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Water and habitat activities	Beneficiaries	170,761	88,796	81,965
	<i>of whom IDPs</i>	170,761	88,796	81,965
<b>Health</b>				
Health centres supported	Structures	14		
Average catchment population		590,946		
Consultations		375,064		
	<i>of which curative</i>	362,112	136,985	124,249
	<i>of which antenatal</i>	12,952		
Immunizations	Patients	50,243		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	24,691		
Referrals to a second level of care	Patients	111		
	<i>of whom gynaecological/obstetric cases</i>	11		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>Economic security (in some cases provided within a protection programme)</b>				
Essential household items	Beneficiaries	5,573	22	1
<b>Water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Water and habitat activities	Beneficiaries	1,345	538	
<b>Health</b>				
Visits carried out by health staff		17		
Places of detention visited by health staff	Structures	9		
Health facilities supported in places of detention visited by health staff	Structures	1		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	15		
	<i>of which provided data</i>	14		
Patients whose hospital treatment has been paid for by the ICRC		799	139	223
Admissions	Patients	5,929	1,483	1,213
	<i>of whom weapon-wounded</i>	729	41	52
	<i>of whom surgical cases</i>	4,784	1,268	1,057
	<i>of whom internal medicine and paediatric cases</i>	319	77	104
	<i>of whom gynaecological/obstetric cases</i>	97		
Operations performed		8,095		
Outpatient consultations	Patients	53,636	16,600	17,752
	<i>of whom surgical cases</i>	40,567	11,172	13,663
	<i>of whom internal medicine and paediatric cases</i>	10,913	3,273	4,088
	<i>of whom gynaecological/obstetric cases</i>	2,156	2,155	1
<b>Water and habitat</b>				
Water and habitat activities	Number of beds	1,449		
<b>Physical rehabilitation</b>				
Projects supported	Projects	3		
Patients receiving services	Patients	814	80	389
New patients fitted with prostheses	Patients	108	15	9
Prostheses delivered	Units	113	15	11
New patients fitted with orthoses	Patients	228	11	160
Orthoses delivered	Units	334	14	247
Patients receiving physiotherapy	Patients	72	10	25
Walking aids delivered	Units	48	12	13
Wheelchairs or tricycles delivered	Units	45	9	22

# SYRIAN ARAB REPUBLIC



## KEY RESULTS/CONSTRAINTS IN 2016

- ▶ The Syrian Arab Red Crescent and the ICRC conducted more field trips, including trips to assess needs and deliver aid to people in besieged areas, than in past years. Impediments to principled humanitarian action, however, remained.
- ▶ Millions of IDPs and residents, among them people in besieged and/or hard-to-reach areas, addressed their basic needs using food, water and household essentials provided through the coordinated efforts of the National Society and the ICRC.
- ▶ Where security conditions were relatively stable, thousands of vulnerable households – headed by women or by disabled people – began to improve their livelihoods with the help of ICRC-provided material input, such as tools.
- ▶ Wounded or sick people had access to preventive and curative care at National Society-run or other local facilities, to which the ICRC managed to increase its material support. Deliveries of surgical supplies were still rarely allowed.
- ▶ Detainees at central prisons received visits from the ICRC. While it sought to bolster dialogue on its procedures for such visits with the pertinent authorities, the ICRC put its detention activities on hold, starting from September.
- ▶ Parties to the conflict were reminded by the ICRC – via bilateral meetings, reports and public statements – to uphold IHL and other pertinent norms: notably, to protect civilians and ensure their access to medical and humanitarian aid.

## EXPENDITURE IN KCHF

Protection	3,475
Assistance	150,304
Prevention	2,431
Cooperation with National Societies	3,228
General	299
<b>Total</b>	<b>159,737</b>
<i>Of which: Overheads</i>	<i>9,727</i>

## IMPLEMENTATION RATE

Expenditure/yearly budget	90%
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## PERSONNEL

Mobile staff	79
Resident staff (daily workers not included)	345

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

## YEARLY RESULT

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

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
<b>Restoring family links</b>	
RCMs collected	171
RCMs distributed	193
Phone calls facilitated between family members	2
Tracing cases closed positively (subject located or fate established)	164
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
<b>ICRC visits</b>	
Detainees visited	18,330
Detainees visited and monitored individually	39
Number of visits carried out	30
Number of places of detention visited	8
<b>Restoring family links</b>	
RCMs collected	11
RCMs distributed	10
Phone calls made to families to inform them of the whereabouts of a detained relative	28

ASSISTANCE	2016 Targets (up to)	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>		
<b>Economic security</b> (in some cases provided within a protection or cooperation programme)		
Food commodities <sup>1</sup> Beneficiaries	12,750,000	10,008,119
Essential household items Beneficiaries	1,980,000	2,154,717
Productive inputs Beneficiaries	27,500	161,180
<b>Water and habitat</b> (in some cases provided within a protection or cooperation programme)		
Water and habitat activities Beneficiaries	16,002,100	15,000,096
<b>Health</b>		
Health centres supported Structures	18	14
<b>WOUNDED AND SICK</b>		
<b>Hospitals</b>		
Hospitals supported Structures		61
<b>Water and habitat</b>		
Water and habitat activities Number of beds	300	2,501
<b>Physical rehabilitation</b>		
Projects supported Projects	2	2
Patients receiving services Patients	1,200	2,340

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

## CONTEXT

The armed conflict between government forces and numerous armed groups, and clashes between these groups, continued throughout the Syrian Arab Republic (hereafter Syria). Ceasefire agreements were implemented during certain periods – notably in end-December, following heavy clashes in eastern Aleppo. Violence went on in several areas, regardless. Third-party States conducted air strikes against the Islamic State group.

Unabated fighting and the lack of dialogue between opposing parties stymied efforts, including peace talks backed by the international community, to find a political solution and facilitate humanitarian aid.

Breaches of IHL and other applicable norms, serious and recurrent, continued to be alleged. From the beginning of the conflict in 2011 to the end of the reporting period: an estimated 400,000 people had been killed; over 1.5 million injured; tens of thousands reportedly missing or detained; and over 6.5 million people internally displaced. Millions more had fled abroad.

The protracted violence and international sanctions continued to cripple Syria's economy, infrastructure and services. Increasingly more people were driven into destitution and aid dependency. Needs were particularly severe in areas besieged by either government forces or armed groups, and in locations difficult to reach owing to security or logistical constraints.

Between March 2011 and December 2016, 57 workers from the Syrian Arab Red Crescent and 8 from the Syrian branch of the Palestine Red Crescent Society were killed. The 2013 abduction of three ICRC staff members remained unresolved.

## ICRC ACTION AND RESULTS

In partnership with the Syrian Arab Red Crescent, and in coordination with Movement partners and other organizations, the ICRC sustained its multidisciplinary response to humanitarian needs in Syria, adapting to evolutions in the situation. Widespread violence, the large number of armed groups, and government consent continued to hamper the implementation of the organization's activities and challenge the security of its field teams. Impediments to principled humanitarian action were particularly severe in besieged areas.

In this complex and challenging environment, the ICRC worked to foster acceptance for its mandate and activities. It sought contact with authorities, community leaders and armed groups. It continued to pursue its limited dialogue, on IHL and other applicable norms, with the parties to the conflict. Particularly, it reminded these parties, through bilateral meetings, reports and public statements, to protect civilians and to ensure their access to medical and humanitarian aid.

Owing partly to these efforts, the National Society and the ICRC continued to see some improvement in their proximity to beneficiaries: they conducted more field trips and cross-line activities than in the past, including needs assessment and aid delivery in besieged and/or hard-to-reach areas, where distributions were sometimes conducted in coordination with the UN. The ICRC built on this by expanding its emergency response, especially its relief distributions, supported by a budget extension

appeal launched in May.<sup>1</sup> Millions of IDPs and residents across Syria accordingly received food and household essentials, including hygiene items.

Despite widespread destruction, millions of people, including those at IDP centres, had drinking water and safer conditions, partly through the ICRC's projects with the National Society and its large-scale support for local water and electricity providers. These projects, carried out in coordination with the water ministry, local authorities or some armed groups, included repairs to water and sanitation systems, water-trucking operations and waste-management initiatives.

Health needs continued to outweigh available services, and opportunities to provide material support remained limited. Compared with previous years, however, the ICRC managed to conduct more deliveries, mostly of basic medical supplies, to health facilities; those for surgery were still rarely allowed. The ICRC continued to provide comprehensive support to the National Society, for sustaining the operations of its mobile health units and polyclinics, and boosting the skills of its first-aiders. Other local health actors also drew on the ICRC to sustain their services. Wounded or sick people thus had access to care.

During visits conducted according to its standard procedures, the ICRC monitored the treatment and living conditions of detainees at eight central prisons, afterwards sharing feedback confidentially with the authorities. It helped ease the situation of detainees by enabling them to contact relatives, donating essential supplies and repairing facilities in several prisons. It continued to develop its joint work with the authorities in pursuing longer-term solutions for alleviating detainees' harsh circumstances, such as through pilot farming projects in two prisons, where detainees helped diversify the food supply. Efforts aimed at gaining access to all detainees in Syria, including those detained by security forces and those held by armed groups, continued. While it sought to bolster dialogue on its standard procedures for visits to detainees with the pertinent authorities, the ICRC put its detention activities on hold, starting from September.

Movement family-links services helped facilitate contact between members of dispersed families, but thousands remained without news of their missing relatives, including those allegedly arrested or detained in relation to the conflict.

The National Society developed its operational and institutional capacities with ICRC backing. Movement components in Syria met regularly to coordinate their activities, helping increase their impact.

## CIVILIANS

### Impediments to principled humanitarian action remain

Widespread violence, the large number of armed groups, and limited acceptance for the ICRC continued to hamper the implementation of the organization's activities and challenge the security of its field teams, particularly in besieged areas (see *Context*). Alongside government consent, these factors largely influenced the ICRC's access to vulnerable people. The ICRC regularly adapted its activities, in view of restrictions imposed by parties to the conflict; notably, the processes prerequisite to distributions of assistance were usually lengthy and complicated.

1. For more information on the budget extension appeal, please see: [https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/D6FB9D52FC1ACA8DC12580270022AC50/\\$File/BEA\\_Syria\\_REX2016\\_309\\_Final.pdf](https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/0/D6FB9D52FC1ACA8DC12580270022AC50/$File/BEA_Syria_REX2016_309_Final.pdf)

Owing partly to enhanced contact with key actors (see *Actors of influence*), the Syrian Arab Red Crescent and the ICRC continued to see some improvement in their proximity to beneficiaries: they conducted more field trips and cross-line activities than in the past, including needs assessment and aid delivery in besieged and/or hard-to-reach areas. The ICRC built on this by expanding its emergency response, especially relief distributions (see below). In December, the National Society and the ICRC – acting jointly as a neutral intermediary, in line with agreements reached between the pertinent parties – evacuated tens of thousands of people from eastern Aleppo (see *Context*).

### **Vulnerable IDPs, residents and returnees address their daily needs**

Over 10 million people (2 million households) supplemented their daily diet with: National Society-distributed one-month food parcels – whose nutritional value was increased beginning June, following an ICRC assessment – and canned goods, from the ICRC; meals from local charity kitchens; and/or bread from local bakeries. Several hundred thousand people benefited more than once. The kitchens and bakeries maintained their operations with ICRC-provided bulk rations and/or facility upgrades. Around 2.1 million people (400,000 households) obtained ICRC-donated household essentials, including hygiene items; some also received winter supplies or, for schoolchildren, educational materials, including on mine-risk awareness.

Relief distributions covered places controlled by the government and those held by armed groups. Approximately 30% of the people who received food and nearly 10% of those who obtained household essentials were in besieged or hard-to-reach locations, where distributions were sometimes conducted in coordination with the UN.

National Society staff honed their needs-assessment/response capacities, through ICRC-provided coaching and training.

### **People have improved living conditions, despite widespread destruction**

Almost 15 million IDPs and residents had drinking water and safer conditions through projects – particularly, infrastructural repairs – undertaken by the National Society/ICRC, in coordination with the water ministry, local authorities, or representatives of some armed groups.

Through the ICRC-backed efforts of the National Society: 354,037 people received trucked-in water; at IDP centres, 145,876 people had improved shelter, water-supply, and sanitation facilities; and thousands obtained bottled water as an emergency measure.

In cities and towns with functional infrastructure, millions of IDPs and residents had potable water and electricity after the ICRC supplied local service providers with generators, spare parts and water-treatment chemicals. Around 274,400 people had reduced health risks through ICRC-backed solid-waste management projects.

### **In some besieged areas, people have access to health services**

People in eight provinces had recourse to preventive and curative care at seven mobile health units and seven polyclinics run by the Syrian Arab Red Crescent, with material, financial and technical ICRC support – for instance, the ICRC purchased refrigerated vehicles for the National Society, so as to enable the latter to better transport vaccines. Other National Society-run clinics, and health

facilities in besieged and/or hard-to-reach areas, received basic medical materials, including drugs for acute and chronic diseases, and supplies for childbirth. Assistance to some of these facilities was delivered during operations coordinated with the National Society and the UN (see above).

Local authorities, health professionals and National Society personnel continued to work, with ICRC technical, material and financial support, to curb leishmaniasis and other communicable diseases. People mitigated their risk from such diseases with the help of health-promotion and lice-treatment campaigns, and bed net distributions.

The ICRC continued to develop activities for ensuring the referral of victims of sexual violence to providers of appropriate care.

### **Vulnerable households work to regain self-sufficiency**

Where security conditions were relatively stable, resident and returnee households took steps to improve their livelihoods, with National Society/ICRC support. A Hassakeh flour mill maintained its operations with an ICRC-provided generator, benefiting 26,000 households (130,000 people). In Hamah, Homs, Kuneitra, and Rural Damascus, 5,850 farmers (supporting 29,250 people) increased their production, using seed and fertilizer purchased by the ICRC and delivered by the National Society. Ninety-five farmers (supporting 475 people) in Tartus planted crops in greenhouses they built using ICRC-donated plastic sheets. In Aleppo and Homs, 291 female or disabled breadwinners (supporting 1,455 people) earned from their small businesses, expanded or started using ICRC-provided material input, such as tools.

### **Parties to the conflict are urged to respect IHL**

The ICRC continued to pursue its limited dialogue, on the need to uphold IHL and other applicable norms, with the parties to the conflict (see *Actors of influence*). Particularly, it reminded these parties to: respect people not or no longer participating in hostilities – including medical and humanitarian workers – and protect them from abuse, notably sexual violence; heed the prohibition against indiscriminate attacks; ensure people's safe access to essential services and humanitarian aid; and respect and protect the red cross and red crescent emblems.

### **Many people are still unable to contact their families**

People in and outside Syria continued to seek the ICRC's support in locating their relatives in the country, or reuniting with them abroad: 1,465 tracing requests were newly registered in 2016. Although 164 of all pending cases were resolved, thousands of families remained without information on their relatives, including those allegedly arrested or detained in relation to the conflict (see *People deprived of their freedom*). Particularly vulnerable people who used ICRC family-links services received ad hoc assistance, such as transportation allowances. Some residents of the Israeli-occupied Golan exchanged official documents with relatives in Syria proper. However, the ICRC facilitated no travel for humanitarian reasons owing to tensions along the demarcation line between these areas.

The ICRC continued to back local actors in developing their ability to address the issue of missing persons, with a focus on the proper management of human remains. The National Commission of Forensic Medicine (NCFM), with which the ICRC signed a cooperation agreement, received books, digital cameras, gloves and other supplies, for distribution to forensic institutions. NCFM personnel, alongside other forensic specialists, advanced their knowledge of such



topics as humanitarian forensics, during workshops. These facilitated the ICRC's dialogue with the defence ministry and with the reconciliation ministry, on prospectively co-developing forensic strategies. The National Society helped manage the remains of people following emergencies, drawing on ICRC-provided training and supplies.

### PEOPLE DEPRIVED OF THEIR FREEDOM

During visits conducted according to its standard procedures, the ICRC monitored the treatment and living conditions of 18,330 detainees in eight central prisons run by the interior ministry, and shared confidential feedback with the authorities afterwards.

Although means of contacting relatives, like telephones, were available in the prisons, some particularly vulnerable detainees, such as foreigners and minors, used ICRC family-links services – provided during the above-mentioned visits – to reconnect with relatives. The ICRC followed up, with the authorities and with some armed groups, on enquiries from the families of people allegedly arrested or detained in relation to the conflict, eliciting complete or partial answers regarding the whereabouts of 1,319 people.

The ICRC continued to pursue efforts aimed at gaining access to all people deprived of their freedom in Syria, including those detained by security forces and those held by armed groups. Meetings with government officials and with representatives of some armed groups focused on explaining the ICRC's standard procedures when working in behalf of detainees. While it sought to bolster dialogue in this vein with the pertinent authorities, the ICRC put its detention activities on hold, starting from September.

#### In two prisons, detainees help diversify food supply

Detainees visited by the ICRC eased their confinement with donated hygiene items, clothes and other essential supplies. Across several prisons, 17,600 detainees saw improvements in their situation after the ICRC upgraded key facilities, such as water points and waiting areas for families, and donated tools and spare parts for maintaining electricity and ventilation systems. In four prisons, detainees had access to health care at clinics that the ICRC provided with supplies and equipment.

The authorities and the ICRC continued to develop their joint work in pursuing longer-term solutions for alleviating detainees' harsh circumstances. In two prisons, some detainees helped diversify the food supply and eased the monotony of their situation, through ICRC-led pilot farming projects. Three government representatives enhanced their knowledge of health care in detention at a regional workshop (see *Jordan*), the first such ICRC workshop attended by Syrian authorities.

### WOUNDED AND SICK

Disregard for the safety of people seeking or providing health care (see, for example, *Context*) and of medical facilities remained widespread. In line with the Health Care in Danger project, the ICRC documented abuses against health services, including attacks and situations of systematic denial or obstruction of access. On this basis, parties to the conflict were reminded – through bilateral dialogue, reports and public statements – of the protection due to patients and medical workers and facilities, regardless of their affiliation, under IHL and other applicable norms.

#### Patients benefit from increased deliveries of medical aid

Health needs continued to outweigh available services, especially in areas controlled by armed groups and places besieged by either

government forces or armed groups. Opportunities for the ICRC to provide material support to health facilities remained limited. Compared with past years, however, the organization managed to conduct more cross-line deliveries, mostly of basic medical materials; those for surgery were still rarely allowed, and only in small quantities. Ill or injured people, including some weapon-wounded, thus had access to care (see also *Civilians*).

Twenty-two health facilities, including ten located across front lines, obtained supplies for 29,250 haemodialysis sessions; several also benefited from trucked-in or bottled water. Health workers at 28 facilities performed their duties with the help of specialized equipment and spare parts donated or maintained by the ICRC. Three hospitals sustained their services, supported by ICRC-led repairs, as did one National Society-run hospital, with the help of ICRC training for maintenance personnel.

Among the eastern Aleppo evacuees (see *Civilians*), 811 wounded people, many with serious injuries, underwent treatment through National Society/ICRC efforts.

During ICRC-supported courses: 1,066 National Society personnel honed their ability to provide first aid – and, for some, to train others in this field – and received key supplies and equipment; and 141 surgeons and other health professionals learnt more about weapon-wound management and the goals of the Health Care in Danger project.

#### Physically disabled people obtain specialized services

In Damascus, 1,582 disabled people availed themselves of services at a physical rehabilitation centre run by the National Society, with material, technical and financial ICRC input. The centre's staff received on-site support from ICRC specialists, helping ensure the quality of the centre's services, including psychosocial-care provision. In Aleppo, 758 physically disabled people received treatment at an ICRC-run centre, which trained an additional staff member, increasing its capacity. This centre was closed for certain periods in May and in August, because of particularly poor security conditions.

Disabled people throughout the country benefited from wheelchairs and other assistive devices distributed by the ICRC through the National Society.

Selected patients of the Aleppo centre received livelihood support (see *Civilians*).

### ACTORS OF INFLUENCE

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

During meetings – between government officials and the ICRC's president, for instance – and in reports and public statements, the ICRC emphasized the right of all wounded people to receive medical treatment and of all civilians, including those in besieged and/or hard-to-reach areas, to receive humanitarian assistance (see also *Civilians*). Members of the national IHL committee began, with ICRC support, to discuss an action plan for promoting IHL; two joined their peers at a meeting in Geneva, Switzerland (see *International law and policy*). The ICRC's interaction, in Syria and

abroad, with representatives of some armed groups – notably, those based in the northern and southern parts of the country – helped familiarize them with humanitarian principles, basic IHL rules, and the Movement. Broader, systematic dialogue on protection-related issues could not be established with the parties to the conflict, however.

Students at a national public-administration institute strengthened their grasp of IHL through ICRC-organized courses. Discussions with academics led to the integration of IHL into the curricula of a police college and a public university; talks to this end with other public universities were ongoing.

### Journalists help broaden awareness of the ICRC

Over 30 media professionals became more familiar with humanitarian concerns, IHL and the Movement during workshops organized by the information ministry, the National Society, and the ICRC. The ICRC continued to interact with local and international reporters, regardless of affiliation in relation to the conflict, contributing to their coverage of the situation in Syria. People in Syria, including potential beneficiaries, and abroad kept abreast of the humanitarian consequences of the conflict – such as the issues covered by the Health Care in Danger project – and of the ICRC’s activities, especially in besieged and other areas inaccessible to journalists. They did so partly via multi-format informational materials, including operational updates and news releases, produced and disseminated by the organization through various platforms.

### RED CROSS AND RED CRESCENT MOVEMENT

The Syrian Arab Red Crescent responded to humanitarian needs – in keeping with the Fundamental Principles and the Safer Access Framework – with extensive ICRC financial, material and technical support, provided pursuant to a 2014–2016 agreement. This helped defray the National Society’s operating costs at its headquarters, 12 branches and 13 disaster-response/first-aid centres. The National Society enhanced its operational capacities through joint activities and training with the ICRC, covered by new project agreements that strengthened their partnership in: primary health care; relief and livelihood-support provision; human remains management; and physical rehabilitation (see also *Civilians* and *Wounded and sick*). With ICRC-provided technical input and/or equipment, the National Society: reinforced its public communication; upgraded its radio-communication system; applied safer practices around mines/explosive remnants of war; and developed a risk-management plan. Its volunteers continued to train in providing psychological support to their peers, in line with an ICRC-backed project.

The two organizations also deepened their cooperation in other areas. With the education ministry, they produced mine-risk awareness materials for schoolchildren (see *Civilians*).

The ICRC continued to coordinate with the Palestine Red Crescent, which was helping Palestinian refugees in Syria, and provided it with vehicles for transporting patients, and needs-assessment/response training.

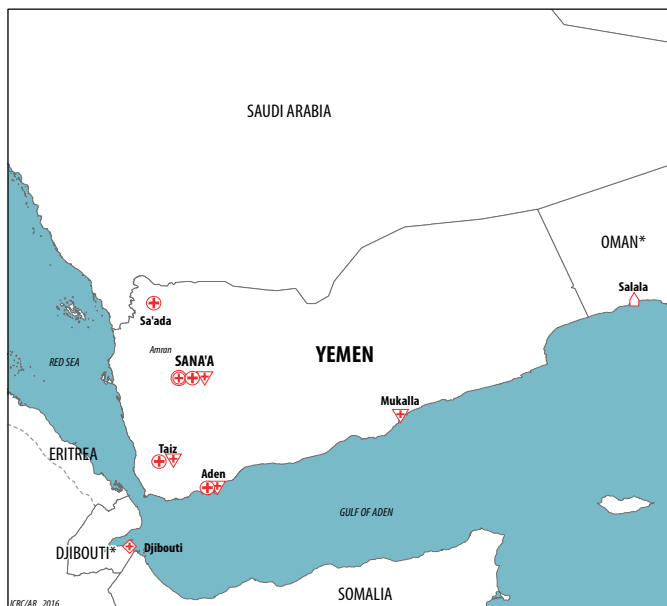
Movement components in Syria met regularly to coordinate their activities, helping increase their impact.

MAIN FIGURES AND INDICATORS: PROTECTION	Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>RCMs and other means of family contact</b>		UAMs/SC		
RCMs collected	171			
RCMs distributed	193			
Phone calls facilitated between family members	2			
<b>Reunifications, transfers and repatriations</b>				
People transferred or repatriated	2			
<b>Tracing requests, including cases of missing persons</b>		Women	Girls	Boys
People for whom a tracing request was newly registered	1,465	76	67	85
<i>including people for whom tracing requests were registered by another delegation</i>	863			
Tracing cases closed positively (subject located or fate established)	164			
<i>including people for whom tracing requests were registered by another delegation</i>	56			
Tracing cases still being handled at the end of the reporting period (people)	6,574	378	264	329
<i>including people for whom tracing requests were registered by another delegation</i>	4,668			
<b>Documents</b>				
People to whom travel documents were issued	13			
Official documents relayed between family members across borders/front lines	15			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>ICRC visits</b>		Women	Minors	
Detainees visited	18,330	1,014	232	
		Women	Girls	Boys
Detainees visited and monitored individually	39	9		
Detainees newly registered	25	4		
Number of visits carried out	30			
Number of places of detention visited	8			
<b>RCMs and other means of family contact</b>				
RCMs collected	11			
RCMs distributed	10			
Phone calls made to families to inform them of the whereabouts of a detained relative	28			
People to whom a detention attestation was issued	3			



MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security (in some cases provided within a protection or cooperation programme)</b>				
Food commodities <sup>1</sup>	Beneficiaries	10,008,119	3,002,441	4,003,237
	<i>of whom IDPs</i>	8,006,493	2,401,950	3,202,593
Essential household items	Beneficiaries	2,154,717	646,426	861,865
	<i>of whom IDPs</i>	1,723,769	517,134	689,501
Productive inputs	Beneficiaries	161,180	48,357	64,466
	<i>of whom IDPs</i>	128,095	38,430	51,235
<b>Water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Water and habitat activities	Beneficiaries	15,000,096	4,500,000	6,000,000
	<i>of whom IDPs</i>	4,500,000	1,350,000	1,800,000
<b>Health</b>				
Health centres supported	Structures	14		
Average catchment population		2,558,000		
Consultations		280,932		
	<i>of which curative</i>	262,404	83,455	77,182
	<i>of which antenatal</i>	18,528		
Immunizations	Patients	9,510		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	3,319		
Referrals to a second level of care	Patients	8,358		
	<i>of whom gynaecological/obstetric cases</i>	2,498		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)<sup>1</sup></b>				
<b>Water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Water and habitat activities	Beneficiaries	17,600	1,584	
<b>Health</b>				
Visits carried out by health staff		6		
Places of detention visited by health staff	Structures	5		
Health facilities supported in places of detention visited by health staff	Structures	4		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	61		
<b>Water and habitat</b>				
Water and habitat activities	Number of beds	2,501		
<b>Physical rehabilitation</b>				
Projects supported	Projects	2		
Patients receiving services	Patients	2,340	427	416
New patients fitted with prostheses	Patients	180	27	23
Prostheses delivered	Units	549	85	88
	<i>of which for victims of mines or explosive remnants of war</i>	27	1	2
New patients fitted with orthoses	Patients	83	20	17
Orthoses delivered	Units	168	34	62
Patients receiving physiotherapy	Patients	1,150	212	198
Walking aids delivered	Units	180	27	11
Wheelchairs or tricycles delivered	Units	20	6	1

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



ICRCAR, 2016  
 ICRC delegation ICRC sub-delegation ICRC mission ICRC-supported physical rehabilitation project  
 ICRC regional logistics centre \*Map shows structures supporting ICRC operations in Yemen

## KEY RESULTS/CONSTRAINTS IN 2016

- ▶ Through confidential, bilateral discussions, the ICRC urged parties to the conflict to respect IHL, especially the provisions protecting civilians – including those seeking or providing medical care – during hostilities.
- ▶ Humanitarian space was still limited, and violence, widespread, but the ICRC slowly redeployed mobile staff in some areas after an employee who had been abducted in 2015 was released and certain actors renewed security guarantees.
- ▶ Conflict-affected people met some of their needs after the ICRC repaired or installed water facilities, and distributed food and household essentials; the organization reached more people than planned, as it gained access to some areas.
- ▶ The ICRC resumed livelihood-support projects that it had put on hold in 2015: agricultural households were thus able to maintain herds with ICRC-supported veterinary services or grow crops with ICRC-donated seed and tools.
- ▶ Weapon-wounded and other patients were treated at ICRC-backed facilities; these included a hospital in Aden, where an ICRC-supported surgical team was stationed, and a newly reopened physical rehabilitation centre in Taiz.
- ▶ The ICRC visited detainees held by government authorities, including migrants, to monitor their well-being; visits to security detainees at the Amran central prison, who had been inaccessible since August 2015, resumed.

## EXPENDITURE IN KCHF

Protection	5,062
Assistance	35,170
Prevention	3,608
Cooperation with National Societies	1,889
General	192
<b>Total</b>	<b>45,920</b>
<i>Of which: Overheads</i>	<i>2,787</i>

## IMPLEMENTATION RATE

Expenditure/yearly budget	93%
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## PERSONNEL

Mobile staff	52
Resident staff (daily workers not included)	249

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 migrants to restore contact with their relatives, including those abroad. The ICRC promotes respect for humanitarian principles and IHL, primarily among weapon bearers. The ICRC works with the Yemen Red Crescent Society.

## YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

**MEDIUM**

## PROTECTION

	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
<b>Restoring family links</b>	
RCMs collected	3,648
RCMs distributed	3,320
Phone calls facilitated between family members	114
Tracing cases closed positively (subject located or fate established)	314
People reunited with their families	2
<i>of whom unaccompanied minors/separated children</i>	<i>2</i>
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
<b>ICRC visits</b>	
Detainees visited	5,890
Number of visits carried out	8
Number of places of detention visited	6
<b>Restoring family links</b>	
Phone calls made to families to inform them of the whereabouts of a detained relative	5

ASSISTANCE		2016 Targets (up to)	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>			
<b>Economic security (in some cases provided within a protection or cooperation programme)</b>			
Food commodities	Beneficiaries	105,000	274,108
Essential household items	Beneficiaries	70,000	120,960
Productive inputs <sup>1</sup>	Beneficiaries	455,000	219,765
Cash	Beneficiaries	43,400	56,812
Services and training <sup>1</sup>	Beneficiaries		20
<b>Water and habitat (in some cases provided within a protection or cooperation programme)</b>			
Water and habitat activities	Beneficiaries	2,258,420	3,388,943
<b>Health</b>			
Health centres supported	Structures	21	21
<b>WOUNDED AND SICK</b>			
<b>Hospitals</b>			
Hospitals supported	Structures	10	72
<b>Water and habitat</b>			
Water and habitat activities	Number of beds	285	1,345
<b>Physical rehabilitation</b>			
Projects supported	Projects	5	4
Patients receiving services	Patients	65,000	73,599

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

## CONTEXT

Armed conflicts and other situations of violence – characterized by heavy fighting, shelling and air strikes – persisted throughout Yemen, notably in Sa'ada, Sana'a and Taiz. Hostilities between a Saudi Arabia-led military coalition and the Houthis, which began in March 2015, continued despite UN-mediated ceasefire agreements. The Al-Qaeda in the Arab Peninsula and other armed groups were active in different parts of the country. The structure of the government remained fragmented and unclear.

The violence reportedly caused thousands of civilian casualties and displaced millions. Damage to public infrastructure and restrictions on the movement of goods and people made it difficult for both IDPs and residents to obtain basic commodities and services.

Few humanitarian organizations were active in Yemen, owing to the insecurity. Health-care facilities, such as those supported by Médecins Sans Frontières, and offices of humanitarian organizations were directly attacked. Between March 2015 and the time of writing, seven Yemen Red Crescent Society volunteers and two ICRC staff members were killed while carrying out their duties. The ICRC staff member abducted in December 2015 was released in October 2016.

Despite the situation, migrants passed through the country to Saudi Arabia and elsewhere. Many were reportedly arrested upon reaching Yemen; this contributed to overcrowding in places of detention.

## ICRC ACTION AND RESULTS

The ICRC's Yemen delegation maintained its efforts to address the humanitarian needs of conflict-affected people in Yemen, with the support of a logistics base in Oman (see *Kuwait*) and an office in Djibouti (see *Nairobi*). Given the limited space for humanitarian action and the widespread violence, including incidents involving ICRC staff (see *Context*), it continued to adjust its operational approach, balancing the urgency of people's needs against its duty to protect its personnel. For instance, mobile staff were initially relocated to the Sana'a delegation or the Djibouti support office, but were gradually redeployed to subdelegations after the release of the abducted ICRC employee, and after various actors renewed security guarantees. Amid these challenges, the ICRC reached more people than planned with its economic-security and water-and-habitat initiatives, as it gained access to some areas; however, other projects – particularly initiatives to mitigate weapon contamination and support to the authorities for constructing a school for physical rehabilitation professionals – were postponed because of the insecurity.

Through confidential, bilateral discussions, the ICRC urged the parties to the conflict to respect IHL, especially the provisions regulating the conduct of hostilities and protecting civilians, including those seeking or providing medical care. It pursued dialogue with actors in Yemen and elsewhere, urging them to address humanitarian needs in the country and seeking their support for ICRC operations. These discussions enabled the ICRC to obtain security guarantees from various actors, which allowed the National Society and other first-responders to recover and transfer human remains.

Weapon bearers and health staff learnt more about the goals of the Health Care in Danger project through dissemination

sessions, at times conducted alongside first-aid courses. People obtained medical care at clinics and hospitals that the ICRC provided with equipment, supplies, and support for repairing their facilities; the ICRC also supported a surgical team at the Al-Mansoura hospital in Aden. People with disabilities accessed physical rehabilitation services at ICRC-backed centres, including one in Taiz, which reopened in May. The ICRC began constructing a centre in Sa'ada.

The ICRC continued to help conflict-affected people meet their needs. It worked with local authorities to improve access to water for over 3.3 million people, including thousands trapped in a besieged area in Taiz. Thousands received food, household essentials and cash grants; some households earned money through cash-for-work projects – renovation of markets and other public facilities, for instance. Farming households maintained their herds with the help of ICRC-supported veterinary services or grew crops with ICRC-donated seed and tools, as the ICRC resumed livelihood-support projects that it had suspended in 2015.

Through dialogue with various actors, the ICRC sought access to all detainees. It visited people in government custody, including migrants, to monitor their treatment and living conditions, and conveyed its findings and recommendations confidentially to the authorities concerned. Visits to security detainees at the Amran central prison – to which the ICRC last had access in August 2015 – resumed. Donations of essential items and medical supplies helped to ease the conditions of detainees, including those held by an armed group, and to prevent disease outbreaks.

Families dispersed by conflict, migration or detention reconnected through the Movement's family-links services; some of them learnt their missing relatives' fate via the ICRC.

The National Society coordinated its activities with the ICRC and other Movement partners. It drew on the ICRC's support to bolster its capacity to respond to emergencies and to promote neutral, impartial and independent humanitarian action.

## CIVILIANS

The ICRC pursued bilateral, confidential dialogue with different authorities and weapon bearers to remind them to respect IHL – particularly the provisions protecting civilians during hostilities, including those seeking or providing medical care – and other norms; it paid special attention to the situation of migrants, who were referred to IOM and UNHCR for assistance, where possible. Such dialogue included oral and written representations – for instance, on how hostilities in densely populated areas affected civilians and their access to essential goods and services – based on documented allegations of IHL violations. The ICRC also monitored the use of remotely piloted aircraft, with a view to sharing its findings with the authorities concerned.

Through the above-mentioned efforts, the ICRC obtained security guarantees from various parties, which enabled it and the National Society to conduct or facilitate humanitarian activities, such as the recovery of human remains (see below).

Amid operational challenges, the ICRC sustained its activities to assist vulnerable people; it reached more people than planned with its economic-security and water-and-habitat initiatives, as it gained access to some areas. Other projects, however, were postponed because of the insecurity.

## **People in a besieged area in Taiz have a steady supply of potable water**

In Aden, Sana'a and other urban areas, local water boards addressed water-supply interruptions using generator parts, fuel and other materials from the ICRC. People in a besieged area in Taiz had relied on distribution points supplied with water by the ICRC, until ICRC-donated generators for wells and water-purification supplies reached them in March, following negotiations with local authorities. People in rural areas regained access to water after the ICRC repaired their systems. In all, over 3.3 million people had access to water through the ICRC's initiatives.

Community health workers were trained by the ICRC to install solar-powered lights, which helped provide light for emergency workers at night.

## **Herders make use of free veterinary services to improve the health of their livestock**

IDPs – including a few thousand people displaced by floods in April – and residents of conflict-affected communities met some of their needs with National Society and ICRC assistance: over 39,100 households (274,100 people) received food and some 17,200 households (120,900 people), blankets, kitchen sets, hygiene kits and other items. Over 8,100 households (56,800 people) bought food and other supplies with cash provided by the ICRC through distributions or cash-for-work projects, such as garbage collection and the renovation of markets and other public facilities – which also eased communities' living conditions.

The ICRC resumed livelihood projects that were suspended in 2015: over 27,500 households (193,100 people) had their livestock vaccinated and treated by the agriculture ministry and the ICRC, and some 3,800 farming households (26,800 people) grew crops with ICRC-donated seed and farming tools.

At ICRC-organized training courses, agriculture ministry and National Society staff bolstered their ability to assess and respond to people's economic needs.

## **Women and children have access to antenatal and immunization services**

People in six governorates had access to primary-health-care services at 19 centres regularly supported by the ICRC with medicines and other supplies; two other centres began receiving such support in July and August, respectively. Staff received training to run pharmacies and manage childhood illnesses. These centres conducted some 368,800 consultations, of which 13,800 were antenatal; thousands of children were vaccinated by the health ministry, using ICRC-donated vaccines. Over 2,800 patients were referred to facilities providing higher-level health care.

The ICRC provided medical supplies for several other centres, including some near front lines, on an ad hoc basis; this helped them deal with mass casualties. It also repaired three centres damaged during the conflict.

## **Ex-detainees resettled in third countries receive family visits**

Yemenis and migrants, including refugees, separated by conflict, migration or detention kept in touch via RCMs, phone calls and other family-links services provided by the ICRC, in coordination with the National Society, ICRC delegations elsewhere, and other organizations. A total of 27 family visits were organized for relatives of Yemeni ex-detainees resettled in third countries after

their release from the US internment facility at Guantanamo Bay Naval Station in Cuba.

Two minors formerly associated with armed groups rejoined their families, with help from the National Society and the ICRC. Migrant minors, including victims of sexual violence, were referred to the appropriate organizations for assistance. A total of 63 Somali refugees received ICRC travel documents that helped them resettle in a third country, with the help of IOM and/or UNHCR. The families of 314 missing people, including those allegedly arrested or detained, learnt their relatives' fate via the ICRC's tracing efforts.

National Society and ICRC volunteers promoted family-links services along the migration route and, at ICRC-organized workshops, discussed suggestions from beneficiaries and community leaders on ways to improve these services.

## **Security guarantees from relevant actors enable the recovery of human remains**

In its capacity as a neutral intermediary, the ICRC obtained security guarantees from various actors, which allowed the National Society and other first responders to retrieve and/or transfer human remains from conflict-affected areas.

Authorities, weapon bearers and National Society personnel learnt more about managing human remains at ICRC-organized training sessions; they also received body bags and other supplies from the ICRC. Three hospitals set up mortuaries with ICRC support.

## **Yemeni mine-action authorities refine their standard operating procedures with ICRC support**

Some activities to tackle weapon contamination were suspended. Nevertheless, pertinent organizations received technical support from the ICRC, through mine-risk education sessions and first-aid training for: doctors and nurses of the Yemen Executive Mine Action Centre (YEMAC), National Society staff, community leaders and others. YEMAC enhanced its technical capacities, notably in conducting mine-risk education sessions and developing its standard operating procedures, with the ICRC's backing.

## **PEOPLE DEPRIVED OF THEIR FREEDOM**

### **Security detainees receive ICRC visits anew**

Through dialogue with various detaining actors, the ICRC sought comprehensive access to all detainees. It visited, according to its standard procedures, 5,890 people in government custody, to monitor their well-being, particularly their access to health care. These people included security detainees at the Amran central prison, whom the ICRC last had access to in August 2015, and migrants.

Based on these visits, it provided confidential feedback and recommendations regarding: ensuring respect for judicial guarantees; facilitating contact between detainees and their families; easing migrants' treatment and living conditions; and addressing overcrowding in prisons. The ICRC also continued discussions with pertinent organizations on strengthening efforts to address the needs of detained migrants. Owing to the insecurity, the ICRC was unable to sponsor prison health officials' attendance at a regional conference on medical ethics.

The ICRC followed up allegations of arrest, including of foreigners, with some detaining actors; the fate of 56 people was ascertained through the ICRC's efforts.



## Thousands of detainees receive hygiene kits and other essential supplies

The ICRC gave mattresses, blankets, hygiene kits and other items to various detaining actors; this helped ease the living conditions of some 10,000 detainees, including those held by an armed group. People at three facilities benefited from ICRC-donated medical supplies, at times accompanied by hygiene promotion campaigns that helped prevent disease outbreaks. Inmates at the Amran central prison used ICRC-donated filters to purify their drinking water.

## WOUNDED AND SICK

In its discussions with various actors (see *Civilians* and *Actors of influence*), the ICRC emphasized the protection afforded by IHL to people seeking or providing medical care. Weapon bearers and front-line health staff learnt about the goals of the Health Care in Danger project during ICRC dissemination sessions, at which the Yemen Red Crescent Society occasionally conducted first-aid training.

## Al-Mansoura Hospital offers surgical services with comprehensive support from the ICRC

Wounded people continued to be treated by an ICRC-supported surgical team working at Al-Mansoura Hospital's emergency unit, which the ICRC helped set up in 2015. Some 3,000 people – over 2,200 of whom received surgical care – were admitted to the hospital, which also received medicines, funding for staff incentives and other support.

Six other hospitals were regularly given supplies and equipment for treating weapon-wounded patients. Some enhanced their intensive-care services using ICRC-donated ventilators, defibrillators and other equipment. Sixty-five other hospitals, especially in violence-affected areas, received medicines and equipment – such as insulin for patients with diabetes – on an ad hoc basis, often at the authorities' request. The ICRC also helped several damaged hospitals (total capacity: 1,345 beds) sustain their services by funding infrastructure projects, including repairs to electrical and water systems. In the 46 ICRC-supported hospitals that provided data, medical staff treated over 33,200 weapon-wounded patients and performed around 40,900 surgeries.

Nearly 60 surgeons from 13 governorates honed their skills at ICRC-organized weapon-wound surgery seminars in Sana'a and Djibouti.

## Persons with disabilities receive services at a reopened physical rehabilitation centre in Taiz

Some 73,600 persons with disabilities obtained physical rehabilitation services at four ICRC-supported centres, including one in Taiz that reopened in May after being closed for months because of the violence. Over 10,400 of them were fitted with prostheses/orthoses; others received crutches or wheelchairs donated by the ICRC, including through a government-run organization. Three centres were provided with a monthly supply of fuel for their generators, which helped them avoid service interruptions. The ICRC began constructing a new centre in Sa'ada in late 2016.

To help improve the quality and availability of physical rehabilitation services in Yemen, 19 people received ICRC assistance in pursuing prosthetics, orthotics and wheelchair-technology courses in Yemen or overseas. They included staff from a local institute, which the ICRC provided with equipment for

physiotherapy training and guidance for its training programmes. The construction of a training school in Sana'a remained on hold.

Some 100 persons with disabilities were provided with cash grants for starting or resuming small-scale businesses. Local organizations were supported by the ICRC in promoting the social inclusion of persons with disabilities, such as through sports and commemorative events.

## ACTORS OF INFLUENCE

The applicability and implementation of IHL remained a central theme of the ICRC's discussions with parties to the conflict in Yemen, who were regularly reminded of the provisions governing the conduct of hostilities (see *Civilians*). Weapon bearers learnt more about IHL at ICRC dissemination sessions, for example, at a workshop in Switzerland on international rules governing military operations (see *International law and policy*). More systematic dialogue and activities to promote IHL implementation were not pursued, however, owing to the prevailing security and political conditions.

Influential actors were urged to step up their efforts to help address humanitarian needs; regular interaction with them also led to the release of an ICRC staff member abducted in 2015 (see *Context*).

## Dialogue with influential actors highlights the need for access and security guarantees for aid workers

The ICRC sought contact with local authorities, community leaders, armed groups, the media and civil society, with a view to broadening awareness of its mandate and activities and of the importance of neutral, impartial and independent humanitarian action. These efforts – which included 35 workshops and a visit from the ICRC's director of operations – served to foster acceptance for the ICRC's work, facilitate its access to vulnerable people, and help it overcome obstacles, such as difficulties in getting clearance for its activities. These matters were highlighted in updates posted on online platforms, through which messages on IHL, the goals of the Health Care in Danger project, and the overall humanitarian situation in Yemen were also relayed to the public.

As part of its community-engagement efforts, the ICRC regularly sought people's concerns and their feedback on its activities, to help the organization better understand their needs and tailor its response accordingly. This was done mainly through digital means, especially in areas that were difficult to reach, owing to the insecurity; face-to-face interaction with vulnerable communities continued, where possible.

Local and international media outlets drew on ICRC press releases, public statements, interviews, audiovisual productions and other communication materials to report on the situation in Yemen. Four round-tables were organized with local journalists, to emphasize the importance of covering the situation in the country.

Staff from 14 National Society branches strengthened their public communication capacities – particularly in promoting neutral, impartial and independent humanitarian approach – at ICRC-organized workshops.



## RED CROSS AND RED CRESCENT MOVEMENT

The Yemeni Red Crescent and the ICRC continued to cooperate in addressing humanitarian needs in the country (see *Civilians* and *Wounded and sick*); they signed an agreement on this in April 2016. The National Society worked to enhance its capacity to respond to emergencies, through various forms of ICRC support for 18 of its branches. This included technical and financial assistance, and the donation of ambulances, first-aid training materials, body bags and information technology equipment.

Movement components in Yemen coordinated their activities through regular meetings and bilateral agreements.

MAIN FIGURES AND INDICATORS: PROTECTION	Total			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>RCMs and other means of family contact</b>		UAMs/SC		
RCMs collected	3,648			
RCMs distributed	3,320			
Phone calls facilitated between family members	114			
Names published in the media	577			
<b>Reunifications, transfers and repatriations</b>				
People reunited with their families	2			
<b>Tracing requests, including cases of missing persons</b>		Women	Girls	Boys
People for whom a tracing request was newly registered	425	27	15	54
<i>including people for whom tracing requests were registered by another delegation</i>	57			
Tracing cases closed positively (subject located or fate established)	314			
<i>including people for whom tracing requests were registered by another delegation</i>	35			
Tracing cases still being handled at the end of the reporting period (people)	854	52	23	101
<i>including people for whom tracing requests were registered by another delegation</i>	37			
<b>Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers</b>		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	2			2
UAMs/SC reunited with their families by the ICRC/National Society	2			2
<b>Documents</b>				
People to whom travel documents were issued	63			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>ICRC visits</b>		Women	Minors	
Detainees visited	5,890	3	43	
		Women	Girls	Boys
Number of visits carried out	8			
Number of places of detention visited	6			
<b>RCMs and other means of family contact</b>				
Phone calls made to families to inform them of the whereabouts of a detained relative	5			
People to whom a detention attestation was issued	1			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security (in some cases provided within a protection or cooperation programme)</b>				
Food commodities	Beneficiaries	274,108	69,812	148,724
	<i>of whom IDPs</i>	124,397	32,381	66,393
Essential household items	Beneficiaries	120,960	31,521	64,506
	<i>of whom IDPs</i>	72,104	19,306	37,635
Productive inputs <sup>1</sup>	Beneficiaries	219,765	54,943	120,870
Cash	Beneficiaries	56,812	13,570	28,917
	<i>of whom IDPs</i>	30,990	7,748	17,044
Services and training <sup>1</sup>	Beneficiaries	20	5	11
<b>Water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Water and habitat activities	Beneficiaries	3,388,943	982,793	1,423,356
<b>Health</b>				
Health centres supported	Structures	21		
Average catchment population		408,841		
Consultations		368,796		
	<i>of which curative</i>	354,921	99,505	163,784
	<i>of which antenatal</i>	13,875		
Immunizations	Patients	90,044		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	58,017		
Referrals to a second level of care	Patients	2,828		
	<i>of whom gynaecological/obstetric cases</i>	439		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>Economic security (in some cases provided within a protection programme)</b>				
Essential household items	Beneficiaries	10,000		
<b>Water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Water and habitat activities	Beneficiaries	460		14
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	72		
	<i>of which provided data</i>	46		
Admissions	Patients	92,211	23,416	15,057
	<i>of whom weapon-wounded</i>	33,230	485	524
	<i>(including by mines or explosive remnants of war)</i>	2,037	162	141
	<i>of whom surgical cases</i>	22,458	6,091	4,183
	<i>of whom internal medicine and paediatric cases</i>	25,861	6,310	10,218
	<i>of whom gynaecological/obstetric cases</i>	10,662	10,530	132
Operations performed		40,977		
Outpatient consultations	Patients	503,733	190,701	123,076
	<i>of whom surgical cases</i>	85,316	16,835	12,827
	<i>of whom internal medicine and paediatric cases</i>	366,521	123,240	108,979
	<i>of whom gynaecological/obstetric cases</i>	51,896	50,626	1,270
<b>Water and habitat</b>				
Water and habitat activities	Number of beds	1,345		
<b>Physical rehabilitation</b>				
Projects supported	Projects	4		
Patients receiving services	Patients	73,599	18,702	31,898
New patients fitted with prostheses	Patients	730	143	200
Prostheses delivered	Units	1,057	214	296
	<i>of which for victims of mines or explosive remnants of war</i>	234	8	14
New patients fitted with orthoses	Patients	9,699	2,376	4,189
Orthoses delivered	Units	21,108	5,207	9,473
	<i>of which for victims of mines or explosive remnants of war</i>	307	6	
Patients receiving physiotherapy	Patients	36,511	9,604	16,094
Walking aids delivered	Units	1,805	417	754
Wheelchairs or tricycles delivered	Units	622	156	269

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

# KUWAIT (regional)

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



The ICRC has been in Kuwait since the 1990–1991 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 2016

- ▶ People detained in Saudi Arabia in connection with the conflict in Yemen received ICRC visits and had their families notified of their situation; these were the organization's first such visits to detainees in the country since 1994.
- ▶ The region's authorities engaged the ICRC in dialogue on the findings of its visits to detainees. Bahraini, Kuwaiti and Qatari authorities discussed best practices in health-care provision in prisons.
- ▶ Members of families dispersed by conflict, detention or migration kept in touch via RCMs, phone calls and other family-links services. People contacted relatives detained abroad or seeking asylum at the Jordan–Syria border.
- ▶ Military officers in Kuwait, Qatar and Saudi Arabia learnt more about IHL at ICRC-supported courses. Dialogue with Saudi Arabian authorities on the conduct of military operations in Yemen continued.
- ▶ Two experts hired by the ICRC continued their comprehensive review of the data held by the commission in charge of clarifying the fate of persons missing in relation to the 1990–1991 Gulf War, and the methods for collecting them.

## EXPENDITURE IN KCHF

Protection	2,438
Assistance	446
Prevention	2,279
Cooperation with National Societies	717
General	38
<b>Total</b>	<b>5,918</b>
<i>Of which: Overheads</i>	<i>361</i>

## IMPLEMENTATION RATE

Expenditure/yearly budget	84%
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## PERSONNEL

Mobile staff	14
Resident staff (daily workers not included)	40

## YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

**HIGH**

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
<b>Restoring family links</b>	
RCMs collected	26
RCMs distributed	16
Phone calls facilitated between family members	169
Tracing cases closed positively (subject located or fate established)	3
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
<b>ICRC visits</b>	
Detainees visited	13,748
Detainees visited and monitored individually	351
Number of visits carried out	85
Number of places of detention visited	38
<b>Restoring family links</b>	
RCMs collected	300
RCMs distributed	67
Phone calls made to families to inform them of the whereabouts of a detained relative	17

## CONTEXT

The Member States of the Gulf Cooperation Council (GCC) continued to exert influence in the region and beyond. Saudi Arabia led an international military coalition in Yemen, and several GCC Member States took part in military operations against the Islamic State group in the Syrian Arab Republic (hereafter Syria).

GCC governments and National Societies, either jointly or on their own, assisted people affected by the armed conflicts in Iraq, Syria, Yemen and elsewhere. Saudi Arabia coordinated its humanitarian aid for Yemen through the King Salman Centre for Humanitarian Aid and Relief. For the fourth consecutive year, Kuwait co-hosted an international pledging conference to strengthen NGOs' humanitarian action for victims of the Syrian conflict.

Socio-political developments in the wider region fuelled protests. In Bahrain, tensions between the government and opposition groups caused unrest, and led to arrests during security operations.

## ICRC ACTION AND RESULTS

The ICRC's regional delegation in Kuwait strove to raise awareness among GCC Member States and organizations of the plight of conflict-affected people in the region, and to foster support for IHL. At regional forums, high-level meetings and other events, representatives of governments and civil society – international and intergovernmental organizations, Islamic charities and UN agencies – were urged to support the Movement's neutral, impartial and independent humanitarian activities in the region and beyond. Salalah, Oman, remained an important logistical hub for the ICRC's assistance operations to aid conflict-affected people in Yemen.

Detainees in Bahrain, Kuwait, Qatar and Saudi Arabia – including migrants – were visited in accordance with standard ICRC procedures; particularly vulnerable inmates were monitored individually. Findings from these visits were confidentially shared with the authorities concerned, with a view to helping them improve detainees' treatment and living conditions. Following discussions with the Saudi Arabian defence ministry, the ICRC visited 297 people – including minors – detained in relation to the conflict in Yemen; these were the first such visits of the organization to detainees in the country since 1994. At the request of the defence ministry, the ICRC assisted in the repatriation of 52 Yemeni minors after their release from detention.

Families in the region used Movement family-links services to restore or maintain contact with relatives separated from them by armed conflict, detention or migration. Families contacted relatives held at the US internment facility at Guantanamo Bay Naval Station in Cuba; some did so through video calls. The ICRC enabled former internees resettled in Oman to spend time with their relatives, during ICRC-organized visits. In relation to the 1990–1991 Gulf War: former Iraqi POWs received attestations of captivity for use in processing State assistance and legal claims; and the ICRC-chaired Tripartite Commission reviewed its approach to searching for remains of missing persons.

GCC National Societies drew on the ICRC's support to reinforce their capacity to respond to local and international emergencies. For example, National Society staff and volunteers trained in applying the Safer Access Framework, and attended a course on large-scale health emergencies. At training sessions, the ICRC

emphasized the importance of conducting humanitarian activities in line with the Fundamental Principles and in coordination with other Movement components. Regular meetings among the region's National Societies helped reinforce this message and promote coordination. The ICRC's partnership with the Kuwait Red Crescent Society became more operational after the signing of four agreements on providing assistance to people in need in Iraq, Lebanon and Syria.

## CIVILIANS

Following dialogue with the Saudi Arabian authorities, the ICRC visited for the first time and checked on the situation of nine people resettled in a counselling and care centre in Riyadh, after their release from the Guantanamo Bay internment facility. In Bahrain, the authorities and the ICRC continued their dialogue on the protection concerns of people arrested in relation to the ongoing unrest.

### Members of dispersed families keep in touch through visits, video calls or RCMs

Family members separated by armed conflict, detention or migration maintained or restored contact through family-links services offered by GCC National Societies and the ICRC. Families contacted relatives at the Guantanamo Bay internment facility; some made video calls for the first time, and/or sent RCMs or parcels to them. Nine former internees who had resettled in Oman spent time with their relatives, during ICRC-organized visits (see also *Yemen*). Three tracing cases were resolved; the families were put in touch with their relatives at the Jordan–Syria border (see *Jordan*).

With the ICRC's support, GCC National Societies strove to expand their capacity to provide family-links services across the region. The Kuwait Red Crescent Society took steps to improve the delivery of these services to migrants (see also *People deprived of their freedom*). The Qatar Red Crescent Society incorporated an action plan on family-links services in its contingency planning and disaster preparedness. The ICRC continued to urge the Bahraini, Emirati, Kuwaiti and Saudi Arabian National Societies to incorporate family-links services in their contingency planning. It met with migrant communities and the relevant agencies in Kuwait to gain a fuller understanding of the humanitarian needs of vulnerable migrants and of the existing mechanisms for referring them to the appropriate services.

### Experts review data on persons who went missing during the 1990–1991 Gulf War

With the ICRC chairing and acting as a neutral intermediary in the Tripartite Commission – comprising Iraq, Kuwait and former coalition States (France, Saudi Arabia, the United Kingdom of Great Britain and Northern Ireland, and the United States of America) – and with the UN Mission in Iraq as an observer, the parties involved pursued efforts to clarify the fate of persons missing in relation to the 1990–1991 Gulf War. Two experts hired by the ICRC – a researcher and a forensic expert – continued their comprehensive review of the data held by the commission and the methods for collecting such data.

The commission organized several exhumation missions in Iraq and Kuwait, but no human remains were recovered. However, following announcements made by the commission through the media, a few witnesses came forward with new information on possible locations of some remains of people.

## PEOPLE DEPRIVED OF THEIR FREEDOM

### Detaining authorities in the region discuss how to improve the delivery of health-care services

The ICRC visited detainees in Bahrain, Kuwait, Qatar and Saudi Arabia in accordance with its standard procedures. Particularly vulnerable people – foreigners, women, people arrested in relation to the ongoing unrest in Bahrain, and security detainees in Kuwait – were followed up individually. In Kuwait, more migrants detained in police stations were visited than in past years. In Saudi Arabia, following dialogue with the defence ministry, the ICRC visited 297 people – including 59 minors – detained in relation to the conflict in Yemen (see below); these were the first such visits of the organization to detainees in Saudi Arabia since 1994. With the help of ICRC delegates, the detainees sent news of their whereabouts to their families – who had yet to be informed of their relatives' detention – in Saudi Arabia, Yemen and other countries.

After these visits, the authorities in the countries concerned received confidential feedback and, where appropriate, recommendations for improving detainees' living conditions and treatment – particularly during arrest and the initial stages of detention – and for reinforcing respect for judicial guarantees and the principle of *non-refoulement*. Dialogue between the authorities and the ICRC also focused on improving penitentiary services to better address issues related to detainees' health care. Based on these discussions, the ICRC developed training programmes for penitentiary personnel in Bahrain and Kuwait, with a view to implementing them in 2017. At an ICRC regional workshop in Kuwait, around 25 prison health staff from Bahrain, Kuwait and Qatar exchanged best practices in providing health-care services in places of detention.

Moreover, the Kuwaiti government supported the participation of three officials from the health ministry and one from the interior ministry in an ICRC-organized seminar on fostering respect for medical ethics in places of detention (see *Jordan*). With ICRC support, two prison doctors from Bahrain attended a course on prison health care in Basel, Switzerland. Authorities in the region learnt more about designing and managing detention facilities during study tours abroad.

### Yemeni children are repatriated, upon their release from detention

At the request of the Saudi Arabian defence ministry and with the agreement of all parties concerned, the ICRC assisted in the repatriation of 52 Yemeni children. With ICRC support, Kuwaiti authorities resumed the use of a video-call system in a women's prison; subsequently, three women contacted their families abroad.

Through the ICRC, some migrants whose countries did not have diplomatic representation in Kuwait requested for travel documents from their embassies outside the country. Some 120 documents were delivered to the migrants by the ICRC, thereby reducing the time that they spent in detention prior to their deportation.

A total of 2,315 former Iraqi POWs who had been held in Saudi Arabia during the 1990–1991 Gulf War received attestations of captivity, which enabled them to apply for financial assistance in Iraq or helped facilitate legal procedures in the third countries where they had resettled.

## ACTORS OF INFLUENCE

### GCC States and organizations support ICRC activities for conflict-affected people in the region

During high-level meetings and other events, the ICRC's dialogue with the GCC authorities sought to further their awareness of IHL and humanitarian issues, and to gain their support for the organization's activities in the region, particularly in Iraq, Syria and Yemen. In Oman, dialogue with the authorities facilitated the transport of emergency aid, such as food, for conflict-affected people in Yemen, through the ICRC's logistics base in Salalah and across international shipping lines. During a visit to Oman, the ICRC's president and the national authorities discussed ways to strengthen the ICRC's presence in the country. Elsewhere in the region, the King Salman Centre in Saudi Arabia and the foreign affairs ministry of the United Arab Emirates pledged their support for the ICRC.

PEOPLE DEPRIVED OF THEIR FREEDOM	Bahrain	Kuwait	Qatar	Saudi Arabia
<b>ICRC visits</b>				
Detainees visited	4,112	6,977	2,362	297
<i>of whom women</i>		1,326	191	
<i>of whom minors</i>	152	26		59
Detainees visited and monitored individually	12	37	5	297
<i>of whom women</i>		13	2	
<i>of whom boys</i>		57		
Detainees newly registered	8	32	4	297
<i>of whom women</i>		13	2	
<i>of whom boys</i>		19	2	36
Number of visits carried out	6	73	4	2
Number of places of detention visited	2	30	4	2
<b>Restoring family links</b>				
RCMs collected		118		182
RCMs distributed		67		
Phone calls made to families to inform them of the whereabouts of a detained relative		17		
Detainees released and transferred/repatriated by/via the ICRC				52
People to whom a detention attestation was issued		2,315		



To supplement these efforts, the ICRC organized or participated in country-level and regional forums. Representatives of governments, National Societies, regional or multilateral bodies, civil society and faith-based organizations from the wider Arab world learnt more about the ICRC's activities in the region – including the Health Care in Danger project – at forums on humanitarian action organized in Kuwait for both local and regional entities. Humanitarian actors in the region and the ICRC also exchanged views on specific humanitarian issues, such as the role of technology and innovation in their operations and post-traumatic psychological disorders among humanitarian personnel.

The ICRC maintained contact with State and humanitarian agencies throughout the region, such as the GCC secretariat, with a view to discussing possibilities for cooperation.

#### **Kuwaiti and Qatari military personnel and legal experts strengthen their grasp of IHL**

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

Over 100 senior Kuwaiti and Qatari officers furthered their understanding of IHL, and of the ICRC's mandate and role in armed conflict, at annual courses organized by command and staff colleges and the ICRC. At the request of a military educational institute for field officers in Kuwait, the ICRC lent its expertise for a training exercise where 136 participating students learnt more about taking humanitarian considerations into account while planning military operations. A group of 13 Saudi Arabian military officers learnt more about IHL and related topics at a training session in Geneva, Switzerland.

To encourage the ratification of IHL treaties and respect for the law, the ICRC continued supporting the participation of State officials in IHL-related events. Ten GCC representatives attended a meeting, in Switzerland, of national IHL committees and other IHL-implementing bodies from around the world; the meeting was organized by the Swiss authorities, the Swiss Red Cross and the ICRC. Participants in the meeting discussed best practices among national IHL committees for promoting and helping develop domestic laws and policies to ensure respect for IHL; they paid particular attention to the protection due to IDPs and migrants in armed conflict, and to those seeking and providing health care (see *International law and policy*). In Bahrain, the Judicial and Legal Studies Institute conducted, with ICRC support, an advanced course for government officials, of whom 20 were interior ministry and military justice personnel. Officials from the Saudi Arabian defence ministry attended an advanced IHL course in San Remo.

The ICRC maintained its network of legal professionals, diplomats and academics. Eight legal professionals from Kuwait and Qatar – including a representative from the Organisation of Islamic Cooperation – attended advanced IHL courses abroad (see *Lebanon* and *Tunis*). Diplomats and/or academics attended IHL courses organized by the Kuwait Institute for Judicial Studies and a regional IHL seminar at the Emirates Diplomatic Institute; the latter aimed to build the capacities of diplomats specializing in IHL. The delegation also continued to provide publications to universities, with a view to encouraging students to pursue further studies in IHL.

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

### **GCC National Societies strengthen their ability to work in violence-affected areas**

GCC National Societies continued to address humanitarian concerns in the region, including the need for separated family members to reconnect (see *Civilians*). Aided by ICRC expertise, GCC National Societies took steps to mitigate violence-related risks faced by their staff and volunteers while working in volatile areas. For example, they enhanced their communication capacities to more efficiently promote IHL, particularly the protection due to health personnel – in line with the Health Care in Danger project – and the red cross and red crescent emblems. At advanced workshops, 35 members of the Saudi Arabian Red Crescent's emergency response team learnt more about applying the Safer Access Framework, and about best practices in operating internationally. The Qatari and Lebanese National Societies, together with the ICRC, organized an advanced course on responding to large-scale health emergencies (see *Lebanon*).

The Kuwaiti National Society and the ICRC signed agreements to strengthen their partnership in providing assistance to people in need in Iraq, Lebanon and Syria.

Regular meetings, including those held by the Arab Red Crescent and Red Cross Organization, helped ensure coordination among the region's National Societies, thereby maximizing impact (see, for example, *Afghanistan* and *Jordan*). The ICRC emphasized the importance of conducting humanitarian activities in line with the Fundamental Principles, and in coordination with other Movement components, at training sessions, such as a workshop for 20 Bahrain Red Crescent Society volunteers. At their annual meeting, legal advisers from GCC National Societies discussed how to strengthen the managerial capacities, organizational structure and legal bases of their National Societies.

<b>MAIN FIGURES AND INDICATORS: PROTECTION</b>		<b>Total</b>			
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>					
<b>RCMs and other means of family contact</b>			<b>UAMs/SC</b>		
RCMs collected		26			
RCMs distributed		16			
Phone calls facilitated between family members		169			
<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	3		
People located (tracing cases closed positively)		3			
Tracing cases still being handled at the end of the reporting period (people)		1,528	12	2	48
<i>including people for whom tracing requests were registered by another delegation</i>		1,396			
<b>Documents</b>					
People to whom travel documents were issued		3			
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		13,748	1,517	237	
			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually		351	15		57
Detainees newly registered		341	15		57
Number of visits carried out		85			
Number of places of detention visited		38			
<b>RCMs and other means of family contact</b>					
RCMs collected		300			
RCMs distributed		67			
Phone calls made to families to inform them of the whereabouts of a detained relative		17			
Detainees released and transferred/repatriated by/via the ICRC		52			
People to whom a detention attestation was issued		2,315			

<b>MAIN FIGURES AND INDICATORS: ASSISTANCE</b>		<b>Total</b>		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>Health</b>				
Visits carried out by health staff			18	
Places of detention visited by health staff	Structures		5	

