

VOLUME I

ANNUAL REPORT

2015



ICRC

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

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

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

All figures in this report are in Swiss francs (CHF). In 2015, the average exchange rate was CHF 0.9638 to USD 1, and CHF 1.0745 to EUR 1.

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ABBREVIATIONS AND DEFINITIONS

A	Additional Protocol I	Protocol Additional to the Geneva Conventions of 12 August 1949, and Relating to the Protection of Victims of International Armed Conflicts (Protocol I), 8 June 1977
	Additional Protocol II	Protocol Additional to the Geneva Conventions of 12 August 1949, and Relating to the Protection of Victims of Non-International Armed Conflicts (Protocol II), 8 June 1977
	Additional Protocol III	Protocol Additional to the Geneva Conventions of 12 August 1949, and Relating to the Adoption of an Additional Distinctive Emblem (Protocol III), 8 December 2005
	1977 Additional Protocols	Additional Protocols I and II
	African Union Convention on IDPs	Convention for the Prevention of Internal Displacement and the Protection of and Assistance to Internally Displaced Persons in Africa, 23 October 2009
	AIDS	Acquired immune deficiency syndrome
	Anti-Personnel Mine Ban Convention	Convention on the Prohibition of the Use, Stockpiling, Production and Transfer of Anti-personnel Mines and on their Destruction, 18 September 1997
	armed conflict(s)	International and/or non-international armed conflict(s): International armed conflicts exist whenever there is a resort to armed force between two or more States. Non-international armed conflicts are protracted armed confrontations occurring between governmental armed forces and the forces of one or more organized armed groups, or between such groups. The armed confrontation must reach a minimum level of intensity. International armed conflicts are governed, <i>inter alia</i> , by the Geneva Conventions of 12 August 1949 and Additional Protocol I, as applicable, while non-international armed conflicts are governed, <i>inter alia</i> , by Article 3 common to the 1949 Geneva Conventions and Additional Protocol II, as applicable. Customary international humanitarian law also applies to both international and non-international armed conflicts.
B	Biological Weapons Convention	Convention on the Prohibition of the Development, Production and Stockpiling of Bacteriological (Biological) and Toxin Weapons and on Their Destruction, 10 April 1972
C	CHF	Swiss francs
	Chemical Weapons Convention	Convention on the Prohibition of the Development, Production, Stockpiling and Use of Chemical Weapons and on Their Destruction, 13 January 1993
	Convention on Certain Conventional Weapons	Convention on Prohibitions or Restrictions on the Use of Certain Conventional Weapons Which May be Deemed to be Excessively Injurious or to Have Indiscriminate Effects, 10 October 1980
	Convention on Enforced Disappearance	International Convention for the Protection of All Persons from Enforced Disappearance, 20 December 2006
F	Fundamental Principles	Fundamental Principles of the International Red Cross and Red Crescent Movement: humanity, impartiality, neutrality, independence, voluntary service, unity, universality
G	1949 Geneva Conventions	Convention (I) for the Amelioration of the Condition of the Wounded and Sick in Armed Forces in the Field, 12 August 1949
		Convention (II) for the Amelioration of the Condition of Wounded, Sick and Shipwrecked Members of Armed Forces at Sea, 12 August 1949
		Convention (III) relative to the Treatment of Prisoners of War, 12 August 1949
		Convention (IV) relative to the Protection of Civilian Persons in Time of War, 12 August 1949
H	Hague Convention on Cultural Property	Convention for the Protection of Cultural Property in the Event of Armed Conflict, 14 May 1954
	Health Care in Danger project	Health Care in Danger is a project of the International Red Cross and Red Crescent Movement (Movement) that aims to improve the security of the delivery of effective and impartial health care in armed conflict and other emergencies. It involves working with experts to develop practical measures and promoting the implementation of these measures by States, components of the Movement, humanitarian organizations, health-care professionals and other relevant actors. Launched in 2011, it is scheduled to run until 2017.
	HIV	Human immunodeficiency virus
I	ICRC	International Committee of the Red Cross, founded in 1863
	IDPs	Internally displaced people
	International Conference	International Conference of the Red Cross and Red Crescent, which normally takes place once every four years
	International Federation	The International Federation of Red Cross and Red Crescent Societies, founded in 1919, works on the basis of the Fundamental Principles, carrying out relief operations in aid of the victims of natural disasters, health emergencies, and poverty brought about by socio-economic crises, and refugees; it combines this with development work to strengthen the capacities of its member National Societies.
	IHL	International humanitarian law

	IOM	International Organization for Migration
K	KCHF	Thousand Swiss francs
M	Montreux Document	The Montreux document on pertinent international legal obligations and good practices for States related to operations of private military and security companies during armed conflict
	Movement	The International Red Cross and Red Crescent Movement comprises the ICRC, the International Federation and the National Red Cross and Red Crescent Societies. These are all independent bodies. Each has its own status and exercises no authority over the others.
N	National Society	National Red Cross and Red Crescent Societies embody the Movement's work and Fundamental Principles in over 180 countries. They act as auxiliaries to the public authorities of their own countries in the humanitarian field and provide a range of services, including disaster relief and health and social programmes. In times of conflict, National Societies help civilians and, where appropriate, support the military medical services.
	NATO	North Atlantic Treaty Organization
	NGO	Non-governmental organization
	<i>non-refoulement</i>	<i>Non-refoulement</i> is the principle of international law that prohibits a State, a party to an armed conflict or an international organization from transferring a person within its control to another State if there are substantial grounds to believe that this person faces a risk of certain fundamental rights violations, notably torture and other forms of ill-treatment, persecution or arbitrary deprivation of life. This principle is found, with variations in scope, in IHL, international human rights law and international refugee law, as well as in a number of extradition treaties. The exact scope of who is covered by the principle of <i>non-refoulement</i> and what risks must be taken into account depends on the applicable legal framework that will determine which specific norms apply in a given context.
O	OCHA	United Nations Office for the Coordination of Humanitarian Affairs
	OHCHR	Office of the United Nations High Commissioner for Human Rights
	Optional Protocol to the Convention on the Rights of the Child	Optional Protocol to the Convention on the Rights of the Child on the involvement of children in armed conflict, 25 May 2000
	other situations of violence	This refers to situations of collective violence that fall below the threshold of an armed conflict but generate humanitarian consequences, in particular internal disturbances (internal strife) and tensions. The collective nature of the violence excludes self-directed or interpersonal violence. If such situations of collective violence have significant humanitarian consequences to which the ICRC can provide a relevant response, the ICRC may take any humanitarian initiative falling within its mandate as a specifically neutral, impartial and independent organization, in conformity with the Statutes of the Movement, article 5(2)(d) and 5(3).
P	POWs	Prisoners of war
R	RCMs	Red Cross messages
	remotely piloted aircraft	Any aerial vehicle, including those from which weapons can be launched or deployed, operated by one or more human operators who are not physically located on board
	Restoring Family Links Strategy for the Movement	In November 2007, the Movement's Council of Delegates adopted the Restoring Family Links Strategy for the Movement. The strategy, which covers a ten-year period, aims to strengthen the Movement's family-links network by enhancing the capacity of its components to respond to the needs of those without news of family members owing to armed conflict, other situations of violence, natural disasters or other circumstances, such as migration.
	Rome Statute	Rome Statute of the International Criminal Court, 17 July 1998
S	Safer Access Framework	A set of measures and tools, grounded in the Fundamental Principles, that National Societies can use to prepare for and respond to context-specific challenges and priorities; such measures put a premium on mitigating the risks they face in sensitive and insecure contexts and on increasing their acceptance and access to people and communities with humanitarian needs
	San Remo	The International Institute of Humanitarian Law, in San Remo, Italy, is a non-governmental organization set up in 1970 to spread knowledge and promote the development of IHL. It specializes in organizing courses on IHL for military personnel from around the world.
	Seville Agreement and its Supplementary Measures	The 1997 Seville Agreement and its 2005 Supplementary Measures provide a framework for effective cooperation and partnership between the members of the International Red Cross and Red Crescent Movement.

	Strengthening IHL process	This process implements Resolution 1 of the 31st International Conference, at which the ICRC was tasked with pursuing further research and consultations in cooperation with States and, where appropriate, international/regional organizations and other relevant actors to identify options and propose recommendations with a view to (i) ensuring that IHL remains practical and relevant in providing legal protection to all people deprived of their freedom in relation to non-international armed conflict and (ii) enhancing the effectiveness of mechanisms for monitoring and promoting compliance with IHL. The ICRC reported on the outcomes of this process at the 32nd International Conference in December 2015.
	Study on customary IHL	The study on customary IHL was published in 2005 by the ICRC – as mandated by the 26th International Conference in 1995 – after extensive research on State and international practices relevant to IHL. It identifies 161 rules of customary IHL, most of them applicable in both international and non-international armed conflicts, and outlines the practices underlying those rules. Since 2007, the study has been regularly updated through the continuous collection of practices and is freely accessible on the ICRC's online customary IHL database.
T	TB	Tuberculosis
U	UN	United Nations
	UNDP	United Nations Development Programme
	UNESCO	United Nations Educational, Scientific and Cultural Organization
	UNHCR	Office of the United Nations High Commissioner for Refugees
	UNICEF	United Nations Children's Fund
W	WFP	World Food Programme
	WHO	World Health Organization

MESSAGE FROM THE PRESIDENT



K. Cook-Pellegrin/ICRC

In 2015, the world was finally forced to sit up and take notice of the global impact of the humanitarian crises that have been unfolding in the Middle East and other parts of the world for many years now – first, because of the highly mediatized situation of migrants, including refugees and asylum seekers, arriving in Europe, and secondly, because of the surge in violent extremism and its reverberations on international relations and public policies in a great number of countries.

During the year, the arrival on Europe's shores and borders of massive numbers of migrants was symptomatic of one of the most serious ongoing humanitarian problems of our time – one that ultimately calls for a political solution. With the majority of those men, women and children fleeing the armed conflicts in Afghanistan and the Syrian Arab Republic (hereafter Syria) or insecurity in the Horn of Africa – many having seen their homes and livelihoods destroyed, their loved ones killed or injured and their chances of a viable existence in temporary accommodations poor at best – their plight suddenly became harder for the world to ignore. In the absence of political agreements to end the fighting, it became all the more vital to ensure a sustained and principled humanitarian response in the conflict-affected countries and their regional neighbours.

The crisis affecting Europe was just one part of a much bigger picture: countless migrants living in or crossing through countries affected by armed conflict or other situations of violence in various parts of the world, particularly across the Arabian Peninsula, Central America,

the Sahel region of Africa, and South-East Asia, continued to risk their lives in search of safety and a better future for themselves and their families. Addressing the needs and vulnerabilities of people in their countries of origin and along migration routes therefore became a priority for humanitarian action, with almost 80% of ICRC activities and nearly all areas of its growing response focusing on key conflict environments and neighbouring regions.

The palpable spread of violent extremism over the past year – with the increased use of social media networks to promote violence and to radicalize and recruit large numbers of people from around the world to commit atrocities, including on foreign soil – was another stark reminder of the turmoil in the Middle East and other conflict-affected regions. It compounded the effect of widespread violations of IHL and resulted in a prevailing unease that no one is fully immune to the effects of conflicts that may originate on the other side of the globe.

For the ICRC, these trends have manifold implications and pose many challenges. In 2015, several of our biggest operations were conducted in places where violent conflict caused massive displacement of people, within and across national borders. Our operation in Syria was the largest in terms of expenditure for the third successive year, followed by South Sudan, Iraq, Afghanistan and Somalia – all of them suffering the effects of protracted armed conflicts, often with regional and even global repercussions. The alarming humanitarian consequences of Yemen's deepening armed conflict, resurging tensions in Israel and the occupied Palestinian territory, perennial fighting in the Democratic Republic of the Congo, intensifying violence in Burundi and its repercussions for the Great Lakes region, and the Ukraine conflict were also among our top operational priorities throughout the year. In many of these contexts, we gave our programming a regional dimension in order to mitigate the effects of violence. Through carefully measured growth, the initial field budget of almost CHF 1.4 billion was supplemented with budget extensions for 11 contexts – amounting to an additional CHF 210.3 million – to address the evolving humanitarian needs.

The number, complexity and systemic impact of simultaneous conflict-driven crises around the world – and the epic scale of the humanitarian needs they generated – meant we had to be more pragmatic and innovative than ever to overcome the constraints to the ICRC's neutral, impartial and independent humanitarian approach, while adhering to the Fundamental Principles adopted 50 years ago and demonstrating their continued relevance in such a fast-evolving environment.

In the past year, lack of respect for even the most fundamental rules of IHL by numerous States and non-State armed groups remained an overriding challenge. Flagrant violations – including direct attacks against civilians and civilian infrastructure such as hospitals and schools, and disregard for the rules governing humanitarian access – characterized many of the armed conflicts where we worked. A critical issue remained gaining acceptance and access in order to work close to people in need of protection and assistance, on all sides of front lines, and to engage all parties to conflicts. The security risks inherent in this approach were sadly evident, with one staff member killed in Mali in March and two

others in Yemen in September. Four colleagues who had been abducted were still being held at year's end.

In the case particularly of non-State armed groups, the ICRC faces unprecedented challenges in seeking to engage with them in order to gain humanitarian access to vulnerable people in areas under their control. We made strenuous efforts at the policy, strategic and operational levels over the past year – and will continue to do so – to try to deliver an impartial humanitarian response for all those in need and to tackle the ethical and practical dilemmas that may arise in such situations. Front-line humanitarian negotiation in new strategic environments became a key focus of our efforts to enlarge the humanitarian space.

We reiterated the basic message that respect for IHL and the principle of humanity is the single most effective way to reduce suffering in war. We did this at every level, notably at the UN General Assembly in New York, United States of America, and in a joint statement with the UN secretary-general in Geneva, Switzerland, in October. At every opportunity, we highlighted the importance of respecting the key principles guiding the conduct of hostilities, namely distinction, proportionality and precaution; of treating people deprived of their freedom humanely; of stopping the use of illegal weapons and the illegal use of weapons; and of proactively protecting those not or no longer participating in hostilities.

The rise of violent extremism, and the response to it, has likewise posed challenges. It bears repeating that all intentional attacks against non-combatants and all attacks aimed at spreading terror are prohibited under IHL. While the ICRC fully respects the right of States to take lawful measures to prevent attacks on their citizens and to ensure State security, the narrative and some of the practice related to “countering violent extremism” have raised a number of concerns about restrictive measures that may be difficult to monitor and safeguard against, and highlighted dilemmas in balancing military and security necessities with protection issues. Understanding and responding in the most appropriate way to this new reality, while underscoring the relevance of IHL or other applicable legal standards, was and will continue to be one of our global humanitarian diplomacy priorities.

The year also saw the adoption of the new Sustainable Development Goals and the Paris Agreement under the UN Framework Convention on Climate Change, both of which have implications for humanitarian action, particularly in situations of protracted armed conflict or violence. On the humanitarian policy front, the ICRC needed to engage proactively on these issues and offer a clearer understanding of the distinctiveness of humanitarian action, but also of the possibilities of working better with those involved in longer-term stabilization efforts. Other significant areas of concern included the need to strike a better balance between the work of local and international actors, and between private and public efforts to respond to crises.

The 32nd International Conference, held in Geneva in December 2015, brought together representatives from 169 governments, 185 National Red Cross and Red Crescent Societies, the International Federation, the ICRC and more than 100 observers. It was a key opportunity to achieve policy consensus and deliver substantive, concrete

outcomes on a number of issues of pressing humanitarian concern. In the domain of IHL, while States failed to agree on the creation of a formal compliance mechanism, they nevertheless agreed to continue negotiations towards enhancing the implementation of IHL. They also agreed to continue working for stronger legal protection for people detained in relation particularly to non-international armed conflicts. Critical resolutions on Health Care in Danger and sexual and gender-based violence – matters of grave humanitarian concern in many armed conflicts or other emergencies around the world – were adopted, marking significant progress towards enhancing protection in those regards.

At the Council of Delegates, the various components of the Movement demonstrated their commitment to work together, adopting a logo for use in fundraising and promotional activities in specific situations and a resolution strengthening internal coordination and cooperation. More broadly, both meetings provided a unique platform for further strengthening and developing key partnerships within the Movement, and for enhancing joint planning on issues of common interest in conflict- or disaster-affected contexts – an essential consideration if we are to tackle the magnitude and complexity of the humanitarian needs that we face today.



Peter Maurer

ICRC MANAGEMENT FRAMEWORK AND DESCRIPTIONS OF PROGRAMMES

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ICRC CORPORATE MANAGEMENT FRAMEWORK INSTITUTIONAL STRATEGY

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

On this basis, the ICRC's four-year strategy is made available publicly and in the ICRC's yearly Headquarters Appeal. It assesses

opportunities and challenges in the environment in question, analyses the most important stakeholders, and defines the organization's desired positioning, the scope of its action, and its ambitions. It sets strategic orientations and fields of activity for fulfilling the ICRC's humanitarian mission. It clearly states the values and principles guiding the ICRC's action and approach.

KEY SUCCESS FACTORS/AREAS OF RISK

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

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

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

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

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

- ▶ The relevance of the ICRC's response refers to meeting the most pressing needs of people affected by armed conflict and other situations of violence in an evidence-based, result-oriented and timely manner, and using the ICRC's traditional modes of action (support, substitution, persuasion, mobilization and denunciation).
- ▶ Organization and processes pertain to the structure of the ICRC and its decision-making, working and information management processes. It includes the management models, structures, procedures and rules that govern the work of its staff and contribute to the ICRC's reputation as a professional, effective and efficient organization.
- ▶ Human resources capacity and mobility refer to the organization's values, policies and methods for managing its staff. It also refers to the willingness and readiness of staff members to better serve the ICRC and people affected by armed conflict and other situations of violence.
- ▶ Access to victims refers to reaching people affected by armed conflict and other situations of violence in order to assess their needs and vulnerabilities, to deliver aid and to monitor the compliance with IHL and other applicable norms by the parties concerned. The ICRC's access to those in need depends greatly

on its reputation and on the acceptance of the organization by parties to the conflict and by key decision-makers.

- ▶ The ICRC's reputation refers to the way in which the organization is perceived by parties to the conflict and by other key stakeholders. Acceptance of the organization involves parties to the conflict and other key stakeholders recognizing and accepting the neutral, impartial and independent nature of the ICRC and its specific mandate under IHL and the Statutes of the Movement to protect and assist those affected by armed conflict and other situations of violence. The ICRC's reputation and the extent to which the organization is accepted directly influence its ability to gain access to victims and to attract qualified staff and funding.
- ▶ Positioning refers to the space the ICRC occupies within the humanitarian landscape (in terms of purpose, complementarity, benchmarking, etc.), its perceived added value for the people affected by armed conflict and other situations of violence, and donors' perception of the organization's relevance, effectiveness and efficiency.

COMPREHENSIVE ANALYSIS AND MULTIDISCIPLINARY AND COMPLEMENTARY APPROACHES

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

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

The ICRC's mission is a dynamic one that combines the defence of individual rights by fostering respect by the authorities and other actors of their obligations, with a response to needs, through neutral, impartial and independent action. The organization combines four approaches in its overall strategy after analysing a situation in order to, directly or indirectly, in the short, medium or long term, ensure respect for the lives, dignity, and physical and mental well-being of victims of armed conflict and other situations of violence. In such situations, the ICRC's action under its four programmes (protection, assistance, prevention and cooperation) seeks to prevent and eradicate the causes of human suffering and to alleviate it where it already exists, as well as to strengthen the

Movement, as a network. The ICRC promotes the adoption of and respect for legal norms, makes confidential representations in the event that obligations are not fulfilled or laws are violated, delivers relief aid, helps strengthen people's resilience to the difficulties that they face, initiates early recovery measures, launches communication campaigns and trains first-aid volunteers, all towards a coherent humanitarian mission. Effective monitoring and critical evaluation, drawing on lessons learnt from past experience, are also crucial to this process, as is coordination with the numerous actors present on the increasingly complex humanitarian scene.

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

MODES OF ACTION

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

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

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

LEVELS OF INTERVENTION

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

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

RESULT-BASED MANAGEMENT

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

ICRC Appeals provide donors with information about these objectives, their plans of action and indicators and the corresponding budget. The ICRC also produces an Annual Report, which provides information – descriptive, quantitative and financial – regarding those objectives and plans of action and indicators. Whenever possible, the reporting is result-oriented. It includes a description of the products and services resulting from processes that use a combination of resources, and their effect or results at output, outcome or impact level.

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

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

COORDINATION

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

Through its participation in coordination meetings at regional and field level, as well as bilateral discussions, the ICRC seeks to contribute to: providing the best possible protection and assistance for people affected by armed conflict and other situations of violence; avoiding gaps and duplication; and ensuring that

any humanitarian response supports the people's own resilience to difficulties and their recovery efforts. It is firmly convinced that the needs of those affected should be met by the organizations best placed to do so in operational terms, including existing skills, available capabilities, access and funding in the context concerned.

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

SERVICES AT HEADQUARTERS

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

- ▶ Guidance
 - Environment scanning/analysis: services that analyse/monitor the organization's external environment
 - Policy and guidelines/Research and development: services either that formulate policies and strategic positions and ensure that they are implemented in a coherent manner (monitoring and follow-up), or that develop specific expertise for transfer to units and divisions at headquarters and in the field
- ▶ Internal support
 - Corporate support: services aimed at all units and divisions at headquarters and in the field and which provide back-office support to ensure that the organization runs smoothly
 - Support for action: services that support units and divisions at headquarters, as well as field delegations (often at their own request), in fulfilling their mission in a given context (contextualization of expertise)
- ▶ External interaction
 - External relations/Humanitarian diplomacy/Mobilization: services that manage relations with the various actors in the ICRC's environment; undertake diplomatic *démarches* and representations; and promote the organization's position
 - Services and products: services and products aimed at National Societies, international organizations and NGOs, governments and States, and at beneficiaries/individuals

TARGET POPULATIONS IN FIELD OPERATIONS

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

- ▶ Affected populations/persons are individuals or segments of the population suffering the direct and/or indirect effects of a confirmed or emerging armed conflict or other situation of violence, who do not or no longer take a direct part in the hostilities or violence. The aim of ICRC action for such people is to ensure that they are respected and protected and to alleviate the suffering caused by the situation, in accordance with the provisions of IHL and other fundamental rules protecting people in situations of violence. The ICRC distinguishes between three different groups of people:
 - **civilians:**
all people who do not or no longer take a direct part in hostilities or violence but whose physical or mental integrity and dignity are either threatened or otherwise affected during an armed conflict or other situation of violence
 - **people deprived of their freedom:**
all individuals deprived of their freedom, with a special focus on those held in connection with an armed conflict or other situation of violence, such as POWs, civilian internees and security detainees
 - **the wounded and sick:**
people – civilians or weapon bearers – injured or suffering from disease or otherwise in need of medical assistance or care in an armed conflict or other situation of violence
- ▶ The second broad category comprises actors of influence and the Movement. The ICRC endeavours to work with influential individuals or institutions to promote full respect for IHL or other fundamental rules protecting people in situations of violence, and to ensure that the people in need receive protection and assistance.
 - **actors of influence:**
Certain individuals or institutions have a capacity to stop or prevent the violation of IHL or other fundamental rules protecting people in situations of violence, and to protect or aid those affected when humanitarian problems arise. Those actors are also in a position to facilitate (or hinder) the ICRC's access to the people affected and/or foster acceptance of the ICRC's work. This category not only includes political authorities, armed, police and security forces, and non-State armed groups, but also the media, associations of various kinds, NGOs, community leaders, religious authorities and other opinion-shapers, economic entities, academic institutions, the youth and other representatives of civil society.
 - **the Movement:**
Besides the ICRC, the Movement comprises the National Societies and their International Federation. There are over 180 National Societies in the world, carrying out humanitarian services for the benefit of the community. The ICRC considers the National Society its primary local partner in each country, sharing the same Fundamental Principles and working in partnership with it while at the same time contributing to further enhancing its emergency preparedness and response capacities. Partnership with National Societies is a valuable asset towards obtaining the best possible access to beneficiaries and delivering a relevant humanitarian response, and is one of the distinguishing features of the ICRC's cooperation within the Movement.

Particular concerns

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

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

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

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

Women and girls mostly experience armed conflict as civilians, and as such are often exposed to acts of violence. Such acts include not only death or injury from indiscriminate attacks and mine explosions, but also direct assault. The loss of male relatives and deprivation of access to the basic means of survival and health care make women and girls vulnerable; however, in many cases they also display remarkable strength, taking on the responsibility of protecting and supporting their families in the midst of armed conflict. It is therefore imperative to understand in which way, owing to their status and role in a given context, women and girls are affected and how humanitarian programmes can best

contribute to alleviating their plight and to reinforcing their own capabilities and positive coping mechanisms.

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

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

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

PROGRAMME DESCRIPTIONS

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

PROTECTION

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

The programme covers all activities designed to ensure protection of the victims of armed conflict and other situations of violence. The beneficiaries include, *inter alia*, resident and displaced civilians, vulnerable migrants, people deprived of their freedom (in particular POWs, security detainees, internees and other vulnerable people), people separated from their relatives because of conflict, violence or other circumstances, such as natural disasters or migration, and missing persons and their families. Fighters and other persons participating in the hostilities also indirectly benefit from the ICRC's work in this domain, particularly in relation to the organization's advocacy on prohibiting certain weapons and tactics of warfare.

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

Protection of people deprived of their freedom

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

- ▶ negotiating with the authorities to obtain access to people deprived of their freedom wherever they may be held, in accordance with procedures that guarantee the effectiveness and consistency of ICRC action
- ▶ visiting detainees and having discussions in private with them, assessing their living conditions and treatment and identifying any shortcomings and humanitarian needs
- ▶ monitoring individual detainees (for specific protection, medical or other purposes)
- ▶ re-establishing and maintaining family contact (such as by facilitating family visits or forwarding RCMs)
- ▶ fostering a confidential and meaningful dialogue with the authorities at all levels regarding any problems of a humanitarian nature that may arise and the action and resources required to improve the situation, when necessary
- ▶ under specific conditions, providing material assistance to detainees, implementing technical interventions, or engaging in cooperation with the authorities on specific issues and supporting them in undertaking reform processes

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

- ▶ delegates must be provided with full and unimpeded access to all detainees falling within its field of interest and to all premises and facilities used by and for them
- ▶ delegates must be able to hold private interviews with the detainees of their choice
- ▶ delegates must be able to repeat their visits

- ▶ detainees falling within the ICRC's field of interest must be notified individually to the ICRC, and the ICRC must be able to draw up lists of their names

Protection of the civilian population

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

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

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

Restoring family links

Family-links services encompass a broad range of activities aiming to: prevent family members from becoming separated; enable relatives to restore and maintain contact with each other; reunite families; and clarify the fates of people who had been reported missing and to prevent more incidents of people becoming unaccounted for. The Movement's worldwide family-links network – composed of the services of the National Societies and the ICRC – is committed to helping people reconnect with relatives who had become separated from them as a result of armed conflict, other situations of violence, natural disaster, migration or other circumstances that require a humanitarian response; the network's efforts include:

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

Missing persons

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

- ▶ supporting the development of normative frameworks, including for engaging in activities aimed at preventing disappearances, and encouraging governments to enact or implement legislation to prevent people from becoming

unaccounted for, to ascertain the fate and whereabouts of missing persons through appropriate mechanisms and measures, and to protect and support the families of missing persons

- ▶ working closely with families of missing persons and with the relevant authorities and organizations to accelerate the tracing process, including by: providing technical advice to national authorities; chairing coordination mechanisms between former parties to a conflict; collecting tracing requests; providing support for the collection and management of ante-mortem data and the recovery and identification of human remains; promoting best practices in forensics as they relate to the search for the missing; and publishing and updating lists of persons reported missing
- ▶ assessing the multifaceted needs (e.g. psychosocial, economic, legal, administrative) of families of missing persons and the local resources available to meet those needs, and helping address them in close coordination with the authorities, National Societies, NGOs, family associations and other service providers

ASSISTANCE

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

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

Economic security

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

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

Water and habitat

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

In situations of acute crisis, infrastructure may have been damaged by fighting, and basic services may not work or be inaccessible. People may be forced to leave their homes to look for water in a hostile environment. By monitoring the situation and

implementing projects when and where necessary, in both urban and rural contexts, the ICRC helps ensure access to water and safe living conditions, and promotes basic health care by taking emergency action and supporting existing facilities.

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

Health

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

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

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

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

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

Physical rehabilitation

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

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

disabled to participate fully in society, both during and after the period of assistance.

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

Forensic services

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

Such services include:

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

Weapon contamination

The ICRC's responses to weapon contamination are designed primarily to reduce the impact on communities living in areas affected by landmines, cluster munitions and other explosive remnants of war or by chemical, biological, radiological and nuclear (CBRN) weapons or agents; the organization also seeks to ensure that its work in contaminated environments is carried out safely.

The ICRC works with National Societies and the domestic authorities responsible for activities in this field, and may provide training, mentoring and other support to help them develop their long-term capabilities. The response provided is adapted to each situation and can comprise a range of activities across ICRC programmes. This involves:

- ▶ collecting, managing and analysing data on incidents, victims and contaminated areas
- ▶ raising awareness of risks, liaising with communities and clearance/decontamination operators and promoting IHL provisions relating to weapon use
- ▶ contributing to risk reduction: weapon contamination and the risk/presence of CBRN agents are included as potential sources of vulnerability in assessments and planning for protection and assistance programmes; the aim is to help ensure that communities exposed to contaminated areas are able to carry on with their daily activities and are not forced to take risks in order to survive
- ▶ survey and clearance: as a priority, the ICRC seeks to mobilize actors capable of clearing mines, explosive remnants of war or CBRN agents from contaminated environments, in line with international mine-action standards; in exceptional cases and particularly in areas of urgent humanitarian concern or where it has sole access, the ICRC, in line with strict criteria, has the capacity to deploy specialist teams to conduct short-term contamination surveys and clearance tasks
- ▶ supporting States Parties to weapons treaties in fulfilling their obligations: the ICRC provides technical support to authorities willing to destroy their obsolete ammunition stockpiles according to their conventional obligations

PREVENTION

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

Promotion and implementation of IHL

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

- ▶ promoting IHL treaties among the relevant authorities by making representations to governments, providing training in IHL, contributing to capacity-building efforts, and drafting technical documents and guidelines to help further national implementation
- ▶ providing legal advice and technical support for the national implementation of IHL, and undertaking studies and supporting technical assessments of the compatibility of national legislation with this body of law
- ▶ facilitating the exchange of information on national IHL implementation measures, including through a publicly available database on national legislation and case law
- ▶ promoting the creation of national IHL committees and supporting existing ones
- ▶ hosting expert workshops and peer meetings
- ▶ translating existing IHL texts and materials into different languages
- ▶ encouraging and helping authorities to integrate IHL into the doctrine, education and training of national armed forces (international human rights law in the case of police and security forces), and into the training and education programmes for future leaders and opinion-makers in universities and schools
- ▶ developing and implementing approaches for influencing the attitudes and actions of political authorities and weapon bearers
- ▶ supporting the implementation of youth education programmes to help young people embrace humanitarian principles and the social and legal norms intended to protect life and human dignity
- ▶ reinforcing links with academic circles to consolidate a network of IHL experts and developing partnerships with institutes and research centres specializing in IHL

Development and clarification of IHL

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

of customary IHL by assessing State practice. This involves, in particular:

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

Communication

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

- ▶ public communication that aims to inform and mobilize key stakeholders on priority humanitarian issues and to promote greater understanding of and support for IHL and the work of the ICRC and of the Movement
- ▶ direct engagement with the affected/beneficiary communities, to provide them with information in a timely, transparent and accountable manner
- ▶ processes to scan the humanitarian environment at global, regional and local level with a view to identifying, understanding and addressing perceptions and issues having an impact on the ICRC's ability to operate
- ▶ development of communication approaches and tools to mobilize key target groups – such as leaders and opinion-makers – in favour of respect for IHL and acceptance of ICRC action on behalf of victims of armed conflict
- ▶ enhancement of communication capacities of National Societies
- ▶ production of – and translation into different languages – digital, print and audio-visual communication materials to support and communicate the ICRC's activities

Weapon-related issues

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

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

COOPERATION WITH NATIONAL SOCIETIES

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

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

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

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

Building the response capacity of National Societies in their own countries

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

- ▶ promotion of IHL and of the Movement's principles, ideals and activities among both internal and external target groups
- ▶ preparations for and delivery of health care and relief services in armed conflict and other situations of violence
- ▶ identification of and responses to the challenges National Societies face in ensuring operational access and acceptance in all contexts (Safer Access Framework)
- ▶ restoring family links through the worldwide family-links network, according to the Restoring Family Links Strategy for the Movement and its corresponding implementation plan
- ▶ activities to prevent the risks linked to weapon contamination
- ▶ legal matters, such as drawing up or amending statutes, recognizing or reconstituting a National Society, and preparing for the Movement's statutory meetings

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

- ▶ providing National Societies with technical expertise
- ▶ making available material and financial assistance in order to help National Societies fulfil their humanitarian role in armed conflict and other situations of violence

- ▶ mobilizing support from partner National Societies and retaining a monitoring and support role with respect to the achievement of agreed-on objectives
- ▶ seconding ICRC delegates to National Societies so that they can provide support for executive and managerial responsibilities in areas agreed on with the National Society

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

Operational partnerships with National Societies in their own countries

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

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

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

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

Operational partnerships with National Societies working internationally

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

In order to make its operational partnerships with National Societies working internationally more effective, and in line with its Cooperation Policy of May 2003, the ICRC developed and tested between 2004 and 2006 new forms of partnership and management procedures that aim to bring added value to the Movement's overall humanitarian response. The first – Integrated Partnerships – has been designed for situations where a project carried out by a National Society working internationally forms an integral part of the ICRC's own objectives, and the National Society

is integrated into the ICRC's operational management framework. The second – Coordinated Activities – has been designed for contexts where work carried out by a National Society working internationally is not part of the ICRC's objectives, but is under the ICRC's leadership and coordination in conformity with the Seville Agreement and its Supplementary Measures.

In recent years, the ICRC has been investing in developing further partnerships with National Societies working internationally. It has put in place innovative and flexible partnerships in several contexts.

Coordination within the Movement

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

The ICRC is responsible for promoting and directing the contribution and involvement of other Movement components in international relief operations in countries affected by armed conflict and other situations of violence and their direct consequences. It assumes the role of “lead agency” for the Movement operations in accordance with the Movement's Statutes and the Seville Agreement and its Supplementary Measures, and in consultation with the National Society of the country concerned. In such situations, coordination mechanisms covering all the Red Cross and Red Crescent institutions active on the ground are established.

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

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

GENERAL

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

ICRC FIELD STRUCTURE

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

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

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

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

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

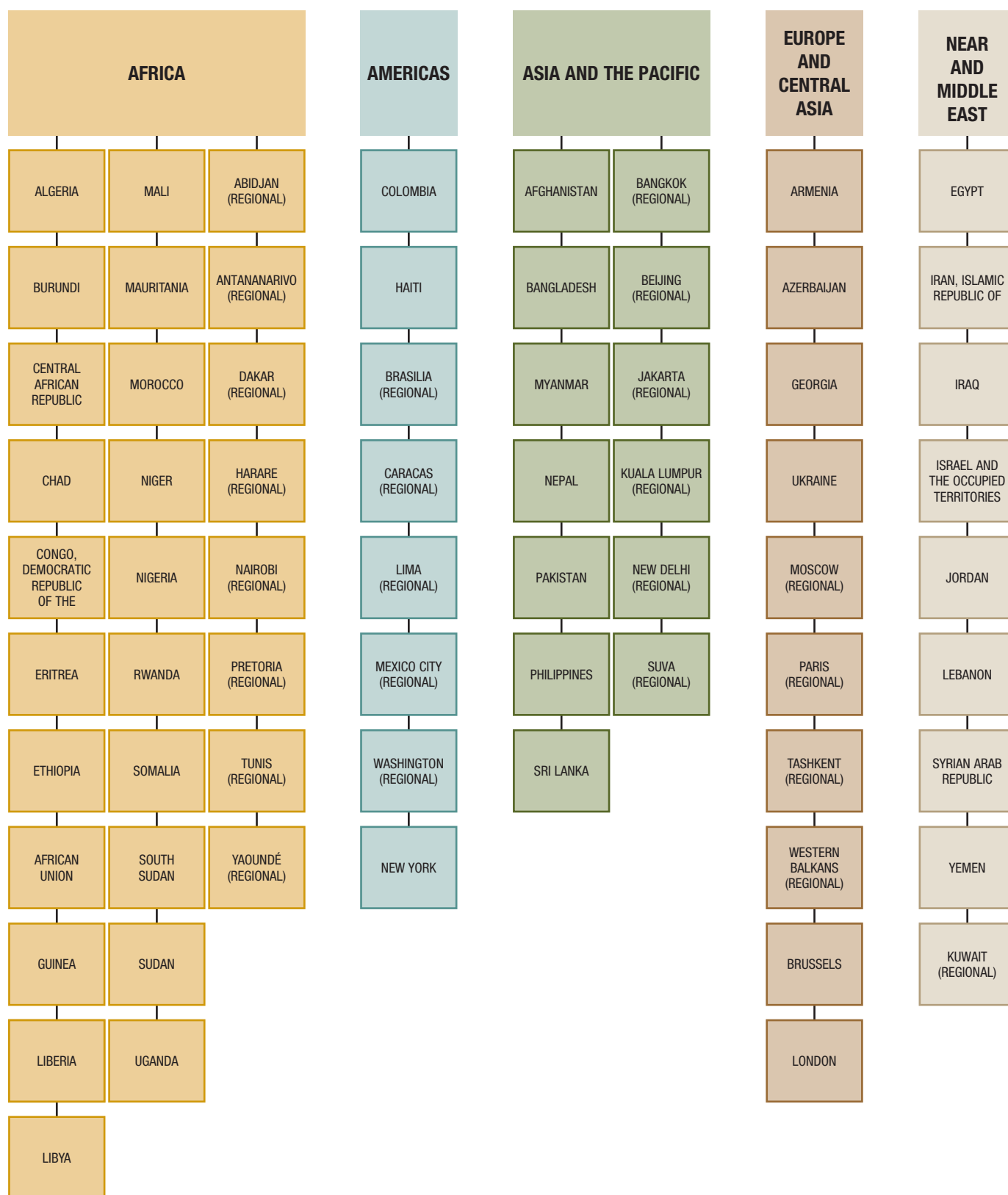
The ICRC's presence in the field can also take the form of a mission or other form of representation adapted to the particularities of the context or the specific functions assigned to the ICRC staff on the ground.

REGIONAL BREAKDOWN

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

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

OPERATIONS WORLDWIDE



DELEGATIONS AND MISSIONS IN MORE THAN 80 COUNTRIES AROUND THE WORLD

As of 01.01.2016

PLANNING AND BUDGETS

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

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

CONTRIBUTIONS LEVELS OF EARMARKING

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

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

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

Earmarking is one of the issues often raised with the members of the Donor Support Group (DSG), a discussion forum made up of

governments contributing at least CHF 10 million in cash to the ICRC's Appeals annually, and at other high-level meetings of those involved in the humanitarian field. The DSG has assisted the ICRC in its efforts to dissuade donors from earmarking their contributions and to improve its standard reporting system. In addition, the majority of DSG members have accepted that the ICRC's standard reporting meets the reporting requirements related to their donations. The ICRC continues to try to encourage donors to ease their constraints, while maintaining its commitment to use funds as efficiently as possible. In 2001, the ICRC adapted its standard reporting system to its internal annual planning exercise (known in-house as the Planning for Results – or PFR – process). This commitment to improve reporting to donors has been further reinforced through, for instance, external audits and enhanced internal planning, monitoring and evaluation procedures.

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

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

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

CONTRIBUTIONS IN KIND/CASH FOR KIND

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

CONTRIBUTIONS IN SERVICES

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

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

DESCRIPTION OF THE ACCOUNTING MODEL OVERVIEW

The strategic function of the financial system is to preserve the ICRC's operational capacity and independence while providing internal and external stakeholders with reliable and transparent financial information.

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

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

Financial accounting system

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

Cost or analytical accounting system

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

Overheads

The budget and expenditure for each operation comprise a 6.5% overhead charge on cash and services as a contribution to the costs of headquarters support for operations in the field. This support is for services essential to an operation's success, such as human resources, finance, logistics, information technology and other support as described in the *Appeals: Headquarters* for the same year. The contribution covers approximately 40% of the actual cost of support provided by headquarters to field operations.

COST TYPE ACCOUNTING

Financial accounting and cost categories

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

Cost centre accounting

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

Cost units accounting

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

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

a) Financial “organizational unit” dimension

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

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

b) Field programme dimension

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

c) Target populations dimension

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

Objectives and plans of action

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

INTERNAL CONTROL SYSTEM

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

The Internal Control and Compliance Unit is responsible for ensuring that the ICRC's internal control system complies with the requirements of Swiss legislation, regarding its obligations for financial statements, and with the ICRC's internal rules. The unit is mandated by the Directorate to update, on a yearly basis, the "entity-wide" control document, which sets the tone for the entire organization with regard to the control environment the ICRC aims to create. It has also set up an Internal Control System dashboard, based on the principles of risk assessment; the dashboard – which is provided each year to the Directorate and to the Audit Commission – gives an overall view of the ICRC's financial risks, including those related to financial statements; evaluates inherent risks and their related control mechanisms; and monitors the ICRC's progress in handling these issues.

The above-mentioned unit defines the internal controllers' field and headquarters missions, enabling them to check on the implementation of financial, administrative, human resource and logistics procedures; it is also the focal point for the external auditor for any matter related to the internal control system over financial reporting and is working towards fulfilling the same role in the institution with regard to fraud-related issues.

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

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

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

INTERNAL AUDIT

According to Article 14 of the Statutes of the ICRC, the "Internal Audit shall have an internal monitoring function independent of the Directorate. It shall report directly to the Assembly. It shall proceed through internal operational and financial audits". The ICRC Internal Audit covers "the ICRC as a whole, both field and

headquarters". Its aim is "to assess, on an independent basis, the performance of the institution and the pertinence of the means deployed in relation to the ICRC's strategy". In the area of finance, its role complements that of the external auditors (see below).

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

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

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

EXTERNAL AUDIT

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

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

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

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

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

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MANAGING ICRC OPERATIONS: THE CYCLE AND THE RESULTS

INTRODUCTION

People benefiting from humanitarian action depend on the quality of the services they get from organizations through a process over which they have limited influence. These organizations thus have an ethical responsibility to consider the beneficiaries' wishes and vulnerabilities and the local capacities and culture, to manage resources efficiently and to produce results that have a beneficial effect for the population. They also have a responsibility to their donors to ensure that the funds they receive are used optimally.

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

stakeholders, in particular donors. Result-based management links activities from one stage to the next; generates information at each stage, which is used for management and reporting purposes; and ensures that resources are used to best effect.

The ICRC uses the following definitions, adopted on the basis of how these terms are commonly understood or presented in existing literature:

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

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

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

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

The three-dimensional framework and the PfR methodology were introduced into the ICRC’s management procedures in 1998 in a process encompassing: the development of electronic tools to support the implementation of the methodology; the progressive and ongoing adaptation of all operational guidelines on the various ICRC fields of activity; and continuous training for staff, particularly

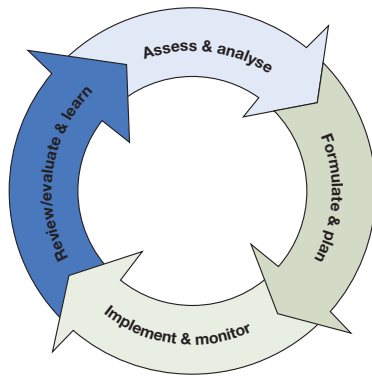
those in the field. The accounting model was also adapted to include both financial accounting and cost/analytical accounting.

THE ICRC MANAGEMENT CYCLE

The management cycle for ICRC activities aims to maximize the benefits of programmes for the beneficiaries, ensuring that efforts are: **relevant** to the needs of the beneficiaries; **feasible** (in so far as objectives can be realistically achieved within the constraints of the working environment and the capabilities of the implementing

organization); and, whenever appropriate, **sustainable** (considering longer-term impact and looking for lasting solutions to needs or problems).

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



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

The stages of the management cycle

Assessment and analysis

Through **assessments**, the ICRC aims to understand a situation in order to identify the problem(s) facing a target population and the causes of these problems. This involves collecting information (including data disaggregated by gender and age), for example, during contact with the target population itself, the authorities at all levels, and any other stakeholders. Assessments, however, do not aim to work out whether and how to address the problems.

The ICRC conducts a thorough **analysis** of the information to determine the current situation. This is the **baseline**: the data that defines the initial situation that must be improved and against which any future improvement will be measured.

Formulation and planning

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

Implementation and monitoring

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

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

Review, evaluation and learning

Reviews are periodic or ad hoc internal examinations of performance that take place at various levels: from the context as a whole, which happens at least once a year, down to the sub-target population (e.g. physically disabled people, under *Wounded and sick*) and sub-programme (e.g. economic security, under *Assistance*), and even in a limited geographical area within the context. They take the form of qualitative and quantitative, narrative and figure-based reports which are prepared by: teams in the field (usually), professionals from ICRC headquarters (often), mixed teams involving internal and external specialists (more rarely) or external specialists mandated by the ICRC (even more rarely).

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

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

The ICRC's Office of the Director-General supports internal and joint evaluations led by the different departments and their units. This includes providing guidance to departments in writing the terms of reference; recruiting the independent evaluators, organizing visits and interviews; reading and commenting on draft reports; organizing round-tables with the evaluators and the main internal stakeholders to present and discuss the findings, conclusions and recommendations of the evaluation; and preparing the final report. A steering committee comprising all those involved

is generally established for internal evaluations. The main stakeholders must prepare a paper on the approach of the evaluation; help establish the terms of reference and select the evaluators; provide relevant information in written and oral forms to the evaluators; help organize field missions; and comment in writing on the draft evaluation reports. Once the evaluation report has been distributed, key stakeholders are asked to provide feedback on the conclusions and recommendations and to prepare an action plan for follow up.

The delegation concerned and the ICRC as a whole are able to use the insights gained from these processes.

THE YEARLY OR MULTI-YEAR INTERNAL PLANNING PROCESS

The preparation of the PfR document marks the beginning of the yearly or multi-year management cycle for each context.

PfR documents

Drawn up by specialists and managers in the field with the help of staff at headquarters, the PfR documents (one per context) are structured according to the ICRC’s framework of target populations/sub-target populations and programmes/sub-programmes. They also follow the management cycle described above: they provide an **assessment** and **analysis** of the situation, including a summary of the progress so far in terms of **implementation** of action plans and **results** achieved against the objectives defined for the previous cycle, and the new **plan** for the coming cycle.

For most contexts, the PfR process is undertaken on a yearly basis. However, for a number of contexts where the level of operational and financial predictability permits, the PfR documents are produced once every two years: barring changes in the situation that may require a recalibration of the delegation’s strategies and operations or other exceptional circumstances, the objectives are set and considered valid for the next two years. The budget is also

defined on a multi-year basis, while remaining subject to the yearly approval process and yearly reporting on progress.

Assessment and analysis

The PfR documents present the information collected during a thorough assessment of all aspects of the situation, including the results of operations, conducted first hand by the ICRC’s delegations, sub-delegations, missions and offices in the field. They compile information on the: country or context, armed conflict and/or other situation of violence, humanitarian environment and the ICRC, and the security environment.

ICRC specialists conduct a problem analysis to identify the concerns of the target populations and the causes and magnitude of their problems.

Formulation and planning

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

The levels of intended results defined in the PfR documents correspond to the various levels of results:

Planning for Results	Corresponding intended result level
Expected humanitarian impact (the expected future situation)	Impact
General objective (usually covering a five-year period)	Contribution to impact and/or medium-term outcome
Specific objectives (usually within the year)	Output and short-term outcome
Specific operational strategies (strategies for achieving the specific objectives, accompanied by operational action plans)	

The ways of measuring progress are also defined at this stage. Some measures are standardized and used by all delegations conducting similar activities; others are specific to an individual action.

Budget

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

Follow-up to the PfR documents

Implementation

Once the content of the PfR document has been debated and agreed on by field and headquarters teams and approved by the ICRC Assembly, implementation begins. Monitoring is an integral part of implementation.

Monitoring, review and audit

Various internal tools/processes are employed to check on the implementation of ICRC activities and on the progress in advancing

specific objectives. Qualitative, quantitative and/or participative approaches – or a combination of all three in most cases – are required for tools/processes such as: constant data collection and observation in the field; ad hoc context-based or thematic operational reports and reviews; monthly reports providing standard assistance and protection indicators; quarterly programme-specific reports; and internal and external audits. These are all shaped by the PfR process, in particular its structure (target populations and programmes) and its content (objectives and budget). They also provide input for ICRC reporting to donors.

Evaluation

Despite being limited in number, evaluations remain a key part of the ICRC’s management cycle and inform its operations as a whole.

Continuation of the cycle

If, during the monitoring process, a significant change in the situation is noted during the year, the ICRC may need to undertake

a major revision of its yearly or multi-year PfR document for that context. Thus, the management cycle will begin again on the basis of the new information, with the setting of revised or even completely new objectives, and the drawing up, implementation and monitoring of corresponding plans of action. If the needs are much greater and the action is expanded, this may necessitate an extension of the initial budget. The reverse may also be true: where there is a decrease in needs, the corresponding operation and the initial budget are scaled down accordingly.

Input for the next cycle

Whether or not major changes are required during the year, the PfR document contains a summary of all that has been ascertained during the monitoring and reviews undertaken during the previous cycle. This ensures that the experience of the previous period and the lessons learnt are taken into account when the current situation is assessed and analysed and objectives for the new cycle are set. The summary includes an **annual appraisal** of the results achieved or not achieved as compared with the previous period's orientations, priorities and strategies.

Given that general objectives are set for five years or more (if they are aimed at more systemic change), for each general objective, a section in the PfR document named **current state of implementation** provides a summary of the progress made towards achieving the objective (progress made during previous cycles). This keeps plans for the period ahead focused on building further results. To ensure adequate follow-up, the annual appraisal and current state of implementation sections are updated at least once a year, even for the PfR documents that are produced on a multi-year basis.

RESULTS AND INDICATORS

The ICRC decides on ways of measuring progress in activity implementation and the extents to which these activities led to the intended results.

Indicators are variables that express real and verifiable changes, particularly the progress towards achieving the objectives. Different kinds of indicators may be required for different activities, or for the same kind of activity/programme in different contexts. The baselines will also be specific to the context and the expected future situation of the target population must be culturally and contextually adapted.

While result-based management is implemented in different ways across the ICRC's different programmes, all work on the basis of what the ICRC calls **generic indicators** to measure and express their results. These generic indicators express **a general state characterized by a number of specific elements, which may be the focus of specific indicators**. For example, the availability of water (the generic indicator) is determined by more specific elements such as the quantity of water, its quality, the reliability of the source, and the distance of the source from the beneficiary. The generic indicators are therefore broken down into many specific indicators according to the situation, the objectives and the intended results in a given context (see *Result-based management in ICRC programmes* below).

The narrative reports prepared as part of the follow-up to the PfR documents compare the intermediate situation of the beneficiaries with the baseline situation and the expected new situation. As such, these internal progress reports use the generic indicators

and qualitative specific indicators to reflect whether the change expected in the specific objective has been achieved.

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

PRAGMATIC APPROACH TO RESULT-BASED MANAGEMENT

While the ICRC is steadfast in its commitment to following the result-based management approach and the management cycle as rigorously as possible, there are potential barriers to doing so, many of them specific to the volatile situations in which the ICRC works.

- ▶ Sometimes, assessment capacities may be affected by restrictions on access owing to the armed conflict or other situation of violence; the ICRC's ability to monitor and review an operation once implementation has begun may also become limited, or even no longer useful, owing to a radical change in the situation.
- ▶ Other hindrances to access, such as unfavourable weather conditions (e.g. monsoon rains or heavy snow) or damaged infrastructure (e.g. destruction of roads or bridges), may also obstruct the management cycle.
- ▶ Specific circumstances may require an urgent response to needs. Where time is of crucial importance, assessments will be kept to a minimum to ensure that the operation can take place and benefit the target population as soon as possible. Similar constraints can also limit monitoring and review processes.
- ▶ Data collection is frequently hampered by factors such as the non-availability or limited quality of data, the complexity and/or opacity of existing power structures, or administrative constraints.

Indicators, particularly numerical ones, need to be interpreted carefully. Some figures are too sensitive to external variables and, thus, should not be compared from one context to another or from one year to the next. In many cases the ICRC works with indicators that are key to its decision-making process but cannot be shared without compromising its mandate as a neutral, impartial and independent humanitarian organization.

Given that result-based management aims to streamline the relevance, efficiency and effectiveness of action for conflict-affected people and enable the best use of resources, the ICRC seeks to collect the required information through existing systems and data sources (in certain cases with support from other actors) and through pragmatic sampling, rather than by establishing new ones. The ICRC has made it a policy not to set up measurement systems, which are not directly required for monitoring the expected results of action for the beneficiaries. It strives to avoid an overly bureaucratic system, preferring to find simpler solutions to identified problems, even if this limits the amount of information that can be

gathered and reported. Useful but unwieldy solutions based on the measurement of factors such as knowledge, attitudes, behaviours and practices to evaluate changes are used sparingly.

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

RESULT-BASED MANAGEMENT IN ICRC PROGRAMMES

INTRODUCTION

The ICRC endeavours to respond to humanitarian needs arising from armed conflicts and other situations of violence in the most timely, humane and professional way possible. The ICRC carries out its mission by strategically using various modes of action at different levels of intervention. The ICRC combines four approaches with a view to, directly or indirectly, in the short, medium or long term, ensuring respect for the lives, dignity and physical and mental well-being of victims of armed conflict and other situations of violence. The ICRC's action under its four programmes (protection, assistance, prevention and cooperation) seeks to prevent and eradicate the cause of human suffering and to alleviate it where it already exists, as well as to strengthen the Movement as a network.

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

Professionals in each programme work according to the ICRC management cycle and within a given framework, which includes ethical and legal aspects, policies, guidelines and working tools. Generic indicators are part of these and provide the basis for defining specific indicators to measure and express results. The sections below provide information on the management of each ICRC approach, related programmes and existing generic indicators (in bold) with examples of related topics (listed in brackets), which may be used as springboards for the definition of specific indicators or objectives for a given context.

PROTECTION

The Protection Policy (dated April 2008) sets out the ICRC protection framework, definitions of the main terms, and key principles and operational directives for implementing the activities that comprise the programme. This guidance document describes the tools and approaches available, and the general action, as well as the generic indicators guiding ICRC protection activities.

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

Generic indicators are listed below with examples of related topics:

Protection of people deprived of their freedom

- ▶ knowledge of the context (e.g. legal detention framework; stakeholder mapping; detaining authorities; places of detention; needs; information management)

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

Protection of the civilian population

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

Restoring family links

- ▶ prevention of disappearances (e.g. legal frameworks; stakeholder mapping; contacts; Movement family-links services; human remains management)
- ▶ exchange of family news (e.g. legal frameworks; means for family contact; number of beneficiaries; processing time)
- ▶ family reunification (e.g. legal frameworks; number of reunifications; quality and frequency of contacts with actors involved in the process; authorization processes; processing time; availability and quality of related services)
- ▶ clarification of the fate and support to families of missing persons (e.g. notification of arrest/capture and detention; human remains management; mechanisms to handle cases of missing persons; legal protection of the missing and their families; availability and quality of social services)

ASSISTANCE

The three assistance sub-programmes: *economic security*, *health* (including *physical rehabilitation*) and *water and habitat* are set out in the Assistance Policy (dated April 2004).

As far as sustainability is concerned, the ICRC takes into account the longer-term impact of its activities (in line with the "do no harm" approach) and, whenever appropriate, endeavours to find lasting solutions to the needs of the affected population. This proviso is introduced because the sustainability of some activities – those urgent and life-saving, in nature – conducted during emergencies cannot be guaranteed. Sustainability is a generic indicator for activities in the area of physical rehabilitation, but it also applies to economic security/income-generating activities and the rehabilitation/construction of water infrastructure or health facilities.

Standard quantitative indicators are available worldwide for all three assistance sub-programmes. The generic indicators for the three sub-programmes and examples of related topics are listed below:

Economic security

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

Relief – to save lives and protect livelihoods

- ▶ access to food (e.g. adequacy and stability of access; availability

- of food; economic activities; household assets; local markets; food aid; cultural standards; nutritional status)
- ▶ access to essential household items (e.g. availability of essential household items; household assets and economic activities; material aid; climate; shelter conditions; clothing; hygiene; water storage; cooking capacity)

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

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

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

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

Health

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

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

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

Water and habitat

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

Safe drinking water supply

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

Sanitation and environmental health

- ▶ hygiene and sanitation facility availability (e.g. quantity; proximity; access during day- and night-time; maintenance; cultural standards; hygiene practices; environmental impact; environmental conditions)
- ▶ waste management (e.g. proximity; removal service; clean areas; hygiene practices; maintenance)

- ▶ vector-borne disease control (e.g. hygiene practices; safe vector control practices; malaria control practices; stagnant water and refuse)

Temporary human settlements

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

Energy supply

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

Building rehabilitation and construction

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

PREVENTION

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

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

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

Because only prevention-dissemination and prevention-implementation sub-programmes are carried out in field operations, only these activities are considered below. They focus on players that have a significant capacity to influence the structures or systems associated with identified humanitarian problems. Their main target groups are: actors of direct influence, such as political authorities, key decision-makers, armed forces, police forces and other weapon bearers; and actors of indirect influence, including civil society representatives, young people, academic circles and the media.

Generic indicators are listed below with examples of related topics:

Prevention-dissemination

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

Prevention-implementation

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

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

COOPERATION WITH NATIONAL SOCIETIES

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

Generic indicators are listed below with examples of related topics:

- ▶ National Society capacity (e.g. legal base; respect for the Fundamental Principles; use of emblems; structure and organization; services; Safer Access Framework; human resources and training; equipment and maintenance; financial resources)
- ▶ capacity to work together (e.g. relationship; staff and structure; training and competencies; resources; Movement coordination mechanisms)

- ▶ sustainability of cooperation (e.g. ownership; strategic/development plans; training capacity; structure and organization; resources; networking)

When geared towards helping conflict/violence-affected people, operational cooperation between National Societies working in their own countries and the ICRC is managed via the ICRC sub-programme concerned, e.g. economic security, health, water and habitat and restoring family links. In such situations, the first goal of the National Society-ICRC partnership is to fulfil objectives to serve the people affected.

RESULT-BASED MANAGEMENT AND STANDARD REPORTING TO DONORS

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

CYCLICAL STANDARD REPORTING DOCUMENTS

The ICRC produces a set of standard reporting documents, consistent with its management cycle and internal planning process, each year:

- ▶ **ICRC Appeals:** reflect the objectives, plans of action and indicators on the basis of the content of the PfR documents for the year/s concerned; the material is generally developed during the *assessment/analysis* and *formulation/planning* stages of the ICRC management cycle
- ▶ **ICRC Midterm** (covering the first five months of each year) and **Annual Reports:** cover the *implementation/monitoring* and *evaluation/learning* stages of the ICRC management cycle and are compiled using the information generated by the various tools/processes employed during the internal project cycle and the summary of progress presented in the PfR documents

The *Midterm* and *Annual Reports* follow up on the content of the *Appeal*. The length of each document for one context does not exceed five pages.

ICRC Appeals

The Appeals are structured by context, target population and programme. The beginning of each chapter features a mission statement describing the identity of the delegation, a map showing the ICRC's presence, figures representing the resources necessitated by the operation, and a brief summary of the main targets of the delegation. These targets set out, in qualitative and quantitative terms, the key results that the ICRC aims to achieve in that operation during the period under consideration.

Following these, each chapter briefly describes the current situation of each target population or sub-target population applicable to the context, based on the analysis contained in the PfR documents, and sets out the baseline. The expected future situation of the target population is synthesized into an objective (a longer-term goal to which the ICRC may be able only to contribute).

The specific objectives and specific operational strategies in the PfR documents are translated into the plan of action and indicators for each objective. These plans represent the incremental steps for achieving the objective and should be possible within the year/s under consideration, security and other factors permitting.

They qualify as output, short-term outcome and, occasionally, medium-term outcome indicators.

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

Midterm and Annual Reports

The *Midterm* and *Annual Reports* provide qualitative (narrative descriptions) and quantitative (figures) reporting on the actual results achieved compared with the baseline and the intended results. Similar to the *Appeal*, each of the context chapters starts with a mission statement, a map of the ICRC's presence, and figures representing the resources allocated to the operation; in the case of the *Annual Report*, information on expenditure by programme and the implementation rate is also provided. The key results achieved and constraints encountered by the delegation during the reporting period are also set out in quantitative and qualitative terms; this section includes a table comparing the targeted number of assistance beneficiaries (as defined in the *Appeals*) against those achieved.

The succeeding sections of each context chapter details the progress – or the lack thereof – towards achieving the **objective**, particularly through the **implementation** of the **plan of action**. Such information is obtained via internal monitoring and reviews at the implementation stage.

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

In a nutshell, the documents relate to each other and reflect various levels of results as follows:

Planning for Results documents (internal)		Appeals (external)		Midterm/Annual Reports
Delegation's main operational priorities and strategies	become	Main targets	followed up by	Key results and constraints
Specific objectives/Specific operational strategies				
Country or context	become	Context and Humanitarian response	followed up by	Context and ICRC action results
Armed conflict and/or other situation of violence				
Humanitarian environment and the ICRC Security environment				
Problem/situation faced by each target population	becomes	Statement of the problem/current situation (preceding each objective)	followed up by	ICRC action, by target population Standard quantitative figures for assistance and protection programmes
Expected humanitarian impact/General objective	become	Objective (which reflect medium-term outcomes or contributions to impact)		
Specific objectives/Specific operational strategies	become	Plan of action and indicators (which reflect outputs and short-term outcomes)		

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

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

OTHER STANDARD REPORTING DOCUMENTS

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

These documents include:

- ▶ regular financial updates
- ▶ updates related to a given context, sometimes to a specific programme, describing changes in the situation (since the last *Appeal*) and reporting on the ICRC operation with interim results and/or changes in orientation and the plan of action and indicators
- ▶ updates providing an *internal* reporting document – on an assessment, monitoring process or review – about a specific activity or programme implemented in a given context; such reports illustrate the ICRC's working methods and approach, in particular its result-based approach; they provide an in-depth picture of efforts

briefly summarized in a *Midterm* or *Annual Report*, and are meant to supplement the *Midterm* or *Annual Reports*

- ▶ updates presenting specific programmes (approaches and results) with examples taken across various ICRC operations worldwide
- ▶ updates with the executive summaries of *internal* and *joint evaluations*
- ▶ updates presenting new or revised ICRC policy documents
- ▶ the external financial audit reports for all ICRC field operations
- ▶ weekly multimedia highlights providing links to operational updates, news releases, interviews, videos and other online resources related to operations in a given context or to thematic issues that are pertinent across many contexts

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

ANNEX 2:

THE ICRC'S OPERATIONAL APPROACH TO WOMEN AND GIRLS

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BACKGROUND AND APPROACH

Owing to its unique mandate as a neutral, impartial and independent organization, the ICRC implements an “all victims” approach aimed at protecting the life and dignity of victims of armed conflict and other situations of violence and providing them with assistance. Within this approach, the ICRC acknowledges that women’s experience of armed conflict is multifaceted (e.g. separation from relatives, loss of loved ones, sources of livelihood and coping mechanisms, increased risk of sexual violence, greater responsibility for dependents, injury, detention, and even death) and often differs from that of men, boys and girls. While women are not inherently vulnerable, they often face heightened risks in conflict situations.

The ICRC approaches gender¹ as a means of fostering a better understanding of the respective social and cultural roles of men, women, boys and girls (such as in relation to the division of labour, productive and reproductive activities, and access to and control over resources and benefits) and of the social and economic factors influencing these. Understanding gender-related issues allows the ICRC to: identify who has assumed the roles of those who are absent (detained, missing, fighting or killed); assess whether assuming such roles has made them vulnerable or exacerbated existing vulnerabilities; and build on their resilience and positive coping mechanisms. It also enables the ICRC to identify, in different social and cultural contexts, impediments to the conduct of protection and assistance activities specifically related to women and girls and to develop alternative responses that effectively meet their needs. Thus, it endeavours to improve its grasp of these themes in each context, so as to provide more adapted responses.

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

The ICRC’s objective is to ensure that the needs, situations and perspectives of women and girls are integrated into all activities and programmes, and that new ones are developed when necessary to respond to their specific and wide-ranging needs.

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

The ICRC produced an internal guidance document to translate the study’s findings into practical guidelines for staff involved in the planning and implementation of humanitarian programmes. From 2003–2014, a Woman and War adviser monitored and supported the operational implementation of the study’s recommendations. Following a 2013 review, the position was discontinued and, in place, an adviser on vulnerabilities linked to gender, age and disabilities was appointed to the Protection Division and another on sexual violence to the Department of Operations. The ICRC has also undertaken a four-year (2013–16) commitment to enhance its response to sexual violence in armed conflict and other emergencies, restoring it as an institutional priority and focusing on four primary domains: holistic operational response to the needs of victims; prevention of sexual violence; Movement mobilization to address the problem; and staff sensitization and training. While the commitment to improving the ICRC response to sexual violence benefits men, women, boys and girls, a number of the activities have been particularly meaningful for women and girls.

The development of the ICRC’s approach to women during conflict and other situations of violence is reflected in its operations, which are described below. ICRC working methods also usually call for teams to be composed of both male and female members, unless exceptional circumstances make this impossible or will significantly set back the activities.

Across all its programmes, the ICRC systematically seeks to ensure that all violence-affected people have equal and adequate access to protection, humanitarian assistance, and information relevant to them; that women and children (both girls and boys) participate in needs assessments and in defining, implementing, monitoring and reviewing/evaluating humanitarian responses and that the environment is conducive (for instance, in terms of space, time, knowledge of the local language, and gender of ICRC representatives) to such participation; and that humanitarian responses are adapted to the specific needs, vulnerabilities, coping mechanisms

¹ The ICRC works with the definition of “gender” as the culturally expected behaviour of men and women based on roles, attitudes and values ascribed to them on the basis of their sex, whereas “sex” refers to biological and physical characteristics. Gender roles vary widely within and between cultures, and depend on the particular social, economic and political context.

and capabilities of each group of beneficiaries. Moreover, the ICRC strives to ensure that its activities do not cause additional violence, discrimination or other harm for beneficiaries, at the individual, household or community levels. Whenever possible, the ICRC works with data disaggregated by gender and age and provides such data in its reporting.

WOMEN AND GIRLS IN ICRC PROGRAMMES, BY TARGET POPULATION

In view of the ICRC's "all victims" approach, its activities target the most vulnerable people; thus, women and girls benefit from these activities, as do men and boys. The points below detail only the specific activity or group of activities that are of particular significance to women and girls or where, for one reason or another, they comprise the majority of beneficiaries.

CIVILIANS

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

Protection

Protection of the civilian population

- ▶ The ICRC monitors the situation of individuals and groups not or no longer taking part in hostilities, many of whom are women and children. Where documented, allegations of abuse committed against women and girls, such as sexual violence and unlawful recruitment and use by armed forces or armed groups, and the measures to be taken to stop such abuse are raised with all parties in the ICRC's discussions on IHL and international human rights law.
- ▶ All ICRC delegations work under the assumption that, unless proven otherwise by an in-depth assessment, sexual violence takes place and is a grave and life-threatening concern in armed conflict and other situations of violence. ICRC teams take sexual violence into consideration in their activities, even without allegations of such abuse, reversing the burden of proof frequently placed on victims to show that they had been abused. ICRC staff seek to identify not only individual cases of sexual violence, but more broadly, the circumstances surrounding the abuse and the ensuing patterns of harm. Based on this analysis, the underlying issues are addressed whenever possible with the responsible parties, and all efforts are made to ensure that victims have access to the necessary care and are protected.
- ▶ The ICRC may work with at-risk communities and groups to reduce their exposure to particular threats, including those of sexual violence, forced recruitment into fighting forces, or their use of negative coping strategies, such as child labor, reduced health-care expenditure, and engagement in the sex trade. To this end, they develop joint protection mechanisms, such as awareness-raising initiatives or assistance activities geared at reducing people's risk exposure (see *Assistance* below).

Restoring family links

- ▶ Enabling women to restore and maintain contact with their partners and families contributes to their psychological well-being and can also help ensure their safety and the respect of others. In certain contexts, where for cultural reasons women are less visible or less accessible, awareness-raising sessions to promote existing services are held specifically for women.

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

- ▶ Working closely with the authorities concerned and other organizations active in child protection, the ICRC pays special attention to the treatment of unaccompanied girls living in host or foster families; whenever necessary, it directs them to the appropriate referral structures.

Restoring family links – missing persons

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

Assistance

Economic security – emergency aid: food and essential household items

- ▶ When distributing aid, the ICRC gives priority to the most vulnerable households, many of which have been deprived of

their main breadwinner (usually adult males) and are headed by women. Therefore, women and children – including girls – are often the main beneficiaries of the relief provided to IDPs, returnees and residents.

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

Economic security – livelihood support

- ▶ Livelihood support programmes suited to their needs and capabilities help heads of households, including women and girls who have this responsibility, in their endeavour to ensure the family's self-sufficiency. Seed and tool distributions, livestock replenishment and vaccination, cash-for-work projects to rehabilitate community infrastructure, grants or material inputs (e.g. sewing machines, donkey carts, flour mills, oil presses, brick-making machines, irrigation pumps), for example, directly improve the standard of living of many women and their children by helping their households continue or jump-start an income-generating activity. Women who have lost their sources of livelihood, many of them victims of sexual violence, widows or wives of missing persons, find some social and economic support through micro-economic initiatives.
- ▶ Occupational training often forms part of livelihood support programmes. Particular attention is paid to increasing the participation in these activities of women performing tasks that provide their households with food or income.
- ▶ When women are tasked with supporting their households, but are unable to work, the ICRC advocates the provision of allowances to them through existing State mechanisms; in some cases, it supports the State structures in providing such assistance.

Water and habitat

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

Health

- ▶ The majority of the people treated in outpatient departments and community health centres in violence-affected areas are women and children, and thus are the main beneficiaries of ICRC support to such facilities, which provide comprehensive primary health care services, including mother and child care. Mobile clinics give women and children who are unable to reach permanent structures access to essential health and medical care. When needed, women and children, among other patients, are referred for higher-level care.
- ▶ The ICRC works to reinforce reproductive health, including ante/post-natal care and care for newborn babies. In many contexts, the ICRC trains traditional birth attendants/midwives in delivering ante/post-natal care, identifying at-risk mothers, handling home deliveries and managing complications. The birth attendants/midwives also play a decisive role in health education, for example on basic care and breastfeeding and the prevention of sexually transmitted diseases, including HIV/AIDS. In some contexts, they also receive instruction in identifying victims of sexual violence and referring them promptly to appropriate medical services.
- ▶ ICRC support encompasses prevention (mosquito net distribution, routine immunization), promotion (hand washing, breastfeeding) and treatment (for respiratory tract infection or malaria, for example). Women and children are the primary targets of health- and hygiene-promotion sessions that contribute to curbing the spread of disease. For social and cultural reasons, the ICRC often uses teams of female health and hygiene promoters, who are specially trained for this task. The teams play a crucial role in raising awareness among women, especially pregnant women and those with young children, of how diseases such as malaria are transmitted, and distribute mosquito nets to help contain the spread of the disease.
- ▶ ICRC support for immunization programmes (cold chain, transport, supervision) benefits mostly children under five and girls and women of child-bearing age, who receive vital vaccinations against, for example, tetanus and polio. The ICRC may act as a neutral intermediary to facilitate access to isolated areas cut off by fighting so that other organizations may carry out vaccination campaigns; support a government in its immunization efforts; or substitute for health authorities in cases where they are not able to conduct activities themselves.
- ▶ The ICRC supports therapeutic feeding activities for malnourished children and mothers, including in emergency situations.
- ▶ Where necessary and feasible, the ICRC provides post-rape kits to ICRC-supported hospitals and health centres and runs training courses, enabling health staff working in those facilities to treat victims effectively.
- ▶ Members of the local community, including volunteers, offering support for victims of sexual violence are trained in counselling techniques, helping them improve the assistance they offer the victims, including with regard to finding coping mechanisms and possible solutions. They are also taught mediation skills, enabling them to facilitate the reintegration of victims of sexual violence, who are often rejected by their families and communities.

Weapon contamination

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

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

PEOPLE DEPRIVED OF THEIR FREEDOM

Protection

- ▶ During its visits to people deprived of their freedom, the ICRC pays special attention to the treatment and living conditions of any women or girls being held. It seeks to ensure that their accommodation and sanitation facilities are completely separate from those for males, unless provisions are made for families to live together; it also urges authorities to restrict and carefully supervise the access of male detainees or staff to facilities housing female inmates.
- ▶ The ICRC supports the authorities in improving women and girls' access to health services, including to female nurses and gynaecological care when needed. It provides confidential reports and recommendations to the authorities concerned.
- ▶ As far as possible, ICRC delegates and translators visiting places of detention do so in mixed teams, which often makes them more approachable for both male and female detainees. This enables a more open dialogue, particularly on sensitive issues, such as sexual violence and other forms of ill-treatment, and helps the ICRC better assess detainees' risks and needs.
- ▶ In certain societies, women and girls who are detained are ostracized and abandoned by their families, especially when they are held for so-called moral offences. The ICRC places special emphasis on their plight in its dialogue with the relevant authorities and in its assistance programmes.
- ▶ ICRC support for the penitentiary administration and training for penitentiary staff (medical personnel included) encompasses, whenever relevant, action regarding or in consideration of the particular needs of women and girls.
- ▶ The ICRC arranges family visits for detainees by organizing the visit itself and/or covering the cost of transport. Aside from bringing psychological benefits, family visits are a vital channel through which detainees obtain food and essential items, and even access to legal support. Family visits can also help ensure protection from other detainees and from staff, as women and girls who receive no visits and/or no outside material assistance may become more vulnerable to enforced prostitution and sexual abuse.

Assistance

- ▶ ICRC assistance programmes for detainees are adapted to the needs of women and girls whenever necessary. For example, women detainees may receive specific hygiene items, clothing and recreational materials for themselves and for their children. Educational and livelihood training opportunities can break the isolation of imprisoned women and girls and may even enable some to earn a small income and support their families by selling the products; these can also contribute to these females' social reintegration after release.
- ▶ As infants and young children often stay with their detained mothers, particularly if they are born during the mother's detention, their needs are also addressed, in terms, for example, of birth registration, food, health care, education, clothing and play.

Water and habitat

- ▶ The ICRC's maintenance, rehabilitation or construction projects in places of detention always take into consideration the needs of women and children, such as separate accommodation for men and women, separate access to toilets and showers and adequate facilities for women with infants and/or young children.

WOUNDED AND SICK

Assistance

Medical care

- ▶ Health workers are trained to screen for victims of sexual violence and to manage their medical needs appropriately; these include addressing the consequences specific to women and girls; staff also refer victims to the appropriate mental health and psychosocial services.

Physical rehabilitation

- ▶ Women benefit from physical rehabilitation programmes supported by the ICRC. They may receive artificial limbs, walking aids, wheelchairs and physiotherapy. The ICRC pays particular attention to ensuring that women and men have equal access to physical rehabilitation programmes.
- ▶ Where there are no female staff in a rehabilitation centre, the ICRC helps train women so they may obtain the necessary qualifications to provide such services; it may pay the transportation costs for women and their dependents to be treated in a centre with female staff. Many disabled women are also offered employment in ICRC-run or ICRC-supported physical rehabilitation centres.

Water and habitat

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

ACTORS OF INFLUENCE

Prevention

- ▶ Prevention activities targeting actors of influence (e.g. political authorities, armed forces and other weapon bearers, civil society representatives, the media, academics, young people, NGOs, religious leaders etc.) always emphasize the need to take measures to respect the life and dignity of people affected by armed conflict or other situations of violence and that females – who often represent a large segment of the affected population – have specific needs that must be recognized and addressed. These actors are systematically reminded that sexual abuse is strictly prohibited by IHL and international human rights law.
- ▶ The ICRC endeavours to raise awareness of the situation of women and girls affected by armed conflict and other situations of violence – and of international law and other practical and legal measures that accord them protection and assistance for their needs – among governments, representatives of the diplomatic, political, military and academic communities, international organizations and NGOs. It is often invited to speak about the issue at conferences hosted by donors and regional organizations. The ICRC also provides input when new international resolutions and policies are drafted and encourages their enforcement.

RED CROSS AND RED CRESCENT MOVEMENT

Cooperation

- ▶ The ICRC provides support for the development of National Society tracing, first-aid and emergency preparedness capacities, to help National Society staff and volunteers better meet the specific needs of women in armed conflict and other situations of violence. It provides training in the Safer Access Framework, including the analysis of risks, vulnerabilities and other factors that affect National Society staff and volunteers and how they relate to participation of female workers in certain operations.
- ▶ Through regular meetings and dialogue, and in line with the Seville Agreement and its Supplementary Measures, all operations to meet the different needs of women, men, girls and boys affected by armed conflict and other situations of violence are coordinated with other Movement components present in the context to ensure the best response.

ICRC employment policy

- ▶ The ICRC's employment policy promotes equitable conditions for male and female staff through gender mainstreaming and affirmative action. The ICRC believes there is a strong link between the improvement of women's status within the organization and progress in the protection of and delivery of assistance to women in armed conflict and other situations of violence.
- ▶ The ICRC has improved its staff training courses by adding key messages consistent with the policies, recommendations and guidelines related to women and girls affected by armed conflict and other situations of violence, including those linked to specific issues, such as sexual violence, and by disseminating relevant ICRC guidance material.
- ▶ The ICRC encourages the use of teams that comprise both men and women, including community members, to carry out field activities, which also serves as a means of fostering direct contact and dialogue with women.

ANNEX 3:

THE ICRC'S OPERATIONAL APPROACH TO CHILDREN

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OTHER SITUATIONS OF VIOLENCE

Conflict exacerbates people's existing vulnerabilities, especially those of children. Most children experience armed conflict as civilians, and often witness atrocities committed against their relatives – such acts include death or injury from indiscriminate attacks, mine explosions and direct assaults. They are sometimes forced to commit atrocities against their relatives or other members of their own communities. Many children are killed, wounded or imprisoned, torn from their families, compelled to flee or left without an identity. For dependents, the loss of a father, mother or the family's main breadwinner may have more than a psychological impact. It is not unusual for very young children to be propelled into adult roles. They become heads of families, taking care of and protecting younger siblings and also adult family members. Destitution and the loss of close relatives may force young girls into early marriage or prostitution. A young breadwinner may join an armed group just to survive. Other children are forcibly recruited. Often unarmed, they are used by armed forces or armed groups in different ways, for example, as cooks, porters, messengers, spies, human mine detectors or for sexual purposes. Child trafficking, for purposes such as unlawful adoption and forced labour, may also increase during armed conflict, especially when boys and girls are deprived of the protection of their parents and other relatives. Armed conflict and other situations of violence impact heavily on children's access to education. The insecurity may force children to go without schooling for long periods of time. Schools may come under attack, often resulting in their destruction; teachers and students are sometimes directly targeted, wounded and killed. Likewise, the disruption or collapse of public services restricts children's access to health care and other basic services, during the fighting and long after it has ceased.

PROTECTION UNDER INTERNATIONAL LAW

During international and non-international armed conflicts, children benefit from the general protection provided by IHL to all conflict-affected persons. First, if they fall into the hands of enemy forces, they must be protected against murder and all forms of abuse: torture, sexual violence and other forms of ill-treatment, arbitrary detention, hostage-taking or forced displacement. Second, they must in no circumstances be the targets of attacks, unless, and for such time as, they take a direct part in hostilities. Instead, they must be spared and protected. Many of the rules of IHL constitute customary law and are therefore binding on

all parties to an armed conflict, regardless of whether they have ratified the relevant treaties.

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

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

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

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

THE ICRC'S MULTIDISCIPLINARY APPROACH

The ICRC implements an "all victims" approach to protecting the life and dignity of victims of armed conflict and other situations of violence and providing them with assistance. Within this approach, the ICRC acknowledges that children not only represent a large segment of the population (and therefore of those affected by armed conflict and other situations of violence) but

are also particularly vulnerable. They are thus a major group of beneficiaries of the ICRC's prevention, protection and assistance programmes worldwide.

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

The ICRC is a key actor in working with unaccompanied minors/separated children and continually strives to enhance the quality of its work on the ground. It has a set of field guidelines for its staff working with children affected by armed conflict, with a particular focus on unaccompanied minors, separated children,

and children associated with armed forces or armed groups. The guidelines draw together lessons learnt by the ICRC and aim to facilitate consistency among the organization's activities in various contexts. They also complement and build upon existing guidelines agreed on with UN agencies and NGOs with expertise in this domain (such as the *Inter-agency guiding principles on unaccompanied and separated children* by the ICRC, the International Rescue Committee, Save the Children UK, UNHCR, UNICEF and World Vision International). The ICRC also contributes to the drafting process of guidelines on inter-agency work to protect children; these guidelines address the issues of unaccompanied and separated children and of the recruitment of children into fighting forces and their release and reintegration.

These organizations and the ICRC coordinate regularly and proactively on policy issues and on common concerns in the field to maximize impact, identify unmet needs and avoid duplication.

The ICRC has also integrated child protection considerations into a range of internal training and learning opportunities for staff working with violence-affected children.

DEFINITIONS USED BY THE ICRC

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

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

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

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

CHILDREN IN ICRC PROGRAMMES, BY TARGET POPULATION

In view of the ICRC's "all victims" approach, its activities target the most vulnerable people; thus, children benefit from these activities, as do adult males and females. The points below detail only the specific activity or group of activities that are of particular significance to children or, where, for one reason or another, they comprise the majority of beneficiaries.

CIVILIANS

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

Protection

Protection of the civilian population

- The ICRC monitors the situation of individuals and groups not or no longer taking part in hostilities, many of whom are

children. Where documented, incidents of abuse and other harms affecting boys and girls, such as unlawful recruitment and use of children by armed forces or armed groups, sexual violence, and attacks against schools or the use of these structures for military purposes, and the measures to be taken to stop them are raised with all parties in the ICRC's discussions on alleged violations of IHL and international human rights law.

- In addition to formal and informal oral and written representations to the authorities concerned about alleged incidents, preventive dissemination activities are conducted with all kinds of weapon bearers to raise their awareness of their responsibilities under IHL to protect and respect at all times, among the general civilian population, women and children not or no longer taking part in hostilities (see *Actors of influence* below).

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

- ▶ Unaccompanied and vulnerable separated minors, including those formerly associated with armed forces or armed groups, are registered by the ICRC, and their mothers and fathers, or their closest relatives, sought. A distinction must be made between separated children – who are without their usual caregiver but are under the protection of another relative – and unaccompanied minors, who are on their own or under the care of persons unrelated to them, often as a result of spontaneous fostering. In most cases, the ICRC focuses on looking for the parents of unaccompanied minors and of vulnerable separated children. When the whereabouts are known, the children are able to contact their families through phone calls or RCMs, thus contributing to their psychological well-being.
- ▶ As the tracing process usually takes time, it is crucial to ensure that children separated from their families are protected and provided for while they are waiting for their relatives to be found. The ICRC rarely arranges interim care for unaccompanied/vulnerable separated children, as it generally refers them to other qualified actors, including National Societies, for this purpose. However, even when the ICRC refers such children to other actors, it:
 - keeps the children informed of plans being made for them and gives their opinions due consideration
 - tries to ensure that siblings are kept together, as this enhances protection and can facilitate family reunification
 - gives preference to family/community-based care over institutional care, as this provides continuity for children's social development
 - monitors foster families and, if necessary, provides them with extra assistance to help meet children's needs
 - ensures that if institutional care is the only solution, it is viewed as temporary and does not divert focus from potential family reunification or community placement
 - may support interim care centres by, for example, donating food or other items
- ▶ ICRC-organized/supported family reunifications aim to reunite vulnerable people with their families, including children with their parents, thus preserving the family unit. Similarly, when organizing repatriations, the ICRC pays special attention to enabling families to stay together and to keeping children with their parents.
- ▶ Family reunifications are organized according to the best interests of the child and only if all parties – the child and the family – want to be reunited. Material assistance is usually provided to the family (see *Assistance – Economic security – emergency aid* below).
- ▶ Special attention is paid to preparing for the reunification of boys and girls with their families, including to the psychosocial aspects of the reunification process, especially when they have been separated for a long time. The ICRC also monitors how the children readapt to family life: they are often checked on several months after being reunited with their families to ensure that they do not face new protection problems, especially if they were formerly associated with armed forces or armed groups or are girls with children of their own. When possible, the psychological consequences of separation and violence on children and their families are acknowledged and addressed through referral to the appropriate services.
- ▶ The ICRC advocates that children formerly associated with armed forces or armed groups be provided with adequate

care, in particular during disarmament, demobilization and reintegration processes. It recommends their immediate release without waiting for a peace agreement to be signed or for a disarmament, demobilization and reintegration process to be launched.

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

Restoring family links – missing persons

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

Assistance

Economic security – emergency aid: food and essential household items

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

Economic security – livelihood support

- ▶ Livelihood support programmes suited to the needs and capabilities of heads of household, including children when they have this responsibility, help them to ensure their family's self-sufficiency. Seed and tool distributions, livestock replenishment and vaccination, cash-for-work projects to rehabilitate community infrastructure, grants or material inputs (e.g. sewing machines, donkey carts, flour mills, oil presses, brick-making machines, irrigation pumps) directly improve the standard of living of many children by helping their households continue or jump-start food production or an income-generating activity.

Water and habitat

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

good hygiene; the proper use and maintenance of facilities and equipment for water, sanitation and waste management; and the prevention and treatment of diarrhoea.

Health

- ▶ Many of the people treated in outpatient departments and community health centres in violence-affected areas are children and their mothers, and are, thus, the main beneficiaries of ICRC support to such facilities, which provide comprehensive primary health-care services, including mother and child care and immunizations for children. Mobile clinics give children who are unable to reach permanent structures access to essential health and medical care. Children, among other patients, are referred to a second level of care when appropriate.
- ▶ The ICRC works to reinforce reproductive health, including ante/post-natal care and care for newborn babies. In many contexts, the ICRC trains traditional birth attendants/midwives in delivering ante/post-natal care, identifying at-risk mothers, handling home deliveries and managing complications. The birth attendants/midwives also play a decisive role in health education, for example, on basic care and breastfeeding. They receive delivery kits containing soap, surgical gloves, plastic sheeting, a sterile razor blade and string for the umbilical cord.
- ▶ ICRC support for improving public health conditions encompasses prevention (mosquito net distribution, routine immunization), promotion (hand washing, breastfeeding) and treatment (for respiratory tract infection or malaria, for example). Children and their mothers are among the main targets of health promotion sessions that help ensure they have the knowledge and skills to curb the spread of disease. For example, such sessions may include raising awareness among pregnant women and the mothers of young children of how malaria is transmitted.
- ▶ Within the ICRC's approach to addressing the needs of the civilian population, involvement in vaccination campaigns, particularly in difficult-to-access areas, is prioritized. ICRC support for immunization programmes (cold chain, transport, supervision) benefits mostly children under five, and girls and women of child-bearing age, who receive vital vaccinations against, for example, measles, TB, tetanus, diphtheria, polio or whooping cough. The ICRC may act as a neutral intermediary to facilitate access to isolated areas cut off by fighting so that other organizations may carry out vaccination campaigns; support a government in its immunization efforts; or substitute for health authorities in cases where they are not able to conduct activities themselves.
- ▶ The ICRC supports therapeutic feeding activities for malnourished children and mothers, including during emergencies.
- ▶ Members of the local community, including volunteers, offering support for victims of sexual violence are trained in counselling techniques, helping them improve the assistance they offer the victims, including with regard to finding coping mechanisms and possible solutions. They are also taught psychosocial approaches and mediation skills, enabling them to facilitate the reintegration of the victims, who are often rejected by their families and communities, and acceptance of children born of rape who are at a particularly high risk of being rejected, stigmatized or abused and denied access to education, inheritance rights or even a name.
- ▶ In contexts where there are great mental-health and psychosocial needs or the response of other actors is not

sufficient, the ICRC provides or trains others to provide mental-health and psychosocial care to people affected by armed conflict and other situations of violence, taking account of children's specific vulnerabilities. It assists local communities/actors in building their capacities to respond to these needs. Such programmes aim to enhance individual and community mechanisms that are culturally appropriate.

Weapon contamination

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

PEOPLE DEPRIVED OF THEIR FREEDOM

Protection

- ▶ Children detained in their own right may be registered by the ICRC, and individually monitored with the aim of ensuring that they are afforded particular care and protection, including from torture and other forms of ill-treatment. Infants and other children accompanying detained parents (most commonly, mothers) may also be registered to ensure that their needs are not forgotten and to deter any attempt to use the child to exert pressure on the parent.
- ▶ During its visits to people deprived of their freedom, the ICRC pays special attention to the treatment and living conditions of detained children. Particular consideration is given to suspected victims of ill-treatment, including sexual violence. The ICRC checks children's accommodations, which should separate boys from girls and children from adults (unless their protection and well-being are better ensured by being with their families or other adults responsible for them). Attention is also paid to children's ability to maintain regular contact with their families and to engage in appropriate recreational and educational activities. The ICRC provides confidential reports and recommendations to the authorities concerned accordingly.
- ▶ The ICRC considers children's access to judicial guarantees. When children are detained beyond the time limits allowed by law, when they are eligible for non-custodial measures but have not had the opportunity to access them, or when they are below the age of criminal responsibility, the ICRC makes representations to the detaining authorities with the aim of securing their release.
- ▶ Children recruited or used by armed forces or armed groups are often victims of unlawful recruitment and should be treated primarily as victims, instead of as perpetrators. The ICRC advocates non-custodial measures for children who would otherwise be detained for the sole reason of being associated with an armed group.
- ▶ ICRC support for the penitentiary administration and training for penitentiary staff (medical personnel included)

encompasses, whenever relevant, action regarding or in consideration of the particular needs of children, for example, in terms of food, health care, education and recreation.

Restoring family links

- ▶ ICRC family-links services allow child detainees to communicate with their families and detained adults to communicate with their children outside prison, contributing to the psychological well-being of all concerned. In particular, the ICRC enables child detainees to receive family visits and children to visit their detained relatives by organizing the visits itself and/or by covering the cost of transport. Aside from bringing psychological benefits, these visits are often a vital channel through which detained children obtain food, other essential items, and even access to legal support.

Assistance

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

Water and habitat

- ▶ The ICRC's maintenance, rehabilitation or construction projects in places of detention always take into consideration the needs of children, such as separate accommodation from adults, dedicated sanitation facilities, space for activities, and adequate facilities for women with infants and/or young children.
- ▶ Minors and children living with their detained mothers benefit from hygiene promotion sessions run in prison that aim to prevent and contain the spread of communicable diseases. Sessions commonly cover the prevention of hand-to-mouth contamination through hygienic practices; the proper use and maintenance of facilities/equipment for water, sanitation and waste management; and the prevention and treatment of diarrhoea.

WOUNDED AND SICK

Assistance

Medical care

- ▶ The ICRC works to ensure that children have access to adequate hospital care, including specific drugs and consumables, equipment and clinical expertise.

Physical rehabilitation

- ▶ Children benefit from physical rehabilitation programmes supported by the ICRC. They may receive artificial limbs, walking aids, wheelchairs and physiotherapy. Children require such services more frequently than adults as they rapidly outgrow their prosthetic/orthotic devices.

Water and habitat

- ▶ The renovation or construction of health facilities such as hospitals, health centres and physical rehabilitation centres

always takes into account the specific needs of children. In most cases, children and their caregivers are given special accommodation in line with local customs and internationally recognized standards.

ACTORS OF INFLUENCE

Prevention

- ▶ Prevention activities targeting actors of influence (e.g. political authorities, armed forces and other bearers of weapons, civil society representatives, the media, academics, young people, NGOs) always emphasize the need to take measures to respect the life and dignity of people affected by armed conflict or other situations of violence and that children – who often represent a large segment of the affected population – are also particularly vulnerable and their specific needs must be recognized and addressed.
 - ▶ Depending on the audience, prevention activities may highlight the existing provisions of IHL and international human rights law that focus on children, such as the 1977 Additional Protocols and the Optional Protocol to the Convention on the Rights of the Child, along with relevant national legislation, which may give even more protection. The ICRC provides technical support and advice to countries on becoming party to such instruments and enacting national legislation to implement their provisions, to enhance the protection afforded to children and to meet their specific needs. Particular emphasis is placed on the issue of child recruitment. The ICRC promotes the principle that persons under 18 years of age should not participate in hostilities or be recruited into armed forces or armed groups. All actors are systematically made aware of their responsibilities and capabilities in this respect through a combination of bilateral meetings, legal advice, dissemination sessions, training courses, documentation and publications, academic competitions, and communication campaigns.
 - ▶ The ICRC is often invited to speak about the effects of armed conflict and other situations of violence at conferences hosted by donors and regional and international organizations. The organization contributes to the common efforts of the international community to improve child protection standards in humanitarian work in armed conflict and other situations of violence. It also provides input for new international resolutions, policies and other documents – for example, the guidelines on enhancing the protection of schools and universities against attacks – and promotes their enforcement.
 - ▶ The ICRC addresses the consequences of urban violence affecting young people in Latin America through school-based projects, conducted in partnership with the local education authorities and often with the relevant National Society, aimed at fostering a humanitarian space in and around schools.
- capacities. This helps the National Society improve its response to the specific needs of children affected by armed conflict or other situations of violence. Many National Societies also receive support for specific activities aimed at: alleviating the suffering of children caught in an armed conflict; helping children formerly associated with armed forces or armed groups reintegrate into society; or preventing vulnerable children from joining armed groups and gangs.
- ▶ Through regular meetings and dialogue, and in line with the Seville Agreement and its Supplementary Measures, all operations to meet the needs of those affected by armed conflict and other situations of violence, including children, are coordinated with other Movement components present in the context to ensure the best response.

RED CROSS AND RED CRESCENT MOVEMENT

Cooperation

- ▶ National Societies are the ICRC's primary partners. They have valuable knowledge of the local context, owing to their proximity to victims and their networks of volunteers and local partners. The ICRC works in partnership with National Societies to address the needs of children affected by armed conflict and other situations of violence.
- ▶ In addition to working in partnership with the National Society of the country concerned, to help it strengthen its operational capacities, the ICRC supports the development of National Society tracing, first-aid and emergency-preparedness

ANNEX 4:

THE ICRC'S OPERATIONAL APPROACH TO DISPLACEMENT

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DISPLACEMENT AND THE DISPLACED

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

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

Given that the term “displacement” describes a process and a set of circumstances as opposed to a “status”, there is no international, legally binding definition of an IDP. Nor does the ICRC have its own definition. The definition most commonly used within the international community is the one provided in the 1998 UN Guiding Principles on Internal Displacement, which bring together existing norms of IHL, international human rights law and refugee law in a way that covers all the phases of internal displacement. The definition, which is broad, refers to “persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human-made disasters, and who have not crossed an internationally recognized State border”.

As the majority of IDPs are nationals of the State in which they find themselves displaced, they are entitled to the full protection of national law and the rights it grants to its citizens without adverse distinction resulting from displacement. Some of those displaced, however, will not be State nationals. Nevertheless, they are protected under international human rights law, and many of the same rights must be granted to them without discrimination.

Under IHL, the forced displacement of civilians should not occur in the first place, but if it does, these civilians are entitled to protection. IHL expressly prohibits any party to an armed

conflict from compelling civilians to leave their places of residence. Exceptionally, temporary evacuations may be carried out if the security of the civilians or imperative military necessity so demands. In addition to this express prohibition, the rules of IHL intended to spare civilians from hostilities and their effects also play an important role in preventing displacement, as it is often violations of these rules that cause civilians to flee their homes.

PHASES OF DISPLACEMENT

The ICRC understands displacement to be a dynamic phenomenon consisting of a series of relatively distinct phases. It considers the specific phases to be: the pre-displacement period; the event that causes displacement; the displacement itself (further divided into the acute phase, which is highly unpredictable and in which immediate protection and assistance efforts are required to save lives, and the protracted phase, which is characterized by more stable circumstances, although services and infrastructure are still often insufficient); and return, local integration or relocation.

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

While using an “all phases” approach in its analysis of situations of internal displacement, the ICRC does not aim to respond to every phase of displacement to the same extent; it also uses different modes of action for each phase, as called for by the situation. In particular, the organization focuses on preventing forced displacements and on responding to acute displacements, two areas where the organization has a comparative advantage in terms of expertise and experience. In other phases, the ICRC intervenes when it can bring a specific added value to the response to the situation.

THE “ALL VICTIMS” APPROACH

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

Within this approach, the ICRC acknowledges that those who have been forced to leave their homes usually face particular vulnerabilities. People at risk often flee at very short notice and often in chaos, experiencing, *inter alia*: loss of shelter, resources and essential documentation; disruption of livelihoods (e.g. agriculture,

livestock, business, wage labour); separation or disruption/complete breakdown of family and community support networks, including contact with relatives; increased risks of exploitation and abuse; reduced access to essential services; potential marginalization from decision-making structures; and psychological and physical trauma. These exacerbate the general difficulties inherent to a conflict environment. Moreover, those affected are often displaced several times over, increasing the likelihood of further impoverishment and trauma.

However, people who are displaced are not all exceptionally vulnerable. For example, those who have adequate resources may cope independently with the consequences. Likewise, people who do not move are not necessarily safe from hardship – those who are unable to flee (e.g. the elderly, the sick, the wounded, the physically disabled, those for whom fleeing is too risky, or members of a persecuted group unable to flee because of tensions with their neighbours) or are left behind (e.g. unaccompanied minors) may be equally or more vulnerable than those who leave to seek safer circumstances.

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

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

As such, displacement – and the circumstances causing it – typically has severe protection and resource implications both for IDPs and host families and communities. As the violence persists, the general economy can also take a severe hit, with reduced availability of and access to goods, supplies, land and services – all of which could further undermine the independent means and capacities of the entire population.

The needs of IDPs cannot, therefore, be considered to the exclusion of the rest of the population affected. Rooted in the principles of

impartiality and needs-based responses, the ICRC's "all victims" approach means that, in addition to meeting the specific needs of IDPs, appropriate emphasis is also placed on those unable to flee and on residents who are affected by the displacement of others. This underscores the fact that displacement is not solely about IDPs. Understanding it, instead, as a process and a set of circumstances allows for acknowledgement of its impact on a wide range of people.

THE MULTIDISCIPLINARY APPROACH

The ICRC seeks to address the diverse needs of the affected population by linking efforts that aim to: ensure that the law is upheld; and address the consequences of the conflict or violence, and of violations of the law, through a combination of different activities. The organization is committed to ensuring that its response to displacement caused by armed conflict is flexible and adaptable to the changing circumstances of all those affected. The organization's activities for those affected by displacement are designed to empower beneficiaries, promote self-reliance and reinforce positive coping mechanisms.

Preventing forced displacement

The ICRC aims to persuade authorities, armed forces and armed groups, through confidential dialogue, to fulfil their obligations to prevent the forced displacement of civilians (unless the temporary evacuation of civilians during military operations is required for their own security) and other violations of IHL and other relevant bodies of law that would result in displacement. If displacement nevertheless occurs, the ICRC makes confidential representations to the alleged perpetrators, with a view to having them take measures to stop the violations and prevent further displacement. ICRC assistance activities (such as ensuring access to a safe water supply and health care, and providing livelihood support) in the pre-displacement phase can also help reinforce the resilience of the affected people and remove some of the causes of displacement, provided that such a solution is in the best interests of the affected population. In parallel, the ICRC seeks to improve its understanding of the events that cause displacement, so as to help prevent their recurrence.

Alleviating the effects of displacement

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

The ICRC conducts a wide range of assistance activities which are designed not only to help those affected meet their most immediate needs for survival (in terms of shelter, water and sanitation, nutrition, access to health care, etc.), but also to serve as protection measures by enhancing individuals' capacities to avoid threats in their environment that might compound their problems. It enables those displaced to restore links with their families, which contributes to their well-being. The ICRC also supports the relevant national and local authorities and structures in addressing the plight of IDPs, when these actors and structures are ill-equipped to do so.

The organization carries out these activities through the acute and protracted phases of displacement.

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

Easing return, local integration and relocation

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

RELATIONS WITH THE MOVEMENT AND HUMANITARIAN COORDINATION

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

ICRC activities benefiting people affected by displacement are often carried out in partnership with the Movement's other components. The National Society in the country in question is the ICRC's primary partner, but in many instances, other National Societies that work internationally are also involved. In line with the Seville Agreement and its Supplementary Measures, the ICRC leads and coordinates the efforts of the Movement's components in armed conflict and other situations of violence, including all the work done by the Movement to restore family links, an essential activity wherever people have been displaced.

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

The ICRC is also committed to facilitating coordination with other actors while preserving its independence, neutrality and impartiality. It has welcomed the various UN initiatives for humanitarian reform – including the cluster approach. Although, as a neutral and independent organization, it is unable to be a formal part of the cluster approach, the ICRC sees it as no obstacle to coordination. Such coordination, however, must, on the one hand, have as its aim to meet all the needs of those affected by conflict by promoting complementary roles among the various humanitarian organizations (avoiding duplication or gaps) and, on the other hand, maximize the impact of the ICRC response.

DISPLACEMENT IN ICRC PROGRAMMES, BY TARGET POPULATION

In view of the ICRC's "all victims" approach, its activities target the most vulnerable people; thus, those affected by the problem of displacement benefit from many activities, as do those not directly

affected by this particular problem. The points below detail only the specific activity or group of activities that are of particular significance to IDPs or host communities or where, for one reason or another, they comprise the majority of beneficiaries; the significance of the activity during the different phases of displacement is also explained.

CIVILIANS

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

Protection

Protection of the civilian population

- ▶ The ICRC monitors the situation of individuals and groups not or no longer taking part in hostilities. Where documented, allegations of abuse committed against civilians are raised in the ICRC's discussions with all parties on alleged IHL violations and the measures to be taken to stop them, thus removing one of the causes of displacement. Such allegations may include direct or indiscriminate attacks, harassment, arbitrary arrests, sexual violence, looting or destruction of property and possessions, forced recruitment by weapon bearers, or restriction/denial of access to land, fields, markets and essential services.
- ▶ In addition to making formal and informal oral and written representations to the authorities concerned about alleged incidents, the ICRC conducts preventive dissemination activities for the authorities and all kinds of weapon bearers to raise their awareness of their responsibilities under IHL to protect and respect at all times individuals and groups not or no longer taking part in hostilities (see *Actors of influence* below).
- ▶ By reinforcing civilians' self-protection mechanisms and acting as a neutral intermediary to facilitate movement across front lines or access to essential services, such as markets or health care, the ICRC can remove some of the causes of displacement or contribute to increasing the resilience of the population.
- ▶ When displacement does occur, the ICRC plays an important role in engaging with the authorities, who while bearing the primary duty to care for the displaced and to manage the displacement crisis, often lack the capacity or the will to do so. The ICRC highlights critical humanitarian needs and makes recommendations to the authorities on how they can better fulfil their obligations, including those in relation to protecting civilians from abuses and further displacement; it takes care to emphasize that IDPs are not a homogeneous group and each sub-group is likely to have particular concerns, in relation to their age, gender and physical or mental abilities.
- ▶ Any movement of IDPs ordered by the authorities must be carried out in a safe, voluntary and dignified manner. In terms of responding to a displacement crisis, the authorities bear responsibility for restoring essential conditions required for resolution of the situation. The ICRC advocates the establishment of such conditions, so that the displaced are able to return to their places of origin or relocate to new areas: these conditions include security guarantees, assurance of access to and availability of essential services, the ability to exercise housing, land and property rights, and often, compensation for lost, stolen or destroyed property. A premature return often leads to re-displacement and further hardship. The ICRC can also advocate other durable solutions that are put forward by displaced populations as their preferred option.

- ▶ The ICRC pays particular attention to the relationship between IDPs – living in dedicated places or hosted by residents – and local resident communities in order to avoid or reduce tension between the two groups, such as that caused by competition for overstretched resources. Whenever possible, the ICRC takes direct action to remove or reduce the causes of the tension.
- ▶ Encouraging respect for people's dignity includes ensuring that they have access to accurate information and can actively influence decisions made on their behalf, to ensure that they are still able to make choices about their lives, however dire the circumstances. For example, a lack of information regarding the services available or a lack of familiarity with local procedures can reduce the capacity of IDPs to obtain access to essential services and support. In such cases, the ICRC will directly facilitate beneficiaries' access to the services available, including those run by the State, as well as prompt the authorities to improve their communication and information-sharing systems.
- ▶ During their flight, IDPs may leave behind or lose critical documents (personal identification cards, passports, birth certificates, marriage certificates, etc.) or have them stolen, making it difficult for them to exercise their rights. The ICRC reminds the authorities of their obligations to make document replacement services available to all eligible citizens. It can also act as a neutral intermediary to relay official documents across front lines, between family members or between the authorities and civilians.

Restoring family links

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

Assistance

Economic security – emergency aid: food and essential household items

- ▶ People often have to flee at short notice and are likely to be limited in the belongings they can carry with them. When distributing aid, the ICRC gives priority to the most vulnerable households. Many of these are displaced, although the ICRC also assists residents who are directly affected by the conflict but are unable or unwilling to leave the affected area, or host communities/households who are affected by the strain IDPs place on existing resources. IDPs finally returning to their places of origin or relocation are also counted among the beneficiaries. As necessary, the ICRC provides food rations and essential household items, such as blankets, tarpaulins, jerrycans, kitchen sets and hygiene kits, to enable the displaced

to set up temporary homes or returnees to build new ones. Other items, such as clothes or fabric to make clothing, are also distributed according to need.

Economic security – livelihood support

- ▶ Livelihood support programmes help households protect or regain their self-sufficiency. Seed and tool distributions, livestock replenishment and vaccination, cash-for-work projects to rehabilitate community infrastructure, grants or material inputs (e.g. sewing machines, donkey carts, flour mills, oil presses, brick-making machines, irrigation pumps), for example, directly improve the standard of living of households by helping them continue or jump-start an income-generating activity. This, in turn, can also help people to cope with the various threats in their environment posed by the armed conflict or other situation of violence. In this way, boosting economic security can prevent impoverishment that might lead to displacement. On the other hand, displaced households, whether they are able to return home after a relatively short period of time or are caught up in prolonged displacement, are cut off from their livelihoods/sources of income and struggle with the depletion of any resources they may have. The ICRC's support helps displaced people, returnees, and host communities, especially the households hosting IDPs, recover or maintain their sources of income. Often, this support contributes to alleviating the tensions between returnees or relocated IDPs in their new areas of residence.
- ▶ In many cases, occupational training forms part of livelihood support programmes, either to help the beneficiaries keep up their skills or to enable them to take up a new economic activity more suited to the area to which they have been displaced.

Water and habitat and Health

- ▶ By ensuring access to safe drinking water and to permanent or mobile health care services, either directly or by supporting other providers, the ICRC can remove one of the possible causes of displacement and/or help bring about conditions conducive to the return or relocation of IDPs. Where displacement has already occurred, the ability of IDPs, residents and returnees to safely access health care and/or water for multiple purposes (e.g. household or agricultural consumption and other essential needs) ensures better sanitation practices; improves public health by reducing the incidence of illnesses/diseases, including communicable ones caused by inadequate hygiene; and prevents long journeys to water points, thus decreasing people's risk of being attacked. Health and hygiene promotion sessions aim to teach people basic practices that can help minimize or prevent the spread of disease. Such activities also help reduce tensions caused by competition for resources.
- ▶ When large numbers of IDPs head for camps or converge on State-run reception centres or evacuation sites, the facilities may be unable to cater to all of them; health-care facilities, many of them already run-down or overstretched, in the areas receiving IDPs may also be overwhelmed by the increased needs. Thus, the ICRC may rehabilitate infrastructure, construct or repair water, sanitation and health facilities, provide equipment or train staff, volunteers or IDPs in the rehabilitation or maintenance of such facilities. At the same time, the ICRC highlights the needs to the authorities, encouraging them to expand the services they provide.
- ▶ IDPs may benefit from psychological support to help them deal with the trauma of displacement or of the violations of IHL that prompted the displacement.

- ▶ Depending on their circumstances, IDPs may be at risk of malnutrition. The ICRC may support therapeutic feeding programmes, including in emergency situations.

Weapon contamination

- ▶ The ICRC engages in advocacy efforts with the relevant authorities on mines and explosive remnants of war, with a view to stopping their use of such weapons and, in effect, decreasing the dangers that force people to flee their homes. Representations are often based on data collected first hand by the ICRC or the National Society.
- ▶ To help prevent injuries caused by weapon contamination and to foster conditions conducive to the return or relocation of IDPs, the ICRC marks contaminated areas, conducts mine-risk education, mobilizes and supports authorities/other actors to conduct clearance operations, and, in exceptional cases and in line with strict criteria, deploys specialist teams to conduct such operations for a limited time. In the event of an accident, it also provides surgical, medical, physical rehabilitation and economic assistance to victims.

WOUNDED AND SICK

Protection

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

Assistance

Medical care and Physical rehabilitation

- ▶ IDPs and residents alike may be wounded in the fighting or may fall sick and need to be treated at first-aid posts or in hospitals that are ill-equipped to deal with them because they are dilapidated or simply because of the sheer numbers of people in need. IDPs are also among those who benefit from ICRC-supported physical rehabilitation programmes. They may receive artificial limbs, walking aids, wheelchairs and physiotherapy.

ACTORS OF INFLUENCE

Prevention

- ▶ Prevention activities targeting actors of influence (e.g. political authorities, armed forces and other bearers of weapons, civil society representatives, the media, academics, young people, NGOs) always emphasize the need to take measures to respect the life and dignity of all people affected by armed conflict or other situations of violence, including IDPs. All actors are systematically made aware of their responsibilities and capabilities in this respect through a combination of bilateral meetings, dissemination sessions, training courses, documentation and publications, academic competitions and communication campaigns.
- ▶ The formal authorities, both civil and military, bear the primary duty to protect and assist people in their territory. A humanitarian response cannot substitute comprehensively for shortcomings in the formal system. The ICRC therefore

reminds the authorities – at all levels, on the ground and in high-ranking positions right up to the cabinet – of their obligations to respect, protect and support those affected by displacement, and that IDPs enjoy the same rights and freedoms under the applicable legal frameworks (IHL and national law), without discrimination, as other citizens.

- ▶ Where inadequate legislation exists, the ICRC provides technical support and expertise to the authorities to help them develop new laws and adopt the necessary measures to implement these laws.
- ▶ During its dialogue with all authorities and weapon bearers, the ICRC recalls how IHL stipulates that the parties to a conflict must allow and facilitate the rapid and unimpeded passage of humanitarian relief, which is impartial in nature and conducted without adverse distinction, subject to their right of control, for the benefit of civilians in need.
- ▶ The basic rules of IHL, the respect of which would prevent a good portion of the cases of conflict-affected displacement, that the ICRC highlights in its contact with the authorities include:
 - the obligation to distinguish at all times between civilians and combatants and between civilian objects and military objectives
 - the prohibition on making civilians or civilian objects the target of attacks
 - the prohibition on indiscriminate attacks
 - the obligation to use force that is proportional to the military objective in order to minimize the collateral damage suffered by civilians
 - the obligation to take precautions in attacks to spare the civilian population
 - the prohibition on the destruction of objects indispensable for the survival of the civilian population
 - the prohibition on reprisals against the civilian population and civilian property
 - the obligation to respect fundamental guarantees such as the prohibition of ill-treatment.
- ▶ The ICRC also emphasizes to the authorities that they have the obligation to provide protection and assistance and to seek solutions when displacement occurs. This includes ensuring that civilians:
 - are protected against threats, indiscriminate arrests, attacks and other acts of violence, as is their property (either that currently with them or that left behind)
 - are able to maintain their dignity, physical, mental and moral integrity, and family unity
 - have freedom of movement and freedom to choose their place of residence (in or out of camps, within the country or abroad) and are protected against forced return
 - have an adequate standard of living in terms of food, water, sanitation, basic shelter, clothing, health care and education
 - have access to the documents they need to enjoy and exercise their rights (personal identification, passport, birth certificate, marriage certificate, etc.)
 - have access to accurate information in order to make informed choices and participate in and influence decisions being made on their behalf.
- ▶ Finally, the authorities are urged to fulfil their responsibilities to restore conditions that permit return, local integration or relocation as quickly as possible. The basic conditions for sustainable, long-term solutions, based on voluntary, safe and dignified choices, include the following assurances that former IDPs:
 - do not suffer attacks, harassment, intimidation, persecution or any other form of punitive action upon return to their home communities or settlement in other locations

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

RED CROSS AND RED CRESCENT MOVEMENT

Cooperation

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

HEADQUARTERS

ICRC GOVERNING AND CONTROLLING BODIES

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

MEETINGS AND DECISIONS OF THE GOVERNING BODIES

In 2015, the Assembly and the Assembly Council held seven and ten meetings, respectively. The president and the director-general of the ICRC kept the governing and controlling bodies informed about the conduct of operations, the development, implementation and promotion of IHL, humanitarian diplomacy priorities, cooperation with National Societies, relations with the private sector, public communication, and administration and finance. On the recommendation of the Recruitment and Remuneration Commission, Ms Maya Hertig Randall (elected in December 2014) and Ms Beatrice Speiser (elected in June 2015) joined the Committee in 2015, while Ms Laura Sadis, who was elected in December, will take up her duties on 1 January 2016.

The Assembly focused its work on the priority issues identified in the Institutional Strategy 2015–2018: health, sexual violence, migration and the ICRC's ambition to strengthen protection through law, policy and operations. It adopted the revised policy on public communication, recognized the Tuvalu Red Cross Society and received an in-depth briefing on the management of security risks. Throughout the year, the Assembly was updated on preparations for the 32nd International Conference. Pursuant to the recommendations of the Audit Commission, it reviewed and approved the 2014 financial accounts, including the report of the external auditors, and the Directorate's proposed 2016 objectives and budgets. The Assembly's working group on financing and innovation worked with the Private Fundraising Division on the development of new financing tools and approaches to the private sector. During its annual off-site meeting, the Assembly discussed the ICRC's response to the needs of vulnerable migrants, confirming the organization's needs-based approach and the importance of continuing to work along migration routes, together with Movement partners. The Assembly established a new governing body, the Data Protection Independent Control Commission, and adopted related changes to the ICRC Statutes and internal regulations.

The Assembly Council continued to monitor the development and implementation of some of the organization's main transformational projects (People Management Programme, human resource organization, and the evolution of the organizational model). It also adopted a number of budget extensions, most of which related to the ICRC's main theatres of operation: Iraq, the Lake Chad region (Chad, Niger, Nigeria, Yaoundé regional delegation), Libya, South Sudan, Sudan, the Ukraine crisis (Moscow regional delegation, Ukraine) and Yemen.

MISSIONS

Mr Peter Maurer, president, held bilateral discussions with heads of State, ministers of foreign affairs and defence, parliamentarians and National Society leaders in Austria, Cameroon, China, El Salvador, France, Germany, Iraq, the Islamic Republic of Iran, Japan, Jordan, Kenya, Saudi Arabia, Kuwait, Lebanon, Liechtenstein, Mexico, Nigeria, Oman, the Russian Federation, Somalia, Spain, Sweden, Thailand, Ukraine, the United Arab Emirates, the United Kingdom of Great Britain and Northern Ireland, the United States of America (hereafter United States) and Yemen. Mr Maurer also held talks with government representatives during the High-Level Segment of the UN General Assembly in New York (United States), during meetings with the European Union and NATO in Brussels (Belgium), and at the World Economic Forum in Davos (Switzerland).

Ms Christine Beerli, vice-president, conducted visits to Bolivia, Colombia, Fiji, Liechtenstein, New Zealand, Poland and Turkmenistan, meeting with government officials and National Society leaders. She represented the ICRC at a number of high-level events, such as the Conference on International Security (Moscow, Russian Federation), the Astana Economic Forum (Kazakhstan), and the First Review Conference on the Convention on Cluster Munitions (Dubrovnik, Croatia). Ms Beerli spoke at conferences on sexual violence (Ljubljana, Slovenia), nuclear weapons (Ypres, Belgium), migration (San Marino), the future of humanitarian financing (Alpbach, Austria), IHL (San Remo, Italy) and the 70th anniversary of the UN (Vienna, Austria). She represented the ICRC at various events organized by National Societies, in Europe, Latin America and the Pacific.

Other members of the Committee conducted the following missions:

- ▶ **Mr Jürg Kesselring** visited the ICRC's operations in South Sudan. He represented the ICRC at a commemorative event in Srebrenica (Bosnia and Herzegovina) and at an event on Health Care in Danger held in tandem with the World Health Assembly in Geneva (Switzerland).
- ▶ **Mr Melchior de Muralt** visited the ICRC's office in Phnom Penh (Cambodia).
- ▶ **Mr François Bugnion** travelled to Colombo (Sri Lanka) to take part in the 6th South Asian Conference on IHL, and to France to lecture participants in a training course on IHL (Modane) and represent the ICRC at an event organized by the French Red Cross to mark the 50th anniversary of the Fundamental Principles (Paris). Mr Bugnion was a member of the official ICRC delegation to the 32nd International Conference.
- ▶ **Mr Mauro Arrigoni** visited ICRC operations in Kabul and Mazar-i-Sharif (Afghanistan), with a focus on physical rehabilitation programmes.
- ▶ **Ms Doris Schopper** travelled to the Democratic Republic of the Congo to see the ICRC's work to prevent and address the consequences of sexual violence; she delivered a speech on behalf of the ICRC at the event on Health Care in Danger held in tandem with the World Health Assembly in Geneva. Ms Schopper was a member of the official ICRC delegation to the 32nd International Conference.
- ▶ **Mr Hugo Bänziger** visited the ICRC delegation in Israel and the occupied territories.

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- ▶ **Mr Rolf Soiron** travelled to the ICRC regional delegation in Kuala Lumpur (Malaysia), where he observed ICRC activities for vulnerable migrants. He also travelled to Singapore to support private fundraising efforts and attended Module 1 of the Humanitarian Leadership and Management School in Amman (Jordan).
 - ▶ **Mr Bruno Staffelbach** attended Module 1 of the Humanitarian Leadership and Management School in Bangkok (Thailand).

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

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

As the ICRC worked to address complex and ever-increasing humanitarian needs in a challenging environment, the Directorate played a key role in steering the organization's growth and managing changes to ensure its response was effective, relevant and holistic. In September, it conducted a final review of the 2011–2014 Institutional Strategy, identifying key achievements and the main challenges encountered in its implementation, and highlighting lessons for the future. Through its quarterly appraisals, the Directorate assessed the ICRC's overall performance (covering operations, finance, human resources, major projects and key institutional risks) and made the necessary adjustments, regularly communicating related information at different levels of the organization. It developed a monitoring framework for the 2015–2018 Institutional Strategy, outlining guiding principles and results indicators.

STRATEGIC ORIENTATIONS FOR 2015–2018

The results presented below highlight the progress made towards achieving the ambitions set out in the 2015–2018 Institutional Strategy. These results are described in greater detail in subsequent sections of the Annual Report.

STRENGTHEN THE ICRC'S CAPACITY TO PROTECT THROUGH LAW, OPERATIONS AND POLICY

In the run-up to the 32nd International Conference in December, the ICRC drew attention to the challenges posed by armed conflicts and other situations of violence, and mobilized support for addressing them. It concluded consultations with States and others under the Strengthening IHL process, which involved two tracks: addressing gaps in existing IHL rules with regard, in particular, to the protection of people detained in relation to non-international armed conflicts; and improving compliance with IHL. At the International Conference, the ICRC reported on the outcomes of the process and made recommendations; it also promoted resolutions on addressing sexual and gender-based violence and on the protection of wounded or sick people and health-care services.

Work continued on the revision of the commentaries to the 1949 Geneva Conventions and the Additional Protocols. An excerpt of the updated *Commentary* on the First Geneva Convention was published online in December, with the full document scheduled for publication in 2016. Updating of the commentaries on the Second and Third Geneva Conventions got under way.

The ICRC continued to influence debates on legal and policy issues at multilateral forums, such as the UN or regional intergovernmental organizations, and at bilateral level. Its humanitarian diplomacy efforts were bolstered by the development of policies and positions on, among other issues, humanitarian financing and topics covered by the World Humanitarian Summit. The ICRC played a leadership role within the Inter-Agency Standing Commission and served as president of the Steering Committee for Humanitarian Response. Events such as public conferences, webinars and video interviews provided opportunities to engage with policy-makers and other stakeholders on current and future humanitarian challenges. The ICRC adapted its networking approach in key contexts by involving different departments and units, in the field and at headquarters, to better enable it to address operational developments and relay humanitarian messages to the relevant parties, including non-State armed groups.

Through the Health Care in Danger project, the ICRC continued to highlight security concerns affecting health care in armed conflicts and other situations of violence, working with various partners. In April, the ICRC released a report on violent incidents that affected health-care services in 2012–14, based on data collected and analysed by its delegations. The project continued to mobilize a community of concern around safe access to health care.

The ICRC adopted a reference framework on data protection, with a view to mitigating the risks posed by international and regional data protection regulations to the organization's capacity to process personal data.

ENHANCE THE ICRC'S DISTINCTIVE RESPONSE TO GROWING NEEDS

The 2015 budget was the ICRC's highest ever, with an initial field budget of almost CHF 1.4 billion and budget extensions for 11 contexts, amounting to an additional CHF 210.3 million. The organization sustained or expanded its operations in contexts with immense humanitarian needs, including the Central African Republic, Iraq, Nigeria, South Sudan and the Syrian Arab Republic (hereafter Syria). It addressed some of the most urgent concerns of migrants along migration routes and strengthened its multi-disciplinary response to international displacement. It established taskforces for the deployment of additional staff and resources in response to emerging crises and emergencies, as in Burundi, Nepal and Yemen. However, it continued to experience difficulty in obtaining access to vulnerable populations in other contexts, such as Sudan and Ukraine.

Security remained a major concern for the ICRC. Three staff members were killed during the year: one in Mali and two in Yemen. Efforts were pursued for the release of a staff member kidnapped in Yemen in December and three staff members abducted in Syria in 2013. The ICRC reinforced its Security and Crisis Management System, introduced a staff security and safety course and developed a new Security Management Information Platform, which covers access to security and safety information, incident reporting, site security dashboards and a risk assessment methodology.

In line with its 2014–2018 Health Strategy, the ICRC further expanded its health response, focusing on surgical care, health

care in detention and physical rehabilitation services. It placed greater emphasis on the continuum of care, pursuing an integrated approach to health needs in contexts like the Central African Republic, Israel and the occupied territories (particularly in the Gaza Strip), South Sudan and Ukraine.

The ICRC enhanced its activities to address conflict-related sexual violence in places like Colombia, the Democratic Republic of the Congo, Mali and South Sudan.

Innovation was encouraged across the organization, in partnership with the corporate and academic sectors. Pilot projects on registering beneficiaries for economic security projects and on monitoring protection-related activities were being scaled up. Others were launched in fields such as health care and beneficiary communication. Several projects were based on ideas sourced through a web-based platform launched in January to encourage coordination among ICRC staff, beneficiaries and others in proposing and developing innovative solutions to operational needs and institutional challenges.

The Humanitarian Negotiation Exchange Platform helped enhance informal exchanges and peer coaching among staff members engaged in front-line negotiation and mediation activities.

SECURE THE WIDEST POSSIBLE SUPPORT FOR ICRC ACTION

The ICRC reached out to countries with a growing influence in global affairs, such as Brazil, China, Kuwait, and Mexico, to foster acceptance of and support for its mandate and activities around the world.

The ICRC secured additional funding from governments and continued to work on broadening its donor base among governments, National Societies and private sources. Given the sharp growth in operational needs, it intensified its engagement with donors, keeping them abreast of developments regarding major acute emergencies, protracted conflicts and thematic issues, and of changes in the organization's financial situation. It updated its 2012–2020 Fundraising Strategy to reflect the decision to expand its operations.

The Assembly adopted a new external communication policy, geared towards strengthening the ICRC's acceptance, reputation, positioning and access and improving its engagement with stakeholders.

Initiatives were maintained to reinforce digital communication through the ICRC website and social media accounts, guided by a new strategy on engagement and positioning. Country pages and digital platforms launched in local languages improved the flexibility and impact of these efforts.

CONTRIBUTE TO A MORE SIGNIFICANT MOVEMENT RESPONSE TO LARGE-SCALE EMERGENCIES

The ICRC engaged more strategically and proactively with other components of the Movement. With the International Federation, it led a process to maximize complementarity among Movement components. The ICRC focused on four key areas (security management, communication, resource mobilization and operational coordination) to help improve the quality and scale of the Movement's response to large-scale emergencies, such as the outbreak of Ebola virus disease, the earthquake in Nepal and the crises in South Sudan and Yemen.

The organization developed a plan of action for improving its operational partnerships with National Societies, focusing on enhancing staff skills and the effectiveness of ICRC input on capacity-building and organizational development.

ADAPT AND STRENGTHEN ORGANIZATIONAL CAPACITIES TO SUSTAIN GROWTH AND THE CONTINUED RELEVANCE OF ICRC ACTION

The ICRC continued to adapt its organizational model to changes in its operating environment.

Progress was made in several aspects of the People Management Programme: the new international assignment planning framework was implemented, a new pool management framework validated, a human resources information system developed and a core competency framework introduced. Human resource managers continued to be deployed in the field, bringing human resource services closer to delegations. Two new centres of expertise were established within the Human Resources Department. The second module of the Humanitarian Leadership and Management School was launched.

The ICRC began to devolve some decision-making responsibilities to the field, to ensure that its response is contextualized at the level closest to implementation.

Certain corporate services from headquarters were outsourced or delocalized, in line with institutional efforts to improve efficiency and effectiveness. A new shared services centre was opened in Belgrade, Serbia, as part of ongoing changes to improve information and communication technology processes.

Extensive work continued to be done to ensure information security, with critical applications and related risks being identified. Progress was made on transformational projects related to security management, protection data management, and the global supply chain. Efforts to provide ICRC staff members with improved information management tools progressed, in line with the Information Environment Strategy.

OFFICE OF THE DIRECTOR-GENERAL

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

In 2015, ICRC operations increased significantly and the organization carried out projects to restructure its working methods and, ultimately, improve its response to humanitarian needs. In this context, the Office of the Director-General led and monitored the implementation of the Institutional Strategy 2015–2018 and played an important role in managing the ICRC's performance and major institutional risks. It oversaw the implementation of a new organizational model designed to strengthen the ICRC's capacity to sustain growth and ensure its relevance. It helped shape the debate on legal and policy issues affecting the ICRC's work, and spearheaded institutional efforts to bolster Movement coordination.

LEADING THE DIRECTORATE

The Office of the Director-General managed the work of the Directorate, in particular to steer the organization and lead institutional changes. It served as a link between the administration and the governing bodies, and helped ensure the relevance, coherence, timeliness and implementation of institutional decisions.

Under the office's leadership, the Directorate adopted rules and procedures formalizing changes in its functions and revised its agenda to reflect specific roles and responsibilities.

The office facilitated meetings of the platform on organization and management, established to ensure coherence and efficiency in issue identification, decision-making and follow-up across departments. These meetings provided direct input for discussions within the Directorate.

MANAGING THE ICRC'S PERFORMANCE

The Office of the Director-General provided support for the Directorate's quarterly reviews and the final review of the 2011–2014 Institutional Strategy (see *Directorate*). It facilitated the Directorate's scenario-planning efforts to identify ways of adapting to changes in the ICRC's operating environment. It helped the Directorate and the governing bodies develop a monitoring framework outlining guiding principles and results indicators for the Institutional Strategy 2015–2018.

PROJECT MANAGEMENT

Led by the Office of the Director-General, the Directorate adopted revised mechanisms for managing the projects carried out by ICRC headquarters. These mechanisms stressed the importance of improving assessment and monitoring processes, analysing interdependencies between projects and sequencing projects carefully.

The office helped the project board prepare quarterly portfolio reviews and conduct the annual project prioritization exercise, through which the board prioritized projects in different phases of implementation so as to strike a balance between ongoing projects and the resources required for their delivery. The board focused on managing the integration of large-scale projects in the field, to ensure that the ICRC was capable of absorbing the accompanying changes.

The Project Management Office helped project teams and steering committees implement their projects, conducting four training sessions to this end.

RISK MANAGEMENT

In line with the ICRC's approach to risk-management, the Office of the Director-General worked with the Directorate to review what key risks the institution faced and identify mitigation measures. With support from the office, the Directorate analysed trends and identified emerging risks that required further analysis, during quarterly reviews and as a part of regular monitoring. The Directorate approved an annual dashboard evaluating these risks and mitigation measures, and a new approach to business continuity, aimed at harmonizing ongoing business continuity planning at headquarters and in the field.

The office continued to proactively promote risk-management practices, assess the needs of managers in this regard, and provide them with support. Risk management content was incorporated into staff training courses.

PLANNING, MONITORING AND EVALUATION

The Office of the Director-General continued to work on strengthening results-based management at different levels of the organization. Together with the Human Resources Department, the office worked to ensure that results-based management skills were covered by recruitment and appraisal processes, and encouraged the inclusion of these topics in training courses. It coordinated the revision of reference frameworks for ICRC programmes, developed to support delegation planning and monitoring.

The office led the Directorate in assessing the annual planning, budgeting, monitoring and reporting cycle. It thus made recommendations on improving related processes and systems and approved a proposal to revise the cycle, for implementation in 2017. It also finalized the business requirements for a new field planning and monitoring tool.

The office helped departments conduct three evaluations – on urban violence, physical rehabilitation and weapon contamination, and the opening to the public of the ICRC archives for 1966–75 (see *Operations* and *Communication and information management*). Recommendations from three previous evaluations were followed up.

It prepared the annual calendar of planning and monitoring milestones, coordinated the preparation of guidelines and conducted training sessions.

BUSINESS INTELLIGENCE

The Office of the Director-General continued to oversee the business intelligence programme, which aims to strengthen the

ICRC's ability to capitalize on available information and make appropriate, timely and evidence-based management decisions. Following an institution-wide assessment of data-management capacities, the Directorate approved the development of a data governance framework and a process to define data-management functions at different levels.

A new technology was selected to facilitate complex, transversal analysis of information; the resulting reports and analytical tools are expected to boost the ICRC's capacity to use and visualize data. Development work continued on performance monitoring dashboards for logistics and financial services.

POSITIONING THE ICRC IN EXTERNAL DEBATES

The ICRC influenced developments in the humanitarian landscape through the director-general's participation in humanitarian coordination meetings and discussions with States, National Societies and the private sector. As president of the Steering Committee for Humanitarian Response, the ICRC led the revision of the committee's agenda and working methods, with a view to strengthening ties with stakeholders and encouraging reflection on the future of humanitarian action. The ICRC reinforced its dialogue with its main government donors through two policy forums, in addition to the annual Donor Support Group meeting (see *Financial resources and logistics*).

ORGANIZATIONAL MODEL

The ICRC continued to adapt structures and processes in order to ensure their efficient and effective functioning. Several functions were, or are in the process of being, delocalized/outsourced from headquarters (see *Human resources*), and a second shared services centre was opened in Belgrade, Serbia, to complement the work of the Manila Shared Services Centre. A management model for delocalized corporate services was approved. Headquarters units pursued other optimization efforts, in order to improve flexibility and provide delegations with greater autonomy.

MOVEMENT COORDINATION AND COOPERATION PARTNERSHIP AND CAPACITY-BUILDING WITH NATIONAL SOCIETIES

The Directorate confirmed the importance of strengthening the ICRC's operational partnerships with National Societies. It committed to reinforcing bilateral relationships with several National Societies, to be able to better mobilize them to contribute to ICRC operations and themes of mutual interest. It focused on human resources (notably in the field of health), fundraising, communication and humanitarian diplomacy, in line with the Movement-wide initiative on "Reaffirming the Fundamental Principles".

Efforts were pursued to mainstream the application of the Safer Access Framework. Twenty workshops were carried out, led by a core group of National Society/ICRC staff members tasked with facilitating assessments and planning in the field. A subsequent review confirmed that the workshops helped enhance understanding of the action required to improve acceptance, security and access, strengthen operational partnerships, and reinforce Movement coordination on organizational development and capacity-building. A new website was launched with a one-stop shop for resources.

Interaction with the International Federation's secretariat centred on collaborative and innovative approaches to policy-making, operations and donor relations.

OPERATIONAL AND MOVEMENT COORDINATION SUPPORT

ICRC delegations received support for maximizing the impact of the Movement's response, notably via existing or new Movement coordination mechanisms. Eight coordination agreements were signed or renewed, bringing the total in force worldwide to 17. Movement security frameworks were established for Afghanistan, Iraq and Yemen, among other countries, as were agreements for the development of the security management capacity of National Societies in contexts such as the Syrian Arab Republic (hereafter Syria).

The ICRC and the International Federation explored new financial arrangement models in Asia and the Middle East. For example, only one international appeal was launched for the Movement's response to the earthquake in Nepal (by the International Federation, but including ICRC activities) and a cost-recovery mechanism was established. The ICRC contributed to the International Federation's Movement-wide initiative to enhance the capacities of National Societies, particularly in Syria and its neighbouring countries. In the Americas, it supported National Society efforts to reduce the impact of violence in urban settings.

The ICRC also invested in strengthening Movement information management, drafting 15 special notes and joint statements and organizing conference calls on the humanitarian crises in, for example, Nigeria and Yemen.

Following up on Resolution 4 of the 2013 Council of Delegates, the ICRC and the International Federation conducted Movement-wide consultations on strengthening Movement coordination and cooperation, centred on four areas: coordination roles and responsibilities; coordination tools and mechanisms; communication; and resource mobilization. Based on these consultations, a resolution, report and plan of action were adopted at the 2015 Council of Delegates. National Societies confirmed their commitment to the process.

The ICRC also worked internally to mobilize and promote more ambitious and well-coordinated Movement responses. The Division for Cooperation and Coordination within the Movement reviewed its support for operations and worked to further devolve decision-making responsibilities to the field.

MOVEMENT PRINCIPLES AND RULES

The ICRC continued to support National Society efforts to adhere to the Fundamental Principles and strengthen their legal/statutory bases. ICRC delegations and the Joint ICRC/International Federation Commission for National Society Statutes provided over 35 National Societies with advice, recommendations and support to attend seminars on these matters. The Commission presented its biennial report to the 2015 Council of Delegates.

The Assembly recognized the Tuvalu Red Cross Society as the 190th National Society in November.

The ICRC responded to over 30 enquiries on the proper use and protection of the red cross, red crescent and red crystal emblems. It provided advice and recommendations on these topics to National Societies, governments and the private sector. The ICRC also continued discussions with the Internet Corporation for Assigned

Names and Numbers (ICANN) on the permanent protection of the red cross, red crescent and red crystal designations and names from registration as internet domain names. It continued to develop tools to promote respect for the emblems and their correct use, under the Movement Branding Initiative.

MOVEMENT POLICY

Intensive yearlong preparatory work on Movement policies culminated at the statutory meetings in December. The Council of Delegates adopted a common vision for the Movement, a unified message for the 2016 World Humanitarian Summit, a Movement statement on the issue of migration, and a common Movement logo to be rolled out over the next two years (see *Communication and information management*).

An unprecedented number of representatives from 169 States, 185 National Societies, the ICRC, the International Federation and some 100 observer organizations attended the 32nd International Conference, which adopted several resolutions laying the groundwork for the Movement's activities relating, *inter alia*, to the response to sexual and gender-based violence, the protection of people detained in connection with non-international armed conflicts, the safety and security of humanitarian workers, the protection of health-care services, and the legal framework for humanitarian responses during disasters. States and National Societies made voluntary commitments, or pledges, on various topics.

PEOPLE MANAGEMENT

The Office of the Director-General steered the People Management Programme during the year (see *Human resources*).

OMBUDS OFFICE

The Ombuds Office, working on an independent and confidential basis, provided support for staff members who turned to it with workplace-related issues. It helped strengthen the ICRC's workplace environment by offering alternative dispute resolution mechanisms, raising general concerns at the appropriate level, helping to build institutional competence in conflict management, and promoting due process, fair treatment and respect.

LEGAL COUNSEL

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

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

At the end of 2015, the Department of Operations comprised: five geographical regions; two operational divisions, Assistance, and Central Tracing Agency and Protection (hereafter Protection); two smaller units, Security and Crisis Management Support (SCMS) and Global Affairs and Networking; and teams working on the Innovation Initiative, the Health Care in Danger project and the response to sexual violence. All provided operational support. The process of transforming eight regional teams into five was completed during the year; the regional teams continued to supervise field teams, which nonetheless took on more responsibilities in view of the new set-up.

The department continued to facilitate coordination within the organization on cross-cutting issues, such as migration and sexual violence. In a bid to ensure that current concerns were tackled comprehensively, it used the platforms for interdepartmental discussions and video-conferencing to include delegations in weekly headquarters meetings.

The department contributed to the institution's efforts at all levels – at headquarters, regionally and nationally – to secure increased operational, political, legal and financial backing from States with regional and global influence. In this regard, it worked with the five regional teams to ensure that efforts were coordinated and coherent and that best practices were shared.

All units received the department's support to reinforce the institutional response to sexual violence. These efforts came in fulfilment of the ICRC's four-year commitment (2013–16) to tackle the issue more comprehensively and were four-pronged: holistic operational response, prevention, Movement mobilization, and staff training and sensitization. Many delegations improved their analyses of the problem and implemented specific activities or adapted existing projects to address sexual violence as well. Several integrated the topic into their dialogue with national authorities and weapon bearers and into other prevention activities.

A Movement working group briefed the 2015 Council of Delegates on its findings on current practices worldwide to address sexual violence and gender-based violence during armed conflicts and disasters, and on response gaps. The issue was likewise discussed at the 32nd International Conference, resulting in the adoption of a resolution and a dozen pledges.

Several internal professional training courses and the annual meetings on protection, prevention and health activities included sessions on sexual violence. The ICRC maintained its partnership with the Center for Education and Research in Humanitarian

Action, with three external seminars (two in English; one in French) on sexual violence held in 2015. In total, 28 ICRC staff attended the course during the year.

At headquarters and in the field, the Innovation Initiative expanded its efforts to design and test new products to maximize impact and increase efficiency. By the end of 2015, several tools were being piloted in selected contexts – for example, a virtual reality training tool for the armed forces, mobile data collection systems for economic security programmes and a mobile phone-charging station. The Red Innovation Platform allowed innovations to be identified bottom-up from the field. The team's approach to pursuing innovation included building partnerships and cooperation with external players.

The SCMS Unit facilitated operational and security-related responses, including the activation of the rapid deployment mechanism in relation to the Yemen crisis in April 2015; 29 ICRC personnel and five National Society staff members were deployed as a result. The ICRC's contracts with 13 National Societies helped ensure its rapid response capacity during the year. The unit's critical incident management mechanism was also activated following serious security incidents in Mali in February 2015 and Yemen in December 2015.

The unit trained 75 field managers during three one-week courses on security and crisis management, and provided customized training for several National Societies, including the Finnish, German and Japanese Red Cross Societies. The new Security Management Information Platform was piloted in several contexts; plans to develop and use the platform in more field operations in 2016 were ongoing.

The Global Affairs and Networking Unit helped delegations and headquarters teams develop their approaches to working in contexts affected by increasingly complex and transnational armed conflicts. The unit worked closely with teams in the Middle East, particularly in Iraq, the Syrian Arab Republic (hereafter Syria) and Yemen; in North and West Africa, particularly the Lake Chad region; and in Afghanistan in South Asia. It focused on improving the ICRC's understanding of how it is perceived by the different parties taking part in the armed conflicts or other situations of violence in these areas and how it can enhance the security and acceptance of, and support for, the organization's work and for IHL and humanitarian principles.

The unit also worked closely with delegations reaching out to Islamic scholars and other religious leaders to discuss the convergence between their religious teachings and IHL and humanitarian principles and action; for example, conferences on this topic were held in the Gaza Strip (the occupied Palestinian territory) and in Niger.

The unit also lent particular assistance to teams in Amman (Jordan), Doha (Qatar), Kuwait City (Kuwait), Jakarta (Indonesia) and London (the United Kingdom of Great Britain and Northern Ireland), which were engaged in joint learning exercises with National Societies, the Organisation of Islamic Cooperation (OIC) and Islamic humanitarian organizations.

HEALTH CARE IN DANGER

In view of the continued urgency of protecting health-care delivery – between 2012 and 2014, the ICRC documented information on 2,398 violent incidents affecting those providing or seeking health/medical care – the Directorate extended the Health Care in Danger project to the end of 2017. The project team directed its attention to implementing the recommendations formed during the expert workshops and diplomatic consultations held since the project was launched in 2011. The recommendations and other operational practices were presented during a meeting of the project focal points and at other events.

In the field, 60 delegations included project objectives or related activities in their planning, and appointed focal points to facilitate the collection of data on field practices; 45 relayed information to headquarters on their activities.

The Movement Reference Group – composed of National Societies and the International Federation – remained key to the project. The group mobilized authorities in their respective countries and other National Societies, helping lead to outcomes such as the adoption of a resolution at the 32nd International Conference and a range of pledges made by participating National Societies, States and observers.

The ICRC pursued cooperation with and sought support from various actors, so as to broaden the community of concern around the project. In June, the ICRC and seven international health-care organizations – the International Committee on Military Medicine (ICMM), the International Council of Nurses (ICN), the International Federation for Medical Students Association, the International Pharmaceutical Federation, the Junior Doctors' Network, the World Confederation for Physical Therapy and the World Medical Association – endorsed a document on a code of ethics for health-care personnel working in armed conflicts and other emergencies. At the end of 2015, the ICRC and three international health-care organizations (the International Hospital Federation, Médecins Sans Frontières (MSF) and WHO) established a working group to promote the safety of health-care facilities. The organization also built partnerships with two universities in Geneva, Switzerland, one of which began to work on an online course on the security of health-care services; existing online modules were widely promoted in universities and at academic events.

A communication campaign continued to produce briefing and promotional materials on the project and maintained several online platforms (see *Communication and information management*).

CENTRAL TRACING AGENCY AND PROTECTION

The Protection Division provided strategic support and professional expertise to field operations in three areas: protection of the civilian population, protection of people deprived of their freedom, and restoring family links, which also covered activities related to missing persons and their families.

The division pursued its work on major information communication technology projects and on developing the ICRC's family-links tools. Moreover, Prot6 – the ICRC's protection data management tool – was used by 64 delegations to manage their data on family-links services and detention-related activities. The division continued to develop the tool's component for processing data on the protection of the civilian population (see below).

PROTECTION OF THE CIVILIAN POPULATION

The Protection Division supported field teams' efforts to protect civilians from the consequences of armed conflicts and other situations of violence and to help certain groups or communities reduce their vulnerabilities, including dependence on harmful coping strategies.

The division deployed a new data management tool to help delegations analyse needs, with a view to ensuring that the ICRC's decision-making processes are evidence-based.

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

Around 50 delegations, some of them working with National Societies, drew on the division's support to address some of the most urgent concerns of migrants along migratory routes. The division also facilitated the exchange of information within the ICRC and with other Movement components. A network of 17 field focal points regularly shared their perspectives on their work; during regional meetings, different Movement components discussed family-links services for migrants. Regional posts were also created to provide delegations with guidance on specific concerns.

The division adviser on displacement crises helped delegations strengthen their response in such cases.

PEOPLE DEPRIVED OF THEIR FREEDOM

The division completed an institutional reference framework to be used by delegations for the design and implementation of their activities for people deprived of their freedom; the framework is based on lessons learnt and best practices developed during the last decade and specifically addresses access to detainees and places of detention.

Field teams received support for analysing detention systems, including the risks detainees contend with and the challenges authorities face in addressing humanitarian concerns; defining clear objectives and priorities; and formulating and implementing multidisciplinary approaches to these issues. Possible responses included: the formulation of targeted recommendations, following monitoring activities; specific action regarding vulnerable individuals or groups; emergency or long-term support for reforming systems and institutions, including prison management structures; and other forms of material and technical assistance. The focus remained on sustainable responses to problems such as ill-treatment (including sexual violence) and its consequences, failure to respect due process, detainees' lack of contact with family and the outside world, and poor living conditions, including sub-standard detainee health and nutrition, which are often compounded by overcrowding. The teams were also advised on how to tailor their discussions with the authorities on managing changes in detention systems and on improving the planning process and design of new detention facilities.

RESTORING FAMILY LINKS AND MISSING PERSONS

The ICRC spearheads implementation of the Movement's ten-year Restoring Family Links Strategy, adopted in 2007 to strengthen the

worldwide family-links network and the humanitarian response whenever people are separated from or without news of their relatives. The ICRC presented the second progress report on the strategy's implementation to the 2015 Council of Delegates; the 32nd International Conference served as a platform to promote family-links services to the State authorities and Movement leaders present.

The ICRC's family-links website provided information on the services available in 161 countries to help people restore contact with their kin or to clarify the fate of missing relatives. During the year, an Arabic version of the site was made available and promoted through a communication campaign. Online tracing services and special alerts on the ICRC's family-links website (familylinks.icrc.org) were activated during emergencies, such as the cyclone in Vanuatu, the earthquakes in Afghanistan, Nepal and Pakistan, and in relation to the migration crisis. Moreover, 28 European National Societies contributed to an online tracing service to help families locate relatives who had gone missing while migrating to Europe.

The division continued to promote Family-links Answers – a case management system which is compatible with Prot6 – to National Societies; by the end of 2015, 23 National Societies were using Family-links Answers. The Family-Links Extranet, an online platform to facilitate cooperation and the exchange of guidelines and best practices between National Societies and the ICRC, was also being developed.

The restoring family links pool of specialists consisted of 65 National Society or ICRC members; teams were deployed to support operations in Djibouti (in relation to the Yemen conflict), Nepal, Nigeria and the Balkans.

The division continued to help delegations in around 30 countries respond to issues relating to missing persons and their families. These activities included encouraging authorities to scale up efforts to clarify the fate of missing persons and to put in place the necessary mechanisms and/or legislation; the division also worked in close cooperation with other ICRC services (notably the Assistance Division) to help field teams respond to the wide-ranging needs of the families concerned. On the International Day of the Disappeared, campaigns were conducted in around 20 countries and at headquarters to raise awareness of the needs of the families of the missing.

ASSISTANCE

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

In 2015, extensive assistance programmes were implemented in Afghanistan, the Central African Republic, Nigeria, South Sudan, Syria, Ukraine, and Yemen, and on a lower scale, in the Democratic Republic of Congo, Israel and the occupied territories, and Somalia. All delegations received support for activity design, monitoring, review/evaluation and reporting, which helped them to improve service quality and effectiveness.

The division cancelled its project to develop an information system tool for the use of all ICRC assistance staff, after failing to find a supplier capable of producing the tool in line with its needs and requirements. It nevertheless worked to define the steps forward to improve information management.

HEALTH

The Health Unit continued to implement the ICRC Health Strategy 2014–2018, strengthening the availability of a continuum of care to people in need and the inclusion of mental health care and psychosocial support in health services. It maintained the quality of the work being carried out, reinforcing human resources and forging partnerships with other entities.

For example, the unit updated the training module for those working on issues related to health in detention; it also finalized a comprehensive guidance document on the ICRC's technical standards for mental health and psychosocial support. The university-level module – used in Cameroon, Colombia, Honduras, Lebanon, Mali and Niger – was also reviewed. The unit conducted its war-surgery seminar twice in Geneva, and included an additional section for nursing staff.

Furthermore, the unit built linkages with universities and the corporate sector to apply innovative ways to improve its activities, for example using mobile devices as diagnostic tools or partnering with the World Federation of Societies of Anesthesiologists to upgrade equipment and medical material used to administer anesthesia; it also updated the contents of the standard war surgery kit. It worked with Movement partners, WHO and other organizations active in emergencies to define the minimum standards to which emergency medical teams must be held. The physical rehabilitation team also continued working with WHO on the development of several sets of guidelines related to physical rehabilitation and prosthetic/orthotic devices.

The unit tested an improved data collection system, which gathers quantitative/qualitative information for project monitoring in hospitals; the groundwork was laid for the system's application to primary health-care activities.

In parallel, delegations, such as those in South Sudan and Nigeria and the rest of the Lake Chad region, continued to receive technical and management support. During field visits and seminars, the unit worked increasingly with management members in hospitals run by local authorities.

WATER AND HABITAT

The Water and Habitat Unit strengthened its support for field teams working to improve people's access to clean water, decent conditions of sanitation and shelter. It continued to scale up its responses in urban contexts, focusing on addressing the widening scope and complexity of needs in the Middle East. During an international event on overseas development, the ICRC launched a report on urban services during protracted armed conflict.

Drawing on support from penitentiary professionals, the unit published several guidance documents on Ebola-preparedness in places of detention. It also co-organized an international conference on the construction of correctional facilities, which brought together representatives from 11 countries, and a round-table for experts from nine countries on the same topic. It

continued to discuss measures to avoid design shortcomings with the authorities underwriting the construction of prisons in Africa, Asia and Latin America

The unit continued to work on Geographic Information System (GIS) maps, adapting the portal to internal specifications and enhancing its accessibility across the entire institution; it also endeavoured to make GIS maps available for activities related to the Health Care in Danger project. It conducted daily global analyses of water resources and reviewed programme adequacy, focusing on urban issues, population displacement and safe environmental conditions.

The unit worked with the SCMS Unit and other administrative services to develop guidelines on safety measures and wiring on ICRC premises. It partnered with other institutions, such as MSF, the UN Office of Project Services and Holcim Ltd, to maximize capacities to construct public infrastructure.

ECONOMIC SECURITY

The Economic Security Unit rolled out revised training packages on designing and conducting assessments, responses and monitoring and evaluation activities. It also produced specific guidance material on data collection and analysis, and trained selected staff to support others in their data analyses.

Working with other components of the Movement and ICRC services, the unit contributed to the development of an online tool kit on implementing cash-transfer programmes during emergencies. Where security or market conditions made cash transfers infeasible, it facilitated in-kind distributions, for example, in the Central African Republic and South Sudan, to help people maintain sufficient food consumption patterns and productive livelihoods.

The unit also worked to increase the inclusion of nutrition-related considerations in food assistance and livelihood support programmes. To this end, it developed technical briefs and designed workshops to highlight practical ways of considering the topic and of adapting food rations and agricultural, livestock health and cash-transfer activities to avert malnutrition.

Following up on a 2015 workshop, the unit drafted a checklist on preparedness, to help field teams collect data and anticipate the steps to be taken during emergencies in urban areas.

WEAPON CONTAMINATION

The Weapon Contamination Unit worked in four main areas: managing the risks to ICRC staff and the organization's partners in relation to weapon contamination; promoting risk awareness/mitigation measures among the populations concerned; supporting National Society efforts to build their capacities to independently manage such hazards; and contributing to the conduct of other ICRC protection and assistance activities. The unit also continued to bolster its capacity to address chemical, biological, radioactive and nuclear hazards, equipping the ICRC to address situations of conventional and non-conventional weapon contamination.

The unit supported operations in 32 countries to help alleviate the impact of weapon contamination, lending assistance for data management and risk education sessions, conducted independently by delegations or in cooperation with National Societies. It also assisted the delegations with the preparation of reports on the conduct of hostilities in Iraq, Syria, Ukraine and Yemen.

The unit revised its training course, with the help of the Golden West Humanitarian Foundation; the updated course was piloted in November in Cambodia.

FORENSIC SERVICES

The ICRC's forensic services contributed to operations in over 70 countries. Worldwide, they assisted delegations in their efforts to recover and identify human remains and respond to mass casualties in contexts where local forensic capacities were limited. For example, they provided immediate support following the earthquake in Nepal in April. The services also developed tools and set standards to guide human remains management, provided relevant training to forensic practitioners and promoted cooperation for humanitarian purposes among them.

The ICRC continued to be recognized for its purely humanitarian approach to forensic work. For example, the parties to Colombia's non-international armed conflict formally requested the ICRC to assist in the search, recovery and identification of those killed or missing in relation to the conflict.

In 2015, the ICRC drafted a new strategy, based on a 2014 evaluation, for its forensic services; the strategy was set for approval in 2016.

HUMAN RESOURCES DEVELOPMENT

The Assistance and Protection Divisions devoted considerable resources to staff training, to maintain high standards of professionalism among ICRC staff. As in past years, several courses focused on strengthening the holistic lens applied to the issues addressed by the organization; for example, assistance and protection specialists jointly developed a session on addressing nutrition in detention.

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

The Protection Division sharpened its focus on training staff in the field and meeting growing training needs at regional level. The objective was twofold: to contribute to the new decentralized staff integration programme, and to provide support to delegations in planning and facilitating protection training courses, in line with their operational priorities. With the International Centre for Prison Studies, it conducted training sessions on prison management for prison administrators and ICRC staff in Ecuador, Ethiopia and Switzerland. It also designed a five-hour e-learning tool on detention.

The Water and Habitat Unit continued updating its courses with the input of ICRC corporate partners (e.g. ABB, Holcim Ltd). It developed context-specific training sessions and shared best practices with partners in an effort to offset the shortfall in local expertise within State institutions, such as water boards, owing to protracted conflicts. It also encouraged the sharing of best practices within the ICRC.

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

RELATIONS WITH OTHER ORGANIZATIONS AND CONTRIBUTION TO THE HUMANITARIAN DEBATE

Besides working with National Societies and the International Federation (see *International law and policy*) whenever possible, assistance and protection staff regularly touched base with other humanitarian actors and participated in UN coordination meetings, conferences and other events; ICRC staff also helped develop technical guidance material and lessons learnt exercises.

For example, the ICRC contributed to the Whole of System Review of Protection in Humanitarian Crises and a meeting on the lessons learnt from the response to the Ebola crisis; both exercises were mandated by the Inter-Agency Standing Committee. ICRC representatives discussed the organization's medical activities and its perspective on the contemporary challenges in this field during the annual meeting of the ICMM and the ICN. The ICRC worked with a core group of UN agencies and NGOs to update a document on professional standards for protection work, slated for publication in 2017.

The ICRC maintained regular bilateral contact – both at headquarters and in the field – with UN agencies and a range of NGOs, such as Geneva Call, Handicap International, the International Corrections and Prisons Association, the Internal Displacement Monitoring Centre, MSF, Oxfam, Physicians for Human Rights and Save the Children. Whenever appropriate, it strengthened these linkages. For example, the ICRC and MSF signed an agreement on increased participation in each other's health/medical training activities; the ICRC also entered into partnerships on training, research and development, and staff support with a Geneva-based hospital. It reinforced its partnership with the Belgian, Swedish and Swiss National Societies, and the International Federation's Reference Centre for Psychosocial Support to support former detainees who had suffered ill-treatment while in detention.

The ICRC lent its support to various initiatives led by NGOs, such as the Global Coalition to Protect Education from Attack and the Every Casualty Campaign. It pursued cooperation with organizations from Islamic countries, such as the Humanitarian Affairs Department of the OIC.

These exchanges allowed the ICRC to: keep abreast of new professional practices; share its specialized expertise in many areas (e.g. internal displacement, torture and other forms of ill-treatment, medical ethics, health in detention, war surgery, the rehabilitation of amputees and prosthetic/orthotic technology, water and habitat engineering, and the Health Care in Danger project); acquire a better understanding of the approaches and methods used by others; and jointly adapt these to employ cohesive and complementary approaches whenever possible.

INTERNATIONAL LAW AND POLICY

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

Throughout 2015, the Department of International Law and Policy enhanced its legal and policy-related contributions to securing broader support for the ICRC's operational responses in a variety of contexts. These included support for cooperation, prevention and protection activities, such as raising awareness of IHL and other relevant bodies of law, and legal, operational and diplomatic representations addressing alleged IHL violations and issues, for example, the use of force, the protection of health-care services and sexual violence in armed conflicts.

At the same time, the department engaged with State authorities, weapon bearers, civil society representatives, multilateral institutions and Movement partners during debates and other events tackling a wide range of contemporary humanitarian issues; it also provided policy briefs on and interpretations of various ongoing legal concerns. The celebration of the 50th anniversary of the adoption of the Fundamental Principles reaffirmed the continued relevance of these principles within the Movement, but also highlighted the ongoing challenges to their implementation. Particular efforts prior to the 32nd International Conference, especially among States, resulted in the adoption of four IHL-related resolutions during the event.

LEGAL CAPACITY AND PROTECTION OF THE ICRC

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

INTERNATIONAL HUMANITARIAN LAW

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

ENSURING RESPECT FOR IHL BY THE PARTIES TO ARMED CONFLICTS

Based on advice provided by the department's Legal Division, ICRC delegations worldwide shared the organization's legal classification of situations of violence with the authorities concerned

and, through confidential representations, reminded them of their obligations under IHL or other relevant bodies of law.

STRENGTHENING IHL

The 32nd International Conference took place from 8 to 10 December in Geneva, Switzerland. It convened representatives of nearly every government in the world, the Movement's components and partner organizations, and adopted four IHL-related resolutions by consensus.

The first two resolutions, linked to the Strengthening IHL process – protection of people detained in relation to non-international armed conflict and IHL compliance – were the outcome of separate consultation processes facilitated by the ICRC between 2012 and 2015 and, in the case of the latter, conducted with the Swiss government; a final consultation meeting of all States was held in April 2015 on each topic. The ICRC and/or the Swiss government produced corresponding conclusions/reports on the latest discussions and on the whole consultation process, and sought State and National Society feedback on the drafts of the two resolutions.

Improving IHL protection for people deprived of their freedom

The final resolution on the topic recommends further efforts to produce concrete and implementable, yet non-legally binding outcomes that strengthen IHL protection for people detained in relation to armed conflicts, particularly non-international armed conflicts. It also invites the ICRC to help facilitate the work of States in this regard, and to contribute its humanitarian and legal expertise.

Strengthening compliance with IHL

The ICRC had advocated the establishment of a new compliance mechanism with specific functions, but the resolution ultimately adopted represented a compromise reached after extensive negotiations. The resolution encourages the State-driven inter-governmental consultation process to reach an agreement on the features and functions of a possible forum of States. It also endorses the identification of ways to enhance IHL implementation, in view of the potential contributions of the International Conference and of IHL regional forums. The Swiss government is tasked with the continued facilitation of the process, in cooperation with the ICRC.

Continuing to protect the delivery of health care

Strengthening the commitments made at the previous International Conference, this resolution calls on States to implement practical measures to ensure respect for their legal obligations to protect the wounded and sick, and health-care personnel, facilities and transportation; enhance their understanding of the nature of violence affecting health-care delivery; and regularly share challenges and good practices with other stakeholders. Expert consultations held between 2012 and 2014 helped shape these practical recommendations. The resolution also calls on Movement partners to strengthen the capacity of local health-care services by training their staff, and encourages States and Movement partners to work together to bolster domestic law, regulations and practice in relation to the auxiliary role of National Societies.

Preventing and responding to sexual and gender-based violence

The International Federation and the ICRC submitted a resolution reflecting the Movement's longstanding commitment to address sexual and gender-based violence, in line with their respective mandates and institutional priorities. The version adopted condemns such violence in all circumstances, particularly in armed conflicts, disasters and other emergencies, and encourages all components of the Movement to pursue their work on the issue.

During the International Conference, the ICRC also submitted its fourth report on IHL and the challenges of contemporary armed conflicts.

CUSTOMARY IHL

Through a reinforced partnership with the British Red Cross, the ICRC continued to update its online customary IHL database, adding the national practices of 24 countries. States, international organizations, international and domestic judicial and quasi-judicial bodies, academic institutions and ICRC staff used the study on customary IHL and the database as references. The partnership with Laval University in Canada, aimed at further accelerating updates to the database, was extended for another year for the analysis of international practice.

CONDUCT OF HOSTILITIES

The ICRC worked to clarify the rules on the conduct of hostilities by actively participating in meetings of the International Law Association Study Group on "The conduct of hostilities under international humanitarian law – challenges of 21st century warfare". With the College of Europe, it co-organized the 16th Bruges Colloquium on IHL, which focused on urban warfare. During the 2015 UN General Assembly, it presented its initial views on the presence of weapons in outer space and the challenges raised by the application of IHL to space warfare.

To enhance its understanding of the conduct of hostilities in today's world and its impact on civilians, the ICRC carried out an analysis of a non-State armed group's strategy and tactics.

IHL AND TERRORISM

The ICRC continued to ensure that States took into account IHL provisions when adopting measures aimed at fighting "terrorism" at national and international levels. It stressed that such measures should not impede neutral, independent and impartial humanitarian activities carried out by international humanitarian organizations.

PRIVATE MILITARY AND SECURITY COMPANIES

The ICRC continued to promote the Montreux Document, which had been endorsed by 53 States and three international organizations by year's end. It worked with the Swiss government to prepare for the second meeting of the Montreux Document Forum in 2016. The Forum, established in 2014, aimed to advocate national implementation of the Montreux Document and to encourage more States and international organizations to support it.

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

Throughout the year, various internal and external authors contributed in the updating of the commentaries on the 1949 Geneva Conventions and their 1977 Additional Protocols. By the end of 2015, commentaries had been drafted on over 215

articles, of which nearly 150 had been reviewed by the Editorial Committee. More than 60 humanitarian law practitioners and scholars worldwide completed the peer review of the draft of the updated Commentary on the First Geneva Convention; the first 10 commentaries were published online in December, as part of the Commentary's promotion during the International Conference. The online and print publication of the full Commentary was slated for 2016. The submission of the draft Commentary on the Second Geneva Convention for peer review was moved to 2016, and the drafting of the Commentary on the Third Geneva Convention was scheduled for the same year.

NEW TECHNOLOGIES OF WARFARE

The ICRC co-organized and participated in conferences and seminars, and engaged in bilateral dialogue with States, on cyber warfare and on the humanitarian, legal, ethical and technical implications of the use of remote-controlled and autonomous weapon systems. It emphasized the importance of conducting reviews of new weapon technologies to ensure that they could be used in accordance with IHL. During the Convention on Certain Conventional Weapons Meeting of Experts on Lethal Autonomous Weapons Systems, the ICRC called on States to identify the limits to loss of human control over the use of force.

LANDMINES, CLUSTER MUNITIONS AND EXPLOSIVE REMNANTS OF WAR

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

ARMS TRADE TREATY

ICRC efforts to promote ratification of the Arms Trade Treaty, through active engagement with governments and support for National Society advocacy activities, were a factor in the treaty's ratification/accession by nearly 80 States. At the First Conference of States Parties to the Arms Trade Treaty, in August 2015, the ICRC promoted the faithful and consistent application of the treaty's transfer criteria, transparency in reporting and the establishment of robust national control systems.

NUCLEAR WEAPONS

During discussions on nuclear non-proliferation and disarmament, many States continued to echo the concerns expressed by the Movement in Resolution 1 adopted by the 2011 Council of Delegates. Pursuant to the 2013 Council of Delegates action plan to implement this resolution, the ICRC supported National Society activities to communicate the Movement's concerns. It also continued to share these concerns in a variety of intergovernmental forums, including the UN Review Conference of the Parties to the Treaty on the Non-Proliferation of Nuclear Weapons and the UN General Assembly.

EXPLOSIVE WEAPONS IN POPULATED AREAS

The ICRC continued to voice its concerns about the high human cost of the use of explosive weapons in populated areas, engaging

with governments and other stakeholders at expert meetings and intergovernmental forums, including the UN General Assembly and the Meeting of the States Parties to the Convention on Certain Conventional Weapons. It maintained its position that, owing to the likelihood that their use will have indiscriminate effects, explosive weapons with wide-area effects should be avoided in densely populated places. In February, the ICRC held an expert meeting on explosive weapons in populated areas. It published a report on the meeting, issued press releases and produced other informational material based on its first-hand field observations, with a view to enhancing stakeholders' understanding of the effects of these weapons on the population and essential services. The ICRC also encouraged States to share existing policies and practices regarding the use of explosive weapons in populated areas.

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

The Advisory Service on IHL continued to discuss ways to improve acceptance of and national compliance with IHL with governments and intergovernmental bodies, and to provide them with legal and technical support through its network of legal advisers. It facilitated the ratification of/accession to and implementation of IHL-related treaties and relevant human rights instruments. Topics covered included: preventing and penalizing IHL violations, suppressing sexual violence, protecting health-care services, upholding the rights of the families of missing persons, establishing mechanisms to clarify the fate of missing persons, prohibiting and regulating certain weapons, and safeguarding cultural property during armed conflicts.

The authorities concerned, including policymakers and legislators, received an Advisory Service report on a 2014 workshop on how to better protect health-care services through domestic normative frameworks, as well as a guidance tool on implementing rules protecting the provision of health care in armed conflicts and other emergencies. The Advisory Service also produced new tools aimed at ensuring the protection of the rights of missing persons and their families and preventing and punishing sexual violence, reviewed existing domestic laws and mechanisms relating to sexual violence in armed conflicts, and supported State efforts to formulate related pledges at the International Conference.

To broaden support for domestic IHL implementation within various government sectors, the Advisory Service drafted an IHL handbook for parliamentarians, in consultation with the Inter-Parliamentary Union. In May, it organized an expert consultation, "The Judicial Sector and IHL", that sought to enhance the capacity of judges, prosecutors and other legal professionals to apply IHL in their work. Held in Switzerland, this event brought together representatives from judicial training institutes and international and regional courts and 35 judges from around the world.

The Bolivarian Republic of Venezuela established a national IHL committee, bringing the total number of such committees worldwide to 108. Kuwait and the Syrian Arab Republic (hereafter Syria) reactivated their respective committees, albeit with some modifications in composition. National IHL committees benefited from regular support to design and implement action plans; they shared their experiences, good practices and challenges at eight regional IHL conferences. These events included the Fourth Commonwealth Red and Cross Red Crescent Conference on IHL

in Canberra, Australia, hosted by the Australian government, the Australian Red Cross and the ICRC. Participants from 31 Commonwealth Member States and National Societies discussed domestic IHL implementation and issues related to, for example, the changing nature of conflict, sexual violence and the protection of health-care services and cultural property.

Representatives of governments, academic institutions and civil society from over 140 countries discussed the integration of IHL norms into domestic law and IHL-related developments at 37 ICRC-organized/supported regional events.

All these activities contributed to 69 ratifications of/accessions to IHL treaties or other relevant instruments by 46 countries.

- ▶ 1 State (Palestine) acceded to Additional Protocol II
- ▶ 4 States (Belgium, Luxembourg, Palestine and Romania) ratified/acceded to Additional Protocol III
- ▶ 2 States (Algeria and Palestine) acceded to the Convention on Certain Conventional Weapons
- ▶ 1 State (Algeria) acceded to the Amendment to Article 1 of the Convention on Certain Conventional Weapons
- ▶ 2 States (Algeria and Palestine) acceded to Protocol I to the Convention on Certain Conventional Weapons
- ▶ 2 States (Algeria and Palestine) acceded to Protocol III to the Convention on Certain Conventional Weapons
- ▶ 1 State (Algeria) acceded to Protocol IV to the Convention on Certain Conventional Weapons
- ▶ 10 States (Canada, Colombia, Iceland, Mauritius, Palestine, Paraguay, Rwanda, Slovakia, Somalia and South Africa) ratified/acceded to the Convention on Cluster Munitions
- ▶ 2 States (Andorra and Mauritania) acceded to the Biological Weapons Convention
- ▶ 2 States (Angola and Myanmar) ratified/acceded to the Chemical Weapons Convention
- ▶ 2 States (South Sudan and Viet Nam) ratified/acceded to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment
- ▶ 4 States (Belize, Mongolia, Rwanda and South Sudan) ratified/acceded to the Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment
- ▶ 8 States (Belize, Greece, Italy, Malta, Mongolia, Niger, Sri Lanka and Ukraine) ratified/acceded to the Convention for the Protection of All Persons from Enforced Disappearance
- ▶ 2 States (Somalia and South Sudan) ratified/acceded to the Convention on the Rights of the Child
- ▶ 3 States (Bahamas, Kiribati and the Federated States of Micronesia) acceded to the Optional Protocol to the Convention on the Rights of the Child, on the involvement of children in armed conflict
- ▶ 18 States (Barbados, Belize, the Central African Republic, Chad, Côte d'Ivoire, Dominica, Ghana, Liberia, Mauritania, Mauritius, Niger, Paraguay, the Republic of Moldova, San Marino, Seychelles, Switzerland, Togo and Tuvalu) ratified the Arms Trade Treaty
- ▶ 1 State (Palestine) acceded to the Rome Statute
- ▶ 1 State (Kyrgyzstan) acceded to the Convention Prohibiting Environmental Modification Techniques
- ▶ 1 State (Ethiopia) acceded to the Hague Convention on Cultural Property
- ▶ 1 State (Ethiopia) acceded to the First Protocol to the Hague Convention on Cultural Property
- ▶ 1 State (South Africa) acceded to the Second Protocol to the Hague Convention on Cultural Property

In addition, 23 countries adopted 39 pieces of domestic legislation, and many prepared draft laws, to implement IHL and other relevant instruments. About 110 laws and entries on domestic case-law were added to the public ICRC database on national implementation.

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

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

- ▶ 35 university lecturers from 27 countries, some of them affected by ongoing armed conflicts, honed their IHL teaching skills during the 11th Advanced IHL Seminar, organized by the Geneva Academy of International Humanitarian Law and Human Rights and the ICRC.
- ▶ 168 students from 30 countries participated in the Jean-Pictet Competition on IHL in the United States of America (hereafter United States).
- ▶ 22 participants from eight countries learnt more about global IHL themes and challenges during an annual expert course for humanitarian practitioners in Modane, France, organized by the French Red Cross and the ICRC.
- ▶ The International Association of Professionals in Humanitarian Assistance and Protection and the ICRC worked together to develop and conduct IHL training for humanitarian practitioners.

EVENTS AND VISITS

- ▶ The Humanitarium hosted 12 public conferences on international law and policy, bringing together 2,250 members of the Geneva-based diplomatic, humanitarian and academic community. These events were brought to a global audience via live webcasts and video summaries.
- ▶ The Research and Debate Cycle on Principles Guiding Humanitarian Action aimed to develop research efforts, raise public awareness of and promote institutional positions on the Fundamental Principles and other values and standards adopted by the Movement and external actors. Various ICRC partners helped organize 15 high-level public events and expert meetings; they included the Centre for Military and Security Law Canberra, Chatham House, the European Parliament's Standard Rapporteur on Humanitarian Aid, the University of Geneva Graduate Institute of International and Development Studies, the Arts & Humanities Research Council of the United Kingdom of Great Britain and Northern Ireland (hereafter United Kingdom), the UN Economic and Social Council, the University of Exeter, and National Societies. Over 1,800 participants in five countries attended these events, with others accessing them via online video links.
- ▶ Thematic issues of the *International Review of the Red Cross* were featured in events taking place around the globe, for example in Australia, China, Kenya, the Russian Federation, Switzerland and the United Kingdom, and attended by representatives from legal and policy-related circles.
- ▶ Over 165 groups (about 4,470 people) from 30 countries learnt more about IHL and the ICRC during information sessions organized by the ICRC Visitors Service.

IHL TEACHING TOOLS AND PUBLICATIONS

- ▶ Some 180,000 visitors regularly accessed the online version of the ICRC's core publication on teaching IHL, *How Does Law Protect in War?* Features included updated case studies and thematic highlights on the scope of IHL application, humanitarian access, cyber warfare and the interplay between human rights and IHL (in relation to detention and the use of force).
- ▶ The latest issues of the *International Review of the Red Cross* focused on current challenges to IHL and humanitarian action, such as the scope of and respect for the law of armed conflict, sexual violence and principles guiding humanitarian action. Selected offprints on, for instance, detention, conflict in urban areas and migration, were distributed to targeted audiences, and served to enhance dialogue with stakeholders. The *International Review* website was redesigned.
- ▶ The first two interactive and enriched e-briefings, on "New technologies and the modern battlefield" and "Sexual violence in armed conflict", were published on the basis of content drawn from the *International Review*.
- ▶ A Spanish version of the online training course module on the basic rules and principles of IHL was made available. A special video training tool on the law of armed conflict that includes virtual reality tools was developed for armed groups in Syria.
- ▶ The ICRC developed two ready-to-use workshops for university students, on "Humanitarian Principles" and "Scope of application of the law", and released a French version of the workshop on "Sexual violence in armed conflict".
- ▶ The department's new digital outreach strategy focused on reaching targeted expert audiences more effectively via digital forums, in line with the Institutional Strategy 2015–2018 to increase engagement with policy-makers. A new blog, for debate and proactive engagement with expert audiences, was scheduled for launch in 2016.

UPDATE OF THE 2004 ROOTS OF BEHAVIOUR IN WAR REPORT

On the basis of the findings of a literature review, the research project's approach was adapted to focus on the identification of sources within State armed forces and non-State armed groups influencing the formation of norms in armed conflict. The research period and, in turn, the final publication of results were therefore extended to 2017. Research will include desk and field research with State and non-State actors.

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

The ICRC pursued its dialogue with armed forces worldwide. Through its network of specialized delegates, it held high-level talks with the Collective Security Treaty Organisation (CSTO) and NATO, and strengthened its institutional relationship primarily with the French État-Major des Opérations, the Russian Ministry of Defence and the United States Africa Command (AFRICOM). These meetings with senior military representatives provided platforms for substantive exchanges on the means and methods, including detention practices, used by armed forces in contemporary armed conflicts, and related humanitarian concerns.

On an operational level, the ICRC maintained its dialogue with States involved in the conflicts in Iraq, Syria, Yemen and the Lake Chad region. Where relevant, the roles and responsibilities of States involved in train-and-equip programmes and in partnered operations were addressed.

The ICRC continued to engage with many armed forces on the integration of IHL into their training and operational doctrine, focusing in particular on measures to prevent sexual violence and protect health-care personnel and facilities during armed conflicts. It worked more closely with countries contributing troops to peacekeeping operations, in order to improve its access during their deployment.

The 9th Senior Workshop on International Rules governing Military Operations, held in Algiers, Algeria, and co-organized with the Algerian Ministry of Defence, brought together 85 participants from 62 countries and representatives from several organizations, such as the African Union, AFRICOM, the CSTO and NATO. Attendees discussed the need to incorporate legal considerations into the planning, decision-making process and conduct of military operations and law enforcement missions, and to ensure that the law is fully embraced in military doctrine, education, field training and discipline.

POLICE AND GENDARMERIE

In about 80 countries, including those affected by increased migrant flows or implementing counter-terrorism activities, specialized delegates pursued their dialogue with police and security forces. Where relevant, they provided expert advice and guidance on the integration of relevant legal norms regulating the use of force and firearms, arrest and detention and other basic standards applicable to law enforcement operations.

The ICRC developed further relations with a wide variety of police training institutions, including the Centre national d'entraînement des forces de gendarmerie, the Réseau international francophone de Formation policière, and the United Kingdom College of Policing.

OTHER WEAPON BEARERS

To help promote respect for IHL, the ICRC engaged in dialogue with armed groups in numerous contexts, in support of its operational capacity. Training sessions were carried out, for example, with armed groups in Syria and in the Gaza Strip. The ICRC launched an Arabic online training tool on IHL basics specifically designed for non-State armed groups.

Following consultations with over 30 non-State armed groups in nine contexts, the ICRC issued a publication entitled *Safeguarding the provision of Health Care: Operational practices and relevant IHL concerning armed groups*.

MULTILATERAL DIPLOMACY, POLICY AND HUMANITARIAN ACTION

International forums were key to enabling the ICRC to keep informed about ongoing debates on situations, policies and mega-trends relevant to humanitarian action; promote and facilitate its strictly neutral, impartial and independent humanitarian action; and further knowledge of, respect for and – whenever appropriate – development of IHL. The ICRC sought to influence humanitarian debates in these forums by sharing its positions on issues of humanitarian concern, such as the need for States and

WHO to improve the protection afforded to health-care services, and for stronger interplay between humanitarian and development assistance, for instance, through cooperation with the World Bank in situations of armed conflict.

In October, the UN secretary-general and the ICRC president held their first-ever joint press conference at the Palais des Nations in Geneva, appealing to States and other parties engaged in armed conflicts to uphold their obligations under IHL.

INFLUENCING THE HUMANITARIAN DEBATE IN INTERNATIONAL FORUMS

The ICRC maintained its privileged dialogue with key UN agencies (UNHCR, WFP, WHO) and IOM, allowing it to help shape important decisions related to IHL and humanitarian action and to exchange views on operational issues, in particular the need for stakeholders to implement coordination mechanisms on the ground.

The ICRC engaged more closely with the African Commission for Human and People's Rights, addressing human rights issues in areas affected by an armed conflict or other situation of violence. It continued to develop relations with regional economic communities, in particular the Economic Community of West African States, in relation to the Community's potential military deployment in Mali and in the Lake Chad region. The crisis in Ukraine resulted in greater interaction with the Organization for Security and Co-operation in Europe (OSCE); the ICRC participated as an observer in the OSCE ministerial meeting in Serbia in December. The Organisation of Islamic Cooperation (OIC) Humanitarian Affairs Department and the ICRC signed a second plan of action for 2015–17, aimed at training the OIC and OIC-affiliated NGOs on humanitarian principles and IHL. Relations with the Association of Southeast Asian Nations (ASEAN) focused on mine action, migration and disaster management. The ICRC participated in regional seminars on, for example, the establishment of an ASEAN regional mine-action centre, and held talks with ASEAN chiefs of police on the management of human remains in situations of disasters and migration. The president of the European Court of Human Rights and the ICRC president explored possible cooperation activities, with a view to fostering better complementarity between IHL and international human rights law. Regular exchanges again took place with the Council of Europe and its affiliated Parliamentary Assembly on protection issues such as those related to Europe's migration crisis and to missing persons. The ICRC also engaged in the various levels of the consultation process for the 2016 World Humanitarian Summit, promoting respect for IHL, the importance of protection in humanitarian action and the need to adapt responses to protracted armed conflicts.

Dialogue with international NGOs was boosted when the ICRC director-general assumed the chair of the Steering Committee for Humanitarian Response, a consortium of nine major humanitarian aid providers. Contact with the Norwegian Refugee Council was increased and cooperation was developed with regional hubs of the International Council of Voluntary Agencies in the Middle East, West Africa and South-east Asia regarding the promotion of principled humanitarian action.

As part of its efforts to improve the protection of victims through stronger complementarity between IHL and human rights, the ICRC held high-level meetings with the UN Human Rights Council and OHCHR, deepening its institutional relationship with the former. It also delivered statements on thematic issues at

Council sessions, including on protecting and improving the lives of detainees and on the use of remotely piloted aircraft or armed drones in accordance with international law.

In numerous policy briefs, the ICRC tackled humanitarian challenges such as re-conceptualizing operations in protracted conflicts, resilience in the face of climate change, countering extremism, and migration.

As part of the Movement-wide initiative to celebrate the 50th anniversary of the adoption of the Fundamental Principles, various events, including five regional workshops that brought together 127 National Societies, reaffirmed the continued relevance of the Fundamental Principles within the Movement and raised the subject's profile in the run-up to the International Conference. At the Conference, a number of National Societies pledged further action related to the Fundamental Principles, especially in the field of dissemination and regarding their auxiliary role.

Numerous public events and several publications helped shape the debate on humanitarian principles, including in the context of the 2016 World Humanitarian Summit. These included: the Research and Debate Cycle on Principles Guiding Humanitarian Action; an academic conference organized with the University of Exeter that resulted in a public report; two articles published in the *International Review of the Red Cross* and in the Core Humanitarian Standard Alliance 2015 report; and an institutional publication on the Fundamental Principles, revised in cooperation with the International Federation.

ENHANCING COOPERATION AND COORDINATION AMONG HUMANITARIAN PLAYERS

Coordinating its humanitarian response with other players remained an essential task for the ICRC (see *New York*). Faced with a wide range of humanitarian agents – including authorities, UN agencies, international/regional/national organizations, religious groups engaged in humanitarian action and National Societies – the ICRC consistently sought to influence existing mechanisms to ensure better inclusivity and complementarity of responses.

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

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

As a standing invitee to the Inter-Agency Standing Committee, the ICRC played an active part in shaping collective humanitarian policy discussions on principled humanitarian action in conflicts, humanitarian financing and protracted crises.

COMMUNICATION AND INFORMATION MANAGEMENT

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

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

The department continued to contribute to institutional decision-making, in particular by analysing the ICRC's operating environment and tracking the organization's reputation. It continued to deploy specialized staff/equipment, provide technical advice and strengthen the ICRC's digital presence to help delegations manage their communications, particularly during crises, and strengthen their contact with beneficiary communities and actors of influence. It also helped develop the common Movement logo – for exceptional use in promotional and fundraising activities – adopted at the 2015 Council of Delegates.

In line with its Information Environment Strategy, the department saw to the efficient use of the organization's information management systems, updated practices and provided information and communication technology (ICT) solutions to better meet the ICRC's ICT needs. In 2015, targets for ICT quality were largely met; for example, most headquarters and field staff were connected to collaborative work platforms and had good access to support services. In anticipation of related challenges in the next few years, the ICT Division launched a four-year transformation programme.

The ICRC's 1966–75 archives were officially opened to the public in 2015.

COMMUNICATION COMMUNICATION POLICY AND SUPPORT

The ICRC's external communication policy was revised and adopted in 2015, to take account of the changing communication environment and consolidate efforts to improve the organization's access to beneficiaries and its acceptance in the field, foster public and government support for its stance on humanitarian issues, and secure its financial and human resources.

To strengthen global and regional communication, the CIM department adopted a new management model for regional

communication, by enhancing the network of communication staff in the field and updating best practices. With the support of headquarters, the regional communication centres in Buenos Aires (Argentina), Cairo (Egypt), Moscow (Russian Federation), Nairobi (Kenya) and New Delhi (India) continued to provide professional communication services to field units.

The department helped ICRC communication staff worldwide develop their skills by training some 100 field staff and launching a pilot e-learning course on public communication. It held two meetings for 65 heads of field communication teams to strengthen communication and improve coordination between the field and headquarters. To ensure the availability of trained communication staff globally, particularly during crises, 18 specialists were recruited at headquarters and 10 at delegations; the delegations covering Burundi, Cameroon (under Yaoundé regional), Nepal and Yemen drew on the expertise of four communication experts deployed to them specifically as staffing support.

Priority was also given to helping delegations engage more closely with beneficiary communities. Particularly in Mexico, the Philippines, South Sudan, the Syrian Arab Republic (hereafter Syria) and Yemen, this was done through the use of social media platforms, instant messaging mobile applications, web-based interactive maps, and print media, such as leaflets and maps. At headquarters, the department facilitated the exchange of best practices with other organizations; for example, the ICRC hosted the first Members' Forum of the Communicating with Disaster-Affected Communities Network, in which more than 150 specialists and policy-makers from around the world participated.

Joint communications were issued with and in support of National Societies, to raise awareness of the Movement's activities – particularly in Afghanistan, Nepal, South Sudan and Syria, and in response to the migration crisis – and of developments relating to the 32nd International Conference and the 50th anniversary of the Fundamental Principles.

PUBLIC RELATIONS

The ICRC continued raising awareness of the plight of people affected by armed conflicts and other situations of violence among a broad range of stakeholders – including those in media, political, diplomatic and financial fields – through public relations activities conducted with the media and National Societies, and other means. These activities also positioned the ICRC as a recognized authority on IHL and other legal norms, and advocated better respect for the rules, particularly in relation to the proper treatment of detainees, safe access to health care, and sexual violence.

Thus, target groups worldwide learnt of the needs of conflict- or violence-affected people and the ICRC's efforts to protect and assist them in places such as Afghanistan, the Central African Republic, Israel and the occupied territories, Somalia, South Sudan, Syria, Ukraine and Yemen. Public communication initiatives – including press releases, interviews and opinion pieces in key media – promoted greater acceptance of the ICRC by drawing attention to its neutral, impartial and independent humanitarian action (for instance, in facilitating the evacuation of wounded people in Syria and Yemen), its work in Iraq, Syria,

Yemen and other key contexts, and themes of particular concern, such as IHL compliance.

Working in public and media relations also resulted in the production of feature articles/stories on the ICRC's operations and issues of concern to it in traditional and online media; the ICRC was mentioned over 15,000 times in the media, more than 4,000 of which in major media outlets and news agencies such as AFP, Al Jazeera, BBC News, CNN, Le Monde, the Japan Times, the New York Times, Vice News and Xinhua.

Moreover, journalists learnt more about IHL and the protection it affords them in around 100 seminars. About a dozen directly contacted the ICRC via its dedicated hotline for journalists on dangerous assignments.

DIGITAL COMMUNICATION AND PRODUCTION

The department moved to further modernize and strengthen the ICRC's approach to digital communication by developing a new, more target group-centred Digital Engagement and Positioning Strategy, which was approved by the ICRC Directorate.

The department also continued publishing content in Arabic, Chinese, English, French, Portuguese, Russian and Spanish for www.icrc.org, which had been revamped in 2014. It stepped up production of online and audiovisual material, releasing 32 new print/electronic publications and updating 18. The dedicated online ordering and distribution platforms for delegations and for external customers (<https://shop.icrc.org/>) processed around 2,000 orders and distributed over 405,500 copies of ICRC publications and films, in English and French, worldwide.

Thousands of ICRC videos were made available to the media and the public on the ICRC's digital platforms. In 2015, 25 video news releases were issued to journalists via the video newsroom; the five most popular videos picked-up by broadcasters related to the use of/trade in arms, South Sudan, Syria, Yemen and physical rehabilitation in Afghanistan. According to digital watermark data, the usage of ICRC video news releases by the media increased by 60%; over 940 channels based around the world edited ICRC material into some 4,500 broadcasts. These broadcasters included international channels such as Africa 24, Al Jazeera, BBC News, CNN and TV5, and those based in China, the Islamic State of Iran, Morocco, Russia, Saudi Arabia and Yemen.

Thanks to its expanding social media presence, the ICRC forged closer ties with existing target groups and attracted new ones. Compared to 2014, it had: over 1,000,000 "likes" on Facebook, up from 570,000; 525,000 followers on Twitter, up from 310,000; and 1,295,000 views of videos it had produced, on YouTube and Facebook, up from 570,000. In 2015, the ICRC opened an account on Instagram, a photo-sharing site, and created a presence on the blogging site Medium. In addition, several delegations, including Afghanistan, Iraq and Yemen, set up dedicated online and social media platforms, with support from the department.

The department also continued to work to improve the ICRC's digital fundraising capability (see *Financial resources and logistics*).

SOCIAL MARKETING

Social marketing enhanced the organization's brand and reputation, promoting IHL and the ICRC's role and activities.

In particular, the Health Care in Danger campaign – for which the department produced web clips, publications, newsletters and other communication tools in several languages – continued to draw attention to the issue of safe access to health/medical care, highlighting security incidents while promoting good practices for protecting health-care delivery and engaging key stakeholders. The campaign maintained a strong media presence: its Twitter account reached 1,400 followers, up from 600 in 2014, and attracted over 1,000 profile visits a month; its website averaged 6,000 views a month; mainstream media ran more than 100 articles on the issue; and the ICRC's public statement was endorsed by 17 organizations, including Movement partners, WHO and Médecins Sans Frontières. Moreover, hundreds of thousands of people learnt more about health-care issues at themed events worldwide. The authorities, health-care professionals and National Society representatives shared concrete recommendations and best practices at roundtables, workshops and debates organized with WHO, the World Medical Association and other partners, at a regional forum in Colombia for Latin American countries, and at the 32nd International Conference.

In line with the branding resolution adopted in 2013 and with 2014–15 consultations, the Movement's components officially adopted a common Movement logo at the 2015 Council of Delegates. The logo will be used exceptionally in promotional and fundraising activities, primarily in digital environments. National Societies worked with updated tools, provided by the CIM department, to manage their red cross or red crescent brand identities, including guidance on the proper use of emblems and logos in fundraising. Some 20 requests by private enterprises and academic institutions to use the red cross emblem and the ICRC logo were screened, thereby helping prevent misuse.

The exhibit entitled *Humanizing War? ICRC: 150 years of humanitarian action*, first held in Switzerland in 2014, was mounted for another eight months at the Mémorial de Caen in France, allowing over 100,000 museum visitors to learn more about the ICRC.

MULTILINGUAL COMMUNICATION

The ICRC continued to communicate with stakeholders worldwide in its working languages, thereby helping extend its support base in countries of global or regional influence. Its language staff edited, translated and proofread over 10 million words in public communication materials and statutory, legal, operational and donor-related documents. In addition, 1.5 million words were processed in the lead-up to and during the 2015 Council of Delegates and the 32nd International Conference. Headquarters staff provided technical know-how for translation teams at the ICRC's regional communication centres in Buenos Aires, Cairo and Moscow.

ENVIRONMENT SCANNING AND RESEARCH

The Environment Scanning and Research Unit helped the ICRC optimize its understanding of its working environment, monitoring and analysing public information sources to produce actionable insights and reports in a timely manner. The newly rolled out "GinkGo" internal information platform allowed 4,000 registered internal users to access a wide range of environment scanning analyses and reports

During acute crises, particularly where security incidents directly affected the ICRC, the unit produced daily digests of key information from open sources for crisis management teams. Delegation analysts also boosted their environment-scanning capacities at

a workshop in Brasilia (Brazil) on advanced analysis, another in Geneva (Switzerland) on decision-making in crisis mechanisms, and 11 coaching/training missions for the ICRC's delegations in Dakar (Senegal), the Democratic Republic of the Congo, Egypt, the Islamic Republic of Iran, New York and Washington (United States of America), Rwanda, South Sudan, Ukraine and Yaoundé (Cameroon). With two external partners, the unit worked to develop techniques for analysing big data extracted from digital social networks. It began working on a system for real-time monitoring, particularly for large-scale crises.

The unit also helped conduct the biennial Staff Barometer survey, to give Assembly members, headquarters departments and divisions, and field delegations a better idea of how the organization is perceived internally. Furthermore, the unit's global opinion poll, conducted in partnership with an external research agency, helped the ICRC better understand how it is viewed by the public in 14 countries.

INTERNAL COMMUNICATION

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

The intranet remained the most important internal communication channel; the most-read news article had around 4,000 views. Features introduced to make the intranet more interactive included direct feedback on news articles, the wider use of video, and a blog for staff members on the 32nd International Conference.

ARCHIVES AND INFORMATION MANAGEMENT

The Information Management Unit continued to spearhead the implementation of the Information Environment Strategy, which supported work processes and strategic decision-making around the organization's enterprise architecture and information security. Efficient implementation was ensured by analysing the compatibility of current and planned projects with the ICRC's enterprise architecture and taking measures to mitigate risks linked to information security and corporate transparency.

In order to consolidate existing ICRC guidelines and practices governing personal data processing, and improve compliance with international and regional data protection requirements, the Directorate developed, and the Assembly adopted, the new Data Protection Reference Framework; a Data Protection Office and a Data Protection Independent Control Commission were set up to serve as compliance mechanisms (see *Governing and controlling bodies*). Delegations and headquarters units were prompted to put in place implementation structures, update current practices and analyse risks related to personal data processing. The ICRC also raised awareness of its particular concerns with regard to personal data processing – for example, for protection activities – among the relevant authorities, including at the Council of Europe and the European Union.

In line with the new tools and the needs of delegation staff, the unit continued working to develop a standardized digital working

environment – for example, collaborative work spaces, for facilitating work between staff in different departments and across the globe – an advanced records management system and an institution-wide search engine. Such efforts contributed to easing cooperation between users, and enhancing overall information access and security.

The department also created a “road map” to further develop and enforce internal rules and policies, and adapt them to the new tools. It continued to boost staff familiarity with these rules/policies and their overall data-management capacities, including records management. Thus, selected administrative staff became information management relays, while users, including those in the field, continued to receive information management support from eight regional advisers and through other channels.

LIBRARY AND PUBLIC ARCHIVES

The ICRC's public archives, audiovisual archives, library and Central Tracing Agency archives hold thousands of public records documenting the organization's activities, those of the Movement as a whole, humanitarian work in general and IHL. The Library and Public Archives Unit regularly acquires, manages, preserves and raises awareness of these collections, the content of which serves as the ICRC's institutional memory and helps position the ICRC as a key humanitarian player and a reference organization on IHL.

In 2015, the unit responded to over 2,600 internal and external requests for information and documents, and processed over 2,100 requests from victims of past armed conflicts and/or their relatives. It contributed several articles to historical journals and books, and welcomed some 2,300 visitors to the archives and library. It also prioritized easing online access to the historical archives and the library's documentary collections, notably by digitizing content and promoting their use. As in the past, it used social media platforms, such as the <http://icrchistory.tumblr.com/>, to raise awareness of the ICRC's collections among specialists and general audiences, for instance by emphasizing similarities between historical actions and current operations and issues of concern.

The unit also supported ICRC projects with external partners. Joint productions on ICRC history were broadcast by major media outlets. Events such as the *Remembering the Shoah* conference in Geneva, organized with the World Jewish Congress, and an exhibition at Kyoto University museum on POWs during the Second World War, used original content produced by the unit.

PRESERVATION AND INVENTORIES

Research and analysis of information from the archives contribute to sound decision-making in operations and other areas, and the Preservation and Inventories Unit therefore continued to collect and preserve essential records. In line with a 2014 security assessment of all archives locations, it continued to update preservation measures, particularly of the archived medical files from the ICRC field hospital in Peshawar, Pakistan, held in the ICRC's logistical and archival facility in Satigny, near Geneva.

The ICRC officially opened its 1966–75 archives to the public in 2015. In support of this, the unit published the inventory of some 19,000 files from this period in paper and digital form, facilitating academic research. It completed a study on the ICRC's field operations and legal and policy developments at the time, an additional means of heightening familiarity with the archived material and aiding internal analysis and decision-making.

Overall, the improved management of the archives made it easier to process requests for reports; over 600 internal research requests were met. Summaries and timelines produced by the unit on the basis of existing archives likewise contributed to enhanced knowledge of ICRC activities past and present.

INFORMATION AND COMMUNICATION TECHNOLOGY

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

BUSINESS CONTINUITY

- ▶ Over 10,000 users worldwide had consistent access to a stable ICT system, thanks to:
 - ongoing measures to improve information security, such as the implementation of the network security architecture, begun in 2014, an assessment of potential risks associated with commonly used software applications, and efforts to reinforce observance of ICT security rules and procedures;
 - the ready availability of ICT services, notably through the development of worldwide, round-the-clock ICT support services provided by the ICRC's Shared Services Centre in Belgrade, Serbia, and the rapid deployment of communication staff and materials, for example to Burundi and Ukraine, at the request of the ICRC delegations there.

INFORMATION SYSTEM STRATEGY ALIGNMENT WITH BUSINESS NEEDS

- ▶ Projects and initiatives were implemented to streamline ICT infrastructure, network and workplace services, including:
 - Connect, a network linking all field and headquarters structures and supporting centralized applications used by Operations and other departments, except in some contexts where security conditions or other factors put deployment on hold;
 - Windows 8.1, installed as the ICRC's standard operating system and equipped with a dedicated ICT portal, which improved access to the ICRC network from mobile devices (see *Quality service* below);
 - Skype for Business, installed on all ICRC PCs, laptops, tablets and smartphones to increase mobility in line with the unified communication project;
 - the replacement of all servers in the two ICRC data centres in Geneva.
- ▶ More than 40 business projects with an ICT component were supported, including software upgrades related to various aspects of ICRC operations, communication, finance, logistics and human resources, such as:
 - New Enterprise Resource Planning software for the Operational Supply Chain, Agile and Reliable (OSCAR) project (see *Financial resources and logistics*), in logistics hubs in Côte d'Ivoire, the Democratic Republic of the Congo and Jordan;
 - the Client Relation Management system for Prot6, the software used for managing ICRC protection data, and Family-links Answers, an application used for National Society family-links services (see *Operations*);
 - the new Security Management Information Platform (SMIP);
 - the audiovisual archives website;
 - new systems for managing audit, treasury and human

resources information (see *Human resources*);

- a new front-end Business Intelligence tool;
- an upgraded ticketing system for ICT incident reporting and request management, for the Shared Services Centre in Belgrade.

QUALITY SERVICE

- ▶ The high quality of ICT services was maintained thanks to:
 - service-level agreements, the targets of which were met: 92% of calls were answered (target 95%), first-time closures for service desk level 1 enquiries reached 66% in November (target 65%), unresolved incidents fell to 2% (target 20%), and global ICT services attained nearly 100% availability;
 - the deployment of an internal online dashboard to improve follow-up of ICT services;
 - the ongoing implementation of system migration: 99% of users were already on Connect and 100% of delegations, 100% of headquarters staff and 100% of field staff were already on the Unified Workstation (Windows 8.1, Remote Access and new ICT portal).

ICT TRANSFORMATION PROGRAMME

- ▶ A four-year transformation programme was launched to tackle major ICT challenges. The programme has the following streams:
 - review the ICT Division's organization and processes;
 - ensure round-the-clock ICT support services in Belgrade;
 - outsource services for developing and maintaining ICRC business applications to a support centre in Tunisia;
 - standardize ICT project and development practices, with a view to facilitating the transfer of certain ICT services/processes to support centres in Belgrade and Tunisia;
 - integrate business applications into global ICT services, particularly OSCAR, Prot6, SMIP and the Information Management Programme;
 - upgrade tools, such as the ICT ticketing system, and develop an application for producing software;
 - assess the impact of the ICT transformation in headquarters on field staff and services.

HUMAN RESOURCES

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

In 2015, an average of 11,430 resident¹ and 2,107 mobile employees worked in the field, and 969 staff at headquarters.

POSITIVE CHANGE

In line with the strategy developed under the People Management Programme (PMP), the Human Resources (HR) Department continued making structural changes to meet the organization's needs more efficiently and effectively. In keeping with an institutional desire to direct more funds towards people affected by armed conflicts and other situations of violence, it sought to reduce administrative costs by optimizing transactional activities and focusing on strategic HR services.

The department therefore pursued the transition to a new HR service delivery model; this entailed, *inter alia*, integrating PMP projects into existing HR structures. Under the new model, the department will have four divisions: Operations, Shared Services, Talent Management, and Learning and Development. Set to be fully operational by 2016, the new model will be supported by HR partners tasked with providing advice to managers in the field and at headquarters, and by three centres of expertise (COEs) – two of which were created in 2015 – in charge of developing internal policies. Amid these changes, and in the face of the operational growth anticipated in the Institutional Strategy 2015–2018, the department maintained its services for employees and support for managers in the field and at headquarters.

PEOPLE MANAGEMENT PROGRAMME

Several projects aimed to ensure appropriate and adequate staffing worldwide. Within the international assignment planning framework, the ICRC released compendia of job openings for mobile positions in April and October; the October compendium listed 159 positions across various departments at headquarters and in the field. A streamlined process for filling internally planned positions was launched, enabling vacancies to be filled more efficiently and quickly. A new pool-management framework was validated and a transition plan was initiated.

Other projects set out to improve support for and the management and motivation of personnel. The department validated learning objectives for module three of the Humanitarian Leadership and Management School and scheduled a pilot launch for 2016. It also instituted a core competency framework after a comprehensive staff consultation process, with a view to clarifying performance expectations.

The department supported initiatives related to the transition to a new service model, including the creation of two new COEs and the design of the Talent Management Division. It started preparations for the gradual roll-out of the HR Information System in 2016, creating and incorporating modules for recruitment, international assignment planning, performance management and HR data management into the System.

In view of the PMP's conclusion next year, the ICRC recruited an advisor to ensure the clear dissemination of information to staff during the final phase.

CENTRES OF EXPERTISE

Compensation and benefits

In conjunction with the PMP, work continued on the development of a new job-grading system. The COE streamlined around 2,500 roles in HR systems into about 600 that covered activities organization-wide. These roles were integrated into the job-grading matrix defined in 2014, and were due to be validated by eight delegations in 2016. Work began on new salary scales and on policies regarding compensation and mobility.

Framework and compliance

Created in mid-2015, the framework and compliance COE furthered the transition to a new service model by taking over the activities of dissolved units, while starting to draw up a framework for designing HR documents in order to ensure their coherence and consistency. It also carried out tasks connected with compliance and identifying HR-related risks.

Health and well-being

Assuming the duties of the Staff Health Unit, the health and well-being COE was created in 2015 to implement the 2015–18 staff health strategy as part of the decentralization of operational activities from headquarters to field delegations. The COE developed several initiatives connected with the ICRC's duty of care towards its staff.

COE staff supported health delegates and focal points providing preventive/curative health care to all ICRC personnel, including through field missions. The HIV workplace programme remained active in 34 countries, with the COE providing additional preventive measures for resident staff, of whom 60% checked their HIV status.

A pilot project enabled staff to obtain psychological support from mental health professionals. A stress and resilience advisor was assigned to the COE following the approval of a new ICRC stress policy. The COE was also closely involved in managing several security incidents.

CONTINUOUS DELIVERY

HR Operations Division

The division focused on strengthening the HR presence in the field, while continuing to provide strategic and operational HR support to managers in various departments at headquarters.

It hired mobile and resident HR managers throughout the year, and 24 had been deployed in as many delegations by year's end. The team of regional HR partners was adapted to conform to the

1. Daily workers not included

reorganization of the ICRC's operational model into five regions; an HR partner was assigned to each region's operational coordinator to provide support for, *inter alia*, dealing with HR issues/challenges and overseeing staff. January saw the first rotation of people in the HR Managers pool, and HR manager positions were included in the compendium of job openings released in October.

The division continued to support the Corporate Services Initiative, which aims to decentralize various tasks, and the Headquarters Mobility Initiative, which aims to facilitate the transfer of competencies between the field and headquarters. It monitored the implementation of the 2015–18 social plan in close collaboration with employee representatives. Amid the transition to a new service delivery model, the division also provided managers with professional guidance, and, in accordance with legal and ethical standards, provided support to staff affected by the transition.

HR Shared Services Division

The HR Sourcing and HR Shared Services Divisions were merged in early 2015 to better manage the administrative tasks common to them. The new division was thus able to focus on optimizing these tasks, with a view to reducing expenses by transferring them to the Manila Shared Services Centre in 2016. An external travel agency was appointed and will handle travel services for staff members as of March 2016. Other services were also set to be transferred to the Talent Management Division upon its creation in 2016.

Throughout the year, the division consolidated the provision of routine, transactional administrative services – including salaries, social security, insurance and benefits – to staff at headquarters and field mobile staff; it also organized field missions, while striving to ensure timely and cost-effective travel conditions. It received nearly 63,000 queries from mobile and Geneva-based employees (compared to over 32,000 in 2014) and achieved a response rate of around 96% for the year. The division continued to monitor the application of rules/guidelines and to update articles of the Collective Staff Agreement for Geneva-contracted staff.

In 2015, some 2,600 international moves took place – an increase of 16% from the previous year. Among the top 15 delegations (in terms of budget size) for 2015, only 6% of positions were vacant at any one time, although it proved difficult to staff the delegations in Afghanistan, the Central African Republic, the Syrian Arab Republic and Yemen. In all, 530 mobile staff were hired on a Geneva-based contract and 130 were recruited for headquarters.

Recruitment processes continued to be streamlined; standardized hiring procedures for Geneva-contracted staff were completed, and preparations for the outsourcing of language-testing activities – with a view to reducing costs – continued. The HR marketing service – with its offices in Beirut (Lebanon), Brasilia (Brazil), Brussels (Belgium), Dakar (Senegal), London (United Kingdom of Great Britain and Northern Ireland), Manila (Philippines), Moscow (Russian Federation) and New Delhi (India) – strengthened its outreach activities to academic environments and beyond. The ICRC, an equal opportunity employer, attended nearly 165 recruitment events and three virtual job fairs, targeting new graduates, young professionals and other potential employees in 25 countries.

Learning and Development Division

Work continued on the design of an institutionally coherent, organization-wide learning and development architecture, to meet

the needs of a more global workforce. The division helped other departments design their courses; over 25 such requests were handled in 2015.

Staff Integration Programme courses for new employees were held at the ICRC's training facility in Ecogia, Geneva and at the Learning and Development regional units in Amman (Jordan), Bangkok (Thailand), Bogotá (Colombia), Dakar and Nairobi (Kenya); in all, 1,084 people (602 resident staff and 482 mobile staff) participated. The Programme was updated with new teaching techniques, which were piloted in October.

The division conducted institutional training courses for 5,648 participants, including 3,345 resident and 1,622 mobile staff; these courses included a new one on staff security and safety, which was introduced in collaboration with the Security Crisis Management Support Unit following several requests from delegations. There were 164 senior and middle managers (62 resident and 102 mobile or headquarters staff) that participated in module 1 of the Humanitarian Leadership and Management School. Module 2 was fully launched in 2015, with 63 managers (23 resident and 40 mobile or headquarters staff) participating, and preparations for module 3 (see *People Management Programme*) also began. Lastly, the division helped develop the ICRC's network of trainers through workshops: seven delegations had full-time trainers and four more hosted instructors from the regional units.

The Individual Development (iDevelop) budget – launched in 2014 to encourage the professional development of staff of a certain grade level – supplemented institutional training by providing funding for external training, coaching and career assessment. Some 1,170 iDevelop requests (196 mobile and 725 resident field staff, and 249 from headquarters) from 77 ICRC country offices were approved in 2015, over a third more than last year. This amounted to over CHF 4.66 million out of CHF 6.70 million allocated for the year.

GENDER AND DIVERSITY

The organization continued to work towards meeting its target of 40% women staff members by the end of 2016. Globally, in 2015, it maintained a rate of 32% women, with lower figures in regions such as Africa and South Asia. Women accounted for 35% of people in professional and expert positions, 37% in middle management and 30% in senior management. In the field, women's representation in mobile senior management positions increased from 21 to 25%. Overall, finding the right balance between work and private life remained a concern.

The ICRC's governing bodies and the Directorate sustained their support for the organization's Gender Equality Policy by, among others, adopting a plan that prioritized increasing the number of women heads of delegation. Efforts to combat workplace harassment also continued: the ICRC distributed a new code of conduct throughout the organization, drafted guidelines on managing harassment cases, and carried out activities to raise managers' awareness of harassment.

The department continued to incorporate considerations related to gender equality, diversity and inclusion into its processes and to raise awareness of unconscious biases. An institutional narrative on diversity and inclusion was developed and disseminated internally.

Staff had access to mentoring and networking programmes; both women and men were encouraged to participate in global women's conferences.

COOPERATION WITH NATIONAL SOCIETIES

The position of advisor on cooperation with National Societies regarding HR-related matters – such as recruitment, staff secondment, and staff-on-loan agreements – was redesigned to reflect the ICRC Institutional Strategy 2015–2018. A new advisor assessed past and present cooperation with National Societies in relation to HR marketing, and made proposals for future efforts. Delegations were advised on these matters, and established partnerships were strengthened; an ICRC recruiter was placed with the British Red Cross, and similar arrangements were agreed on with four other National Societies.

The International Federation and the ICRC co-facilitated two meetings with 14 National Societies, wherein changes in sourcing staff-on-loan were proposed to address issues related to people directly applying for jobs.

FINANCIAL RESOURCES AND LOGISTICS

The Department of Financial Resources and Logistics supports field operations in terms of finance, administration and logistics, while raising and managing funds for the ICRC as a whole. It works closely with all other departments and maintains close ties with donors to keep them abreast of ICRC operations and financial requirements. The department regularly streamlines its processes to ensure that its support to the field is cost-efficient, effective and responsive to operational needs. It verifies compliance by ICRC headquarters and delegations with financial regulations and institutional procedures. It ensures that the ICRC's working methods integrate the principles of sustainable development.

In 2015, the scale of the ICRC's operations and its financial growth resulted in record budget, expenditure and income levels. This required the Department of Financial Resources and Logistics to raise more funds, manage more money and infrastructure, and purchase/deliver larger quantities of goods and services, while weathering financial challenges stemming from renewed volatility in the markets and the decision of the Swiss National Bank to no longer hold the Swiss franc at a fixed exchange rate with the euro. The resulting loss of income for the ICRC was estimated to be CHF 90 million.

Several initiatives changing the organization's finance and logistics structures were prepared and/or launched in 2015. These included:

- ▶ the deployment of the new global supply chain solution, OSCAR (Operational Supply Chain Agile and Reliable), in three more areas – the delegation in the Democratic Republic of the Congo and the regional hubs based in Abidjan (Côte d'Ivoire) and Amman (Jordan) – which significantly changed the associated processes and controls;
 - ▶ the conception of the Logistics Transformation Programme, aimed at defining a future logistics framework responding to the dramatic rise in operational activity in an environment of growing constraints;
 - ▶ the process of redefining the role of field finance and administration managers, as a result of which they will play a bigger part in financial control and compliance; and
 - ▶ the creation of a new internal dynamic for resource mobilization.
- ▶ invested in improving the capacity of the Manila Shared Services Centre, in the areas of internal control and fraud detection, for instance;
 - ▶ initiated the upgrade of its main financial software in order to support implementation of the Institutional Strategy 2015–2018 with financial information for decision-making;
 - ▶ continued to design the treasury-management software in order to optimize treasury efficiency and minimize the impact of a treasury shortfall on operations;
 - ▶ worked with other departments to improve information security and automate various processes (see *Communication and information management*), with a view to generating savings;
 - ▶ completed an analysis of the future roles of finance and administration managers in the field, as part of a process that will continue to 2016;
 - ▶ in line with the OSCAR project, implemented stock mutualization and other processes aimed at professionalizing the financial accounting environment in the field; and
 - ▶ helped steer exploration by the International Federation and the ICRC of new financial arrangement models governing Movement responses to crises (see *Office of the Director-General*), as part of efforts to strengthen Movement coordination and cooperation, including in resource mobilization.

Over the past 15 years, the ICRC has disclosed its financial statements in full compliance with the International Financial Reporting Standards (IFRS) framework, and reviewed, updated and simplified them in line with International Accounting Standard 1: Presentation of Financial Statements (IAS1), to make them more accessible and relevant to stakeholders. The ICRC's financial statements are audited annually by a leading external and independent audit firm and have always received an unrestricted audit opinion. The ICRC deems this to be part of its due-diligence obligation to provide donors with complete, robust and transparent financial information.

INFRASTRUCTURE MANAGEMENT

Infrastructure management helps ensure that the ICRC has the requisite office space and sees to the long-term maintenance and physical security of the entire infrastructure at a reasonable cost.

Concerned with the environmental footprint of the historic Carlton building at headquarters, the ICRC completed a comprehensive study for the building's renovation in a bid to improve energy efficiency and reduce running costs.

FINANCE AND ADMINISTRATION FINANCIAL MANAGEMENT

Financial management provides relevant and trustworthy information to ICRC leadership, to aid decision-making, and to donors and partners, for transparency and accountability.

In 2015, the Finance and Administration Division:

- ▶ provided the Directorate with financial forecasts to help the institution manage financial risks;
- ▶ continued to work on a prototype of activity-based financial information for headquarters and the field, to help improve process-performance analysis while identifying support costs and their relation with operations;
- ▶ implemented initiatives in relation to administrative matters, aimed at reducing the administrative burden of field operations, while maintaining accountability and the reliability of financial information;

FUNDING

Funding is channelled through the External Resources and the Private Fundraising Divisions, which obtain the financial resources the ICRC needs to carry out its humanitarian activities while upholding its independence. Delegations contribute to donor relationship management, by sharing their understanding of contexts and technical expertise. Delegations also play a key role when donors visit the field. To meet its objectives, the ICRC seeks the widest possible range of predictable, sustained and flexible sources of financial support. It guarantees that donor requirements are given due consideration and that contributions are managed in a coordinated way.

BUDGETS

The ICRC's initial 2015 budget, launched in November 2014, totalled CHF 1.6 billion. This was CHF 277 million higher than the initial 2014 budget. The increase was mainly for field operations, which amounted to nearly CHF 1.4 billion, as opposed to CHF 1.1 billion in 2014. The Headquarters Appeal, for its part, rose from CHF 192 million in 2014 to CHF 194 million in 2015.

In 2015, donors received information about 11 budget extensions (the same number as in 2014) launched in response to unforeseen events and substantial humanitarian needs, particularly in relation to the resurgence/intensification of hostilities in Iraq, Libya, South Sudan, Sudan, Ukraine (with effects in Belarus and the Russian Federation, both covered by the Moscow regional delegation) and Yemen. A consolidated budget extension was also issued for the Lake Chad region, to meet the needs of conflict-affected people in Cameroon (covered by the Yaoundé regional delegation), Chad, Niger and Nigeria. After these budget extensions, the final field budget amounted to CHF 1,590 million.

EXPENDITURE

Overall expenditure
CHF 1,615 million (including overheads)
Headquarters
CHF 202 million
Field operations
CHF 1,413 million

The implementation rate (field expenditure in cash, kind and services divided by the final field budget and multiplied by 100) for activities planned in 2015 was 88.9% of the overall final Emergency Appeals budget (2014: 92.3%; 2013: 90.7%).

CONTRIBUTIONS

Total contributions received in 2015: CHF 1.497 billion
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Funding sources and patterns were similar to previous years. In 2015, the proportion of support from governments was 84.4% (2014: 83.0%; 2013: 84.5%). That from National Societies fell to 2.2% (2014: 3.4%; 2013: 3.3%), as did the number of contributing National Societies (see *Diversity in funding sources* below). The

proportion received from the European Commission decreased to 8.3% (2014: 9.4%; 2013: 7.2%), although the Commission's overall contribution (in euros) increased. Contributions from other public and private sources increased to 5.0% (2014: 4.1%; 2013: 4.8%).

The United States of America (hereafter United States) remained the ICRC's largest donor, accounting for 27.9% (CHF 417.6 million) of all contributions and 29.5% (CHF 397.7 million) of funding for field operations. The United Kingdom of Great Britain and Northern Ireland (hereafter United Kingdom) ranked second, with 13.9% (CHF 208.0 million) of all contributions and 15.4% (CHF 207.8 million) of funding for field operations. Switzerland was the third largest donor, with a total contribution of CHF 160.4 million, or 10.7% of all contributions and 5.9% of funding for field operations (CHF 80.3 million). The European Commission remained in fourth position; its total contribution of CHF 123.7 million accounted for 8.3% of all contributions and 9.2% of funding for field operations.

The ICRC's operational flexibility was preserved, as a number of governments continued either not to earmark their contributions or to do so in a relatively broad fashion, mostly by geographical region (see *Flexibility in funding*). However, the downward trend in the proportion of non-earmarked funds (cash contributions) – which has dropped by 1% per year over the last three years (2013: 28.1% of total funds, 2014: 27.4%, 2015: 26.0%) – is cause for concern.

The decision taken by the Swiss National Bank regarding the Swiss franc-euro exchange rate had a significant negative impact on revenue. This was one of the main financial challenges that the ICRC faced in 2015.

The Donor Support Group (DSG)¹ comprised 17 members in 2015 (based on 2014 contributions). Belgium hosted the DSG annual meeting, which, along with the DSG policy forums, allowed members to share views and discuss topics relevant to humanitarian action.

The table below shows the contributions of DSG members in 2015. On this basis, the DSG will have 18 members in 2016.

1. The Donor Support Group is made up of governments contributing at least CHF 10 million in cash annually.

In CHF million						
NAME OF DONOR (DSG member)	CASH – HEADQUARTERS	CASH – FIELD	TOTAL CASH	TOTAL KIND	TOTAL SERVICES	GRAND TOTAL
Australia	3.1	32.7	35.8			35.8
Belgium	0.8	19.7	20.5			20.5
Canada	2.3	54.9	57.2			57.2
Denmark	2.9	19.8	22.7			22.7
European Commission		123.7	123.7			123.7
Finland		10.3	10.3	1.9		12.2
France	0.3	20.1	20.4			20.4
Germany	1.4	44.2	45.6			45.6
Ireland	0.1	12.3	12.5			12.5
Italy	2.5	9.3	11.8			11.8
Japan		30.8	30.8			30.8
Kuwait	0.2	21.5	21.7			21.7
Netherlands	6.9	49.9	56.8			56.8
Norway	2.4	42.7	45.1			45.1
Sweden	5.9	49.3	55.1			55.1
Switzerland	80.1	80.3	160.4		0.0	160.4
United Kingdom	0.2	207.8	208.0			208.0
United States	19.9	397.7	417.6			417.6

Note: Figures in this table are rounded off and may therefore differ slightly from the amounts presented in other documents; this may lead to differences in rounded-off addition results.

CONTRIBUTIONS IN RESPONSE TO THE HEADQUARTERS APPEAL

Contributions for the headquarters budget totalled CHF 147.1 million: CHF 135.8 million from 70 governments, CHF 4.4 million from 47 National Societies and CHF 6.9 million from private and public sources.

CONTRIBUTIONS IN RESPONSE TO THE EMERGENCY APPEALS

Cash component
CHF 1,340.2 million (2014: 1,179.2 million; 2013: 1,061.9 million)
In-kind component
CHF 5.0 million (2014: 3.6 million; 2013: 7.8 million)
Services
CHF 5.0 million (2014: 6.3 million; 2013: 5.8 million)
Assets
CHF 0.0 million (2014: 0.0 million; 2013: 0.1 million)

In total, CHF 1,127.5 million were provided for ICRC field operations by 41 governments, CHF 123.7 million by the European Commission, CHF 29.2 million by 28 National Societies and the International Federation, CHF 2.3 million by several international organizations and CHF 67.4 million by public and private sources. These included thousands of private individuals, foundations and companies, the canton of Geneva, Mine-Ex Rotary Liechtenstein and Switzerland, the Union of European Football Associations (UEFA), and members of the ICRC Corporate Support Group (CSG)².

FLEXIBILITY IN FUNDING

To meet needs effectively, flexibility in the use of funds remains essential, particularly in relation to earmarking and reporting. The ICRC's operational flexibility decreases as levels of earmarking increase, to the detriment of the people it is trying to help. Earmarked contributions are also often accompanied by rigorous project implementation timetables and stringently specific reporting conditions.

2015 non-earmarked cash contributions
CHF 385.9 million / 26.0% (27.4% in 2014; 28.1% in 2013)
2015 tightly earmarked cash contributions
CHF 169.2 million / 11.4% (14.6% in 2014; 12.9% in 2013)

In 2015, cash contributions loosely earmarked for a given region, country or programme represented 62.6% (CHF 929.1 million) of total cash contributions (2014: CHF 769.2 million, 57.9%; 2013: CHF 709.5 million, 59.0%).

At 26.0% in 2015, the proportion of non-earmarked cash contributions ("core funding") was lower than in 2014 (27.4%; in 2013: 28.1%). Apart from some private donations, most non-earmarked funds came from governments (notably Australia, Belgium, Canada, Denmark, Finland, France, Germany, Ireland, Italy, Luxembourg, the Netherlands, Norway, Sweden, Switzerland, the United Kingdom and the United States), the Norwegian Red Cross and the canton of Geneva.

The ICRC continued to encourage more governments to contribute more non-earmarked funding, which is crucial to maintain the

ICRC's capacity to operate rapidly and independently, respond to the most urgent needs and conduct principled humanitarian action globally. Non-earmarked funding allows the ICRC to:

- ▶ invest in fragile contexts, particularly to develop emergency preparedness and networks of contacts among all parties concerned, even before the outbreak of an armed conflict (in northern Nigeria, for example, non-earmarked funding allowed the ICRC to establish a presence before fighting erupted, thereby enabling it to immediately set up life-saving activities in situations where no or few other organizations could operate);
- ▶ cover funding gaps that would otherwise require the organization to change its operational approach or to close chronically underfunded operations; and
- ▶ front-load cash, boosted by ICRC reserves, in emergency interventions. This guarantees the organization's immediate response capacity by bridging the gap between the onset of the emergency operation and the start of renewed fundraising efforts for the operation.

PREDICTABILITY IN FUNDING

The ICRC's funding system does not rely on set (statutory) contributions. Moreover, its programmes are implemented according to needs and are not contingent on the level of contributions pledged or received. The organization relies on donors to provide the funding it needs to achieve its objectives through the programmes it plans to implement in a given year.

To minimize financial risks, the ICRC seeks to be realistic in terms of its objectives/budgets and to secure a degree of funding predictability. Commitments from donor countries spanning several years are therefore useful and have been made by Belgium, Canada, Finland, Germany, Italy, Mexico, the Netherlands, Sweden, Switzerland and the United Kingdom, and by certain private donors. Despite planning constraints and national budget and financial regulations that make it difficult for donors to commit funding over the medium term, the ICRC will continue, whenever deemed relevant, to seek longer-term funding commitments. Clear indications from donors early in the year regarding the annual level of funding and the timing of their transfers would facilitate financial planning and reduce risk.

DIVERSITY IN FUNDING SOURCES

Despite ongoing efforts and discussions with DSG members and an increase in contributions from private sources (see *Private sector fundraising*), progress towards expanding the range of the ICRC's main financial contributors was again slow, and the ICRC remained reliant on a small number of key donors for the bulk of its funding. Kuwait was still the most recent new member of the DSG, having entered in 2013; Italy was poised to return to the DSG in 2016, thanks to the significant increase in its contribution to the field budget. In view of its universal mandate and worldwide activities, the ICRC continued to seek broader support in Asia, Latin America, Central Europe and the Middle East.

Overall ICRC funding
CHF 1,497.2 million
81 governments and the European Commission
CHF 1,387.0 million / 92.6% (2014: 92.4%; 2013: 91.7%)
Top 10 governments, including the European Commission
CHF 1,205.4 million / 80.5% (2014: 79.6%; 2013: 77.6%)
Top 5 governments, including the European Commission
CHF 967.0 million / 64.6% (2014: 61.5%; 2013: 57.5%)

2. Each member of the CSG provides a minimum of CHF 500,000 per year to the ICRC or, in some cases, to the ICRC Foundation.

The decrease in the number of contributing National Societies remains a concern – 56 in 2015 compared to 60 in 2014 and 66 in 2013.

The ICRC sought, and will continue to seek, to raise funds from donor countries' unused budget lines, as well as to implement joint fundraising activities with National Societies and to increase the funding received from private sources. Staff from key departments formed a task force to approach fundraising from a variety of perspectives, linking operations with policy issues and donor mobilization.

PRIVATE SECTOR FUNDRAISING

Income raised by the Private Fundraising Division increased to CHF 74.3 million, significantly above the planned results set in the 2012–2020 Funding Strategy. Funding from legacies rose to CHF 25.1 million in 2015 compared with CHF 11.6 million in 2014, notably thanks to one large legacy; some private income streams increased, confirming the trend forecast in the Funding Strategy.

Donations from private individuals continued to rise. The "Friends of the ICRC" high-value support group comprised over 150 individuals, and 2015 saw an increase in general public support as a result of advertising campaigns and responses to special appeals. Income from major donors grew to CHF 10.1 million, and the value of gifts from outside Switzerland increased by CHF 1.5 million.

Income from foundations dropped to CHF 13.5 million, but included a generous additional commitment from an existing donor to fund operations linked to migration.

Partnerships with companies developed, with an emphasis on increasing financial as well as non-financial support. All existing CSG members (ABB Asea Brown Boveri Ltd, AVINA STIFTUNG, Crédit Suisse Group, LafargeHolcim, F. Hoffmann La Roche Ltd, Fondation Hans Wilsdorf, Banque Lombard Odier, Philips Foundation, Novartis International AG, Swiss Reinsurance Company, Vontobel Group and Zurich Insurance Group) stayed; many of these partnerships increased in scope and value.

Private fundraising efforts with National Societies focused on fostering donor partnerships.

REPORTING TO DONORS

Donors were informed of the ICRC's objectives, plans of action and indicators in the 2015 Emergency and Headquarters Appeals, the Special Appeals for the Health Care in Danger project, Mine Action, and the Response to Sexual Violence, and the 11 budget extensions.

The Midterm Report described all field operations from January to May. The context-specific reports contained in the present Annual Report cover the entire year and describe activities carried out for each target population, most of which were announced in the 2015 Emergency Appeals. The reports are result-based and include standard figures and indicators for ICRC activities. The Supplement to the 2014 Annual Report, the 2014 Special Reports on the Health Care in Danger project and Mine Action, and 31 updates on a wide range of operations and topics, including reviews of specific programmes or objectives and policy matters, kept donors abreast of the main developments in ICRC operations and related humanitarian issues and priorities.

From March to November, the ICRC provided monthly financial updates. In September, it issued its Renewed Emergency Appeal, which presented the overall funding situation at that time for field operations. In addition to yearly "mobilization tables" that were related to the Emergency Appeals and enabled donors to make in-kind or cash-for-kind contributions, the ICRC published nine such tables related to the budget extensions.

The ICRC Extranet for Donors, a password-protected site on which all documents issued by the External Resources Division are posted, continued to give donors immediate access to reports and other funding-related documents, including weekly updates on operational and thematic issues as published on the ICRC website.

The External Resources Division worked on enhancing the ICRC's reporting tools to meet donor needs more effectively; this will involve a survey among donors to guide the design of an improved reporting platform. Certain documents were transformed, in terms of design and presentation of content, in an ongoing push to make them clearer and more reader-friendly.

The *Emergency Appeal* was renamed *Appeals: Operations*, and the *Headquarters Appeal* was renamed *Appeals: Headquarters*, the better to distinguish between the ICRC's field and headquarters activities.

LOGISTICS A GLOBAL NETWORK

Like other support services at the ICRC, the Logistics Division faced the challenge in 2015 of maintaining appropriate service levels amid rapidly growing operations, while simultaneously designing and implementing necessary changes in its structure and tools.

The division delivered goods and services to ICRC operations, managed transport assets, transported passengers and cargo, facilitated audit of the procurement process and tracked the movement of relief items to beneficiaries. The global supply chain and logistics service is coordinated from headquarters and is composed of the Geneva Logistics Centre, which manages delivery of centrally procured, high-value/light-weight/low-volume items/services (mostly pharmaceutical, orthopaedic and engineering materials), and six Corporate Logistics Centres handling lower-value/heavy items, located in the regional hubs in Abidjan, Amman, Kuala Lumpur (Malaysia), Nairobi (Kenya), Panama City (Panama) and Peshawar (Pakistan).

The Geneva Logistics Centre has borne the bulk of the ICRC's operational growth in the last few years, but this will be difficult to sustain in the long term. The Logistics Strategy was therefore aligned with the Institutional Strategy 2015–2018 and translated into the two-year Logistics Transformation Programme (LTP), slated to begin in 2016.

Logistics-related activities included:

- ▶ providing relief/engineering/medical supplies through the ICRC's global logistics network, directly contributing to the growth of ICRC operations (see *Operational highlights*) and requiring the procurement of CHF 536 million worth of goods and services,³ including CHF 307 million worth of items distributed to beneficiaries in 72 delegations, and the

3. This amount has doubled in the three years between 2012 and 2015, with 40% faster growth than the ICRC global budget.

management of a growing fleet of 26 aircraft and 5,038 other units (cars, trucks, trailers, generators) and of over 220,000 square meters of warehouse space with a 2015 year-end stock value of CHF 155 million;

- ▶ recruiting/managing some 2,500 resident and 175 mobile logistics staff, of which 25% were unforeseen manpower needs; despite this, critical positions were staffed in a timely manner, with only one mobile position unfilled; logistics covered fewer job functions (41, down from 50 last year), following harmonization efforts across regions in the framework of the People Management Programme (PMP);
- ▶ training this manpower, at headquarters and in the field, in general logistics – especially enterprise resources planning (ERP) (see OSCAR project below) – medical logistics, purchasing, air operations and fleet management; improving the integration of assistance units in logistics training, and vice versa; starting work on a new training strategy in line with PMP requirements and the ICRC's new organizational structure;
- ▶ establishing the LTP's objectives and logical framework, with a detailed plan of action, expected outcomes/key performance indicators and resources required;
- ▶ strengthening the Corporate Logistics Centres as responsibilities were further devolved to the field;
- ▶ in relation to the OSCAR project:
 - developing the Oracle/JD Edwards ERP system and deploying it in three more offices;
 - organizing the long-term operational support structure for the ERP system;
- ▶ developing ICRC operational procedures on ethical purchasing and sharing them with more humanitarian agencies;
- ▶ strengthening quality assurance and risk management in the face of heavy operational demands, for example: procuring medical supplies from secure sources; developing good distribution practice at headquarters and at the regional logistics hubs with the support of the new Shared Services Centre in Belgrade; setting up the Air Operations Safety Management System (SMS), appointing an ICRC SMS Manager and integrating fleet safety into regular field tools and practices;
- ▶ upgrading data management and business intelligence processes and tools (see *Communication and information management*);
- ▶ simplifying procedures and updating/documenting logistics processes and tools; and
- ▶ establishing and strengthening partnerships with academic circles, the private sector, other Movement partners and humanitarian agents, thereby enhancing access to additional knowledge or resources.

SUSTAINABLE DEVELOPMENT

In 2015, more ICRC units, divisions and delegations expressed interest in the issue of sustainable development. The number of delegations working on sustainability increased from 14 to 19, with more than 120 staff members volunteering to be involved.

A new methodology was developed to enable comparisons of energy and water use between delegations. Energy, water and paper use, waste production and carbon dioxide emissions were analyzed in 19 delegations. The data were translated into indicators to monitor the environmental footprint of the ICRC's operational and support activities, enabling delegations, when necessary, to take action to mitigate any negative environmental impact.

To support these mitigation measures, tests were run of several innovative approaches to waste management and the use of natural resources implemented by delegations in partnership with academic institutions and private-sector companies.

The third sustainable development annual report, covering the year 2014, was released in November 2015. It described progress made in the organization's Framework for Sustainable Development and measured the performance of ICRC delegations using environmental and social indicators.

OPERATIONS

THE ICRC AROUND THE WORLD

AFRICA

AMERICAS

ASIA AND
THE PACIFIC

EUROPE AND
CENTRAL ASIA

NEAR AND
MIDDLE EAST

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	109,219
RCMs distributed	95,423
Phone calls facilitated between family members	479,358
People located (tracing cases closed positively)	4,788
People reunited with their families	1,074
<i>of whom unaccompanied minors/separated children</i>	968
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	928,814
Detainees visited and monitored individually	25,736
Number of visits carried out	4,725
Number of places of detention visited	1,596
Restoring family links	
RCMs collected	20,558
RCMs distributed	10,685
Phone calls made to families to inform them of the whereabouts of a detained relative	33,407



ICRC headquarters



ICRC delegation



ICRC regional delegation

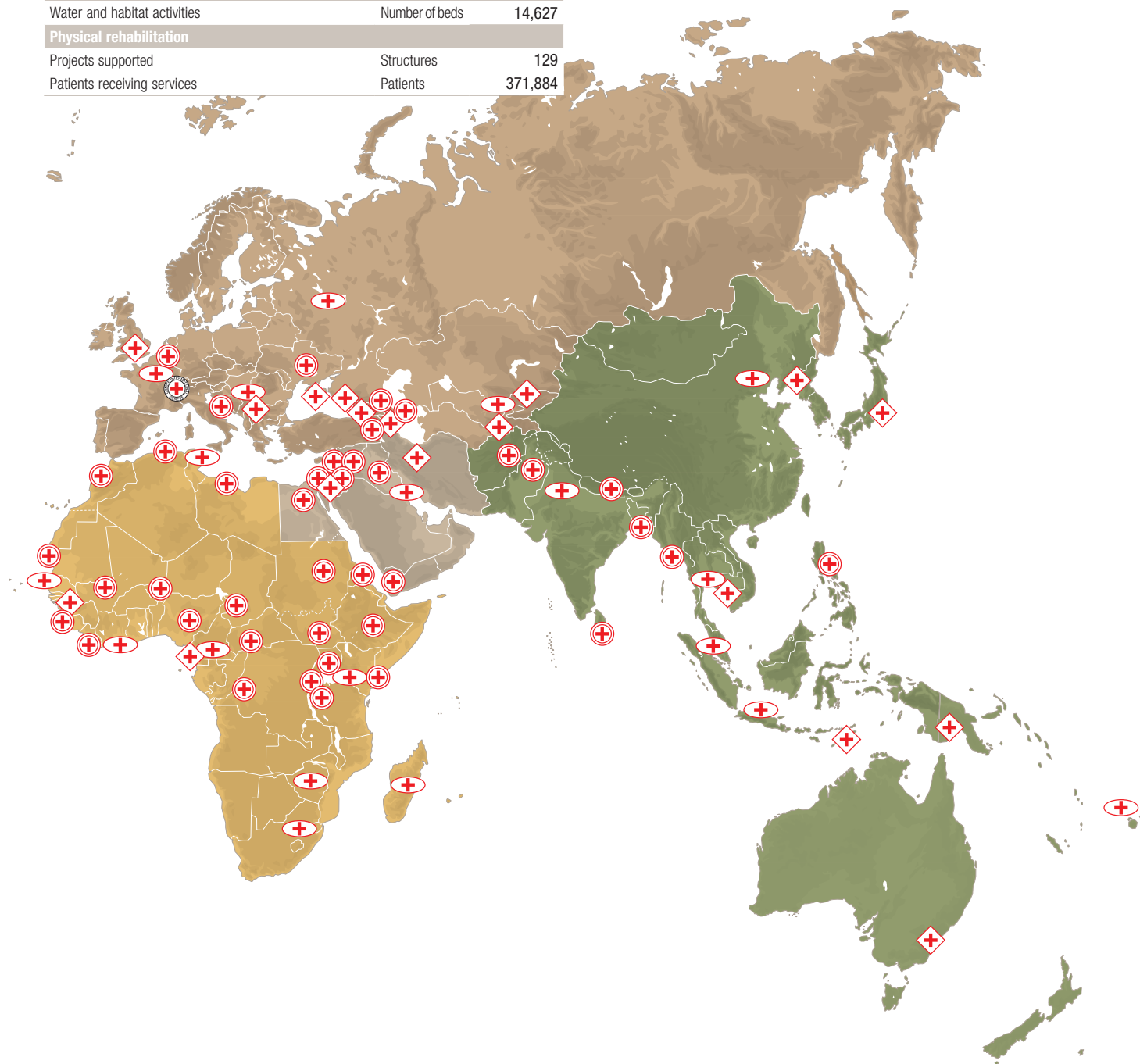


ICRC mission



ASSISTANCE		Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	13,001,361
Essential household items	Beneficiaries	5,222,659
Productive inputs	Beneficiaries	3,280,542
Cash	Beneficiaries	788,491
Vouchers	Beneficiaries	87,863
Services and training	Beneficiaries	1,622,666
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	31,026,588
Health		
Health centres supported	Structures	286
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	459
Water and habitat		
Water and habitat activities	Number of beds	14,627
Physical rehabilitation		
Projects supported	Structures	129
Patients receiving services	Patients	371,884

EXPENDITURE IN KCHF	
Protection	219,397
Assistance	958,270
Prevention	144,057
Cooperation with National Societies	84,108
General	6,785
Total	1,412,618
<i>Of which: Overheads</i>	85,919
IMPLEMENTATION RATE	
Expenditure/yearly budget	89%
PERSONNEL	
Mobile staff	2,099
Resident staff (daily workers not included)	11,332



OPERATIONAL HIGHLIGHTS



S. Rubio/ICRC

Dominik Stillhart, Director of Operations.

CONFLICT ENVIRONMENTS AND CHALLENGES FOR HUMANITARIAN ACTION

In 2015, the lives of millions were torn apart by turmoil and endless cycles of armed conflict and other situations of violence, from the Syrian Arab Republic (hereafter Syria), Iraq and Yemen, to South Sudan, the Democratic Republic of the Congo (hereafter DRC), Burundi, the Central African Republic (hereafter CAR) and Nigeria, through to Ukraine and Afghanistan. It was a year in which simultaneous large-scale emergencies had far-reaching humanitarian ramifications and precipitated challenges to the delivery of neutral and impartial humanitarian assistance.

Over the year, the crisis in the Middle East and its adverse impact on civilians in several countries became even more acute and dominated the international agenda. In Iraq and Syria, the situation further deteriorated, owing to a complex patchwork of ideological and geopolitical interests – casualty numbers rose every day, and millions continued to be displaced internally or across borders, putting pressure on host communities. Hundreds of thousands of civilians were beyond the reach of any humanitarian aid as a result of problematic access. In Yemen, the conflict became increasingly complex as tensions rose between regional powers.

The further spread of the Islamic State group's influence, its rivalry with al-Qaeda, proxy wars, and the sectarian divide becoming a driver of conflict heralded a confrontation on a global scale, evolving from the dynamics of the post-2001 attacks period and the Arab Spring fall-out. Despite the efforts of a number of States, including those involved in international coalitions, the Islamic State group remained in control of vast territories in Iraq and Syria; other radical elements continued to pledge their allegiance to the group across the globe, carrying out a number of devastating attacks. This posed an enormous challenge for States trying to protect their citizens from home-grown radicalization and the return of people who had joined the fighting abroad, and for humanitarian and human rights organizations working in these contexts.

Protracted crises likewise continued to engender economic, social and environmental fragility, with attempts at recovery often stymied by fresh outbursts of violence and the absence of viable political solutions. In Afghanistan, the CAR, the DRC, Somalia and South Sudan, for instance, people have endured some form of conflict, extreme vulnerability or multiple displacements for much of their lives. With infrastructure and basic public services destroyed or no longer functioning, humanitarian organizations have, in many contexts, had to fill vital needs gaps leading to development reversals.

On a more positive note, peace negotiations to end the conflict in Colombia – one of the world's longest-running at just over 50 years – made progress on key issues.

In some contexts, the impact of transnational and urban organized or gang-related crime spelled growing humanitarian consequences for civilians – for example, El Salvador and Honduras continued to have the highest murder rates globally.

This was the backdrop in 2015 for the significant challenges facing the humanitarian community. With increasing disregard for the most fundamental principles of humanity in the conduct of hostilities – evidenced by civilian casualties of indiscriminate attacks, the targeting of medical facilities and staff, extensive destruction beyond military necessity – and difficulties in engaging with stakeholders on respect for IHL principles, enhancing the protection of people not or no longer participating in the fighting became a matter of crucial political and humanitarian concern.

Responding to the impact of large-scale, multiple displacements was another challenge. According to UNHCR, by the end of 2014 the number of people forcibly displaced had risen to a staggering 59.5 million globally. Most of the increase was the result of the conflicts in the DRC, Iraq, Nigeria, South Sudan and Syria, which accounted for 60% of new displacements. The trend continued in 2015. The influx into Europe of migrants, including refugees and asylum seekers, risking their lives to escape conflict or seek better prospects, was mirrored by flows in other parts of the world, as hundreds of thousands did the same across the Arabian Peninsula, Central America, South and South-East Asia and the Pacific.

OPERATIONS: REVIEW, APPROACH AND THEMATIC CHALLENGES

With its partners within the Movement, the ICRC responded to emergencies and ongoing armed conflicts or other situations of violence, working to ensure that the needs of millions whose lives were suddenly devastated or who continued to suffer long-term consequences – the loss or detention of loved ones, chronic displacement and lack of basic services – were effectively addressed. With armed conflicts and other forms of violence increasingly affecting urban communities, whether in terms of higher casualty numbers due to population density or essential services that no longer functioned, the ICRC sought to further improve its understanding of and respond to the escalating scope and complexity of needs.

The ICRC stepped up its response in several high-profile contexts – notably Iraq, South Sudan, Syria and Yemen – while maintaining significant operations in others, including Afghanistan, the CAR, Colombia, Mali, Myanmar, the Philippines, Somalia and Ukraine.

It sought to live up to the responsibilities and pressures resulting from an initial field budget of CHF 1,379.3 million and an additional CHF 210.3 million from 11 budget extensions – for Iraq, South Sudan, Sudan, the Lake Chad region (Nigeria, Niger, Chad and Cameroon – the last covered by the Yaoundé regional delegation), Libya, the Ukraine crisis (covering Ukraine and the Moscow regional delegation) and Yemen. As part of the emergency response to the Yemen crisis, 29 people on the ICRC's rapid deployment roster and five National Society staff members were deployed. Throughout the year, a number of task forces were activated for other emergencies. Regional ICRC approaches and coordination were of crucial importance, for instance in the Great Lakes region following the crisis in Burundi, and in the Lake Chad region as civilians fled the conflict in Nigeria. In Libya, owing to the security conditions it was particularly difficult to obtain access to the populations affected; nevertheless, the ICRC, together with the Libyan Red Crescent, managed to respond to emergencies.

In responding to needs in both acute and protracted crises, the ICRC sought to reinforce and diversify its multidisciplinary approach according to peoples' vulnerabilities, paying specific attention to children, women, victims of sexual violence, detainees, persons with disabilities, IDPs and migrants. As much as possible, it involved the beneficiaries at all stages – from assessment to implementation, monitoring and evaluation. Its responses were also adapted to indirect effects, such as from prolonged restrictions on movement and pressure on host communities, or less visible suffering, such as the long-term psychological impact of sustained violence, exposure to severe ill-treatment or living with the disappearance of a loved one. New approaches to improve impact and efficiency were also encouraged, with various pilot projects being initiated, including a system for the quick deployment of hotlines to enable beneficiaries to connect with the ICRC in the field, the development of a multi-stakeholder portal to source energy and lighting for humanitarian projects, the deployment of a solar-powered mobile-phone charging station for separated family members in Burundi, and electronic beneficiary registration and distribution tools in the Philippines.

The ICRC's working methods, notably its neutral, impartial and independent approach to humanitarian action, and its confidential dialogue, were crucial in enabling access and proximity to those whom it sought to assist, especially in operationally difficult or isolated areas. In some contexts, the ICRC continued to be one of the main international organizations (Yemen, northern Mali, northern Nigeria, opposition-controlled areas in eastern Ukraine) or the only one present (Crimea, South Ossetia). However, despite its working methods and its efforts to engage in dialogue with all parties to the conflict, security management remained a major challenge for the ICRC and its field teams, with the tragic loss of three colleagues in Mali and Yemen, and four abducted staff members still being held in Syria and Yemen. National Societies also suffered a high death toll of staff members and volunteers: by the end of 2015, for example, eight had been killed in Yemen, and in Syria, 50 from the Syrian Arab Red Crescent and eight from the Palestine Red Crescent Society had lost their lives since the beginning of the conflict there in March 2011.

A vital aspect of the ICRC's operations was to maintain existing relationships with all stakeholders, forge new ones and create networks across political, ideological or religious divides, so as to foster not only acceptance but also dialogue on key protection concerns. These relationships and understanding of the ICRC's neutrality enabled the organization to act as an intermediary in a number of contexts, including in the exchange or transfer of detainees and weapon-wounded patients.

Equally vital were partnerships across programmes – primarily with Movement components, but also with local organizations. The International Federation, the National Societies and the ICRC sought to strengthen cooperation and coordination with the aim of delivering an improved Movement response, particularly in large-scale crises, as was the case in South Sudan and Yemen, and during the Ebola outbreak, the Nepal earthquake and the Myanmar floods.

The ICRC continued to implement its Health Strategy 2014–2018, with delegations making a concerted effort to improve their response to needs for comprehensive hospital care, health care in detention and physical rehabilitation. The continuum-of-care approach, from first aid to hospital care to physical rehabilitation, was reinforced in more contexts, for instance in the CAR, the DRC, Myanmar and South Sudan; mental health and psychosocial support were increasingly being integrated across all health activities. A few highly publicized attacks against health-care facilities and staff, notably in Afghanistan, South Sudan, Syria and Yemen, kept this issue in the spotlight. Over 60 ICRC delegations worked with authorities and partners to strengthen protection for health-care delivery in emergencies, in line with the objectives of the Health Care in Danger project.

In 2013, the ICRC undertook a commitment to strengthen its response to sexual violence; since then, field delegations have increasingly endeavoured to integrate the issue into their analyses and responses. The ICRC's holistic, multifaceted approach included psychosocial support, medical treatment or referrals for such, and material assistance, reinforced by confidential dialogue with weapon bearers and community awareness campaigns. Activities of this kind were carried out by delegations in the CAR, Colombia, the DRC, Mali and South Sudan. In the DRC, for example, thousands of victims of sexual violence received psychosocial care at ICRC-supported counselling centres; some of them were referred to health facilities for further treatment. Activities related to sexual violence were being studied/developed in several new contexts, such as Egypt, Kenya, Lebanon, Nepal, Nigeria, Papua New Guinea and Syria. Reinforced training and capacity building have helped ICRC staff to achieve these ambitious objectives.

In response to the specific vulnerabilities of migrants along the world's main transit routes, the ICRC worked with National Societies across borders to ensure that thousands received support, enabling them, for example, to access health care, address protection concerns or re-establish family contact.

The humanitarian community as a whole continued to face numerous challenges and perception difficulties in some contexts. This was accentuated by the drive by some States to “nationalize” aid, thereby challenging the importance of principled humanitarian action, or by the fact of aid being used for political purposes by parties to a conflict. The humanitarian sector was also

overstretched, with a gap emerging between planned responses and the support available from donors, given the number of concurrent crises.

AFRICA

Across a large part of the African continent, stable contexts were few and far between. While maintaining its operations in countries such as the CAR, Côte d'Ivoire, the DRC, Ethiopia, Mali, Niger and Somalia, the ICRC responded to urgent needs in several other contexts and to the spillover effects in neighbouring countries. For instance, while Nigeria's population bore the brunt of the violence in the north, Cameroon, Chad and Niger also found themselves facing attacks and a refugee influx in the hundreds of thousands. The ICRC therefore strengthened its presence in all four countries, developing a coordinated regional response with the National Societies.

April saw the worst turmoil in Burundi since the twelve-year civil war ended in 2005, prompting concerns that the wider Great Lakes region would be affected. Over 200,000 fled to the DRC, Rwanda and the United Republic of Tanzania. The ICRC supported the Burundi Red Cross in maintaining its first-response capacity, helping it treat people wounded in the unrest and/or evacuate them to hospital. The ICRC also provided family-links services to separated family members and visited detainees, including those held in relation to the situation.

Many in South Sudan have lived the last two years on the run – from the dangers of warfare and sexual assault and in search of food and health care. Despite the peace agreement, over 2 million people have been displaced internally or to neighbouring countries, and hundreds of thousands continued to face insecurity, including severe food shortages. South Sudan was one of the ICRC's largest operations; key activities involved food distributions, provision of health care, water and sanitation projects, and visits to detainees.

As an official observer to the African Union, the ICRC worked to raise humanitarian issues of concern, to enhance support for ICRC operations across Africa and to promote greater recognition of IHL and its integration into African Union decisions and policies, while building relations with NGOs and UN agencies based in Addis Ababa.

AMERICAS

Colombia remained the largest ICRC operation in the Americas, with activities centred on addressing the consequences of the country's long-running armed conflict and other violence. Despite progress in the peace dialogue, the situation remained extremely precarious for millions, with some 15% of the population still displaced. ICRC support focused on the most vulnerable IDPs, civilians affected by weapon contamination, women exposed to sexual violence, missing persons, and people deprived of their freedom. The ICRC also continued to act as a neutral intermediary in the release of people held by armed groups.

In Central and South America, the ICRC, often with the local National Society, assisted people affected by organized armed violence, which has resulted in tens of thousands of victims and affected the regular provision of essential services. Of note was the successful culmination of the "Rio Project" – a partnership between the Brazilian authorities and the ICRC aimed at supporting communities affected by armed violence in certain

neighbourhoods by facilitating their access to basic services, including health care, and helping them put in place measures to cope with the violence. Some aspects of the project have been replicated by the Brazilian authorities in other municipalities in Rio de Janeiro and another state, with regular support from the ICRC.

Across Central America, support was given to thousands of migrants who risked their lives on the dangerous journey north and to the families of those missing. The ICRC and the National Societies in El Salvador, Guatemala, Honduras and Mexico encouraged migrants to take measures for their well-being, and provided emergency assistance and opportunities to contact their families along the way. In a number of countries, the ICRC visited detainees and supported the authorities' efforts to improve prison conditions and alleviate overcrowding.

ASIA AND THE PACIFIC

South Asia continued to be an important focus of ICRC operations in this vast region. Afghanistan, in particular, experienced the bloodiest year in recent years; the ICRC continued to provide essential medical support, clean water and other assistance to those most in need, and visited thousands of detainees.

In Myanmar, the ICRC worked to assist those affected by conflict in the north-east and communal violence in Rakhine state. It visited detainees throughout Myanmar and engaged in regular dialogue with the authorities on detainee welfare issues. After floods hit the country and displaced over 1.5 million people, the ICRC worked with the Myanmar Red Cross Society and the International Federation to respond to urgent needs.

In addition to emergency aid, an important area of response was physical rehabilitation for people disabled by conflict, mines or unexploded ordinance, or owing to the lack of health-care services. In 11 countries in this region, including Afghanistan, Bangladesh, Cambodia and Pakistan, the ICRC supported some 50 physical rehabilitation projects, providing prostheses and orthoses, micro-credit loans and vocational training, all of which promoted greater social inclusion. A new initiative, Enable Makeathon, was launched in India to challenge designers, engineers and entrepreneurs to develop affordable assistive devices.

In South and South-East Asia and the Pacific, hundreds of thousands of migrants faced terrible conditions. The Andaman Sea crisis, involving thousands of migrants from Bangladesh and Myanmar dangerously stranded in boats, spotlighted this regional problem. Loss of family contact was one consequence, and the ICRC and National Societies did their best to reunite family members separated from each other.

The ICRC delegations in China, Indonesia, Malaysia and Thailand, and offices in Australia and Japan, played an important role in deepening the organization's dialogue with the authorities on humanitarian priorities and approaches.

EUROPE AND CENTRAL ASIA

The humanitarian consequences of the conflict in eastern Ukraine remained extremely serious: by UN estimates, over 2.5 million had been displaced and over 9,000 killed since the fighting erupted. The ICRC was able to assist thousands on both sides of the front lines, and worked to secure access to people held in relation to the conflict. Some people returned to find their homes damaged

or destroyed. The ICRC provided construction materials, food, hygiene items and other basic necessities to help them get through the long winter.

As hundreds of thousands of migrants arrived on Europe's shores and borders, the ICRC bolstered its support for National Societies in the countries most affected, focusing on its key areas of expertise: monitoring detainees' treatment and living conditions, restoring family links, support for forensics and clarifying the fate of missing persons. In several contexts, notably in the northern and southern Caucasus and the Western Balkans, the ICRC pursued its long-term efforts to address the issue of missing persons and the consequences for their families.

The delegations in Brussels (Belgium) and Moscow (Russian Federation) provided essential forums for dialogue and engagement, particularly on humanitarian concerns relating to major crises, with bodies/institutions of regional/international influence, including the Commonwealth of Independent States, the Collective Security Treaty Organization, the European Union and NATO.

NEAR AND MIDDLE EAST

Much of the world's attention centred on the Middle East, where relentless hostilities and unimaginable atrocities took place, with millions of people subjected to enormous hardship and suffering. The ICRC provided support for those who remained in the countries concerned and those who had fled to neighbouring countries.

Syria remained the ICRC's largest operation worldwide. From its bases in Damascus, Aleppo, Homs and Tartus, the ICRC worked closely with the Syrian Arab Red Crescent to respond to needs in both government- and opposition-controlled areas: millions received food and household essentials, and over 15 million benefited from water and sanitation projects. Detainees held at nine central prisons were visited by ICRC delegates.

In Iraq, the situation did not improve – 2015 saw the highest number and fastest rate of people displaced in the world, with, reportedly, over 3 million people fleeing their homes as a result of intense fighting between Iraqi government forces and armed groups, including the Islamic State group. Across the country, the ICRC assisted hundreds of thousands of the most affected, including those displaced, by distributing food and essential items and facilitating their access to health care; it also visited tens of thousands of detainees. In addition to working on the issue of people missing in connection with the current situation, the ICRC continued its work related to the Iran-Iraq war.

Activities in Israel and the occupied Palestinian territory and in Yemen ranged from emergency response to longer-term programmes. Yemen in particular saw a sharp deterioration in the situation as the hostilities intensified in March 2015, with indiscriminate attacks on health-care facilities and civilians struggling to obtain basic necessities. The ICRC delivered life-saving assistance and acted as a neutral intermediary on several occasions, including in the evacuation of the wounded and in the transfer of detainees across front lines.

The delegations in Bahrain, Egypt, the Islamic Republic of Iran and Kuwait sought to engage in deeper dialogue on humanitarian priorities and approaches with various stakeholders in the region.

ICRC OPERATIONS IN 2015 – A FEW FACTS, FIGURES AND RESULTS

PRESENCE

In 2015, the ICRC was present in more than **80 countries** through delegations, sub-delegations, offices and missions. Its delegations and missions were distributed throughout the world as follows:

Africa	31
Americas	15
Asia and the Pacific	19
Europe and Central Asia	18
Near and Middle East	10

PERSONNEL

The average number of ICRC staff in 2015 was as follows:

Headquarters	969
Field: mobile staff	
- Mobile staff	1,964
- National Society staff	103
- Resident staff on temporary mission	40
Field: resident staff	11,430
Field: total	13,537
Final total	14,506

FINANCE

ICRC expenditure in 2015			
In million	CHF	USD	EUR
Headquarters	202.2	209.8	188.2
Field	1,412.6	1,465.7	1,314.7
The sub-total comes to CHF 1,614.8 million, from which field overheads (CHF 85.9 million) must be deducted in order to reach the final total.			
Final total	1,528.9	1,586.3	1,422.9

Exchange rates: USD 1.00 = CHF 0.9638; EUR 1.00 = CHF 1.0745

15 largest operations in 2015 in terms of expenditure			
In million	CHF	USD	EUR
1 Syrian Arab Republic	137.5	142.6	127.9
2 South Sudan	137.4	142.6	127.9
3 Iraq	106.6	110.6	99.2
4 Afghanistan	81.0	84.0	75.4
5 Somalia	63.2	65.6	58.8
6 Congo, Democratic Republic of the	60.8	63.0	56.6
7 Nigeria	59.3	61.5	55.2
8 Israel and the Occupied Territories	52.1	54.1	48.5
9 Ukraine	49.7	51.6	46.3
10 Yemen	49.4	51.3	46.0
11 Lebanon	41.8	43.3	38.9
12 Mali	37.5	38.9	34.9
13 Central African Republic	36.1	37.5	33.6
14 Jordan	31.3	32.5	29.2
15 Colombia	27.4	28.5	25.5

Exchange rates: USD 1.00 = CHF 0.9638; EUR 1.00 = CHF 1.0745

VISITS TO DETAINEES

ICRC delegates visited **928,812 detainees** held in **1,596 places of detention** in **96 contexts**; they included detainees held by or in relation to the decisions of 4 international courts/tribunals. A total of **25,734 detainees** were monitored individually (951 women; 1,306 minors), of whom 16,660 detainees (704 women; 1,172 minors) were registered and visited for the first time in 2015.

The ICRC issued **15,923** detention attestations.

RESTORING FAMILY LINKS

The ICRC collected **129,778** and distributed **106,108 RCMs**, enabling members of families separated as a result of armed conflict, unrest, migration or other circumstances to exchange news. Of these messages, 20,558 were collected from and 10,685 distributed to detainees. The ICRC facilitated **479,358 phone and video calls** between family members, and made **33,405 phone calls** to families to inform them of the whereabouts of a detained

relative visited by its delegates. With support provided by the ICRC, **11,501 detainees** were visited by their families.

The ICRC established the whereabouts of **4,798 people** for whom tracing requests had been filed by their families. Its family-links website (familylinks.icrc.org) listed the names of **46,979 people** in a bid to reconnect them with their relatives. A total of **1,074 people** (including minors – see below) were reunited with their families. At the end of the year, the ICRC was still taking action to locate **63,110 people** (6,135 women; 8,904 minors at the time of disappearance) at the request of their families.

The ICRC registered **3,809 unaccompanied minors/separated children** (1,348 girls), including **450 demobilized children** (50 girls). Once their families had been located and with the agreement of the children and their relatives, it organized the reunification of **968 children** (256 girls) with their families. By the end of the year, the cases of **3,219 unaccompanied minors/separated children** (including 196 demobilized children) were still

being handled, which involved tracing their relatives, maintaining contacts between the children and their families, organizing family reunification and/or identifying other long-term solutions for the children concerned.

The ICRC organized the transfer or repatriation of **1,121 people**, including **73 detainees** after their release. It also organized the transfer or repatriation of **3,167 sets of human remains**. It relayed 1,775 official documents of various types between family members across borders and front lines. ICRC-issued travel documents enabled 4,741 people to return to their home countries or to settle in a host country.

A total of 1,041,893 people contacted ICRC offices worldwide for services or advice regarding issues related to protection and family links.

ASSISTANCE

ICRC assistance programmes were carried out by **69 delegations** and regional delegations. The bulk of the work was carried out in the 15 largest operations (see above).

ASSISTANCE SUPPLIES

In 2015, the ICRC purchased or received as in-kind contributions the following assistance supplies:		
Relief items		CHF 210 million
Top 10 distributed items		
Food parcel (5 people/1 month)	1,875,386 parcels	
Food parcel – individual (1 person/1 month)	564,850 parcels	
Kitchen set	401,551 sets	
Rice	32,475,958 kilograms	
Hygiene parcel (5 people/1 month)	561,248 parcels	
Blanket	2,433,064 units	
Sorghum	13,206,615 kilograms	
Tarpaulin	381,101 units	
Matting	680,903 units	
Beans	12,296,970 kilograms	
Medical and physical rehabilitation items		CHF 48 million
Water and habitat items		CHF 41 million
	TOTAL	CHF 299 million
		USD 310 million
		EUR 278 million

Exchange rates: USD 1.00 = CHF 0.9638; EUR 1.00 = CHF 1.0745

ECONOMIC SECURITY

During the year, ICRC activities to ensure economic security, often implemented together with National Societies, directly benefited individuals, households and communities in **67 countries** worldwide. Some **13,097,863 people** (residents, IDPs, returnees, refugees – in many cases, people living in rural areas and/or areas difficult to reach owing to insecurity and/or lack of infrastructure – and people deprived of their freedom) received aid in the form of **food**, and **5,608,435** in the form of **essential household items**. Approximately **87%** and **77%** of the beneficiaries of food and essential household items, respectively, were **IDPs**. Some **87,863 people** were given **vouchers** that they could exchange for basic commodities or services. Around **793,655 people** received **cash** for pursuing micro-economic initiatives, in exchange for their work on community projects, or as relief assistance. At least **3,303,943 people** benefited from **productive inputs**, such as seed, tools or equipment, which they used to spur food production or generate income. Assistance in the form of **services and training** – for instance, animal vaccination campaigns or skills training – helped some **1,635,149 people** boost their livelihood opportunities.

WATER AND HABITAT

In 2015, ICRC engineers and technicians, often with local authorities and communities, built or rehabilitated water-supply, sanitation and other infrastructure in **53 countries**. This work translated to clean drinking water, reduced health risks or generally better living conditions for **31,026,588 civilians** (residents,

IDPs, returnees, refugees); similar projects in places of detention benefited **353,242 detainees**.

HEALTH-CARE SERVICES

During the year, the ICRC supported – regularly or on an ad hoc basis – **476 hospitals** in 29 countries. Statistics were available for 166 of these hospitals, where **48,115 weapon-wounded** and **98,491 non-weapon-wounded surgical patients** were admitted, and **132,312 operations** were performed. Some **351,124 other patients** were also admitted, including **153,622 women and girls** receiving gynaecological/obstetric care. Some **1,864,063 people** were treated as **outpatients**, and **8,992 people** had their treatment paid for by the ICRC. The ICRC supported **148 first-aid posts** located near combat zones, which provided emergency treatment, mainly for weapon-wounded patients.

Community health programmes were implemented in **26 countries**, in many cases with the help of National Societies. The ICRC supported **286 primary-health-care centres** (covering an estimated population of 4,667,904 people, on average), where **2,879,051 curative consultations** (children: 47%; women: 33%) and **232,752 ante/post-natal consultations** were carried out.

Health activities for people deprived of their freedom were conducted in 52 countries.

CARE FOR THE DISABLED

A total of **371,884 people** (including 73,097 women and 130,566 children) received physical rehabilitation services through **129 projects** (including physical rehabilitation centres, component factories and training institutions) supported by the ICRC in **32 contexts**. A total of **9,155 new patients** were fitted with **prostheses** and **44,226** with **orthoses**. ICRC-supported projects produced and delivered **20,872 prostheses** (of which 5,841 were for mine victims) and **88,856 orthoses** (of which 348 were for mine victims). In addition, **5,648 wheelchairs** and tricycles were distributed, most of them locally manufactured. Training for local staff was a priority in order to ensure sustainable services for patients.

WEAPON CONTAMINATION

The ICRC carried out activities for people living in weapon-contaminated areas in **35 contexts**. These included mine-risk education sessions, collecting and analysing data on mine-related incidents and contaminated areas, clearance activities and training for local actors. The ICRC also worked with the UN and NGOs to further develop and strengthen international mine-action standards and coordination.

FORENSIC SERVICES

The ICRC offered forensic assistance in more than **69 countries** to help ensure the proper and dignified management of human remains and to help prevent and resolve cases of missing persons. Activities consisted primarily of promoting and supporting the implementation of best practices for the collection, analysis and management of forensic data and for the recovery, management and identification of human remains in the context of armed conflict, other situations of violence, natural disasters or other circumstances, such as shipwrecks involving migrants. Training and dissemination activities were conducted to build local/regional capacities to address the problem and to raise general awareness of the issue.

COOPERATION WITH NATIONAL SOCIETIES

In the vast majority of the countries where it operates, the ICRC does so in partnership with host National Societies (National Societies working in their own countries) and with the support of National Societies working internationally. The ICRC also contributes to the overall strengthening of National Societies' capacities to carry out their own activities.

In 2015, direct cash transfers to boost National Societies' capacities to provide emergency responses amounted to **CHF 42 million**. Total ICRC investment in overall capacity building amounted to **CHF 84 million**.

In November, the Tuvalu Red Cross Society was recognized by the ICRC Assembly as the Movement's 190th National Society.

STATE PARTICIPATION IN IHL TREATIES AND DOMESTIC IMPLEMENTATION

The ICRC continued to pursue active dialogue with national authorities worldwide in order to promote ratification of/accession to IHL treaties and their domestic implementation. It provided legal and technical advice to governments, and encouraged and supported them in their endeavours to establish interministerial committees entrusted with the national implementation of IHL.

In 2015, one new national IHL committee was created (in the Bolivarian Republic of Venezuela), bringing the total number worldwide to **108**. Kuwait and the Syrian Arab Republic also reactivated their respective committees, albeit with some modifications in composition.

The ICRC organized, or contributed to, 37 regional events related to IHL and its integration into domestic law, which were attended by some **1,500 people** from 140 countries.

This work contributed to **69 ratifications of IHL treaties** (including one of Additional Protocol II, and four of Additional Protocol III) by 46 countries. In addition, 23 countries adopted **39 pieces of domestic legislation** to implement various IHL treaties, and many others prepared draft laws on related topics.

RELATIONS WITH WEAPON BEARERS

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

- ▶ Specialized ICRC delegates conducted or took part in over **1,570 courses, workshops, round-tables and exercises** involving some **203,000 military, security and police personnel** in 165 countries.
- ▶ Specialized delegates in Africa, Asia, Europe and North America represented the ICRC and observed the implementation of IHL or international human rights law during some 70 international military exercises.
- ▶ Over 80 general and senior officers from 62 countries attended the Senior Workshop on International Rules governing Military Operations in Algiers, Algeria.
- ▶ The ICRC engaged in dialogue with approximately 100 armed groups or coalitions of armed groups in about 25 countries. It tried to establish a dialogue with other armed groups elsewhere, amidst numerous challenges.

RELATIONS WITH ACADEMIC CIRCLES

The ICRC interacted with over **600 universities** in more than **120 countries**, providing support for IHL teaching, humanitarian policy and related activities. Outside the classroom, individual professors participated in the development, implementation and promotion of IHL. Over 70 ICRC delegations and missions provided training for university lecturers, co-organized seminars, supported student competitions and/or stimulated academic debate on humanitarian law, policy and related issues.

Notably, the ICRC organized or co-organized:

- ▶ 7 regional and international IHL training seminars for academics (1 in Africa; 1 in the Americas; 2 in Asia and the Pacific; 1 in Europe and Central Asia; 2 in the Near and Middle East), involving over 200 professors, lecturers and graduate students
- ▶ 4 regional IHL competitions for students (2 in Africa; 2 in Asia and the Pacific), involving some 150 students and lecturers
- ▶ the annual Jean-Pictet Competition on IHL, involving around 170 students from around the world

In addition:

- ▶ the *International Review of the Red Cross*, a peer-reviewed

academic journal published by the ICRC and Cambridge University Press, produced 4 issues on key law and policy themes: scope of the law in armed conflict, sexual violence in armed conflict, and generating respect for the law;

- ▶ **10,000 copies** of the journal were printed, with selected articles translated into Arabic, Chinese, French, Russian and Spanish, and distributed in 75 countries around the world; the main readership of the journal includes lawyers, military experts, academics, humanitarian practitioners and policy-makers;
- ▶ ICRC headquarters received 165 groups totaling about **4,470 people** (university students: 63%; National Society staff and volunteers: 11%; representatives of the diplomatic community: 6%; members of armed forces: 10%; the private sector: 6%; secondary school and vocational training students: 2%; and NGOs and religious groups: 2%).

LAW AND POLICY CONFERENCES

The ICRC acted as a convener of public debates and conferences on IHL and humanitarian policy. Red Cross Red Crescent actors, and members of aid, diplomatic and academic circles, reflected on solutions to current challenges and sought to identify ways to improve humanitarian action.

Among these events were:

- ▶ a conference cycle on “principles guiding humanitarian action” – comprising 13 events organized in cooperation with various partners – which gathered around **1,700 participants** in five countries: Australia, Austria, Belgium, Switzerland and the United Kingdom of Great Britain and Northern Ireland;
- ▶ 4 thematic conferences related to the aforementioned conference cycle, held at the Humanitarium at the ICRC’s headquarters in Geneva, Switzerland, gathering an additional 650 on-site participants.

Throughout the year, the Humanitarium hosted a total of **12 public conferences** on international law and policy, bringing together **2,250 diplomats, humanitarians and academics** based in Geneva.

The events reached a global audience through live webcasts, video summaries, conference reports and other online resources.

PUBLIC COMMUNICATION

In 2015, the ICRC’s humanitarian concerns and activities continued to be widely covered by the media worldwide. According to the Factiva database, which compiles data on print and online media, the ICRC was mentioned in media sources about **15,000 times**.

The ICRC produced 32 new print or electronic publications and over 150 audiovisual products, including 25 video news items. Media usage of ICRC video news releases increased by 60%. ICRC news material was carried by over **940 channels** worldwide.

The ICRC distributed some **405,500 publications** and copies of films from Geneva to clients all over the world.

Interest in the ICRC’s social media platforms grew significantly: the number of “likes” for its Facebook page reached 1 million; the number of followers on its six main Twitter accounts reached 525,000; and its videos were viewed over 1.3 million times on YouTube. The ICRC website received some **4.3 million visits** in total.

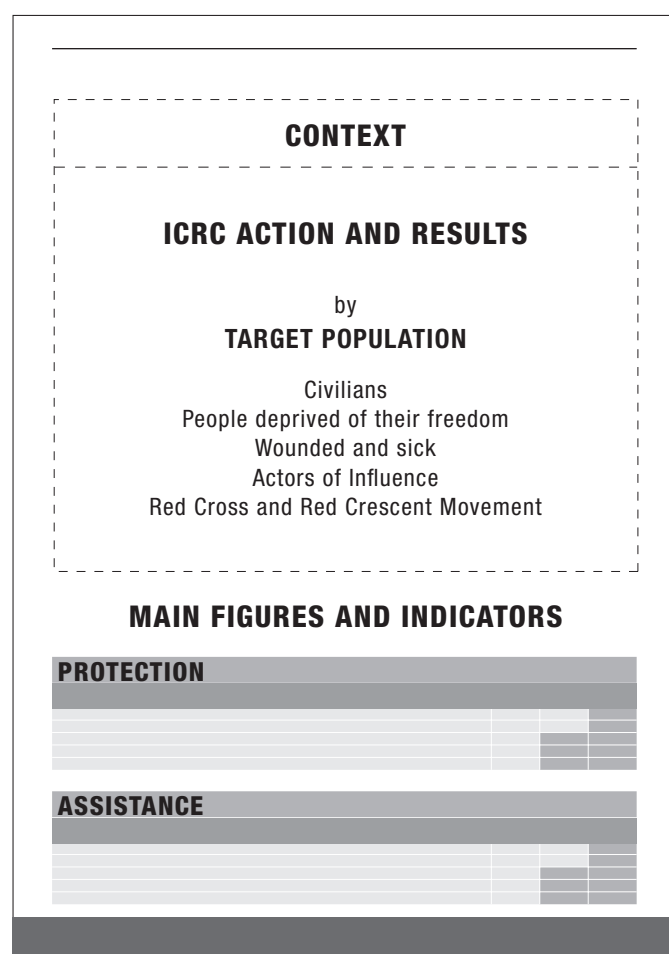
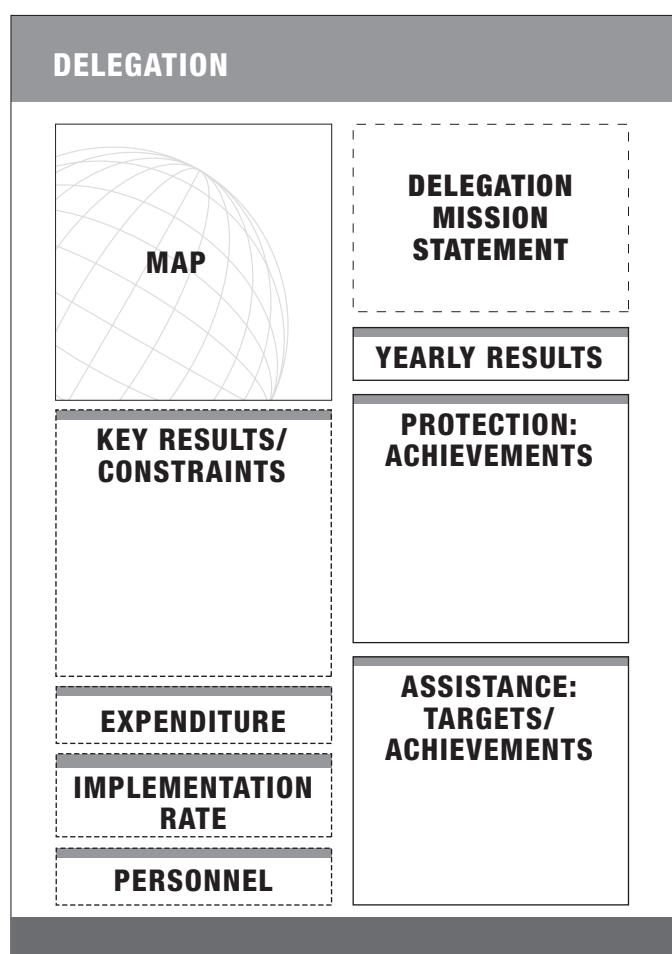
INFORMATION AND DOCUMENTATION MANAGEMENT AND MULTILINGUAL COMMUNICATION

The ICRC’s Archive and Information Management Division managed more than 20 linear kilometres of archival records and a collection of over 30,000 books and articles, 400 journals, 825,000 photos (including 128,000 in digital format), about 6,500 films comprising around 2,000 hours of video footage, and 10,000 digital sound files. In 2015, it received 2,300 visitors, and handled over 2,100 requests from victims of past armed conflicts and more than 2,600 requests from National Societies, NGOs, academia, government departments and the media.

To support the opening of the ICRC’s 1966–75 archives to the public, the Division published the inventory of some 19,000 files from this period in paper and digital form.

More than 10 million words were translated, edited and proofread by translators and editors working for or contracted by the ICRC through its language service. In addition, 1.5 million words were processed in the lead-up to and during the Movement’s 2015 Council of Delegates and the 32nd International Conference.

USER GUIDE: LAYOUT OF DELEGATION SECTIONS



The sections on each of the field delegations and missions in the *Annual Report* have been formatted to facilitate reader access to the information they contain. Each section comprises the following elements:

- Map:** the country or region showing the ICRC's presence during the year; the maps in this publication are for information purposes only and have no political significance
- Delegation:** the State(s), geographical areas, and/or political entities covered by the ICRC's presence
- Mission statement:** the ICRC's reasons for being in the country or region and its main activities there
- Yearly results:** the level of achievement of the ICRC's objectives and plans of action
- Key results/constraints:** up to six major achievements or examples of progress made by the ICRC or constraints it faced in meeting its humanitarian objectives in a given context
- Protection:** a table providing key indicators regarding activities for restoring/maintaining family links and for people deprived of their freedom
- Assistance – targets and achievements:** a table juxtaposing targeted beneficiary numbers or other result indicators (as presented in ICRC appeals) against those achieved during the reporting period
- Expenditure:** total, and by programme
- Implementation rate:** expenditure divided by yearly budget multiplied by 100 (indicator)
- Personnel:** the average number of mobile and resident staff employed over the course of the year
- Context:** the main developments in a given context and how these have affected people of concern to the ICRC; this segment highlights the elements that the ICRC takes into consideration when analysing the situation to carry out its humanitarian action
- ICRC action and results:** a summary of the ICRC's action and results in the given context followed by a more detailed description of this action and the results by target population
- ICRC action and results – by target population:** a description of the ICRC's action and the results by target population

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

- Main figures and indicators:** two tables providing key output and outcome figures relating to ICRC protection and assistance programmes in a given context

USER GUIDE: YEARLY RESULTS

The ICRC aims to ensure that people in need of protection and assistance in armed conflict and other situations of violence receive effective and relevant support, in fulfilment of the organization's mandate and of its responsibility to use donor funds optimally; thus the ICRC employs result-based management, a structured approach that focuses on the desired and expected results for the beneficiaries throughout the management cycle.¹ A central element of this approach is the ICRC's yearly planning and regular monitoring and review of its activities and achievements and of the needs of the people affected through updated or new assessments. This process is structured according to the ICRC's corporate management framework, which describes ICRC programmes and target populations.² In particular, during the yearly planning

exercise, specialists and managers in the field and at headquarters assess and analyse all ICRC operations, reviewing the progress made in terms of project implementation and the results achieved against the objectives defined during the previous year's planning exercise. On this basis, the ICRC appraises its yearly performance in each operation and defines new plans for the year to come.

The present report provides the outcomes of these appraisals made exclusively according to the objectives and plans of action defined for each context/delegation for the year concerned.

Success in achieving the objectives and plans of action are evaluated using the scale below:

LOW

MEDIUM

HIGH

The score provided for the yearly results of each context/delegation is the response to the following questions: **What is the level of achievement of the ICRC's objectives and plans of action for the given year? To what extent did the ICRC implement its plans of action as defined in its appeals?** These objectives and plans of action are presented in the yearly appeals

and budget extension appeals to donors. Scores, therefore, are not based on the global humanitarian situation in the context or on the institutional ambition the ICRC may, could or should have had in that context.

¹ See in the present report *The ICRC's operational approach to result-based management: improving humanitarian action*

² See in the present report *ICRC management framework and descriptions of programmes*

USER GUIDE: FIGURES AND INDICATORS – EXPLANATIONS

INTRODUCTION

Standard figures and indicators detail protection and assistance programmes worldwide.

- ▶ For each context section, where relevant:
 - key figures for each programme are provided on the front page;
 - summary tables by programme are available at the end of the section;
 - additional tables may be included within a context report, with specific disaggregated indicators that are relevant to the operations in that context.
- ▶ The section introducing each geographical region (Africa, Americas, Asia and the Pacific, Europe and Central Asia, and Near and Middle East) includes:
 - key figures for each programme for all contexts covered by the geographical region on the front page;
 - summary tables of the programmes for all contexts covered by the geographical region at the end of the section.
- ▶ At the end of the operational sections, the section “Figures and indicators” provides comprehensive worldwide summary tables¹.

It must be noted, however, that these figures and indicators do not capture the full extent of the ICRC’s action, results and priorities. Collecting, interpreting and managing data in contexts as diverse and volatile as those the ICRC is active in is particularly difficult to prioritize, if not impossible to undertake. Factors such as cultural and/or State-imposed restrictions (e.g. government policies against providing data on health-care activities or gender-specific breakdowns of beneficiaries); inaccessibility due to conflict, violence or other crises; adverse environmental conditions; and internal constraints may be barriers to such efforts. Some types of support, including ad hoc assistance given to health centres or hospitals during emergencies, are not always included in the count of structures supported. Moreover, other types of support and results are simply impossible to quantify in figures; however, their relevance should not be discounted: for example, the precise impact of dialogue with different authorities or weapon bearers or the multiplier effect of training initiatives cannot be reflected in numbers.

The indicators and their definitions are listed below.

PROTECTION FIGURES AND INDICATORS

GENERAL

Child/minor

A person under 18 or under the legal age of majority.

Girl

A female person under 18 or under the legal age of majority.

Woman

A female person aged 18 or above the legal age of majority.

Basis for the figures

All figures – except for *detainees visited* – are precise and are based on registrations, counting or recorded activities carried out by the ICRC or the ICRC’s partners, mainly National Societies. Figures for *detainees visited* are based on figures provided by the detaining authorities.

RESTORING FAMILY LINKS

RED CROSS MESSAGES (RCMs)

RCMs collected

The number of RCMs collected, regardless of the destination of the RCM, during the reporting period.

RCMs distributed

The number of RCMs distributed, regardless of the origin of the RCM, during the reporting period.

OTHER MEANS OF FAMILY CONTACT

Phone calls facilitated between family members

The number of calls, including those made via cellular or satellite phone, facilitated by the ICRC between family members.

Phone calls made to families to inform them of the whereabouts of a detained relative

The number of calls made by the ICRC to inform families of the whereabouts of a detained relative.

Names published in the media

The number of names of people – those sought by their relatives or those providing information about themselves for their relatives – published in the media (e.g. newspaper or radio broadcast).

Names published on the ICRC website

The number of names of people – those sought by their relatives or those providing information about themselves for their relatives – published on the ICRC’s family-links website (familylinks.icrc.org).

REUNIFICATIONS, TRANSFERS AND REPATRIATIONS

People reunited with their families

The number of people reunited with their families under the auspices of the ICRC during the reporting period.

Civilians transferred/human remains transferred

The number of civilians or sets of human remains, not including those in the context of detention, transferred by the ICRC during the reporting period.

Civilians repatriated/human remains repatriated

The number of civilians or sets of remains, not including those in the context of detention, whose repatriation was facilitated by the ICRC during the reporting period.

TRACING REQUESTS¹

People for whom a tracing request was newly registered

The number of people for whom tracing requests were initiated by their families during the reporting period, for instance, because there had been no news of them, they could not be located using RCMs, or they were presumed to have been arrested and/or detained.

1. All cases of people whose fates are unknown either to their families or to the ICRC, and for whom the ICRC is going to undertake some kind of action to clarify their fate or to confirm their alleged fate; these can include allegations of arrest and co-detention, and tracing requests collected following unsuccessful attempts to restore family links by other means

Tracing requests closed positively

The number of people for whom tracing requests had been initiated and who were located or whose fates were established (closed positively) during the reporting period.

Tracing requests still being handled at the end of the reporting period

The number of people for whom tracing requests were still open and pending at the end of the reporting period.

UNACCOMPANIED MINORS (UAMs)²/SEPARATED CHILDREN (SC)³/DEMobilized CHILD SOLDIERS

UAMs/SC/demobilized child soldiers newly registered

The number of UAMs/SC/demobilized child soldiers registered by the ICRC or the National Society during the reporting period, and whose data are centralized by the ICRC.

UAMs/SC/demobilized child soldiers reunited with their families

The number of UAMs/SC/demobilized child soldiers reunited with their families by the ICRC or the National Society.

Cases of UAMs/SC/demobilized child soldiers still being handled at the end of the reporting period

The number of UAMs/SC/demobilized child soldiers whose cases were opened but who had not yet been reunited with their families by the ICRC or the National Society concerned or by another organization during the reporting period – these include cases concerning children whose parents were being sought or had been found but with whom the children had not yet been reunited.

DOCUMENTS ISSUED

People to whom travel documents were issued

The number of individuals to whom the ICRC issued travel documents during the reporting period.

People to whom a detention attestation was issued

The number of people who received documents testifying to their detention, according to ICRC records of visits, during the reporting period.

Official documents relayed between family members across borders/front lines

The number of documents – e.g. passports, power of attorney documents, death certificates, birth certificates, marriage certificates – forwarded or transmitted during the reporting period.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees visited

During the reporting period, the number of detainees visited, whether monitored individually or otherwise. This number covers: detainees seen and registered for the first time; those registered previously and visited again; those not revisited, but who remain of ICRC concern; and groups that received aid collectively without being registered individually.

Detainees visited and monitored individually

The number of detainees visited and monitored individually – those seen and registered for the first time and those registered previously and visited again during the reporting period.

Detainees newly registered during the reporting period

The number of detainees visited for the first time since their arrest and registered during the reporting period.

Number of visits carried out

The number of visits made, including those to places found empty when visited, during the reporting period.

Number of places of detention visited

The number of places of detention visited, including places that were found empty when visited, during the reporting period.

Detainees benefiting from the ICRC's family-visits programme

The number of detainees who were visited by a relative via an ICRC-organized or -financed visit during the reporting period.

Detainees released and transferred/repatriated by/via the ICRC

The number of detainees whose transfer or repatriation was facilitated by the ICRC.

INTERNATIONAL ARMED CONFLICT (THIRD GENEVA CONVENTION)

Prisoners of war (POWs) visited

The number of POWs visited and monitored individually during the reporting period.

POWs newly registered during the reporting period

The number of POWs visited for the first time since their capture and monitored individually during the reporting period.

POWs released during the reporting period

The number of POWs released during the reporting period.

POWs repatriated by/via the ICRC

The number of POWs released and repatriated under the auspices of the ICRC during the reporting period.

Number of visits carried out

The number of visits to POWs carried out during the reporting period.

Number of places visited

The number of places holding or having held POWs visited during the reporting period.

INTERNATIONAL ARMED CONFLICT (FOURTH GENEVA CONVENTION)

Civilian internees (CIs) and others visited

The number of CIs and other persons protected by the Fourth Geneva Convention who were visited and monitored individually during the reporting period.

CIs and others newly registered during the reporting period

The number of CIs and other persons protected by the Fourth Geneva Convention who were visited for the first time since the start of their internment and monitored individually during the reporting period.

2. A person under 18 or under the legal age of majority separated from both parents and from all other relatives and not being cared for by an adult who, by law or custom, is responsible for doing so

3. A person under 18 or under the legal age of majority separated from both parents or from his/her previous legal caregiver but accompanied by another adult relative

CIs and others released

The number of CIs and other persons protected by the Fourth Geneva Convention who, as per information received from various credible sources, were released – including those transferred or repatriated under the auspices of the ICRC upon release – during the reporting period.

Number of visits carried out

The number of visits carried out to places holding or having held CIs and other persons protected by the Fourth Geneva Convention during the reporting period.

Number of places visited

The number of places holding or having held CIs and other persons protected by the Fourth Geneva Convention visited during the reporting period

ASSISTANCE FIGURES AND INDICATORS

GENERAL

Woman

Female person aged 15 and above.

Man

Male person aged 15 and above.

Girl

Female person under the age of 15.

Boy

Male person under the age of 15.

Basis for the figures

- ▶ Depending on the environment and circumstances of the context concerned, as well as on the activities implemented or services delivered/supported, beneficiary figures are based either on ICRC-monitored registrations (of individuals or households) or on estimates made by the ICRC or provided by credible secondary sources (e.g. the communities, authorities, published official figures, other humanitarian organizations). Whenever possible, triangulations are systematically used when the figures are based on estimates and secondary sources.
- ▶ In the field of *economic security*, beneficiary numbers for *cash*, *vouchers* and *services and training* are usually based on the registration of individuals. The numbers of beneficiaries of *food*, *essential household items* and *productive inputs* are based on ICRC estimates, as such beneficiaries are not systematically registered.
- ▶ In the field of *water and habitat*, beneficiary numbers are based mainly on ICRC estimates and credible secondary sources.
- ▶ In the field of *health*, beneficiary numbers are based mainly on figures provided by local health authorities and health teams in charge of health facilities. Figures related to health facilities regularly supported are based on reliable records.
- ▶ In the field of *physical rehabilitation*, the numbers of beneficiaries and devices are based on the registration of individuals and the counting of units/devices provided.

Target figures

For each context, a table juxtaposes the achieved beneficiary numbers or other result indicators for the target populations *Civilians* and *Wounded and sick* against the initial targets set by

delegations during the planning process in the middle of the previous calendar year (for the entirety of the next year) or, in emergency cases, ad hoc planning processes during the year itself.

Targets are indicated in the section *Main targets for 20XX* of ICRC appeals to donors. These include only what can be defined in advance. During the planning process, delegations use standard averages for the number of individuals per household; these figures may be found to be higher or lower than the actual household sizes once the activities are implemented. Delegations also cannot specifically predetermine the number of health and medical facilities that will receive medical materials on an ad hoc basis, in response to emergencies; hence, targets only include regularly supported health centres and hospitals. Similarly, delegations face limitations in precisely classifying beneficiaries or the exact type of assistance they will receive. For example, they may establish targets for emergency relief, such as *food/essential household items*, and record beneficiaries accordingly during their planning. However, the circumstances during the delivery of the assistance could make it more appropriate to provide the relief through *cash* or *vouchers*, with which these commodities may be procured. Moreover, while delegations may count beneficiaries under *productive inputs* during their planning, beneficiaries may instead receive livelihood support by way of *cash* or *services and training* during project implementation, according to what best suits their needs and capacities, and the situation. Even then, some eventual beneficiaries of *cash* or *services and training* are not always included in the targets defined for those categories. This may be because cash allowances and training are often provided as complements to *productive inputs* (e.g. beneficiaries of farming equipment will also receive training on how to operate them; donations of livestock may come with financial support for veterinary services). Despite efforts to harmonize definitions and data entry, operational constraints or differences in interpretation may also affect the results presented.

Major differences between targets and achievements – both when targets are not met or are exceeded – highlight the difficulty of precisely foreseeing needs and implementing humanitarian responses, as the dynamics of instability, security and access, as well as operational capacities, can shift very rapidly during the year. These changes may prompt delegations to adapt their approaches – initiating, rescaling, or cancelling certain activities, as appropriate – to the prevailing conditions. The narrative report provides, explicitly or implicitly, information explaining major differences.

ECONOMIC SECURITY BENEFICIARIES

Note: The number of beneficiaries of each type of commodity/service cannot be cumulated, as some people may have benefited from more than one type of commodity/service during the reporting period. This is typically the case with beneficiaries of micro-economic initiatives, who usually receive a combination of different commodities.

Beneficiaries of food commodities

Per population group, the number of individuals who have received one or more food items at least once during the reporting period. This number includes people who have benefited from food as compensation for work they carried out, for example, on community projects. Food items distributed typically include rice, wheat flour, maize, beans, oil, sugar, salt and, sometimes, canned food and ready-to-use therapeutic or supplementary food.

Beneficiaries of essential household items

Per population group, the number of individuals who have received one or more essential household items at least once during the reporting period. Items distributed typically include tarpaulins, blankets, matting, basic clothing, kitchen sets, hygiene kits, soap, jerrycans and mosquito nets.

Beneficiaries of productive inputs

Per population group, the number of individuals who have, at least once during the reporting period, benefited from at least one form of livelihood input (e.g. fertilizer, animal vaccines, seed, tools, fishing boats, farming equipment) or other type of material assistance for micro-economic initiatives (e.g. for carpentry, welding, food processing, trade)

Beneficiaries of cash

Per population group, the number of individuals who have benefited from cash assistance at least once during the reporting period. This number includes those who have received cash grants, either as a form of relief assistance or for launching micro-economic initiatives, and those who have received cash in exchange for work they carried out, for example, on community projects.

Beneficiaries of vouchers

Per population group, the number of individuals who have benefited from assistance provided in the form of vouchers to be exchanged for specified commodities, services or training, at least once during the reporting period.

Beneficiaries of services and training

Per population group, the number of individuals who have benefited at least once during the reporting period from services (e.g. agricultural services, such as tractor ploughing, or veterinary support, such as animal vaccinations) or occupational training that helped them pursue their livelihoods.

WATER AND HABITAT BENEFICIARIES

One beneficiary is one person who has benefited from a water and habitat project at least once over the course of the reporting period. A person who has benefited from a project several times is counted only once.

For recurrent projects like water-trucking or the regular provision of material (chlorine, spare parts, etc.), beneficiaries are counted only once.

Civilians

This population group includes residents, IDPs, returnees and, in some cases, refugees.

IDPs (included in the category “Civilians” above)

This population comprises people who have had to leave their normal place of residence, but have remained in their own country, living in temporary settlements or camps, or hosted by relatives, friends or other residents.

People deprived of their freedom

The number of detainees in the structures supported.

Wounded and sick

The number of beds in the structures supported.

TYPES OF SERVICES

Water and habitat activities for all population groups

This includes the following types of projects: wells, boreholes, springs, dams, water-treatment plants, latrines, septic tanks and sewage plants built or repaired, hygiene promotion, vector control activities and in-house rehabilitation support.

Water and habitat activities for civilians

This includes the following types of projects: temporary settlements (shelter), site planning and rehabilitation of dispensaries and health centres or posts.

Water and habitat activities for people deprived of their freedom

This includes the rehabilitation of prisons and detention centres, including water-supply, sanitation and kitchen facilities.

Water and habitat activities for the wounded and sick

This includes the construction or rehabilitation of hospitals and physical rehabilitation centres.

HEALTH SERVICES

It should be noted that in a number of contexts, data about patients and health activities cannot be provided or are only provided in part. The main reasons include the lack of proper data collection systems at facility level and difficulties in transmitting information from the facility to the central level and/or the ICRC – both of which result in incomplete information; for facilities regularly supported, the ICRC endeavours to help local teams establish data management systems to address these deficiencies. In some cases, restrictions by the authorities may limit the types of data made available to the ICRC or the organization's ability to make further use of the information.

COMMUNITY HEALTH/BASIC HEALTH CARE – CIVILIANS

Monthly average of health centres supported

The number of health facilities supported, on average, per month.

Health centres supported

The total number of health facilities supported (target figures include only regularly supported health facilities).

Average catchment population

The estimated number of people covered by these health centres, on average, per month.

Activities

Beneficiaries are registered and tallied based on the particular service they have received (e.g. ante/post-natal consultation, immunization, curative consultation).

Immunization activities

The number of doses administered.

Polio immunizations

The number of polio doses administered (this number is included in the total number of immunization activities).

HOSPITAL SUPPORT – WOUNDED AND SICK

Monthly average of hospitals supported

The number of hospitals supported, on average, per month.

Patients whose treatment was paid for by the ICRC

The number of patients whose consultation, admission and/or treatment fees are regularly or occasionally paid for by the ICRC.

Hospitals supported

The total number of hospitals supported (target figures only include regularly supported hospitals).

Admissions (inpatient activities)

The number of beneficiaries registered and tallied based on the particular service they have received (surgical, internal medicine, paediatric, gynaecological/obstetric).

Outpatient activities

The number of outpatients treated, without any distinction made among diagnoses.

Patients admitted with injuries caused by mines or explosive remnants of war

This number is included in the total number of patients admitted.

Operations performed

The number of operations performed on weapon-wounded and non-weapon-wounded patients.

PEOPLE DEPRIVED OF THEIR FREEDOM

Visits carried out by health staff

The number of visits made by health staff as part of the ICRC visiting team, or visits carried out by health staff for medical issues.

Places of detention visited by health staff

The number of places of detention visited by health staff as part of the ICRC visiting team or visited by health staff for medical issues.

Health facilities supported in places of detention

The number of health facilities supported in places of detention.

PHYSICAL REHABILITATION

Projects supported

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

Patients receiving services at the centres

The number of patients (amputees and non-amputees) who received services at the centres during the reporting period, including both new and former patients who came for new devices, repairs (to prostheses, orthoses, wheelchairs, walking aids) or physiotherapy.

Amputees receiving services at the centres

The number of amputees who received services at the centres during the reporting period – both new and former patients who came for new devices, repairs (to prostheses, orthoses, wheelchairs, walking aids) or physiotherapy.

New patients fitted with prostheses (new to the ICRC)

The number of new patients who received prostheses during the reporting period – both those fitted for the first time and patients who had previously received prostheses from a centre not assisted by the ICRC.

Prostheses delivered

The total number of prostheses delivered during the reporting period.

Prostheses delivered to mine victims

The total number of prostheses delivered, during the reporting period, specifically to victims of mines or explosive remnants of war.

Non-amputees receiving services at the centres

The number of non-amputees who received services at the centres during the reporting period – both new and former patients who came for new devices, repairs (to prostheses, orthoses, wheelchairs, walking aids) or physiotherapy.

New patients fitted with orthoses (new to the ICRC)

The number of new patients who received orthoses during the reporting period – both those fitted for the first time and patients who had previously received orthoses from a centre not assisted by the ICRC.

Orthoses delivered

The total number of orthoses delivered during the reporting period.

Orthoses delivered to mine victims

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

Patients receiving physiotherapy at the centres

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

Mine victims receiving physiotherapy at the centres

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

Crutches and sticks delivered (units)

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

Wheelchairs delivered

The number of wheelchairs delivered during the reporting period.

AFRICA

KEY RESULTS/CONSTRAINTS IN 2015

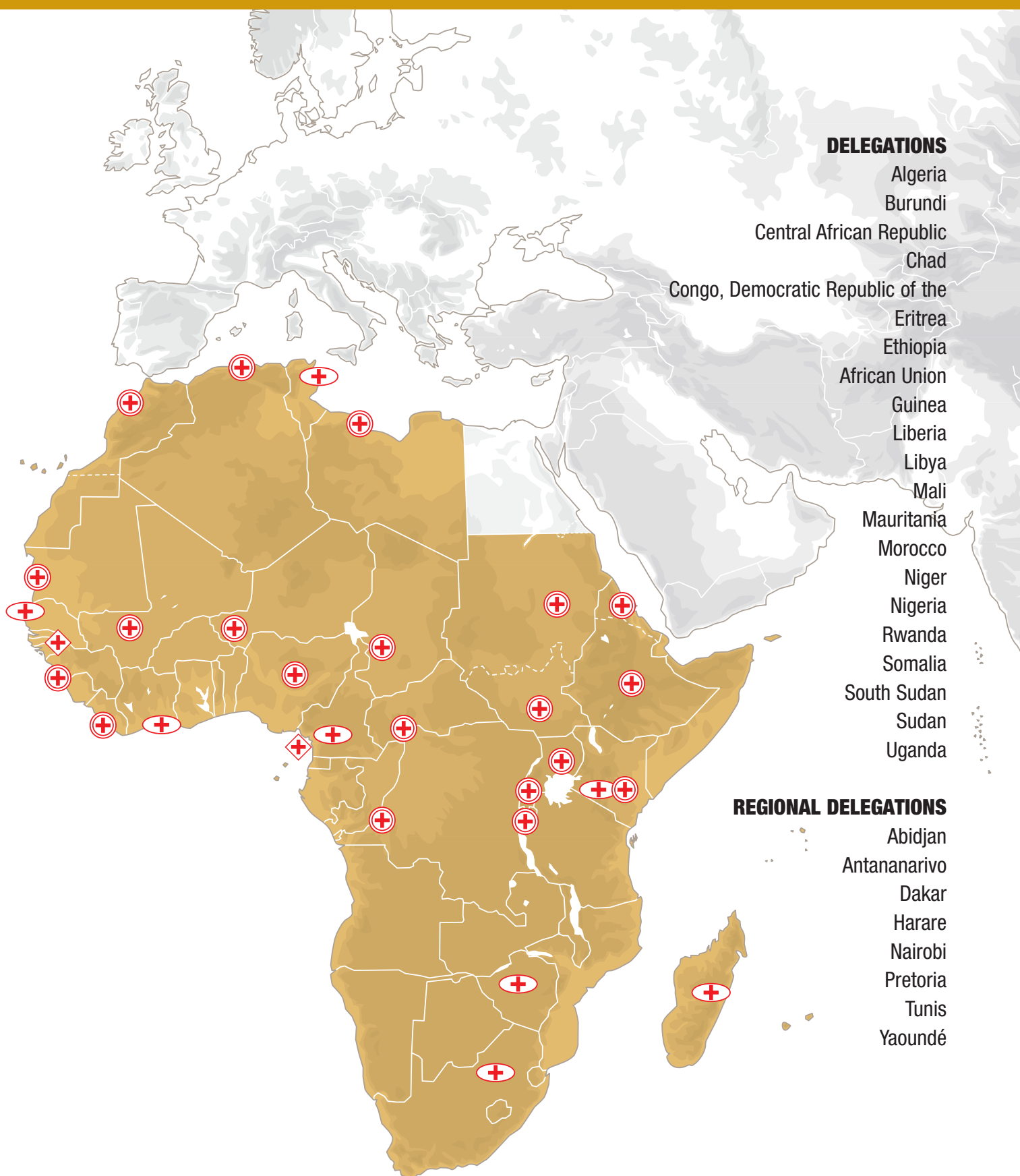
- Contact with the authorities, weapon bearers and other influential parties helped aid reach some conflict-affected people accessible to few humanitarian organizations, but security and other constraints remained.
- Following developments in certain countries and subsequent budget extension appeals, more people than initially planned were provided with food and household essentials; the majority of them were IDPs.
- Where possible, people resumed their livelihoods with ICRC support, such as seed, equipment and services for agro-pastoralists and cash grants for vulnerable households, including those headed by women.
- Weapon-wounded people were treated by ICRC surgical teams and health-care staff at ICRC-supported facilities. People also received counselling for conflict-related trauma, including sexual violence.
- People held in relation to conflict by national/international forces and armed groups, notably in the Central African Republic, the Democratic Republic of the Congo and Mali, received ICRC visits.
- States and regional bodies advanced the implementation of IHL treaties and organized regional events to foster greater understanding of specialized IHL topics; 10 countries ratified the Arms Trade Treaty.

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	97,311
RCMs distributed	81,570
Phone calls facilitated between family members	416,591
People located (tracing cases closed positively)	2,273
People reunited with their families	1,049
<i>of whom unaccompanied minors/separated children</i>	964
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	293,278
Detainees visited and monitored individually	10,688
Number of visits carried out	1,839
Number of places of detention visited	583
Restoring family links	
RCMs collected	5,130
RCMs distributed	3,307
Phone calls made to families to inform them of the whereabouts of a detained relative	5,559

ASSISTANCE	2015 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	1,704,500 2,200,298
Essential household items	Beneficiaries	1,032,100 1,153,568
Productive inputs	Beneficiaries	1,811,900 3,078,587
Cash	Beneficiaries	265,090 231,101
Vouchers	Beneficiaries	128,500 57,988
Services and training	Beneficiaries	1,000,975 1,285,151
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	4,356,400 2,886,501
Health		
Health centres supported	Structures	118 105
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	19 127
Water and habitat		
Water and habitat activities	Number of beds	2,071 3,422
Physical rehabilitation		
Projects supported	Structures	33 41
Patients receiving services	Patients	19,150 32,815

EXPENDITURE IN KCHF	
Protection	85,247
Assistance	405,458
Prevention	51,882
Cooperation with National Societies	35,237
General	2,280
Total	580,105
<i>Of which: Overheads</i>	35,211

IMPLEMENTATION RATE	
Expenditure/yearly budget	87%
PERSONNEL	
Mobile staff	909
Resident staff (daily workers not included)	4,510





Maiduguri, Nigeria. The ICRC began collaborating with the Borno State Widows Association in 2013. Through the ICRC programme, more than 1,300 widows have improved their access to food, reduced their debts by saving more, and found support to start small businesses.

In 2015, the ICRC worked from 29 delegations in Africa to alleviate suffering caused by past and ongoing armed conflict and other situations of violence. Pressing needs arising from continued fighting and widespread insecurity made operations in the following countries among the largest in the region: the Central African Republic (hereafter CAR), the Democratic Republic of the Congo (hereafter DRC), Mali, Nigeria, Somalia and South Sudan. The ICRC scaled up its activities in some of them after launching budget extension appeals for the Lake Chad region (Cameroon, Chad, Niger and Nigeria), Libya, Sudan and South Sudan.

Sustained dialogue with the authorities, weapon bearers and other influential parties, and other efforts to foster their support for IHL and neutral, impartial and independent humanitarian action, helped the ICRC reach conflict-affected people who were accessible to few other humanitarian organizations. However, as security and other constraints remained, the ICRC adapted its activities in order to provide assistance while ensuring its staff's safety.

In areas of South Sudan rendered inaccessible by fighting/floods, the ICRC continued to air-drop supplies, which South Sudan Red Cross/ICRC personnel received and distributed to people. In Sudan, discussions with the authorities and agreements concluded in 2014 enabled the ICRC to gradually resume its operations, which had been suspended between February and September 2014 in accordance with a government directive. However, the ICRC was unable to implement all of its activities according to its working methods, owing to pending practical arrangements and other constraints. Thus, it reduced its staff and donated, to the National Society and other organizations, supplies it could

not distribute. The Libya delegation continued to adapt to the relocation of its mobile staff to Tunis, Tunisia in 2014; for example, courses for Libyan medical personnel were held in Tunisia. After an ICRC driver and a Mali Red Cross volunteer were killed in an attack, the ICRC suspended all staff movement outside towns in northern Mali for three months, causing some activities to be delayed/downscaled. However, it was still able to assist communities with help from National Society volunteers and State/local/community actors. Following an evaluation and networking efforts with all stakeholders, the ICRC lifted the suspension in July.

Together with the pertinent National Societies, the ICRC provided conflict/violence-affected people – many of them IDPs – with rations and household essentials that helped tide them over until they could find alternative means of survival. In places with functioning markets, such as a few parts of Nigeria and Somalia, people purchased food and other items using cash/vouchers from the ICRC. Owing to developments in Nigeria, South Sudan and, to a lesser extent, Mali, the ICRC distributed relief to more beneficiaries than planned; in Nigeria, the initial budget was exhausted by the end of January, and funds were temporarily reallocated to cover needs until additional resources were mobilized. However, in the CAR, logistical/security constraints hindered aid distributions.

Where possible, people were supported in recovering their self-sufficiency and strengthening their resilience. Notably, agro-pastoralists in Burkina Faso, Ethiopia, Somalia and Sudan were provided with seed, equipment, training and veterinary services, which helped them resume their livelihoods. Because of various developments, more people than planned were assisted in

the CAR, Cameroon, the DRC, Niger, Nigeria and South Sudan. However, targets were not reached in Mali, in part, because of the temporary suspension of activities. In some instances, livelihood support helped reduce people's exposure to risks: in Sudan, some people had less need to travel to unsafe areas for food/water, and in Casamance, Senegal, women did not have to leave their villages as much for income-generating activities, mitigating their exposure to mines and abuses, including sexual violence.

People in several countries had access to clean water – for personal and in some cases, agricultural use – and had more sanitary living conditions after water/sanitation facilities in conflict/violence-affected communities and camps were built/repaid by the ICRC. It carried out emergency interventions, such as water trucking in the CAR and Nigeria; following reports of cholera, it conducted disinfection and hygiene-promotion initiatives in Nigeria, Somalia and South Sudan.

ICRC delegates continued to monitor the situation of vulnerable people and to document reported abuses, including sexual violence; when possible, these allegations were shared with the parties concerned, with a view to preventing their recurrence. Where necessary, victims were provided with medical care, psychological support, material assistance and family-links services.

Dialogue with parties involved in conflict or other situations of violence emphasized the protection due to people providing/seeking medical care. Reminders were passed through the media and traditional/religious leaders, and direct contact with and briefings for the pertinent parties, with a view to fostering greater respect for health/medical and humanitarian workers – for example, in the CAR and Somalia, and in Ebola-affected Guinea and Liberia. In Mali, such reminders helped persuade weapon bearers to leave a health centre they had occupied, allowing it to resume operations. In Côte d'Ivoire, patients had better access to medical facilities after the ICRC and other humanitarian organizations made representations to the authorities. In Casamance, dialogue with armed groups helped Senegalese Red Cross Society/ICRC teams and State health workers conduct immunization campaigns.

Although attacks on health-care services hampered people's access to treatment in many contexts, thousands of people in conflict-affected or underserved areas availed themselves of services at primary-health-care facilities that the ICRC provided with supplies, equipment, staff training and support for infrastructure upgrades. Notably, in Somalia, people accessed health care in 25 fixed and 7 mobile clinics run by the Somali Red Crescent Society. More IDPs and residents in north-eastern Nigeria obtained preventive/curative care after an increase in ICRC support for clinics there after mid-2015. In Liberia, people regained access to health care at pre-Ebola-crisis levels after facilities were aided in implementing disease-prevention measures. People suffering from conflict-related emotional trauma and victims of sexual violence eased their distress through ICRC-supported counselling services in the CAR, Côte d'Ivoire, the DRC, Mali, Niger, Nigeria and Somalia.

Weapon-wounded people were treated in ICRC-supported hospitals or by ICRC medical teams. There were six such teams in South Sudan (in both government- and opposition-controlled areas), three in the CAR, two each in the DRC and Mali, and one each in Niger and Nigeria. Notably, the team in Niger was deployed within days of the outbreak of conflict, and the team in Nigeria was restationed from the Middle Belt to Maiduguri, owing to growing

needs there. In the DRC, local surgeons took over the work of one team from July onwards, though they still received ICRC support. Disabled people in Burundi, Chad, the DRC, Ethiopia, Guinea-Bissau, Mali, Niger, South Sudan and Sudan, and those among Sahrawi refugees in Tindouf, Algeria, regained some mobility through physical-rehabilitation services at ICRC-supported centres. The ICRC helped ensure the continuity of care for the wounded and sick through first-aid training for National Society volunteers and other potential first responders, and war-surgery courses for doctors/surgeons. Specialized training helped increase the pool of physiotherapists and prosthetic/orthotic specialists in Africa.

Family members separated by conflict, violence, migration and detention restored/maintained contact through National Society/ICRC family-links services; they included people who had fled Burundi, the CAR, the DRC, Mali, Nigeria, Somalia and South Sudan. Unaccompanied minors were assisted in seeking and/or rejoining their families; those in the CAR and the DRC, including children formerly associated with armed groups, journeyed home with ICRC assistance and had their reintegration followed up by ICRC delegates. In Libya, migrants held at a retention centre voluntarily returned home through the coordinated action of the Libyan Red Crescent, the authorities and embassies concerned, IOM and the ICRC. In Tunisia, migrants who had left Libya by boat and were rescued by the Tunisian coast guard made phone calls facilitated by the National Society/ICRC. Support for National Societies' family-links services along migration routes in Niger and Tunisia helped people reconnect with relatives.

Detainees in several countries were visited by ICRC delegates in accordance with ICRC standard procedures, amid some constraints. These visits helped ensure that the detainees' treatment met IHL and/or other internationally recognized standards. Among them were people held for security reasons or in relation to armed conflict, including those held by: international bodies, particularly the African Union (AU) and UN; the French army; and armed groups in the CAR, the DRC, Mali, Senegal and South Sudan. In Somalia, visits to detainees in Mogadishu central prison resumed after being suspended in 2014. For the first time, the African Union Mission in Somalia (AMISOM) notified the ICRC of persons they had arrested and detained. In the United Republic of Tanzania, detainees in Zanzibar received ICRC visits, which last took place in 2005. At the request of certain armed groups in Mali and in Sudan, the ICRC acted as a neutral intermediary in the release/handover of people in their custody.

Detaining authorities strove to improve the treatment and living conditions of detainees, drawing on ICRC confidential feedback and technical expertise. In Rwanda, various government bodies revised standards for prison health services, and the penitentiary authorities assessed the nutritional status of inmates, in view of future interventions. Algerian judicial officials and police/*gendarmérie* worked to update procedures for detainees on remand. The Burundian and Guinean authorities drew on ICRC input in reviewing their penitentiary policies.

Joint projects helped the authorities build their capacity to reform penitentiary services. For instance, the Chadian, Ivorian, Malagasy and Malian authorities continued pursuing efforts to standardize food provision in prisons. In some countries, the authorities received direct support – food, medicine, training and infrastructure upgrades – for improving detainees' well-being. In Guinea and Liberia, officials implemented measures that

contributed to preventing the incidence of Ebola in those countries' prisons. In Rwanda, the authorities were supported in installing equipment for producing soap and briquettes, to be used in prisons countrywide. Inmates in Zimbabwean prisons consumed produce from ICRC-supported prison farms. A few States also took steps to accelerate/update judicial processes: for example, the Malagasy authorities managed detainees' cases more effectively after receiving training and office equipment/supplies from the ICRC. Regionwide, security officers were briefed on international standards applicable to detention and law enforcement.

Armed/security forces, including troops deployed abroad or as part of AU and UN peacekeeping missions, reinforced their understanding of their responsibilities under IHL during information sessions held/supported by the ICRC. Where security conditions permitted, as in Mali and Senegal, members of armed groups received briefings encouraging them to observe IHL principles. Military commands, acting on ICRC technical advice, furthered the integration of IHL into their training and operations. Niger's army began integrating an IHL training manual – drafted with ICRC support in 2014 – into its curriculum. With ICRC encouragement, Cameroon's military integrated commanders' responsibilities and sanctions for war crimes in their justice code. In Liberia, the army incorporated operational practices related to facilitating safe access to health care for people into their training manual. The ICRC continued working with the AU to facilitate the incorporation of IHL and international human rights law in the policies of AU-led/authorized peace-support operations. For instance, the Multinational Joint Task Force in the Lake Chad region developed and adopted normative frameworks and mission documents, including rules of engagement and standard operational procedures, in consultation with the ICRC.

Dialogue with representatives of governments and multilateral/international organizations covered issues of humanitarian concern, including those related to migration, sexual violence, the protection due to those seeking/providing health care, the recruitment of children into fighting forces and weapon contamination. Such discussions took place during meetings and events organized by the ICRC and/or other stakeholders, including regional conferences on: best practices for ensuring access to health care during peace-support operations (held in South Africa and Zimbabwe); IHL implementation (Kenya, Nigeria and South Africa); international rules governing military operations (Algeria); and the similarities between Islamic law and IHL (Niger). With encouragement and technical support from the ICRC – directly or under the auspices of regional bodies – States worked on implementing IHL; the CAR, Chad, Côte d'Ivoire, Ghana, Liberia, Mauritania, Mauritius, Niger, Seychelles and Togo ratified the Arms Trade Treaty. Following discussions with other humanitarian actors, the AU developed a three-year plan to incorporate the protection of children into its peace and security policies.

PROTECTION MAIN FIGURES AND INDICATORS

PROTECTION															
	CIVILIANS														
	RCMs collected	RCMs distributed	Phone calls facilitated between family members	Names published in the media	Names published on the ICRC family-links website	People reunited with their families	of whom UAMs/SC*	UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	People transferred/repatriated	People located (tracing cases closed positively)	People to whom travel documents were issued	Detainees visited	of whom women	of whom minors	Detainees visited and monitored individually
Algeria	1	37	17									14,944	121	81	122
Burundi	1,922	1,862	162			1	1	8	1	82	29	9,901	421	425	1,145
Central African Republic	554	341	1,036			29	23	88	6	125		1,055	38	47	105
Chad	677	389	15,200			21	21	267		38		6,295	123	161	314
Congo, Democratic Republic of the	50,939	41,178	990	14		783	745	429	1	287		20,747	549	697	2,001
Ethiopia	3,602	2,783	14,633	1,117	307	1		56		174	2	41,309	1,612	924	323
Eritrea	608	800								21	127				
Guinea	48	79	212			1	1	1		4		4,033	187	274	25
Liberia	184	80	1,028			1	1	20		8		3,317	339	54	28
Libya	4	48	27					1		1	2				
Mali	1,149	387	5,114			11	11	4	2	37		3,970	184	201	689
Mauritania	142	76	12					1		13		1,900	35	202	45
Niger	12	5	2,459			4	4	25	10	110		4,329	120	212	1,354
Nigeria	150	62	2,796			12	12	264		79		13,000	401	172	2,302
Rwanda	4,443	2,914	63,726	212		116	104	1,131	12	97		56,300	3,738	360	314
Somalia	10,170	13,347	38,594	7,351	32,696					220		4,275	77	213	48
South Sudan	4,383	1,341	19,652	1,129	1,129	44	16	26	21	162		4,624	281	273	309
Sudan	370	26				1	1	5		128					
Uganda	1,843	1,558	9,398			18	18	182		108	10	15,141	694	33	224
Antananarivo (regional)	62	143										17,013	756	629	131
Abidjan (regional)	388	355	1,104					20		30		16,848	434	394	247
Dakar (regional)	5	18	1,478					1		5		659	26	13	20
Harare (regional)	570	327						112		14	6	18,944	383	120	173
Nairobi (regional)	13,724	12,748	232,137			1	1	162		114		985	50	34	50
Pretoria (regional)	282	277	5,991	20						44	94	7,557	84	351	19
Tunis (regional)	27	55	783							3		17,145	675	37	305
Yaoundé (regional)	1,052	334	42			5	5	392		369		8,987	167	146	395
Total	97,311	81,570	416,591	9,843	34,132	1,049	964	3,195	53	2,273	270	293,278	11,495	6,053	10,688

*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		
3		1	90				40	32	8	22	150	1		1	Algeria	
16	3	80	1,040	14	3	80	116	25	128	77	14			29	Burundi	
3		16	75	3		15	50	16	33	6	48				Central African Republic	
8	2	11	264	8	2	7	67	14	309	201	735			1	Chad	
21	11	116	1,127	17	9	91	282	47	2,097	1,236	33			72	Congo, Democratic Republic of the	
24	4	14	222	18	3	12	49	25	582	587	533			64	Ethiopia	
														8	Eritrea	
1		1	5			1	175	66	127	41	25				Guinea	
			20				123	16	77	39	40				Liberia	
										3				1	Libya	
10	2	32	547	10	2	26	161	35	279	118	608		14	5	Mali	
		3	30			3	21	9	9	12	16				Mauritania	
17	3	66	1,307	17	3	65	81	15	166	64	1,635				Niger	
74	14	124	1,593	68	13	113	40	22	5		33				Nigeria	
27		3	45	1		1	69	22	253	152	40			17	Rwanda	
4	1	3	28	5	1	1	39	20	14	7	158		3		Somalia	
30	2	11	262	28	2	9	82	27	293	86	203				South Sudan	
										1			18	24	Sudan	
7	3	6	148	7	3	6	71	30	146	166	109	55	16	23	Uganda	
6	2	9	99	6	2	6	64	28	218	41	270				Antananarivo (regional)	
5		3	126	2		2	127	48	116	42	329	1		1	Abidjan (regional)	
1			18	1			5	4	29	3	14				Dakar (regional)	
	2	59	99		2	59	46	28	24	2	218	72			Harare (regional)	
2			6	2			17	6	50	55	1				Nairobi (regional)	
			5				14	9	7	2	18				Pretoria (regional)	
19	1	7	167	9	1	7	48	15	133	69	323				Tunis (regional)	
9	2	14	348	9	2	13	52	24	27	5	6				Yaoundé (regional)	
287	52	579	7,671	225	48	517	1,839	583	5,130	3,037	5,559	129	51	246	Total	

ASSISTANCE MAIN FIGURES AND INDICATORS

ASSISTANCE

	CIVILIANS											PEOPLE DEPRIVED OF THEIR FREEDOM		
	CIVILIANS - BENEFICIARIES							HEALTH CENTRES						
	Food commodities	Essential household items	Productive inputs	Cash	Vouchers	Services and training	Water and habitat activities	Health centres supported	Catchment population (monthly average)	Consultations (patients)	Immunizations (doses)	Food commodities	Essential household items	Water and habitat activities
Burundi														5,294
Central African Republic	60,379	11,880	73,956	10,932			708,369	6	27,959	35,789	27,449	1,021	650	854
Chad		16,092											7,397	2,814
Congo, Democratic Republic of the	74,404	94,072	218,305	15,840	8,920	7,325	223,318	16	146,645	84,689	38,122	4,090	21,418	5,094
Eritrea			475,192	4,420			67,837							
Ethiopia	789	47,496	47,664	1,554			153,774						29,998	23,220
Guinea							42,000						5,066	2,570
Liberia	25,945	9,275		108,466			261,100	3	103,900	16,290	5,532	7,241		1,538
Libya	32,734	48,979											330	
Mali	250,456	58,824	122,587	8,550		444,734	220,765	10	34,909	28,023	34,450			3,555
Mauritania							30,000							1,609
Niger	162,109	37,524	147,858	900		817,511	143,164	5	64,370	45,366	18,648	1,541	1,710	2,938
Nigeria	536,044	375,754	68,626	32,118	49,068		179,033	12	225,144	74,612	147,779	594	9,901	12,810
Rwanda	180	421		57		2								51,500
Somalia	247,445	187,156	836,842	38,237			240,170	32	532,000	473,185	193,521	5,115	4,838	4,000
South Sudan	410,795	119,440	667,595	6,960		282	392,859	8	189,884	83,730	11,498	4,823	11,248	2,814
Sudan	289,031	87,600	359,197	300			106,597							
Uganda	18	18										19	14,416	
Abidjan (regional)	1,710	1,741		456		6,000	80,194	8	245,306	70,930	42,509		5,130	14,723
Antananarivo (regional)												1,212	2,655	9,030
Dakar (regional)	3,300	15	20,884	2,311		9,297	5,321	5	19,182	17,716	9,630		375	
Harare (regional)												17,452	15,118	7,226
Nairobi (regional)							30,000							6,200
Pretoria (regional)												8	906	
Tunis (regional)														3,165
Yaoundé (regional)	104,959	57,281	39,881				2,000					10,448	1,704	2,200
Total	2,200,298	1,153,568	3,078,587	231,101	57,988	1,285,151	2,886,501	105	1,589,299	930,330	529,138	53,564	132,860	163,154
of whom women	26%	25%	32%	34%	38%	31%	35%							
of whom children	49%	47%	44%	29%	58%	40%	42%							
of whom IDPs	62%	77%	18%	22%		1%	10%							

WOUNDED AND SICK														
FIRST AID			HOSPITALS				PHYSICAL REHABILITATION							
First-aid posts supported	of which provided data	Wounded patients treated	Hospitals supported	of which provided data	Admissions (patients)	of which weapon-wounded	Projects supported	Patients receiving services	New patients fitted with prostheses	New patients fitted with orthoses	Prostheses delivered	Orthoses delivered	Patients receiving physiotherapy	
							1	2,920	10	261	19	474	1,022	Burundi
			2	2	3,401	395	1							Central African Republic
							2	5,224	112	203	349	453	4,007	Chad
10	9	35	39	36	16,577	920	5	1,055	258	84	493	114	458	Congo, Democratic Republic of the
														Eritrea
			2	1			10	6,334	692	699	1,695	2,026	3,152	Ethiopia
														Guinea
			1	1	1,241									Liberia
20		2,367	21		14,255	2,555	1							Libya
			2	2	4,524	238	4	8,760	149	347	288	452	7,593	Mali
														Mauritania
			2	1	754	551	3	543	126	191	116	166	183	Niger
			21	1	600	600								Nigeria
														Rwanda
12	4	161	14	12	17,749	4,507								Somalia
			17	8	4,132	1,135	3	2,409	176	183	476	202	388	South Sudan
			6	4	11,192	422	9	2,908	221	441	588	920	979	Sudan
														Uganda
														Abidjan (regional)
														Antananarivo (regional)
							1	1,929	54	83	54	117	1,834	Dakar (regional)
														Harare (regional)
														Nairobi (regional)
														Pretoria (regional)
							1	733	9	49	25	94	728	Tunis (regional)
														Yaoundé (regional)
42	13	2,563	127	68	74,425	11,323	41	32,815	1,807	2,541	4,103	5,018	20,344	Total
					46%	12%		20%	19%	18%	19%	18%		of whom women
					26%	6%		37%	8%	35%	8%	57%		of whom children
of which for victims of mine or explosive remnants of war											12%	1%		of whom IDPs

ALGERIA



The ICRC has been working in Algeria, with some interruptions, since the 1954–62 Algerian war of independence. Aside from visiting people held in places of detention run by the Ministry of Justice and people remanded in police stations and gendarmeries, it supports the authorities in strengthening national legislation with regard to people deprived of their freedom and promotes IHL. The ICRC supports the Algerian Red Crescent in its reforms process and partners with it to restore links between separated family members.

KEY RESULTS/CONSTRAINTS IN 2015

- ▶ Judicial personnel received ICRC training in human rights norms at the justice ministry's request and, in line with these norms, took steps to update procedures involving detainees in remand custody.
- ▶ Detainees stood to benefit from the prison administration's efforts, based on ICRC recommendations, to improve the management of their medical records.
- ▶ Family members dispersed by detention or other circumstances reconnected via ICRC and, at times, Algerian Red Crescent family-links services. One foreign detainee received regular family visits.
- ▶ At a workshop organized by the Algerian defence ministry and the ICRC, senior military officers from about 70 countries enhanced their capacity to incorporate IHL in field operations.
- ▶ The authorities, with ICRC support, continued to pursue efforts to advance the implementation of IHL. Algeria acceded to the Convention on Certain Conventional Weapons.

EXPENDITURE IN KCHF

Protection	939
Assistance	186
Prevention	772
Cooperation with National Societies	351
General	25
Total	2,273
<i>Of which: Overheads</i>	139

IMPLEMENTATION RATE

Expenditure/yearly budget	76%
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PERSONNEL

Mobile staff	6
Resident staff (daily workers not included)	13

YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	1
RCMs distributed	37
Phone calls facilitated between family members	17
People located (tracing cases closed positively)	18
People reunited with their families	1
<i>of whom unaccompanied minors/separated children</i>	1
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	14,944
Detainees visited and monitored individually	122
Number of visits carried out	40
Number of places of detention visited	32
Restoring family links	
RCMs collected	8
RCMs distributed	22
Phone calls made to families to inform them of the whereabouts of a detained relative	150

CONTEXT

Despite the developments elsewhere in the region, the security situation in Algeria remained relatively stable. Military operations, however, continued against groups suspected of endangering State security or of being associated with the unregulated trade in weapons; casualties and arrests were reported following sporadic clashes. In the south, communal violence occasionally broke out, sparked by a decline in the economy.

Migrants, including refugees and asylum seekers, continued to arrive in the country. State services or the Algerian Red Crescent helped some of the people who had fled violence in Mali or the Syrian Arab Republic (hereafter Syria) meet their immediate needs.

Algeria maintained its key role in regional dialogue, notably as host of peace talks between parties to conflict from Libya and from Mali.

ICRC ACTION AND RESULTS

In Algeria, the ICRC visited detainees in 32 places of detention – including places of temporary detention under the authority of the interior and justice ministries – paying special attention to foreigners, people in solitary confinement and other particularly vulnerable inmates. Confidential feedback based on visits, including from an ICRC doctor, to detainees in certain prisons helped the ICRC provide the authorities with specific information for implementing and/or replicating improvements throughout the prison system. Judicial officials and police/*gendarmerie* personnel took steps to update procedures involving detainees in remand custody in line with human rights norms, after receiving ICRC training on the subject. The prison administration, acting on ICRC recommendations, initiated efforts to improve the management of detainees' medical records. Penitentiary authorities received reference materials on international norms applicable to their duties; training, including courses abroad, helped to strengthen their ability to tackle issues related to detainees' treatment and health. The ICRC also conducted briefings for prison officers/guards to further their understanding of its working methods.

ICRC family-links services helped detainees held far from their homes, or whose families were abroad, maintain contact with their relatives. The ICRC facilitated a meeting between the prison administration and religious personnel, who were in communication with foreign detainees' relatives; the aim was to encourage greater cooperation in helping foreign detainees stay in touch with their families. Family members dispersed by other circumstances reconnected with help from the Algerian Red Crescent and/or the ICRC. When appropriate, these people were reunited with one another through the efforts of other actors, with the ICRC's support/coordination.

To foster dialogue on humanitarian issues and promote respect for IHL throughout the region, the ICRC continued to explore points of common interest with the authorities. It sponsored the attendance of instructors from the foreign affairs ministry and from judicial/military/prison service training institutions in advanced courses on IHL, or other applicable norms, abroad. The ICRC organized, jointly with the defence ministry, the annual Senior Workshop on International Rules governing Military Operations. It supported the national IHL commission's new plan of action for implementing IHL; in 2015, Algeria acceded to the Convention on Certain Conventional Weapons.

Support for the Movement was promoted through public events and publications on the Movement's role in Algerian history. An agreement was being finalized with the Algerian National Archives to have copies of the ICRC's documents on the Algerian war of independence digitized and made available to the public.

Through workshops and meetings, the ICRC helped further understanding of the Fundamental Principles and the Safer Access Framework among National Society leaders, with a view to encouraging the National Society to conduct its activities in line with neutral, impartial and independent humanitarian action, and in coordination with other Movement components.

CIVILIANS

Members of dispersed families reunite in Algeria and abroad

Family members dispersed by armed conflict/violence, detention, migration, or other circumstances, used family-links services provided by the ICRC and, on occasion, the Algerian Red Crescent to restore or maintain contact with each other. Two families stayed in touch with relatives held at the US internment facility at Guantanamo Bay Naval Station in Cuba through monthly video calls and RCMs; each also sent a food parcel. An ex-detainee, formerly held in the Guantanamo Bay internment facility and resettled in Algeria, was visited by his family; the ICRC covered their travel expenses. When appropriate, efforts were made to reunite family members: a Congolese refugee rejoined his family in France with assistance from the French Red Cross and the UNHCR, in coordination with the ICRC; an unaccompanied child was repatriated to Algeria, with support from the government officials concerned and the ICRC.

Vulnerable foreigners, particularly irregular migrants, were referred to the appropriate services, partly through ICRC coordination with local associations, international organizations and other parties concerned. At a regional workshop, a representative of the National Society took part in discussions of best practices for restoring family links for migrants (see *Red Cross and Red Crescent Movement*).

The ICRC remained ready to support the authorities in responding to the needs of the families of people unaccounted for since past internal violence in Algeria.

PEOPLE DEPRIVED OF THEIR FREEDOM

Foreign detainees restore contact with their families

Around 14,900 detainees in 32 places of detention – including places of temporary detention under the authority of the interior and justice ministries – received visits from the ICRC, conducted in accordance with the organization's standard procedures. More than 100 of the most vulnerable – among them, security detainees, foreigners and people in solitary confinement – were monitored individually.

Detainees held far from their homes, or whose families were abroad, were among those who used RCMs and short oral messages to contact and/or send news to their families. A total of 14 foreigners had the ICRC notify their consular representatives of their situation. With ICRC support, one foreign detainee was visited by his family regularly.

Some 30 religious personnel, who were in contact with the families of foreign detainees, were briefed on the ICRC's activities for

detainees. With the ICRC's help, a representative of these personnel met with the directorate of the prison administration, encouraging greater cooperation in helping foreign detainees stay in touch with their families.

The authorities take steps to ensure that the treatment of detainees complies with applicable norms

The authorities and the ICRC discussed confidential feedback, based on the visits mentioned above; this facilitated regular dialogue on such subjects as detainees' treatment, living conditions and access to National Society/ICRC family-links services. Findings and recommendations from visits to detainees at certain prisons were particularly aimed at helping the authorities implement and/or replicate improvements throughout the prison system.

To enhance understanding of the ICRC's working methods, briefings for prison officers and guards were likewise held during visits. Penitentiary officials furthered their knowledge of these methods and of international norms applicable to their duties using ICRC-provided reference materials and/or during a study trip to France and Switzerland. Notably, the justice ministry requested the ICRC to conduct training on human rights norms for judiciary, police and *gendarmérie* personnel (see *Actors of influence*), after which they took steps to update procedures involving detainees in remand custody.

Detainees stand to benefit from authorities' efforts to improve management of their medical records

With professional advice from an ICRC detention doctor, who helped monitor the health of detainees receiving care at three places of detention and two hospitals, penitentiary authorities and health personnel continued to explore how detainees' access to health care within and outside prisons could be improved and how adherence to medical ethics – with respect to confidentiality and issues linked to detainees' treatment, for instance – could be strengthened. They further honed their ability to address these issues during a study trip abroad (see *Kuwait*); some health personnel supplemented their knowledge of ethical issues related to the provision of health care in detention at a regional conference (see *Jordan*). The prison administration, acting on ICRC recommendations, instructed services to make improvements to the way detainees' medical records were managed; these efforts were in progress by year's end. The health and justice ministries also drafted amendments to domestic legislation in order to transfer responsibility for penitentiary health care from the latter to the former.

ACTORS OF INFLUENCE

Senior military officers discuss incorporation of IHL in operations at an international workshop

At the justice ministry's request, 60 magistrates, judicial staff and police/*gendarmérie* officers learnt more about applying human rights norms to their work at two ICRC workshops; the justice ministry also co-organized courses for their trainers (see *People deprived of their freedom*). Through advanced courses abroad (see *Lebanon*), a magistrate, a foreign affairs ministry official and three instructors from the Cherchell Military Academy and prison service training institutions refined their techniques for teaching IHL and other applicable norms.

Members of the Sahel Fusion and Liaison Unit – a regional organization of military forces and intelligence services, based in Algeria – met with the ICRC and exchanged views on how IHL applied in international and non-international armed conflicts; they also added to their

knowledge of IHL and the ICRC's activities in countries affected by armed conflict – Iraq, Libya, Syria and Yemen, for example – through ICRC publications.

During the Senior Workshop on International Rules governing Military Operations, organized by the Algerian defence ministry and the ICRC, more than 80 senior military officers from about 70 countries, and representatives of multilateral organizations, shared best practices for incorporating IHL in the planning and conduct of field operations (see *International law and policy*). The ICRC's president, who opened the event, also discussed the promotion and development of IHL, and other areas for cooperation, with various Algerian government officials.

Algeria accedes to the Convention on Certain Conventional Weapons

As a follow up to the 2014 regional meeting of IHL experts in Algeria, the national IHL commission adopted a new plan of action for implementing IHL – with ICRC support – and contributed to Algeria's accession to the Convention on Certain Conventional Weapons. At panel discussions: magistrates, some of whom had previously attended ICRC training in IHL and/or international norms governing detention, clarified how domestic mechanisms can be applied to sanction IHL violations; diplomats and diplomats-in-training broadened their understanding of the ICRC's working methods and of the humanitarian issues affecting the region.

The defence ministry continued to promote safe practices among children in mine-contaminated areas – in line with Algeria's implementation of the Anti-Personnel Mine Ban Convention – through comic books produced with the ICRC.

People learn more about the Movement's role in Algerian history through public events/publications

Media coverage of the ICRC's work in Algeria and abroad – in Syria and Yemen, for example – helped make the general public aware of urgent humanitarian concerns and of the ICRC's activities for detainees and victims of conflict/violence. At a press conference organized by a local association, former detainees spoke of the help given them by the ICRC during the Algerian war of independence. Five books, published by an Algerian historian after consulting the ICRC's archives, added to the growing literature on the subject. An agreement was being finalized with the Algerian National Archives to have copies of ICRC documents from the period 1954–1962 digitized and made available to the public.

Some 300 students of journalism and political science became more familiar with these issues and the ICRC's mandate at a university conference. At a seminar abroad (see *Niger*), an Algerian academic discussed the points of correspondence between Islamic law and IHL.

RED CROSS AND RED CRESCENT MOVEMENT

The National Society responded autonomously to the needs of vulnerable people in Algeria, including those who had fled violence in Mali or Syria; and it delivered aid on behalf of the Algerian government to conflict-affected people in Libya, Mali and Niger.

Some joint activities that had been planned with the ICRC – such as an assessment of family-links needs in areas covered by the National Society's branches – did not take place, partly because of various internal constraints and the National Society's involvement in humanitarian operations abroad. At various ICRC-organized

meetings/workshops, National Society leaders strengthened their understanding of the Fundamental Principles and the Safer Access Framework, and learnt from volunteers' experience of providing family-links services for detainees, particularly migrants in detention; they were also encouraged to strengthen their coordination with other Movement components. Through regional exchanges (see *Abidjan* and *Dakar*) and participation in Movement statutory meetings, other National Society representatives strengthened their ability to bolster the National Society's governance and operational capacities.

MAIN FIGURES AND INDICATORS: PROTECTION	Total			
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)		UAMs/SC*		
RCMs collected	1			
RCMs distributed	37			
Phone calls facilitated between family members	17			
Reunifications, transfers and repatriations				
People reunited with their families	1			
<i>including people registered by another delegation</i>	1			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	33	1	2	1
<i>including people for whom tracing requests were registered by another delegation</i>	25			
People located (tracing cases closed positively)	18			
<i>including people for whom tracing requests were registered by another delegation</i>	18			
Tracing cases still being handled at the end of the reporting period (people)	72	15	6	4
<i>including people for whom tracing requests were registered by another delegation</i>	34			
UAMs/SC*, including demobilized child soldiers		Girls		Demobilized children
UAMs/SC reunited with their families by the ICRC/National Society	1			1
<i>including UAMs/SC registered by another delegation</i>	1			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits		Women	Minors	
Detainees visited	14,944	121	81	
		Women	Girls	Boys
Detainees visited and monitored individually	122	3		1
Detainees newly registered	90			
Number of visits carried out	40			
Number of places of detention visited	32			
Restoring family links				
RCMs collected	8			
RCMs distributed	22			
Phone calls made to families to inform them of the whereabouts of a detained relative	150			
Detainees visited by their relatives with ICRC/National Society support	1			
People to whom a detention attestation was issued	1			

*Unaccompanied minors/separated children

BURUNDI



ICRC delegation ICRC-supported prosthetic/orthotic project

The ICRC has been present in Burundi since 1962, opening its delegation there in 1992 to help people overcome the humanitarian consequences of armed conflict. ICRC activities focus mainly on working with the prison authorities to ensure that detainees' treatment and living conditions accord with internationally recognized standards. The ICRC helps bolster the Burundi Red Cross's work, notably in terms of emergency preparedness and restoring links between separated family members, including refugees. It supports the armed forces' efforts to train their members in IHL. It also reinforces the quality and sustainability of physical rehabilitation services.

YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2015

- ▶ People injured during unrest in Bujumbura were treated on the spot and/or evacuated to hospital by Burundi Red Cross volunteers, who received first-aid kits, vehicles, radio handsets and other ICRC support.
- ▶ Members of families dispersed by violence or other circumstances restored/maintained contact through Movement family-links services; 97 people located by the ICRC were put in touch with their families.
- ▶ Vulnerable detainees, including those arrested in relation to unrest, were individually monitored. Findings from ICRC visits and material/technical support helped the authorities ensure detainees' well-being.
- ▶ Detainees, mainly in 5 prisons, saw improvements in their situation after prison services, with the ICRC's help, took steps to monitor their health regularly and address infrastructural issues.
- ▶ Military/security forces drew on ICRC expertise to reinforce their troops' understanding of IHL and other norms applicable to law enforcement and peacekeeping.
- ▶ Disabled people, primarily children, recovered or improved their mobility through physiotherapy and customized assistive devices, free of charge, at the ICRC-supported Saint Kizito Institute.

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	1,922
RCMs distributed	1,862
Phone calls facilitated between family members	162
People located (tracing cases closed positively)	97
People reunited with their families	2
of whom unaccompanied minors/separated children	2
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	9,901
Detainees visited and monitored individually	1,145
Number of visits carried out	116
Number of places of detention visited	25
Restoring family links	
RCMs collected	128
RCMs distributed	77
Phone calls made to families to inform them of the whereabouts of a detained relative	14

EXPENDITURE IN KCHF

Protection	1,904
Assistance	1,774
Prevention	563
Cooperation with National Societies	678
General	21
Total	4,940
Of which: Overheads	302

IMPLEMENTATION RATE

Expenditure/yearly budget	108%
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PERSONNEL

Mobile staff	12
Resident staff (daily workers not included)	50

ASSISTANCE	2015 Targets (up to)	Achieved	
WOUNDED AND SICK			
Physical rehabilitation			
Projects supported	Structures	1	1
Patients receiving services	Patients	2,500	2,920

CONTEXT

In Bujumbura, demonstrations ahead of the election process led to violent confrontations. The situation in some districts remained volatile following the presidential elections in July. Security forces conducted operations throughout the year to quell the unrest. There were reports of casualties and large numbers of arrests. Other parts of the country remained relatively calm, but hundreds of thousands of people fled to neighbouring countries (see, for example, *Nairobi* and *Rwanda*) in anticipation of further violence.

Tens of thousands of refugees from the Democratic Republic of the Congo (hereafter DRC) and Rwanda remained at four UNHCR camps.

Heavy rains caused floods and landslides in the south of the country and in Bujumbura.

Burundi remained a major contributor of troops to international missions, notably the African Union Mission in Somalia and the UN Multidimensional Integrated Stabilization Mission in the Central African Republic.

ICRC ACTION AND RESULTS

The ICRC contributed to the Burundi Red Cross's response to the tensions in Bujumbura by providing first-aid kits, vehicles and other support. This helped volunteers to: treat people wounded during unrest on the spot – where possible – or at first-aid posts; evacuate the injured to hospital; and transport human remains to morgues. National Society volunteers avoided security risks by applying the Safer Access Framework. In addition, weapon-wound surgery kits were donated to two hospitals to help them cope with influxes of patients.

Following the outbreak of violence, the ICRC engaged security forces in dialogue to help strengthen their adherence to international norms and standards applicable to law enforcement and to facilitate access for wounded people to medical care.

National Society/ICRC family-links services helped members of families dispersed by the unrest or other circumstances to restore/maintain contact: some people, including those who sought refuge in neighbouring countries, were put in touch with their families after being located by the ICRC; people in prison stayed in touch with relatives within the country or abroad through RCMs and phone calls. The ICRC kept Movement components up to date on family-links needs in Burundi and in the region. The ICRC also sought to support efforts to exhume and identify the remains of people who had died in relation to past conflict; to this end, it briefed representatives of the security forces, the solidarity ministry and the National Society on the basic procedures for managing human remains and the ethical considerations to be kept in mind.

The ICRC continued to help the authorities meet the needs of people deprived of their freedom. To this end, delegates visited detainees, in accordance with the organization's standard procedures, and individually monitored security detainees and other particularly vulnerable inmates. Findings from these visits and material/technical support helped the authorities improve detainees' treatment and living conditions. A legal services department was set up in one prison to improve management of detainees' cases; it was the second office of this kind to be set up, with ICRC support, in the past two years. Detainees' health and hygiene conditions improved, owing to the efforts of services

supported by the ICRC: maintenance personnel identified pressing infrastructural issues and made the necessary upgrades to facilities; health staff monitored detainees' health – including those suffering from TB and showing symptoms of HIV/AIDS – and/or referred them to hospital. At workshops organized by the working group on penitentiary reform and/or the ICRC, the officials concerned reviewed the draft national penitentiary policy, and prison directors strengthened their ability to apply internationally recognized standards for prison management.

The ICRC continued to support the Saint Kizito Institute in Bujumbura in providing good-quality physical rehabilitation services for disabled people, especially minors. It also supported the studies abroad of four students of physiotherapy/orthopaedic technology, with a view to improving the quality and sustainability of physical rehabilitation services in the country.

Troops bound for missions abroad learnt more about IHL rules applicable to peacekeeping at ICRC briefings; brochures and training videos translated into the local language made the contents of these materials easier to understand. Military/police commanders discussed the differences between IHL and international human rights law at an advanced workshop, where they learnt to determine which legal framework applied to a given situation. The Burundian parliament continued to take steps to implement IHL; it studied draft laws, prepared with some ICRC support, for ratifying the Arms Trade Treaty and a regional convention on small arms. Influential actors capable of facilitating humanitarian action, or of persuading others to do so, were urged to support IHL and Movement action through dialogue and other means. Radio broadcasters, in particular, helped facilitate National Society/ICRC efforts to inform potential beneficiaries of family-links and other services available to them.

CIVILIANS

Following the outbreak of violence in Bujumbura, security forces were reminded of international norms and standards applicable to law enforcement, and of the importance of facilitating access for wounded people to medical care (see *Actors of influence*).

Congolese and Rwandan refugees and Burundians fleeing violence restore contact with their families

Members of families dispersed by armed conflict, detention and other circumstances restored/maintained contact by means of National Society/ICRC family-links services. Through RCMs and phone calls, Burundians kept in touch with relatives who had fled the country; Congolese and Rwandan refugees used the same services to contact relatives in their places of origin. People also filed tracing requests for relatives feared missing; over 90 people were put in touch with their families after being located by the ICRC in Burundi and in neighbouring countries.

When appropriate, family members were reunited. The ICRC checked on the well-being of a minor in Rwanda who rejoined her family in Burundi and another in Burundi who rejoined her family in the DRC. Inter-agency meetings enabled humanitarian actors involved in child protection to coordinate their activities, such as the issuance of ICRC travel documents for resettlement programmes.

To help the National Society strengthen its family-links services, volunteers and staff, including those working in four UNHCR refugee camps in Burundi, had part of their salary covered by the ICRC. They expanded their skills through on-the-job training;

for example, volunteers managed tracing requests and registered vulnerable children during National Society/ICRC field trips to monitor the family-links needs of Burundians whose relatives were displaced abroad. The National Society and the ICRC also established working procedures to improve coordination in the restoration of family links during emergencies. Other Movement components were kept up to date by the ICRC on family-links needs in Burundi and in the region, and were prepared to offer assistance when needed.

Security forces learn basic procedures for managing human remains

In support of efforts to exhume and identify the remains of people who had died in relation to past conflict, representatives of the solidarity ministry, security forces and National Society were briefed on the basic procedures for managing human remains and the ethical considerations to be kept in mind, at an ICRC-organized information session.

The National Society/ICRC also stood ready to support the authorities in collecting and identifying human remains during emergencies (see *Wounded and sick*).

PEOPLE DEPRIVED OF THEIR FREEDOM

People detained in connection with unrest receive visits from the ICRC

Security detainees were among more than 1,000 inmates registered and monitored individually by the ICRC. In places of detention where people arrested in relation to the violence or the political situation were being held, hygiene items and first-aid kits were provided to help the authorities ensure detainees' well-being. Nearly 10,000 detainees in all received visits from the ICRC, conducted in accordance with the organization's standard procedures. Inmates restored/maintained contact with relatives within the country or abroad through RCMs and phone calls. After their release, 50 people registered by the ICRC were followed up; some returned home with ICRC assistance.

The authorities used the ICRC's confidential feedback from the above-mentioned visits, and technical input, to improve detainees' treatment and living conditions. They also continued to draw on ICRC support to improve prison management. More systematic registration, archiving and follow-up of detainees' individual files helped to facilitate respect for judicial guarantees. At the Ngozi central prison, a legal services department was set up – the second office of this kind established with ICRC assistance in the past two years. At workshops organized by the working group on penitentiary reform and/or the ICRC, the officials concerned drew on ICRC expertise to review a draft of the national penitentiary policy, and prison directors strengthened their ability to apply internationally recognized standards for prison management. A senior penitentiary official added to his knowledge of the latter subject at a regional workshop (see *Nairobi*).

Prison health and maintenance services improve detainees' health and living conditions

Over 5,000 detainees, and children accompanying them, in five prisons, received good-quality care from prison health services supported by the health ministry and the ICRC. Monitoring of detainees' health helped ensure that ailing or malnourished detainees were promptly assisted: 248 detainees were treated for symptoms of HIV/AIDS and 28 for TB, after more than 35,400 consultations; 805 detainees were referred to hospital. At all 11 central prisons, detainees and prison personnel learnt more

about good hygiene and minimizing the risk to their health at information sessions; some of these personnel, and prison nurses, strengthened their ability to deal with contagious diseases, at an ICRC-organized workshop. At a round-table organized with ICRC support, the health and justice ministries took steps to bolster cooperation in managing health issues in detention.

Visits conducted by the authorities jointly with a civil engineer – hired in 2014, at the ICRC's urging, to take charge of maintaining and repairing prison facilities – helped the authorities identify and prioritize pressing issues, and thus carry out ICRC-supported repairs/upgrades to infrastructure that benefited some 5,400 detainees in eight places of detention. Prison directors used ICRC financial and technical assistance to purchase hygiene/cleaning materials and improve inventory management.

Female detainees and minors at two prisons were able to spend more time outside their cells by participating in a sports programme organized by an NGO with ICRC support.

WOUNDED AND SICK

Wounded people are treated on the spot or evacuated to hospital by National Society first-aiders

In Bujumbura, around 170 people injured during unrest were treated on the spot, where possible, or at National Society first-aid posts; 470 were evacuated to hospital. The remains of at least 28 people were transported to morgues by National Society volunteers equipped with ICRC-provided body bags; this helped ensure that the deceased could be identified later and their remains eventually handed over to their families. Volunteers reached people injured in or displaced from violence-affected areas more quickly with 11 vehicles, provided with drivers and fuel, and radio handsets made available by the ICRC. The volunteers were also provided with first-aid kits, water tanks and household essentials, to help them respond to the most pressing needs of people affected by violence.

Two hospitals were better placed to perform emergency surgery on up to 100 injured people, with ICRC-donated weapon-wound surgery kits.

Over 2,600 disabled children improve their mobility at an ICRC-supported centre

Nearly 3,000 disabled people, including more than 2,600 children, improved their mobility through customized assistive devices and other physical rehabilitation services, provided free of charge at the Saint Kizito Institute. The institute improved the quality of care it provided by optimizing its patient management, departmental organization and treatment protocols with ICRC financial and technical support. Four students continued their studies abroad in physiotherapy/orthopaedic technology to help improve the quality and sustainability of physical rehabilitation services in Burundi.

At ICRC-financed courses: teachers at the Saint Kizito Institute's school for children learnt how to adapt sports activities so that both disabled children and children without disabilities could participate; and the national coordination team for physiotherapy services, composed of senior staff from physiotherapy institutions, strengthened their leadership and managerial capacities.

ACTORS OF INFLUENCE

In relation to unrest in Bujumbura, police/other security forces and the ICRC engaged in dialogue on the use of force during law enforcement operations and on the relevant legal frameworks (see *Civilians*).

Troops bound for missions abroad deepen their understanding of IHL

Nearly 4,500 troops, including 90 high-ranking officers, to be deployed to Somalia, and 750 UN peacekeepers bound for the Central African Republic were briefed on IHL rules applicable to peacekeeping; brochures and training videos were translated into the local language, making the material easier to understand and remember. A total of 32 military/police commanders – primary decision-makers in the field – discussed the difference between IHL and international human rights law at an advanced workshop, where they learnt to determine which legal framework applied to a given situation. The Burundian military and the ICRC continued to work on strengthening IHL instruction in military training; cadets at five officers' schools learnt more about IHL from 12 instructors who had been trained with ICRC support. Some military officers supplemented their knowledge of incorporating IHL in field operations at courses in San Remo and elsewhere (see, for example, *International law and policy*).

The authorities prepare to ratify two arms regulation treaties

The parliament continued to pursue implementation of IHL amid political developments; it was in the process of studying draft laws for ratifying the Arms Trade Treaty and a regional convention on small arms. The foreign affairs ministry drafted the laws, following recommendations from government legal experts who – with ICRC support – reviewed the compatibility of these treaties with domestic legislation. Parliamentarians reinforced their knowledge of these subjects at a workshop organized by the national commission against the proliferation of small arms, an NGO and the ICRC. Two officials from the security ministry attended a course on implementing the Arms Trade Treaty in Addis Ababa, Ethiopia.

The entries on Burundi's local practices in the ICRC's study on customary IHL were updated. A foreign affairs ministry official participated in an experts' workshop in Switzerland, linked to the Strengthening IHL process, on improving legal protection for detainees.

Representatives from the foreign affairs ministry, other ministries and the National Society participated in an ICRC preparatory workshop for the 32nd International Conference.

Radio broadcasters help to inform people of family-links and other services available to them

Influential actors capable of facilitating humanitarian action, or of persuading others to do so, were urged to support IHL and Movement action through, for example, dialogue and briefings. Journalists, radio broadcasters in particular, supported National Society/ICRC efforts to inform potential beneficiaries of family-links and other services available to them. Two journalists learnt more about reporting on humanitarian issues at a workshop abroad (see *Dakar*); they were also briefed on the protection due to them during armed conflict. Representatives of the National Society, health ministry, national order of physicians and other health institutions discussed issues covered by the Health Care in Danger project at an ICRC-organized briefing. One university enriched its library with ICRC-provided IHL publications. Student teams from five universities tested their grasp of IHL at regional competitions (see, for example, *Niger*).

RED CROSS AND RED CRESCENT MOVEMENT

The Burundi Red Cross responded to emergencies – notably unrest in Bujumbura (see *Wounded and sick*) and landslides south of the country – with ICRC support. At ICRC training, scores of staff and volunteers, including coordinators, strengthened their ability to administer first aid, upgrade water infrastructure and provide family-links services during such situations.

To help ensure that they could conduct these activities in violence-prone areas, volunteers were urged to apply the Safer Access Framework and branch leaders advised on security measures; the National Society reported no casualties among its staff. To promote its activities and foster understanding of its neutral, independent and impartial humanitarian action, the National Society produced – with the ICRC or with ICRC support – public communication materials, including radio and TV spots. With the ICRC's help, it also strengthened its ability to manage its finances and its resources.

Regular coordination meetings with Movement partners helped maximize efficiency, avoid duplication of effort and identify unmet needs.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)		UAMs/SC*		
RCMs collected	1,922	5		
RCMs distributed	1,862	3		
Phone calls facilitated between family members	162			
Reunifications, transfers and repatriations				
People reunited with their families	2			
<i>including people registered by another delegation</i>	1			
People transferred/repatriated	1			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	192	37	54	24
<i>including people for whom tracing requests were registered by another delegation</i>	13			
People located (tracing cases closed positively)	97			
<i>including people for whom tracing requests were registered by another delegation</i>	15			
Tracing cases still being handled at the end of the reporting period (people)	162	37	43	21
<i>including people for whom tracing requests were registered by another delegation</i>	20			
UAMs/SC*, including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	8	3		
UAMs/SC reunited with their families by the ICRC/National Society	2	2		
<i>including UAMs/SC registered by another delegation</i>	1			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	8	3		
Documents				
People to whom travel documents were issued	29			
Official documents relayed between family members across borders/front lines	2			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits		Women	Minors	
Detainees visited	9,901	421	425	
		Women	Girls	Boys
Detainees visited and monitored individually	1,145	16	3	80
Detainees newly registered	1,040	14	3	80
Number of visits carried out	116			
Number of places of detention visited	25			
Restoring family links				
RCMs collected	128			
RCMs distributed	77			
Phone calls made to families to inform them of the whereabouts of a detained relative	14			
People to whom a detention attestation was issued	29			

*Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	5,294		
Health				
Number of visits carried out by health staff		53		
Number of places of detention visited by health staff		5		
Number of health facilities supported in places of detention visited by health staff		5		
WOUNDED AND SICK				
Physical rehabilitation				
Projects supported	Structures	1		
Patients receiving services	Patients	2,920	109	2,647
New patients fitted with prostheses	Patients	10	4	3
Prostheses delivered	Units	19	7	5
<i>of which for victims of mines or explosive remnants of war</i>	Units	1		
New patients fitted with orthoses	Patients	261	10	240
Orthoses delivered	Units	474	11	445
<i>of which for victims of mines or explosive remnants of war</i>	Units	2		
Patients receiving physiotherapy	Patients	1,022	38	926
Crutches delivered	Units	63		
Wheelchairs delivered	Units	1		

A map of the Central African Republic (CAR) showing its administrative regions and locations of conflict. The map is bordered by Chad to the north, Sudan to the northeast, South Sudan to the east, Cameroon to the west, and the Democratic Republic of the Congo to the south. The regions shown are Ouham, Ouham-Pende, Nana-Mambere, Mambere-Kadei, Sangha-Mbaere, Bamingui-Bangora, Nana-Grebizi, Haute-Kotto, Haut-Mbomou, Mbomou, and Ouaka. The capital, Bangui, is marked with a red cross. Other locations marked with red crosses include Birao, Ndélé, Bossangoa, Kaga Bandoro, Bossembele, and Bambari. A legend in the bottom right corner shows a map of Africa with the CAR highlighted in grey. The source is cited as ICRC / AR, 2015.

YEARLY RESULTS

MEDIUM

Total

Restoring family links

RCMs collected	554
RCMs distributed	341
Phone calls facilitated between family members	1,036
People located (tracing cases closed positively)	578
People reunited with their families	47
<i>of whom unaccompanied minors/separated children</i>	40

ICRC visits

Detainees visited	1,055
Detainees visited and monitored individually	105
Number of visits carried out	50
Number of places of detention visited	16

RCMs collected

RCMs distributed	6
Phone calls made to families to inform them of the whereabouts of a detained relative	48

2015 Targets (up to)

Achieved

Food commodities	Beneficiaries	126,100	60,379
Essential household items	Beneficiaries	70,000	11,880
Productive inputs	Beneficiaries	60,500	73,956
Cash	Beneficiaries	1,000	10,932
Vouchers	Beneficiaries	7,500	
Services and training	Beneficiaries	40	

Water and habitat (in some cases provided within a protection or cooperation programme)

Water and habitat activities	Beneficiaries	667,000	708,369
Health			
Health centres supported	Structures	8	6

WOUNDED AND SICK

Hospitals

Hospitals supported	Structures	2	2
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Water and habitat

Water and habitat activities	Number of beds	70	320
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Physical rehabilitation

Projects supported	Structures	1
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- ▶ Conflict/violence-affected people accessed basic health and medical services at ICRC-supported facilities, despite insecurity limiting health-care delivery; victims of sexual violence received psychosocial support.
- ▶ In areas where security conditions were more stable, conflict/violence-affected people worked to restore their livelihoods with the help of ICRC-supplied seed/tools and vaccinations for their livestock.
- ▶ IDPs, primarily those affected by the outbreak of violence in Bangui, met their immediate needs through food/essential household items provided to them; they also benefited from improvements in water supply.
- ▶ During dialogue with the ICRC, the authorities and weapon bearers were reminded of their obligations under IHL, such as the need to facilitate humanitarian access to conflict/violence-affected communities.
- ▶ Unaccompanied/separated minors, including some formerly associated with armed groups, restored contact with their relatives through the regional family-links network; some reunited with their families.
- ▶ As a result of discussions between the authorities and the ICRC, all detained persons under the purview of the ICRC received visits in accordance with the organization's standard procedures.

Protection	4,184
Assistance	27,657
Prevention	2,880
Cooperation with National Societies	1,353
General	66
Total	36,139
<i>Of which: Overheads</i>	2,198

Expenditure/yearly budget	77%
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Mobile staff	79
Resident staff (daily workers not included)	311

CONTEXT

The general situation in the Central African Republic (hereafter CAR) remained volatile. Despite an overall decrease in the prevalence of violence over the past two years, pockets of insecurity and socio-political tensions remained: for instance, there was an outbreak of communal violence in Bangui in late September. A rise in criminal activity targeting the civilian population and humanitarian organizations alike, coupled with security concerns, hampered the delivery of aid to communities. Public services, especially health care, continued to be weak and many medical facilities remained closed. Hundreds of thousands of families displaced in and beyond the country have not yet returned to their places of origin because of persistent insecurity. Those who did, found their homes and means of livelihood damaged or destroyed; some became victims of thefts or attacks.

In view of the renewed outbreaks of violence in Bangui, the planned withdrawal of French troops was slowed down and the UN Multidimensional Integrated Stabilization Mission in the CAR (MINUSCA) changed its approach and focused on restoring stability, in cooperation with local security forces.

At the conclusion of the Bangui National Reconciliation Forum in May, recommendations were made, notably for the demobilization and disarmament of armed groups.

The first round of presidential and legislative elections, postponed due to violence, took place in December.

ICRC ACTION AND RESULTS

In 2015, the ICRC strove to help victims of conflict/violence in the CAR cope with their situation. The slight improvement in the security situation in parts of the country allowed the ICRC to shift its focus towards helping communities in those areas build their resilience to the effects of the armed conflict; it also continued to respond to emergency needs, particularly in Bangui following heightened violence in September. Logistical constraints and security concerns within and outside Bangui, however, affected the implementation of some of the organization's activities. The ICRC furthered its dialogue with the parties to the conflict in order to maintain access to communities in need of assistance. Whenever possible, it carried out activities with the Central African Red Cross Society.

The ICRC maintained its efforts to help prevent the recurrence of abuses by encouraging respect for IHL and support for humanitarian action among weapon bearers, such as multinational forces, Central African soldiers and members of armed groups. They were reminded, through briefings and confidential dialogue, of their obligation to protect civilians and facilitate people's access to medical/humanitarian aid. The ICRC documented allegations of abuse reported to them and shared some of these with parties concerned.

People suffering from conflict-related trauma, including victims of sexual violence, received psychosocial support from ICRC-trained counsellors. At information sessions, communities learnt more about the plight of victims of sexual violence and were urged to refer them to medical/psychosocial-support services. Infrastructure upgrades and the provision of medical supplies/equipment to health facilities helped ensure that conflict-affected people – including the wounded, sick or malnourished – received quality primary health and/or medical care. Two ICRC surgical teams continued to work at the hospital in Bangui, although the ICRC medical team in Kaga

Bandoro withdrew in mid-October, owing to managerial constraints at the facility there. The ICRC began providing material/training support to a local NGO producing prostheses/orthoses.

The ICRC helped conflict/violence-affected people to resume their livelihoods; for example, returnees received seed and tools for restarting farming activities and had their livestock vaccinated. Newly displaced people extended their food supply and eased their displacement with trucked-in water, food and household essentials. To increase access to clean water and help prevent the spread of water-borne diseases, local authorities and the ICRC upgraded water systems in IDP camps and urban areas; the National Society conducted hygiene-promotion sessions.

Unaccompanied children and other people separated from their families re-established contact with relatives through family-links services. Several minors formerly associated with armed groups were reunited with their families following risk assessments in their communities, and after community members were made aware of these minors' specific vulnerabilities.

Dialogue with the authorities on the ICRC's working methods enabled the organization to visit all detainees within its purview in accordance with its standard procedures. Through regular visits, the ICRC monitored detainees' treatment and living conditions; the authorities received confidential feedback and, when necessary, recommendations. Infrastructure upgrades improved detainees' living conditions; wounded detainees received emergency care from ICRC surgical teams at an ICRC-supported hospital.

At information sessions, community/religious leaders, students and representatives of women's and youth associations learnt more about their role in protecting conflict/violence-affected people. Sustained interaction with the media and other influential actors helped broaden awareness of the humanitarian situation and raise support for Movement activities.

Through training and the provision of financial/material/technical support, the ICRC helped the National Society strengthen its capacities in emergency response, restoring family links, human-remains management and coordination with Movement partners.

CIVILIANS

Amidst a situation made unstable by intermittent tensions, the ICRC continued documenting allegations of abuses, including forced recruitment and sexual violence, reported to it; afterwards, it discussed some of them confidentially with the parties concerned. Authorities and weapon bearers, including multinational forces conducting law enforcement operations, were reminded of their obligations under IHL and other applicable law to protect civilians and their property, the wounded and the sick, and medical/humanitarian personnel and infrastructure (see *Wounded and sick* and *Actors of influence*).

In Kaga Bandoro, victims of abuse received assistance in the form of psychosocial support at ICRC-backed facilities (see below), financial assistance to cover medical/transportation costs and/or referrals to other agencies for livelihood support.

Over a thousand people receive psychosocial support for conflict-related trauma

In Nana-Grébizi prefecture, where insecurity and financial/staffing constraints limited or prevented the operations of most public health facilities, around 27,800 persons benefited from consultations

at four clinics supported by the ICRC; additionally, more than 3,000 mothers received obstetric care. Sick and/or wounded patients requiring secondary care were referred to the ICRC-supported hospital in Kaga Bandoro (see *Wounded and sick*).

At two of the above-mentioned clinics and at a counselling centre in Kaga Bandoro, 1,772 people suffering from conflict-related trauma, including 229 victims of sexual violence, obtained psychosocial support from ICRC-trained counsellors. Displaced children shared their experiences during group therapy sessions. Information sessions made communities more aware of the consequences of the ongoing violence, particularly rape, and the importance of post-exposure prophylactic treatment for victims of sexual violence within 72 hours of an assault; these sessions aimed to address the possible stigmatization of victims and to encourage their referral for appropriate medical care.

In Birao, 10,711 IDPs and residents availed themselves of free tests for malaria, conducted by health workers trained by the ICRC; almost 97% of them were treated for the disease.

After a 2014 assessment found a high incidence of malnourishment among patients in ICRC-supported hospitals, patients and their caregivers in Bangui began receiving monthly food rations to complement the food provided by the hospital. Over 2,700 families in Kaga Bandoro, each of whom had a severely malnourished child undergoing ambulatory treatment, received dry food rations to discourage the sharing of therapeutic food meant for the child with his or her siblings. Some 670 adults accompanying a severely malnourished child to the hospital for treatment benefited from financial support.

Farming and pastoral households, including returnees, restore their livelihoods

Farming households in Bambari and Kaga Bandoro, and those in Markounda who had returned from Chad, received seed, cassava cuttings and tools before the planting season in 2015. Some 10,000 heads of households (supporting around 50,000 people) were thus able to cultivate up to two hectares of staple crops and vegetables, helping them restore their livelihoods. Among them, some households also received food rations to help cover their needs during the hunger gap period between harvests; this helped them avoid having to consume seed meant to be used for planting.

Ten farmer groups (some 640 households/3,200 people) in Bambari and Kaga Bandoro participated in cash-for-work projects wherein they planted disease-resistant cassava cuttings in order to provide more cuttings for their communities and ensure that they had better harvests. More than 170 households (around 870 people) protected their fields from being destroyed by livestock with fencing wire provided by the ICRC.

In Bambari, some 40 heads of displaced households (205 people) earned cash by taking part in the construction of the Bambari hospital fence (see *Wounded and sick*), thus supplementing their family's income. Over 3,600 households (18,290 people) owning over 47,300 heads of livestock helped lower the rates of mortality among their cattle after having the animals vaccinated against disease.

People displaced by violence meet their immediate needs

Over 22,000 people – IDPs and members of the communities hosting them, as well as returnees – extended their supply of food with ICRC-distributed rations. Among these IDPs were some 14,360 people who had been displaced for several months

in Bangui. ICRC food distributions in the capital were gradually phased out from April onwards to contribute to support for IDPs returning home, but resumed in November, after more people were internally displaced by the violence in September.

In total, over 2,370 families (11,880 people) rebuilt their homes with ICRC-provided building materials and returned to them after being displaced. Among them, more than 4,000 IDPs (some 800 households) in Bambari and Ouham-Pende also improved their living conditions after being supplied with other household essentials.

To lower the risk of disease among IDPs in Kaga Bandoro and at the airport in Bangui, where the number of IDPs has increased (see above), a waste-collection system was established and sanitation facilities were maintained or repaired. Those in Bambari and Bangui learnt more about hygiene practices through hygiene-promotion activities conducted by National Society volunteers. At all three sites, over 57,000 IDPs had adequate access to water thanks to water-trucking and/or the installation/upgrading of infrastructure undertaken by the ICRC or by the national water board with ICRC support.

Over 626,000 people living in the urban areas of Bangui and Ndélé had a reliable supply of clean water following the donation of water-treatment chemicals and materials/tools for maintaining water systems. In Nana-Grébizi, Bamingui-Bangoran and Vakaga prefectures, more than 11,500 people had access to safe water from upgraded or newly constructed water points. Through training, national water board technicians learnt more about maintaining and managing these water infrastructures. Other activities to increase people's access to water in rural areas, however, were prevented by poor security conditions.

Minors formerly associated with armed groups are reunited with their families

Members of families dispersed by violence, detention or by other circumstances restored contact with one another via short oral messages, RCMs or phone calls facilitated by the regional family-links network maintained by the Central African Red Cross, other National Societies in neighbouring countries, and the ICRC. A total of 40 minors, some of whom were formerly associated with armed groups, were reunited with their families; to ease their reintegration, risk assessments were carried out in their communities and community members informed of the minors' specific vulnerabilities. Sporadic improvements in the security situation allowed the National Societies concerned and the ICRC to facilitate the repatriation of several children from refugee camps in Chad (see *Chad*), enabling them to rejoin their families in the CAR. A vulnerable family in the CAR also reunited with their relatives in Cameroon.

Over 70 National Society volunteers participated in training to make them more capable of providing family-links services, particularly in areas where the ICRC had limited access. National Society volunteers also continued their efforts to recover and facilitate the dignified burial of the remains of those who had died as a result of conflict/violence; in many cases, the National Society returned the remains to the families of the deceased.

PEOPLE DEPRIVED OF THEIR FREEDOM

Authorities allow visits to all detainees within the purview of the ICRC

Discussions with the authorities on its working methods enabled the ICRC to visit, according to its standard procedures, all detainees

within its purview – including those under interrogation. Over 1,000 detainees held by the State or by armed groups received visits. Particular attention was given to vulnerable detainees, such as minors and persons held in relation to the conflict. Authorities received confidential feedback and, as necessary, recommendations.

Through oral and written representations with the authorities concerned, the ICRC brought attention to issues related to the treatment of detainees, including judicial guarantees, and to the State budget for detainees' food and access to health care. Notably, dialogue with the authorities on the vulnerability of minors resulted in the latter being held separately from adults.

Detainees contacted relatives through family-links services; several foreign detainees notified their embassies of their situation via the ICRC.

Detainees are provided with food and basic hygiene items

On the basis of the findings of an ICRC assessment of prison health services, the authorities received donations of medical items for the treatment of detainees. Several wounded detainees received emergency care from ICRC surgical teams after being transferred to a hospital in Bangui.

To supplement government efforts and prevent shortages, over 1,000 detainees received food assistance from the ICRC. One place of detention established a garden to grow vegetables for the consumption of detainees, with ICRC support.

Living conditions for detainees in four places of detention improved following infrastructure upgrades, particularly to water/sanitation systems; a total of 650 detainees received basic hygiene items.

WOUNDED AND SICK

Patients and hospital staff benefit from improved infrastructure

To help ensure prompt treatment/evacuation of the wounded, 749 people, including community members and weapon bearers, learnt first aid during National Society/ICRC training. The National Society drew on ICRC expertise in enhancing its training module.

Over 100 critically injured/ill patients were brought to Bangui – mostly by plane – where they were treated by one of two ICRC surgical teams stationed there. The overall decrease in violence meant that fewer people had to be treated for weapon wounds; in total, 395 surgical procedures on weapon-wounded patients were performed at the ICRC-supported hospitals in Bangui and Kaga Bandoro.

Improvements to water, sanitation and electrical infrastructure at health facilities in Nana Grebizi and Kaga Bandoro helped improve working conditions. Infrastructure upgrades began in Bangui, and hospital authorities received assistance in contingency planning. Staff at these hospitals participated in training sessions to strengthen their patient-management skills; technical support and provision of medical supplies/equipment helped them carry out their tasks. ICRC support to the hospital in Kaga Bandoro, including the assignment of a medical team, was discontinued mid-October because of managerial difficulties.

Staff and patients at the hospitals in Bangui and Kaga Bandoro learnt more about the issues covered by the Health Care in Danger project through briefings from the National Society/ICRC. In Bambari, a fence clearly marked with the emblem was built around

the hospital to increase the protection of those within against armed elements. At a seminar, hospital personnel devised practical measures for enhancing patient and staff safety.

Local NGO strengthens its capacity to produce prostheses/orthoses for disabled people

Disabled people stood to benefit from the ICRC's renovation of a small prosthesis/orthosis workshop run by the Association Nationale de Rééducation et d'Appareillage de Centrafrique, which also received supplies and equipment. A technician working at the facility underwent training at ICRC rehabilitation centres abroad, and seven students studying prosthetics/physiotherapy benefited from ICRC support. Discussions with the authorities continued on the possibility of the ICRC constructing a physical rehabilitation centre.

ACTORS OF INFLUENCE

Government forces and armed groups reinforce their knowledge of IHL and other applicable norms

Dialogue with the authorities, weapon bearers, religious/traditional leaders and community members focused on the humanitarian consequences of the ongoing situation, the importance of protecting the civilian population, and the Movement's role and activities.

During ICRC briefings, sometimes held in coordination with regional and international actors, more than 2,500 soldiers – including those from newly deployed battalions; the police; the *gendarmérie*; and members of armed groups – heightened their awareness of their obligations under IHL and international human rights law, particularly the need to facilitate conflict/violence-affected people's safe access to medical/humanitarian aid. A representative of the army attended a workshop abroad on the rules governing military operations (see *International law and policy*). Multinational and local defence forces, and armed groups, received regular updates on humanitarian concerns and ICRC activities.

Local journalists hone their ability to report on the plight of conflict/violence-affected people

Through information sessions and discussions, nearly 3,000 people from major districts, youth organizations and women's associations, as well as students and community and religious leaders, learnt more about their roles in contributing to the protection of conflict/violence-affected people and to the safety of humanitarian personnel; such initiatives aimed to facilitate the provision of health-care services and the Movement's access to violence-stricken communities. Diplomats and representatives of international organizations stayed abreast of the humanitarian situation through bilateral talks or during coordination meetings.

National and international media reported on the humanitarian situation in the country, following information sessions, briefings and interviews with ICRC delegates. Following their participation in ICRC-organized seminars and briefings, 130 local journalists were better equipped to report on the issues faced by conflict/violence-affected people and knew more about the protection afforded to them by IHL during armed conflict.

RED CROSS AND RED CRESCENT MOVEMENT

The Central African Red Cross maintained its partnership with the ICRC in the areas of restoring family links, distributing relief, promoting hygiene practices and fostering respect for IHL (see above). With ICRC support, the National Society continued to assist the government in evacuating casualties and managing human remains.

Through ICRC technical/financial/material support, which included equipping and training response teams, 27 branches of the National Society enhanced their emergency response capacities, particularly in preparation for the elections, and coordination with Movement partners; however, the implementation of these activities and those related to the Safer Access Framework was limited because of National Society administrative issues.

The National Society worked towards management reforms and the revision of its strategic plan, in cooperation with the ICRC and other Movement partners, but these were delayed due to the elections and the outbreaks of violence during the latter part of the year. The National Society's participation in a regional workshop on the Fundamental Principles and the Movement, an annual National Society legal advisors meeting and Movement statutory meetings received financial assistance from the ICRC.

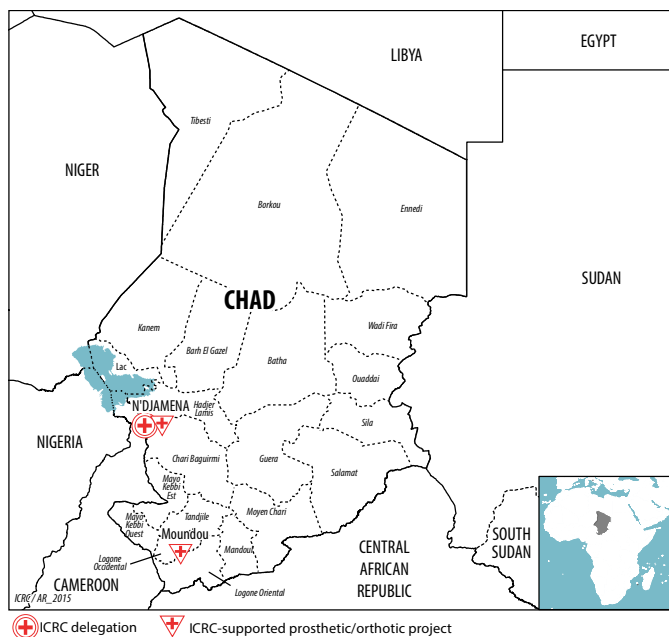
Movement components in the CAR met regularly to coordinate their activities, thereby avoiding duplication of effort and maximizing impact.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
Red Cross messages (RCMs)			UAMs/SC*		
RCMs collected	554	41			
RCMs distributed	341	16			
Phone calls facilitated between family members	1,036				
Reunifications, transfers and repatriations					
People reunited with their families	47				
<i>including people registered by another delegation</i>	18				
People transferred/repatriated	6				
Tracing requests, including cases of missing persons		Women	Girls	Boys	
People for whom a tracing request was newly registered	1,746	376	343	214	
<i>including people for whom tracing requests were registered by another delegation</i>	957				
People located (tracing cases closed positively)	578				
<i>including people for whom tracing requests were registered by another delegation</i>	453				
Tracing cases still being handled at the end of the reporting period (people)	2,835	660	509	371	
<i>including people for whom tracing requests were registered by another delegation</i>	1,896				
UAMs/SC*, including demobilized child soldiers		Girls		Demobilized children	
UAMs/SC newly registered by the ICRC/National Society	61	15		33	
UAMs/SC reunited with their families by the ICRC/National Society	40	21		19	
<i>including UAMs/SC registered by another delegation</i>	17				
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	88	32		24	
Documents					
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits		Women	Minors		
Detainees visited	1,055	38	47		
		Women	Girls	Boys	
Detainees visited and monitored individually	105	3		16	
Detainees newly registered	75	3		15	
Number of visits carried out	50				
Number of places of detention visited	16				
Restoring family links					
RCMs collected	33				
RCMs distributed	6				
Phone calls made to families to inform them of the whereabouts of a detained relative	48				

*Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE			Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)					
Economic security (in some cases provided within a protection or cooperation programme)					
Food commodities	Beneficiaries		60,379	21%	60%
	<i>of whom IDPs</i>	Beneficiaries	29,793		
Essential household items	Beneficiaries		11,880	20%	55%
	<i>of whom IDPs</i>	Beneficiaries	4,090		
Productive inputs	Beneficiaries		73,956	25%	54%
	<i>of whom IDPs</i>	Beneficiaries	377		
Cash	Beneficiaries		10,932	74%	13%
	<i>of whom IDPs</i>	Beneficiaries	1,019		
Water and habitat (in some cases provided within a protection or cooperation programme)					
Water and habitat activities	Beneficiaries		708,369	50%	40%
	<i>of whom IDPs</i>	Beneficiaries	65,470		
Health					
Health centres supported	Structures		6		
Average catchment population			27,959		
Consultations	Patients		35,789		
	<i>of which curative</i>	Patients		12,682	16,822
	<i>of which ante/post-natal</i>	Patients		3,277	
Immunizations	Doses		27,449		
Referrals to a second level of care	Patients		491		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
Economic security (in some cases provided within a protection programme)					
Food commodities	Beneficiaries		1,021		
Essential household items	Beneficiaries		650		
Water and habitat (in some cases provided within a protection or cooperation programme)					
Water and habitat activities	Beneficiaries		854		
Health					
WOUNDED AND SICK					
Hospitals					
Hospitals supported	Structures		2		
	<i>of which provided data</i>	Structures	2		
Admissions	Patients		3,401	1,187	917
	<i>of which weapon-wounded</i>	Patients	395	52	17
	<i>(including by mines or explosive remnants of war)</i>	Patients	18		
	<i>of which other surgical cases</i>	Patients	1,107		
	<i>of which internal medicine and paediatric cases</i>	Patients	1,349		
	<i>of which gynaecological/obstetric cases</i>	Patients	550		
Operations performed			1,424		
Outpatient consultations	Patients		13,286		
	<i>of which surgical</i>	Patients	6,213		
	<i>of which internal medicine and paediatric</i>	Patients	6,082		
	<i>of which gynaecological/obstetric</i>	Patients	991		
Water and habitat					
Water and habitat activities	Number of beds		320		
Physical rehabilitation					
Projects supported	Structures		1		

CHAD



The ICRC has operated in Chad since 1978. It focuses mainly on following up on the treatment and living conditions of detainees and restoring links between separated family members, most of whom are refugees from neighbouring countries. It continues supporting rehabilitation services for amputees countrywide, while pursuing longstanding programmes to promote IHL among the authorities, armed forces and civil society. The ICRC supports the Red Cross of Chad.

YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2015

- ▶ Malnourished and sick inmates recovered their health with ICRC therapeutic food/supplements and treatment. Some prison infirmaries continued to function as the ICRC supplied them with medicine/equipment.
- ▶ IDPs, refugees and returnees restored/maintained contact with relatives through the Movement's family-links services. Some of them also received household essentials after their displacement.
- ▶ Local parties concerned and international experts drafted a national plan to address the physical rehabilitation needs of the country as the ICRC prepared to progressively phase out its support for the sector.
- ▶ IHL focal points appointed by the armed forces, and supported by the ICRC, helped organize IHL dissemination sessions for troops, with a view to advancing the incorporation of IHL in military training.
- ▶ Despite various internal problems, the Red Cross of Chad, with ICRC support, strengthened its capacities in emergency response, first aid, restoration of family links and communication.

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	677
RCMs distributed	389
Phone calls facilitated between family members	15,200
People located (tracing cases closed positively)	99
People reunited with their families	21
of whom unaccompanied minors/separated children	21
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	6,295
Detainees visited and monitored individually	314
Number of visits carried out	67
Number of places of detention visited	14
Restoring family links	
RCMs collected	309
RCMs distributed	201
Phone calls made to families to inform them of the whereabouts of a detained relative	735

EXPENDITURE IN KCHF

Protection	1,508
Assistance	2,083
Prevention	1,062
Cooperation with National Societies	836
General	24
Total	5,513
Of which: Overheads	336

IMPLEMENTATION RATE

Expenditure/yearly budget	82%
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PERSONNEL

Mobile staff	12
Resident staff (daily workers not included)	56

ASSISTANCE	2015 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Essential household items	Beneficiaries	16,092
WOUNDED AND SICK		
Physical rehabilitation		
Projects supported	Structures	2
Patients receiving services	Patients	5,224

CONTEXT

Conflict in the Lake Chad region – comprising Cameroon, Chad, Niger and Nigeria – prompted Chad, along with its neighbours, to send troops to combat the Nigeria-based armed group that calls itself Islamic State's West Africa Province, also known as Jama'atu Ahlis Sunna Lidda'awati wal-Jihad or Boko Haram (see *African Union*). Regular incursions of this armed group into Chadian territory led to the displacement of people. The Lake Chad conflict, as well as the situation in the Central African Republic (hereafter CAR) and in Sudan's Darfur region, brought refugees into various parts of Chad. These influxes of people strained already-scarce resources and services. In an effort to prevent armed groups from entering the country, Chad intermittently closed its borders with the CAR and Nigeria.

N'Djamena, the capital of Chad, was chosen to host the headquarters of the multinational force responding to the Lake Chad conflict; it also remained the headquarters of Barkhane, a French military force tasked with counter-terrorism operations in the Sahel region. Chadian troops remained in Mali. The joint Chadian/Sudanese forces continued to be stationed along their common border.

Occasional incidents of communal violence, banditry and social unrest over economic/political frustrations persisted. Mines and explosive remnants of war (ERW) continued to endanger the population in the sparsely populated north and, to a diminishing extent, the east.

ICRC ACTION AND RESULTS

In 2015, the ICRC responded to some of the humanitarian needs of IDPs in Chad, and of refugees and returnees from the CAR and Nigeria. The situation in the Lake Chad region called for a budget extension (see also *Niger, Nigeria* and *Yaoundé*), which was used primarily to bolster the Movement's family-links services and emergency preparedness.

ICRC delegates visited detainees to monitor their treatment and living conditions, including their nutrition and health, and to provide family-links services. Health representatives and prison management authorities participated in justice ministry/ICRC-organized workshops on food-supply management and health in detention. The ICRC provided therapeutic food/supplements for malnourished detainees. Detainees also benefited from reduced health-related risks through hygiene kits and infrastructure projects. The ICRC supplied some prison infirmaries with medicines and equipment, which helped them continue to function. During an event organized by the justice ministry/ICRC on the state of Chadian prisons, parliamentarians were encouraged to increase the budgetary allocation for prisons and to adopt the revised penal code, which contained provisions for suppressing violations of IHL.

The ICRC continued to process tracing requests and to register separated children for reunification with their families in Chad, the CAR, Nigeria and elsewhere. Together with the Red Cross of Chad, the ICRC helped IDPs, refugees and returnees maintain/restore contact with relatives through RCMs and telephone calls. The suspension of ICRC activities in Sudan in 2014, and the slow pace of re-establishing them (see *Sudan*), however, limited ICRC family-links services for Sudanese refugees from Darfur despite persisting needs. Some vulnerable families – most of them

people displaced by the Lake Chad conflict or returnees from the CAR – coped with the help of National Society/ICRC-distributed household essentials.

During emergencies, the ICRC supplied hospitals with medical kits for treating weapon-wounded people. The ICRC continued to help build local capacities and promoted efforts to address physical rehabilitation needs in the country as it prepared to progressively phase out its assistance to the sector. While encouraging the health and social affairs ministries to increase investment in physical rehabilitation services, the ICRC continued to support two physical rehabilitation centres by supplying them with prosthetic/orthotic components to benefit, primarily, people affected by the consequences of past conflicts. Training for staff, including courses abroad, helped to improve the quality of services at the centres. One centre, however, did not respond to the ICRC's offers to initiate a process to help them build greater financial and organizational autonomy.

The ICRC maintained its dialogue with all actors of influence, in order to foster respect for humanitarian principles and to facilitate the Movement's activities. The focus of discussions with the authorities and armed/security forces – including the multinational and French military forces – remained on the protection of people not/no longer taking part in hostilities and compliance with IHL/other applicable norms. Troops stationed along the borders with the CAR and Nigeria, and those bound for peacekeeping missions in Mali, attended IHL sessions conducted by the ICRC.

Discussions between the high military command and the ICRC paved the way for the creation of a permanent training structure in the country's military zones: six IHL focal points were selected and, with ICRC support, they organized IHL dissemination sessions for troops in southern Chad. Chad ratified the Arms Trade Treaty, with ICRC encouragement.

Despite facing internal management problems, the National Society provided assistance to people in need. With the Movement's support, it bolstered its capacities in emergency response, first aid, restoration of family links, and communication. Movement partners met regularly to coordinate activities and avoid duplication of effort.

CIVILIANS

The ICRC monitored the situation of IDPs, returnees and refugees who had fled the conflict in the Lake Chad region, and of people who had fled violence in other neighbouring countries, such as the CAR and Sudan (see *Context*). Issues of humanitarian concern – such as those concerning the conduct of hostilities or those applicable to arrests and detention – were raised with the authorities and weapon bearers through confidential representations. These served as formal reminders to them to respect IHL/other applicable norms, particularly the protection due to people not/no longer taking part in hostilities.

Separated family members restore/maintain contact through Movement family-links services

The Red Cross of Chad sought to respond more effectively to the conflict in the Lake Chad region. To that end, it strengthened its family-links and emergency response capacities with material, financial, infrastructural and technical support and training from the ICRC and other Movement partners (see also *Red Cross and Red Crescent Movement*).

People who fled northern Cameroon, southern Niger and Nigeria – some of whom were unaccompanied/separated minors – restored/maintained contact with their relatives at a family-links site established by the National Society/ICRC in the main refugee camp on the Chadian shore of Lake Chad. Refugees from the CAR continued to access similar services at the five sites run by the National Society/ICRC at refugee and returnee camps in the south and in N'Djamena. Family-links services for Sudanese refugees from Darfur resumed at the start of the year, though at a slow pace due to the ICRC's limited activities in Sudan, despite persisting needs.

People separated from their families – some of whom were unaccompanied minors – restored/maintained contact with their relatives through phone calls or RCMs. Over 900 tracing requests were being processed at the end of the reporting period, and 99 were closed positively. Nearly 430 separated children, including some formerly associated with armed groups, who had been reunited with their families in previous years – in Chad and elsewhere – received follow-up visits from the ICRC, sometimes in coordination with other parties concerned. Twenty-one separated children were reunited with their families in the CAR, Cameroon, Nigeria and Senegal; some repatriations were put on hold owing to uncertain security conditions in the CAR and Cameroon (see *Context*).

Conflicted-affected and other vulnerable persons benefit from ICRC material assistance

Over 3,210 households (more than 16,000 people) – consisting mainly of people displaced by the Lake Chad conflict, returnees from the CAR, and some fire-affected households in the Lake Chad and Chari Bagirmi regions – improved their living conditions with the help of essential household items distributed by the National Society/ICRC.

The delegation conducted an evaluation to assess the food production and livelihood needs of people affected by the Lake Chad conflict; the activities planned on the basis of its findings, for restoring conflict-affected people's economic security, were set to be carried out in 2016.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees receive ICRC visits and have their treatment/living conditions monitored

As the conflict in the Lake Chad region intensified, more people were arrested; this put additional pressure on the detention system and affected the living conditions of inmates.

Nearly 6,300 detainees in 14 places of detention received ICRC visits, conducted in accordance with the ICRC's standard procedures. They included people associated with the armed group that calls itself the Islamic State's West Africa Province. Particular attention was paid to detainees with specific needs, including women, minors, foreigners and people held for security reasons. ICRC delegates monitored detainees' treatment, including respect for their judicial guarantees, and their living conditions. Findings from these visits, and recommendations if any, were later discussed confidentially with the pertinent authorities. These discussions also covered detainees' access to health care and clean water, and their nutrition. Parliamentarians participated in a justice ministry/ICRC-organized event, at which they discussed the need to increase prison budgets and adopt judicial/penitentiary reforms (see *Actors of influence*).

Detainees also maintained/restored contact with their relatives via the Movement's family-links services. Other families learnt the

whereabouts of their detained relatives. At the request of foreign inmates, the ICRC notified their consulates/embassies and/or UNHCR of their detention.

Malnourished detainees recover their health through appropriate support

Changes in the justice ministry and prison administration delayed the implementation of an action plan, which was drafted in 2014 by the finance, health and justice ministries to improve food-supply management. During workshops organized jointly with the justice ministry, representatives of the ministries involved and prison administration officials fine-tuned the proposed plan to include activities for tackling malnutrition and health-care needs in prisons.

The ICRC monitored the nutrition of detainees in five prisons, including those held in the remote Koro Toro high-security prison. Nearly 1,900 malnourished detainees in five prisons recovered their health with the help of ICRC-provided therapeutic food and supplements, as well as monthly visits from ICRC health teams who further responded to their medical needs. During these visits, prison staff received training, which strengthened their ability to manage food stocks and provide basic medical assistance to detainees. These five prisons' infirmaries remained functional with the help of ICRC-supplied medicines and equipment. Hospitals that served as referral centres for detainees also received donations of drugs.

Detainees reduce their exposure to health risks through improved living conditions

A few thousand detainees, as well as prison staff, reduced their exposure to health risks after receiving hygiene items and attending hygiene-promotion sessions. Some 2,800 detainees in three prisons benefited from the completion of infrastructure projects, such as rehabilitation of kitchens, storage rooms, wells and water pumps; other construction/repair projects were ongoing at the end of the reporting period.

WOUNDED AND SICK

Local/international stakeholders draft a national plan to strengthen the physical rehabilitation sector

During emergencies, the ICRC provided medical kits to two hospitals – in Bagasola and N'Djamena – to help them cope with the influx of patients. Thus, weapon-wounded people – casualties of armed groups' incursions in the Lake Chad region and of attacks in the capital – received suitable medical treatment.

A total of 5,224 disabled persons, including mine/ERW victims, were treated free of charge at two ICRC-supported physical rehabilitation centres – in N'Djamena and Moundou. Most of these people were disabled as a consequence of past conflicts and had received treatment at these centres before. They improved their mobility with the help of wheelchairs, crutches, canes and prosthetic/orthotic devices made from ICRC-supplied components. The centres' staff enhanced the quality of their services through training sessions. A physiotherapist and a technician attended courses in Benin and Togo, respectively, with ICRC support, which enabled them to upgrade their qualifications and better assist their patients. One centre in N'Djamena did not respond to the ICRC's offers to help it become more independent, financially and administratively. Plans to establish a national reference centre for physiotherapy remained under discussion.

In parallel to such support, the ICRC continued to encourage the health and social affairs ministries to increase their investment in

physical rehabilitation services. During an ICRC workshop, local stakeholders and international experts produced a draft of a national plan aimed at addressing the physical rehabilitation needs in the country; this draft awaited the approval of the health ministry.

With ICRC support, stakeholders in the disability sector, including officials from pertinent ministries, participated in a management seminar abroad. Local stakeholders, with ICRC support, developed their ability to address the physical rehabilitation needs in Chad; this came as part of the ICRC's efforts to gradually hand over responsibility to the ministries concerned and to ensure the continuity of assistance for the local population.

ACTORS OF INFLUENCE

Newly appointed military focal points help to organize IHL sessions for troops

Given the situation in neighbouring countries and their spill over consequences in Chad (see *Context*), as well as Chad's political and military influence in the region, the ICRC maintained dialogue with the authorities, armed/security forces – including members of the multinational force and Barkhane – and key members of civil society, as it helped to foster respect for IHL/other applicable norms and humanitarian principles, and facilitate Movement activities.

During ICRC briefings, security forces, including some personnel from the presidential guard, learnt about IHL and/or international human rights law applicable to the use of force and law enforcement, including arrests and interrogation. Over 1,280 Chadian officers – including troops based on the borders with the CAR and Nigeria and 750 others to be deployed to Mali on peacekeeping missions – learnt about IHL/other applicable norms.

A total of 28 army officers strengthened their ability to teach IHL at an ICRC training session; one high-ranking officer participated in a workshop abroad on rules governing military operations (see *International law and policy*).

Following dialogue with the high military command, six IHL focal points – one at national level, five at regional level – were selected to form part of a permanent structure for incorporating IHL in military training. While awaiting official confirmation of their appointment, these focal points helped organize, in cooperation with the ICRC, IHL dissemination sessions for troops in the south of the country.

Members of civil society further their understanding of IHL and the Movement

Two journalists learnt more about IHL and their roles and responsibilities in reporting about armed conflict during regional workshops organized by the ICRC in Senegal (see *Dakar*). Press releases, interviews, reference materials and updated information on the ICRC and family-links websites helped stimulate the interest of the general public in humanitarian affairs. Events organized jointly with the National Society to mark World Red Cross and Red Crescent Day (8 May), and radio spots on the Fundamental Principles, also helped promote the Movement.

Members of the media, civil society organizations and religious leaders attended dissemination sessions/workshops that sought to increase acceptance for the National Society and the ICRC. The subjects covered at these events included: the proper use of the emblems protected under IHL; the points of correspondence between IHL and Islamic law; the protection of journalists, and of detainees, during armed conflict; and compliance with IHL.

A university lecturer attended a regional conference where he strengthened his grasp of the similarities between Islam and IHL. With ICRC financial support, law students increased their understanding of and stimulated their interest in IHL, for example, through their participation in a regional moot court competition.

Chad ratifies the Arms Trade Treaty

Parliamentarians attended an information-sharing event on the state of prisons in Chad, organized by the justice ministry and the ICRC; the event sought to raise awareness among them of the need to increase the budget for the prison administration and to adopt a revised penal code containing provisions for suppressing violations of IHL. At an ICRC workshop, parliamentarians learnt more about the implementation of IHL and their role in it.

The authorities received ICRC encouragement to accede to or ratify weapon-related treaties, and to adopt legislation on the rights of disabled people and on the emblems protected under IHL. Chad ratified the Arms Trade Treaty.

RED CROSS AND RED CRESCENT MOVEMENT

The National Society strengthens its ability to meet conflict-affected people's needs

The National Society bolstered its managerial and operational capacities – particularly in emergency response, first aid, restoration of family links and communication – with financial, material, technical and training support from the ICRC and other Movement partners. Despite internal problems, the National Society responded to the needs of people displaced by violence in the Lake Chad region (see *Civilians*), and remained an important partner for the authorities and aid agencies in delivering humanitarian assistance, particularly along the CAR-Chad border. The ICRC construction of a regional office in Pala, on the Chad-Cameroon border, helped facilitate the National Society's activities.

With ICRC support, the National Society evaluated and coordinated its first-aid/road-safety project in five regions. ICRC-trained volunteers, equipped with first-aid kits, tended to road-accident victims and casualties of conflict/other violence. In northern Chad, the National Society, with ICRC support, continued its fumigation campaign against scorpions – a major problem in the region.

Movement partners met regularly to coordinate their activities and avoid duplication of effort.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)		UAMs/SC*		
RCMs collected	677	323		
RCMs distributed	389	166		
Phone calls facilitated between family members	15,200			
Reunifications, transfers and repatriations				
People reunited with their families	21			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	294	72	54	51
<i>including people for whom tracing requests were registered by another delegation</i>	214			
People located (tracing cases closed positively)	99			
<i>including people for whom tracing requests were registered by another delegation</i>	61			
Tracing cases still being handled at the end of the reporting period (people)	938	200	172	145
<i>including people for whom tracing requests were registered by another delegation</i>	703			
UAMs/SC*, including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	130	52		
UAMs/SC reunited with their families by the ICRC/National Society	21	12		2
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	267	94		3
Documents				
Official documents relayed between family members across borders/front lines	2			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits		Women	Minors	
Detainees visited	6,295	123	161	
		Women	Girls	Boys
Detainees visited and monitored individually	314	8	2	11
Detainees newly registered	264	8	2	7
Number of visits carried out	67			
Number of places of detention visited	14			
Restoring family links				
RCMs collected	309			
RCMs distributed	201			
Phone calls made to families to inform them of the whereabouts of a detained relative	735			
People to whom a detention attestation was issued	1			

*Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Essential household items	Beneficiaries	16,092	27%	30%
<i>of whom IDPs</i>	Beneficiaries	10,000		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	7,397		
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	2,814		
Health				
Number of visits carried out by health staff		7		
Number of places of detention visited by health staff		7		
Number of health facilities supported in places of detention visited by health staff		5		
WOUNDED AND SICK				
Physical rehabilitation				
Projects supported	Structures	2		
Patients receiving services	Patients	5,224	1,096	1,916
New patients fitted with prostheses	Patients	112	21	2
Prostheses delivered	Units	349	55	19
<i>of which for victims of mines or explosive remnants of war</i>	Units	131		
New patients fitted with orthoses	Patients	203	29	120
Orthoses delivered	Units	453	66	276
<i>of which for victims of mines or explosive remnants of war</i>	Units	1		
Patients receiving physiotherapy	Patients	4,007	892	1,433
Crutches delivered	Units	1,040		
Wheelchairs delivered	Units	21		

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YEARLY RESULTS

HIGH

Total

Restoring family links

RCMs collected	50,939
RCMs distributed	41,178
Phone calls facilitated between family members	990
People located (tracing cases closed positively)	425
People reunited with their families	800
<i>of whom unaccompanied minors/separated children</i>	759

ICRC visits

Detainees visited	20,747
Detainees visited and monitored individually	2,001
Number of visits carried out	282
Number of places of detention visited	47

Restoring family links

RCMs collected	2,097
RCMs distributed	1,236
Phone calls made to families to inform them of the whereabouts of a detained relative	33

2015 Targets (up to)

Achieved

CIVILIANS (residents, IDPs, returnees, etc.)

Economic security (in some cases provided within a protection or cooperation programme)			
Food commodities	Beneficiaries	90,700	74,404
Essential household items	Beneficiaries	100,800	94,072
Productive inputs	Beneficiaries	120,000	218,305
Cash	Beneficiaries	25,100	15,840
Vouchers	Beneficiaries	40,000	8,920
Services and training	Beneficiaries		7,325

Water and habitat

Water and habitat activities	Beneficiaries	870,000	223,318
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Health

Health centres supported	Structures	15	16
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WOUNDED AND SICK

Hospitals

Hospitals supported	Structures	5	39
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Water and habitat

Water and habitat activities	Number of beds	900	629
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Physical rehabilitation

Projects supported	Structures	3	5
Patients receiving services	Patients	1,000	1,055

- ▶ As allegations of abuse remained unabated, weapon bearers were reminded of the protection afforded to civilians, including people providing/seeking medical care, with a view to preventing further abuses.
- ▶ People obtained appropriate medical care as the ICRC supported the casualty care chain. Weapon-wounded patients received life-saving surgical treatment from ICRC/ICRC-supported teams in two hospitals.
- ▶ Victims of sexual violence and conflict-related trauma received psychosocial care. Some started small businesses with British Red Cross/ICRC financial assistance, which helped ease their social reintegration.
- ▶ Thousands of IDPs/returnees met their basic needs via distributions of food/household essentials. Others earned money through livelihood initiatives undertaken using ICRC-supplied seed, tools and fishing kits.
- ▶ Separated children, many formerly associated with weapon bearers, were reunited with their families in the country and abroad; they received material support to ease their return to their families/communities.
- ▶ Acutely malnourished detainees recovered their health through ICRC medical/nutritional support; discussions with the pertinent authorities on the timely release of prison food budgets continued.

Protection	15,454
Assistance	38,203
Prevention	4,726
Cooperation with National Societies	2,168
General	215
Total	60,766
<i>Of which: Overheads</i>	3,658

Expenditure/yearly budget	96%
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Mobile staff	109
Resident staff (daily workers not included)	739

CONTEXT

The armed forces of the Democratic Republic of the Congo (hereafter DRC), backed by the UN Organization Stabilization Mission in the DRC (MONUSCO), were engaged in military operations against several armed groups. The fragmentation and proliferation of armed groups, fighting among them, and ethnic violence continued, notably in the eastern provinces of North and South Kivu, and the former provinces of Katanga and Province Orientale (see below). This situation led to casualties, displacement, the destruction of livelihood/property and other abuses against civilians.

The implementation of two demobilization processes – a national process for members of armed groups, and another, managed by MONUSCO, for foreign combatants – continued at a slow pace.

Congolese migrants continued to return from neighbouring countries. People fleeing Burundi, the Central African Republic (hereafter CAR) and South Sudan continued to arrive, reportedly bringing the number of refugees in the DRC to almost 250,000 people. This influx of people put already-scarce local resources under further strain.

Political unrest linked to the upcoming elections was a source of sporadic instability – for example, following the redrawing of provincial boundaries in June.

ICRC ACTION AND RESULTS

In 2015, the ICRC pursued efforts to ensure protection for civilians and medical personnel/facilities, and to secure access to conflict-affected people, through regular dialogue at all levels with parties to the conflict. Dissemination sessions/workshops, sometimes combined with first-aid training, reinforced respect for IHL and humanitarian principles among weapon bearers. The ICRC increased contact with other influential groups – including religious/traditional leaders, members of the academe and the media – and the general public, in order to broaden acceptance for neutral, impartial and independent humanitarian action.

Conflict-affected people in North and South Kivu received suitable medical treatment as the ICRC supported the casualty care chain with medicines, equipment and staff training. Civilians obtained good-quality services at ICRC-supported primary health-care facilities; those in need of further treatment were referred to higher-level care. People also received improved services at ICRC-constructed/repared health facilities, including counselling centres where victims of sexual violence and other conflict-related trauma received psychosocial care and medical treatment. The ICRC also evacuated weapon-wounded people. Some of them were treated by the ICRC surgical team at the hospital in Goma, and others by an ICRC-supported team of local surgeons who, starting in July, took charge of surgical care for the weapon-wounded in Bukavu. At ICRC-supported physical rehabilitation centres, people disabled as a result of armed conflict were fitted with prosthetic/orthotic devices and underwent physiotherapy, thus restoring/improving their mobility. Training/on-the-job coaching for local specialists, and other ICRC-organized/co-organized events, sought to ensure the sustainability of the physical rehabilitation sector in the DRC.

Some IDPs and returnees affected by the ongoing violence coped with their situation with the help of emergency relief items provided by the Red Cross Society of the DRC/ICRC; others benefited from the installation of sanitation facilities, including showers and

latrines. Farming and fishing households earned money by participating in community-based, livelihood-support projects. In South Kivu, destitute victims of sexual violence and other vulnerable people benefited from British Red Cross/ICRC financial assistance, which helped increase their economic security and facilitated their social reintegration. The construction/repair of local water systems in the Kivu provinces and the former province of Katanga improved access to clean water for both residents and IDPs.

ICRC delegates visited detainees to monitor their treatment and living conditions, and confidentially shared their findings and recommendations with the authorities. Discussions on the timely release of money allocated for prison food budgets continued; prison authorities took or began to take greater responsibility for ensuring that inmates received adequate sustenance. Acutely malnourished detainees were given ready-to-eat therapeutic food to help them recover their health. In a number of prisons, detainees' living conditions, including their access to basic health care, improved following ICRC-material/technical support for dispensaries, distributions of hygiene items and the construction/repair of prison infrastructure.

Detainees, CAR and Burundian refugees, and others separated from their families by armed conflict, re-established/maintained contact with their relatives through National Society/ICRC family-links services. Separated children, including some formerly associated with weapon bearers, rejoined their families in the DRC or abroad; they received support for settling back into their communities and participated in recreational/vocational activities aimed at preventing future recruitment.

The National Society, a key ICRC partner, received ICRC support to better assist conflict/violence-affected people, including those affected by electoral tensions. Notably, it received financial, material and technical support to help enhance its first-aid/emergency response, family-links, human remains management and communication capacities. Regular contact with Movement partners, the authorities and humanitarian organizations ensured coordination of activities.

CIVILIANS

Conflict-affected civilians approached the ICRC with reports of abuses committed by weapon bearers, including sexual violence, child recruitment and attacks against medical staff/facilities, which impeded access to health care. These allegations formed the basis of written and oral representations to weapon bearers and other parties to the conflict, reminding them of the protection afforded by IHL to civilians, including those seeking/providing medical care, with a view to preventing further abuses.

Separated children, including those formerly associated with weapon bearers, rejoin their families

People dispersed by conflict/other violence, including CAR and Burundian refugees, restored/maintained contact with their relatives through National Society/ICRC family-links services. National Society volunteers received training in the provision of family-links services during emergencies, which helped them assist Burundian refugees in Uvira, South Kivu. Five provincial tracing coordinators participated in a National Society/ICRC training course, supplemented by on-the-job coaching.

In total, 759 separated children, of whom 439 were formerly associated with weapon bearers, rejoined their families within the country or abroad. To help them readjust to civilian life: some

700 children who returned to their homes in the DRC received food; over 300 received hygiene kits; and over 340 undertook vocational activities, using ICRC-provided materials. The families concerned also received follow-up visits to monitor the children's welfare.

ICRC-registered children waiting to rejoin their families were cared for by foster families or staff at transitional centres, who were briefed on the children's background/specific needs. Regular ICRC visits, along with repairs to facilities at four transitional centres, helped ensure the children's well-being. Over 1,100 children participated in National Society/ICRC awareness-raising sessions, during which they and other community members discussed the possible risks they faced upon returning home. In 10 villages in the Kivu provinces, community-based initiatives fostered the children's reintegration in their families/communities and helped prevent re-recruitment; these initiatives included recreational activities for thousands of children and local apprenticeship programmes, which helped some children acquire employable skills.

Victims of sexual violence receive psychosocial support

On average, some 150,000 people had access to primary health care at 16 centres regularly supported by the ICRC with drugs/medical supplies, staff training and infrastructural upgrades. At these centres: over 38,100 vaccinations were performed – most of which were for children – as part of an ICRC-supported national immunization programme; around 12,000 women had ante/post-natal consultations; 2,160 patients in need of further treatment were referred to higher-level care; and destitute patients were treated free of charge. Donations of medical supplies helped 16 other primary health centres meet emergency needs, such as during influxes of IDPs or instances of looting. The ICRC also provided support for vaccination campaigns, for example against a polio outbreak in North Kivu.

Some 3,100 victims of sexual violence, and 1,000 other people suffering from conflict-related trauma, received psychosocial care at 26 ICRC-supported counselling centres, six of which had been newly constructed/repared by the ICRC. Those in need of medical treatment were referred to ICRC-supported health facilities nearby. Community members learnt about the centres and the need for prompt post-exposure prophylactic treatment within 72 hours of being raped through awareness-raising sessions that also aimed to prevent stigmatization linked to sexual abuse; some victims of sexual violence received financial assistance (see below).

IDPs/returnees cover their needs with emergency assistance

More than 74,400 civilians (some 14,600 households), including IDPs and returnees, affected by clashes in the Kivu provinces met their emergency needs through food assistance; some 20,300 households (benefiting nearly 102,600 people) in the Kivu provinces, and in the former province of Katanga, received household essentials, in kind or through vouchers, distributed by National Society/ICRC teams in coordination with authorities/other organizations.

Some 218,300 IDPs, returnees, members of host families and economically vulnerable residents (some 43,600 households) generated income through agricultural or fish-farming activities with the help of ICRC-provided disease-resistant cassava cuttings, improved staple crop/vegetable seed, tools or fishing kits. Support for the daily follow-up and training of some 1,460 heads of households (benefiting some 7,300 people) by local workers, and the involvement of 132 local associations/State agencies, helped ensure the sustainability of these activities.

One hundred victims of sexual violence and other economically vulnerable people in South Kivu received financial assistance in the form of vouchers from the British Red Cross/ICRC. Many of them used these to generate income, notably by investing in small businesses – for example, the wholesale purchase and sale of goods or livestock – which also facilitated their reintegration into society.

Communities have better access to water and help maintain the new infrastructure

Over 223,000 people, including IDPs, had better access to safe drinking water after water-supply systems were constructed/repared in rural areas of the Kivu provinces and former Katanga. Beneficiary communities identified their water needs and formed committees for maintaining the infrastructure, thus increasing local ownership. Some 10,600 other people in North Kivu and 1,000 people in former Province Orientale benefited from water projects (spring catchments) completed by the National Society with ICRC support. Other projects, including the installation of hand-pumps in rural areas, continued; in urban areas, plans for constructing/repairing water systems were delayed or cancelled after their feasibility was evaluated. In the ex-province of Katanga, people had better access to basic services after the ICRC constructed two bridges.

Nearly 15,500 people – Burundian refugees in Uvira and people affected by clashes in former Katanga and North Kivu – maintained sanitary living conditions through the installation of latrines and showers, and other emergency assistance.

PEOPLE DEPRIVED OF THEIR FREEDOM

Over 20,700 detainees received ICRC visits, conducted according to the organization's standard procedures, to monitor their treatment and living conditions. Security detainees and other vulnerable inmates were monitored individually. After these visits, the authorities concerned received confidential feedback and recommendations. The judicial authorities acted on individual cases brought up by the ICRC, contributing to the release of 358 inmates, including those whose pre-trial detention had exceeded the legal limit. The authorities concerned received input from ICRC experts in drafting a law on prison reform that complied with international standards while taking into account the realities of the country's prison infrastructure.

Detainees communicated with their relatives using RCMs. Following their release, 36 former inmates returned home with ICRC financial assistance.

Detainees reduce their exposure to health hazards thanks to upgraded prison facilities

The working group in charge of implementing the legal framework for a national policy of incorporating prison health care in civilian health services was reactivated; with ICRC support, it organized a workshop that aimed to define prison health standards nationwide.

Some 16,000 inmates in 10 prisons had access to good-quality health care thanks to regular ICRC material/technical support for health services/facilities, including dispensaries. The ICRC provided ad hoc support during emergencies: for example, after a prison riot, injured inmates were taken to a civilian hospital, where they were treated using ICRC-donated medical supplies (see *Wounded and sick*).

Over 21,000 detainees improved their hygiene thanks to ICRC donations of soap/cleaning items, often distributed after health/

hygiene-awareness sessions. Some 5,100 inmates in 11 prisons had better access to clean water and/or were less exposed to health hazards, including cholera, after repairs to kitchen, sanitation and water infrastructure. Detained minors benefited from ICRC-donated recreational materials.

Malnourished detainees recover their health with therapeutic food/supplementary rations

Dialogue with prison authorities on ensuring the timely release of money allocated for prison food budgets continued. The ICRC supported detainees' access to sufficient quantities of food. When necessary, it initiated emergency assistance: thus over 4,000 detainees received daily rations to meet their nutritional needs.

Over 1,780 acutely malnourished inmates in 10 facilities received ready-to-eat therapeutic food and supplementary rations. Through close and regular monitoring of these detainees' nutrition, and better supervision of the food chain, the ICRC was able to track their progress; it also increased its understanding of the nutritional situation in places of detention and the effectiveness of its nutrition programme. These efforts contributed to reducing the overall acute malnutrition rate in most prisons receiving ICRC support.

WOUNDED AND SICK

Weapon-wounded patients receive treatment from ICRC/ICRC-supported surgical teams

Owing to internal administrative constraints, the planned reinforcement of ICRC activities at pre-hospital level to improve overall care for the weapon-wounded, including the development of community first-aid activities, was postponed to 2016. Nevertheless, National Society teams continued to receive support for their first-aid services; some volunteers received training in human remains management. Weapon bearers also acquired first-aid skills through National Society/ICRC-organized training sessions, which enabled them to treat their peers during clashes. Nearly 360 sick/wounded patients were evacuated by the ICRC to health facilities.

In the Kivu provinces, nearly 920 weapon-wounded people received medical/surgical care at 39 hospitals and 10 first-aid posts supported by the ICRC. Six of the hospitals were regularly provided with medicines, supplies, equipment and staff training, including two – the general hospital in Bukavu and Bethesda/Ndosho hospital in Goma – hosting ICRC/ICRC-supported surgical teams. Other facilities received ad hoc support. The ICRC surgical team at Bethesda/Ndosho hospital continued to operate on weapon-wounded patients and train local specialists in contextualized war-surgery techniques to improve patients' chances of survival. In Bukavu, a team of local surgeons took over from the ICRC team in July; the ICRC continued to provide technical oversight and material/financial support. Over 700 patients received surgical care from these two teams; their treatment costs were covered by the ICRC.

Patients received improved services at 11 health facilities, including physical rehabilitation centres, following construction/repair work, particularly on sanitation, electrical and water-supply systems.

Disabled people regain their mobility and receive psychosocial support

Over 1,050 people, most disabled due to conflict, obtained good-quality services free of charge at four physical rehabilitation centres and one workshop – located in Bukavu, Goma and Kinshasa – receiving technical support, equipment and prosthetic/orthotic materials from the ICRC. Patients were fitted

with prostheses/orthoses, learnt to walk again and participated in sports and other activities that promoted their social inclusion. They also enhanced their mental well-being via psychosocial care provided at two of the centres, and at other ICRC-supported facilities (see *Civilians*). Twelve disabled people, most of them children, returned to school, with ICRC financial support.

Ten staff members from ICRC-supported centres attended specialized training/on-the-job coaching in physiotherapy. Key technicians/specialists, including members of organizations/institutions and government staff, attended conferences or workshops, some co-organized by the ICRC with other organizations/academic institutions, in the country and abroad. Such programmes aimed to build the capacities of the country's physical rehabilitation sector.

ACTORS OF INFLUENCE

All parties to the conflict furthered their understanding of IHL and the Movement through events held/organized by the ICRC that sought to address issues of humanitarian concern, including: sexual violence; child recruitment; the treatment of detainees; and – in line with the goals of the Health Care in Danger project – the protection of health-care personnel/facilities.

DRC police include human rights norms on the use of force in their training curriculum

In Kinshasa, North and South Kivu and the provinces formerly known as Katanga and Province Orientale, over 4,000 weapon bearers – security personnel, Congolese armed forces and peacekeepers bound for overseas deployment, MONUSCO troops and members of armed groups – attended training sessions geared toward enhancing respect for IHL/humanitarian principles and securing the Movement's access to people in need. These were sometimes combined with first-aid training (see *Wounded and sick*).

Particular efforts were made to reach military officers in charge of operational decision-making in conflict-affected provinces and at headquarters level. Dialogue with the armed forces on incorporating IHL in military planning and operations was reinforced with ICRC workshops on the subject; over 260 staff officers attended these workshops, and responded positively to them. The workshops also reviewed mechanisms for investigating and suppressing violations of IHL. Over 35 military academy trainers bolstered their ability to teach IHL, while some 240 officers-in-training learnt more about IHL, at ICRC-organized courses.

Some 1,580 senior police officers attended dissemination sessions in Kinshasa, the Kivu provinces and the former Province Orientale, where they learnt about international rules governing the use of force and maintenance of public order. Roughly 110 officers, from the police and from a rapid deployment unit, furthered their understanding of these matters during a four-day session organized by the ICRC; these sessions were integrated into the police training curriculum.

The ICRC maintained contact with stakeholders involved in security sector reform, including the DRC authorities, the European Union, MONUSCO and various embassies.

The general public increases its understanding of humanitarian principles

Increased contact with local authorities, traditional/religious leaders and youth/civil society representatives helped them learn more

about the Movement and its work. About 11,000 people in various provinces gained a better understanding of humanitarian principles after ICRC presentations, which promoted acceptance for the National Society/ICRC, broadening their access to people in need.

Over 580 university students participated in IHL conferences at two universities; 1,300 others attended dissemination sessions on IHL and the ICRC in Bukavu, Goma and Lubumbashi. Such events boosted the academe's interest in, and encouraged their discussion of, IHL.

Local and foreign journalists reported on the humanitarian issues in the country with the help of news releases, operational updates and other ICRC informational materials; they covered topics such as access to water, family reunification, assistance for displaced communities and the challenges faced by medical personnel working in remote areas.

Authorities receive encouragement to ratify IHL treaties

Dialogue with authorities on the importance of ratifying/acceding to IHL treaties/IHL-related instruments – such as the law implementing the African Union Convention on IDPs and a bill authorizing the ratification of the Central African Convention for the Control of Small Arms and Light Weapons – continued. The bill on the Rome Statute was adopted by the parliament; the bill on the emblems protected under IHL remained on the National Assembly's agenda.

RED CROSS AND RED CRESCENT MOVEMENT

The National Society helps ensure staff/volunteers' safety

The National Society and the ICRC strengthened their partnership by establishing plans for their joint activities and incorporating the Safer Access Framework in these. To assist conflict/violence-affected people, and in view of election-related unrest, the National Society reinforced its communication, family-links, first-aid and other emergency-response capacities at ICRC-organized workshops and/or with the help of ICRC-donated materials (see *Civilians and Wounded and Sick*). It also received financial support for paying the salaries of key staff and for covering the costs of equipping/running four of its branches in eastern DRC. Some 1,500 staff/volunteers made themselves safer with the help of ICRC-supplied flags and other articles bearing the red cross emblem, which made it easier for weapon bearers to identify them; 3,000 volunteers received insurance through the ICRC.

Over 90 staff sharpened their leadership skills at National Society/ICRC workshops in North Kivu and the former Province Orientale; others underwent specialized training to strengthen their managerial capacities. Discussions also tackled the National Society's legal status, its strategic plan for 2014–18 and its partnership agreement with the ICRC.

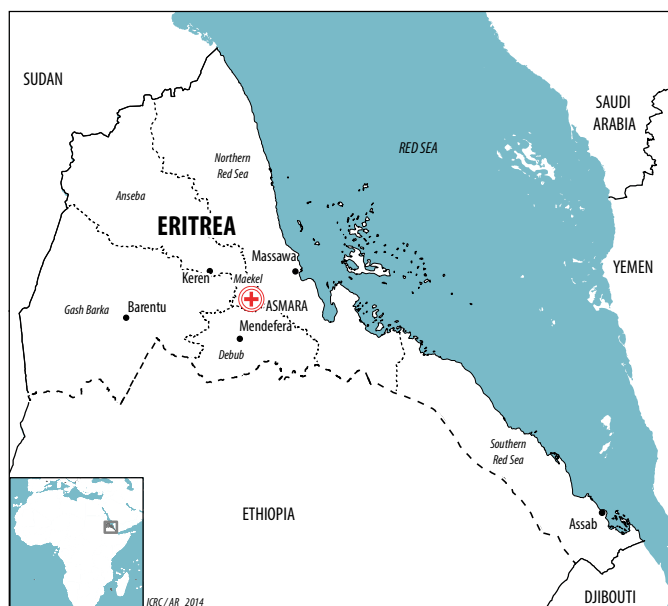
Regular meetings were held between National Society branches in Kinshasa and in the eastern provinces; these were attended by an ICRC representative. Bilateral meetings with Movement components took place regularly. All this helped maximize impact and prevent duplication of effort.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
Red Cross messages (RCMs)			UAMs/SC*		
RCMs collected	50,939	2,407			
RCMs distributed	41,178	1,527			
Phone calls facilitated between family members	990				
Names published in the media	14				
Reunifications, transfers and repatriations					
People reunited with their families	800				
<i>including people registered by another delegation</i>	17				
People transferred/repatriated	1				
Tracing requests, including cases of missing persons		Women	Girls	Boys	
People for whom a tracing request was newly registered	906	151	274	139	
<i>including people for whom tracing requests were registered by another delegation</i>	376				
People located (tracing cases closed positively)	425				
<i>including people for whom tracing requests were registered by another delegation</i>	138				
Tracing cases still being handled at the end of the reporting period (people)	681	87	204	120	
<i>including people for whom tracing requests were registered by another delegation</i>	302				
UAMs/SC*, including demobilized child soldiers		Girls		Demobilized children	
UAMs/SC newly registered by the ICRC/National Society	922	286		367	
UAMs/SC reunited with their families by the ICRC/National Society	759	179		439	
<i>including UAMs/SC registered by another delegation</i>	14				
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	429	161		71	
Documents					
Official documents relayed between family members across borders/front lines	2				
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits		Women	Minors		
Detainees visited	20,747	549	697		
		Women	Girls	Boys	
Detainees visited and monitored individually	2,001	21	11	116	
Detainees newly registered	1,127	17	9	91	
Number of visits carried out	282				
Number of places of detention visited	47				
Restoring family links					
RCMs collected	2,097				
RCMs distributed	1,236				
Phone calls made to families to inform them of the whereabouts of a detained relative	33				
People to whom a detention attestation was issued	72				

*Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	74,404	30%	44%
	<i>of whom IDPs</i>	32,426		
Essential household items	Beneficiaries	94,072	26%	38%
	<i>of whom IDPs</i>	39,130		
Productive inputs	Beneficiaries	218,305	39%	36%
	<i>of whom IDPs</i>	22,144		
Cash	Beneficiaries	15,840	36%	39%
Vouchers	Beneficiaries	8,920	30%	50%
Services and training	Beneficiaries	7,325	39%	35%
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	223,318	30%	30%
Health				
Health centres supported	Structures	16		
Average catchment population		146,645		
Consultations	Patients	84,689		
	<i>of which curative</i>		18,987	34,559
	<i>of which ante/post-natal</i>		12,069	
Immunizations	Doses	38,122		
Referrals to a second level of care	Patients	2,164		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Food commodities	Beneficiaries	4,090		
Essential household items	Beneficiaries	21,418		
Cash	Beneficiaries	3		
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	5,094		
Health				
Number of visits carried out by health staff		58		
Number of places of detention visited by health staff		10		
Number of health facilities supported in places of detention visited by health staff		10		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	39		
	<i>of which provided data</i>	36		
Patients whose hospital treatment has been paid for by the ICRC	Patients	715		
Admissions	Patients	16,577	5,698	8,421
	<i>of which weapon-wounded</i>	920	141	115
	<i>(including by mines or explosive remnants of war)</i>	15		
	<i>of which other surgical cases</i>	912		
	<i>of which internal medicine and paediatric cases</i>	12,040		
	<i>of which gynaecological/obstetric cases</i>	2,705		
Operations performed		3,774		
Outpatient consultations	Patients	11,507		
	<i>of which surgical</i>	167		
	<i>of which internal medicine and paediatric</i>	9,849		
	<i>of which gynaecological/obstetric</i>	1,491		
First aid				
First-aid posts supported	Structures	10		
	<i>of which provided data</i>	9		
Wounded patients treated	Patients	35		
Water and habitat				
Water and habitat activities	Number of beds	629		
Physical rehabilitation				
Projects supported	Structures	5		
Patients receiving services	Patients	1,055	186	91
New patients fitted with prostheses	Patients	258	57	22
Prostheses delivered	Units	493	98	56
	<i>of which for victims of mines or explosive remnants of war</i>	27		
New patients fitted with orthoses	Patients	84	17	11
Orthoses delivered	Units	114	20	22
Patients receiving physiotherapy	Patients	458	96	52
Crutches delivered	Units	887		
Wheelchairs delivered	Units	34		

ERITREA



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.

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

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS

- Households affected by past conflict took steps towards self-sufficiency with ICRC livelihood support, and had sustainable access to clean water through newly built/repared solar-powered water supply systems.
- Vulnerable people of Ethiopian origin renewed their residence permits with ICRC assistance. Those who wished to be repatriated through the government's programme had their transport and other costs covered.
- Beneficiary communities, students, military personnel and the authorities learnt more about IHL and the Movement through joint activities of the National Union of Eritrean Youth and Students and the ICRC.
- After a series of discussions, the “Red Cross Society of Eritrea” and the ICRC agreed to resume cooperation in 2016, and to focus on rebuilding operational and organizational capacities.
- Dialogue with the authorities sought to increase acceptance of ICRC mandate and work, but activities for conflict-affected people remained limited. The ICRC remained without access to detainees.

EXPENDITURE IN KCHF

Protection	858
Assistance	2,936
Prevention	354
Cooperation with National Societies	88
General	18
Total	4,254
<i>Of which: Overheads</i>	260

IMPLEMENTATION RATE

Expenditure/yearly budget	101%
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PERSONNEL

Mobile staff	3
Resident staff (daily workers not included)	42

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	608
RCMs distributed	800
People located (tracing cases closed positively)	36

ASSISTANCE	2015 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Essential household items	Beneficiaries 10,000	
Productive inputs	Beneficiaries 239,000	475,192
Cash	Beneficiaries 4,870	4,420
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries 22,500	67,837

CONTEXT

Tensions between Eritrea and Ethiopia persisted, but no major confrontations were known to have taken place in border regions. The Eritrea-Ethiopia border remained sealed, and both countries maintained a military presence in disputed areas.

No progress was made towards the demarcation of the Djibouti-Eritrea border or in the implementation of a mediation agreement signed by the two countries in 2010. Qatar, acting as a mediator, maintained troops in the disputed region.

The effects of past conflicts on livelihoods and public services continued to be felt: for instance, many households were unable to produce sufficient food or income. Eritreans continued to flee the country to avoid military conscription and seek better educational and economic opportunities.

Humanitarian activities were still limited following the government's request in 2011 that international humanitarian agencies terminate or reduce their activities. Eritrea signed several cooperation agreements with foreign governments and international bodies.

ICRC ACTION AND RESULTS

Given the restrictions on the operations of international agencies in Eritrea (see *Context*), the ICRC endeavoured to regain the authorities' full acceptance of its humanitarian mandate and work. It continued to help vulnerable communities cope with their circumstances, particularly those affected by past conflict.

The ICRC sought to persuade the authorities that it was in their interest to recognize the applicability of the 1949 Geneva Conventions to the Eritrean context. Discussions with the authorities focused on humanitarian concerns and on possibilities to broaden the ICRC's activities. The ICRC pursued dialogue with the authorities on the resumption of visits to detainees of Ethiopian origin and to people held for security-related reasons; the authorities had withdrawn permission for such visits in 2009. To promote IHL and the Movement's work to a wider audience, the ICRC organized, jointly with the National Union of Eritrean Youth and Students (NUEYS), dissemination sessions and other events for civilian/military authorities, students and the general public.

The ICRC continued to monitor the situation of Ethiopians living in Eritrea, with a view to ensuring that their rights under the 1949 Geneva Conventions, including in relation to voluntary repatriation, were respected; permission for the ICRC to accompany the voluntary repatriation of civilians was withdrawn in 2009. The ICRC covered transport and other related expenses of Ethiopians who wished to return home through the government's unilateral repatriations, and the costs of residence permits and medical care for Ethiopians who wished to stay in Eritrea. It also helped released detainees of Ethiopian origin meet some food/accommodation expenses.

Vulnerable households, mainly those in areas near the Eritrean-Ethiopian border, rebuilt or improved their livelihoods with ICRC support. In less fertile regions of the country, the ICRC conducted anti-parasite treatment and vaccination campaigns with the agriculture ministry, and built water ponds for livestock, helping pastoralist households preserve the health of their herds. ICRC-distributed seed and farming equipment helped hundreds of households, including those headed by women, to increase their harvest. Rural communities had a sustainable supply of potable

water after the ICRC helped authorities and communities build or repair solar-powered water-supply systems and trained community technicians to operate/maintain these facilities. The ICRC also donated spare parts for hand pumps for rural water supply systems.

In areas where it had access, the ICRC helped members of families dispersed by conflict, migration or other circumstances restore/maintain contact with one another through RCMs. It continued to follow up, with the pertinent authorities, requests for information from the families of people reported missing in connection with the 1998–2000 Eritrea-Ethiopia conflict. On behalf of the families concerned, the ICRC also continued to appeal to the authorities for information on 17 Djiboutian soldiers reported by their government as missing after the Djibouti-Eritrea hostilities in June 2008.

The absence of a legal framework recognizing its status limited the ability of the "Red Cross Society of Eritrea" to carry out humanitarian activities. Dialogue between the organization and the ICRC led to an agreement to resume cooperation on operational activities – particularly family-links services, emergency response and communication – and on organizational development.

CIVILIANS

The ICRC continued to pursue dialogue with the Eritrean authorities, aimed at gaining acceptance of and support for its mandate and activities in the country. Amid restrictions on the operations of international humanitarian agencies, ICRC activities for conflict-affected people remained limited. The ICRC stood ready to distribute household essentials in the event of an emergency.

Pastoralist households improve their livelihoods with healthier herds

Vulnerable households affected by conflict, including those in areas near the border with Ethiopia, restored or improved their livelihoods with ICRC support, helping bolster their resilience against the effects of violence.

In Anseba, Debub, Gash Barka and Northern Red Sea, where communities relied on their livestock for survival, over 89,700 households (some 449,000 people) had healthier herds after more than 3.1 million heads of livestock received anti-parasite treatment. Some 21,000 households (around 105,000 people) among them also had their herds protected from a contagious disease through a vaccination campaign carried out by the agriculture ministry and the ICRC in September. More households than planned were reached in areas where such an activity had not been conducted since 2011. Some households benefited from both anti-parasite and vaccination campaigns. Twenty Ministry of Agriculture staff members improved their readiness to deal with livestock-related emergencies at an ICRC-organized training.

Over 7,500 households (some 22,500 people) in Debub and Gash Barka had more water for their livestock after three ponds were constructed; work on a fourth pond was under way. More than 457 people supplemented their income with cash earned by helping in the construction of the ponds.

In Debub and Gash Barka, 343 farming households (some 1,700 people), headed mainly by women, increased their harvests using seed, tools and foot-operated irrigation pumps provided by the ICRC under a 2013 agreement with the agriculture ministry. Farmers in Gash Barka (supporting 2,000 people) received improved seed varieties, in line with another agreement with the agriculture ministry.

Rural households have a sustainable supply of water

Some 48,780 people in Anseba, Debub, Gash Barka and Southern Red Sea enjoyed sustainable access to potable water after the local authorities maintained, repaired and/or built solar-powered water-supply systems with ICRC support. The environmentally friendly systems minimized running costs, which was particularly important because fuel was scarce in Eritrea. At training sessions conducted by the authorities/ICRC, local technicians learnt how to maintain these systems, which added to their accountability and helped ensure the sustainability of the systems. The authorities also worked on developing an inventory of water wells in the country, with the help of surveying equipment donated by the ICRC.

Around 19,000 people had better access to water, thanks to donations of spare parts for hand pumps, which improved water-supply systems in rural areas of Debub, Gash Barka and Southern Red Sea.

People of Ethiopian origin are helped to cope with their situation

People of Ethiopian origin continued to be repatriated through Sudan by the Eritrean authorities; the ICRC's authorization to facilitate voluntary repatriation of civilians across the Eritrea-Ethiopia border was withdrawn by the government in 2009. Working within these constraints, the ICRC monitored the situation of Ethiopians living in Eritrea to help ensure that their rights under the 1949 Geneva Conventions, including voluntary repatriation in humane conditions, were respected.

Particularly vulnerable Ethiopians – women, minors, elderly people and former detainees – coped with their circumstances with some financial assistance from the ICRC. Among them were 3,454 people who renewed their residence permits, helping them obtain social benefits; 40 people were assisted with medical expenses. Nearly 700 people who wished to be repatriated were helped to meet their transport/accommodation and other expenses before and during their repatriation. Former detainees of Ethiopian origin received assistance for covering the costs of food/accommodation.

Families separated by conflict restore contact with one another

Family-links services run by the “Red Cross Society of Eritrea” were suspended in 2012. Since then, these services had been provided by the ICRC in areas where it had access – for example, in Gash Barka but only to a limited extent. People used RCMs to restore/maintain contact with relatives separated from them by conflict, migration or other circumstances. Official documents were relayed between family members, enabling several people to pursue employment/further studies or meet administrative/legal requirements. Using travel documents provided by the ICRC at the request of UNHCR, 127 Somali refugees travelled to Slovakia, for eventual resettlement in the United States of America.

Dialogue was sustained in parallel with the Eritrean and the Ethiopian authorities on helping unaccompanied Eritrean minors in Ethiopia restore contact and, where appropriate, reunite with their relatives (see *Ethiopia*).

The ICRC continued to follow up, with the pertinent authorities, requests from families for news of their relatives missing in connection with the 1998–2000 Eritrea-Ethiopia conflict; no new information was made available. The families of the 19 Eritrean POWs held in Djibouti received news of their relatives through ICRC family-links services (see *Nairobi*).

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC continued its discussions with the authorities, with a view to resuming visits to detainees of Ethiopian origin, in accordance with the Fourth Geneva Convention, and also to detainees held for reasons of security. The authorities had withdrawn permission for such visits in 2009.

Requests to the Eritrean government for information on the whereabouts of the 17 Djiboutian soldiers reported by their government as missing after the 2008 Djibouti-Eritrea conflict remained unanswered.

ACTORS OF INFLUENCE

Dialogue with authorities emphasizes the ICRC's humanitarian mandate

In light of limitations on ICRC activities and movement, dialogue with the authorities continued to focus on strengthening their trust and persuading them that it was in their interest to recognize the applicability of the 1949 Geneva Conventions to the Eritrean context. Meetings with government officials in the country and abroad, and the involvement of authorities in the planning and implementation of ICRC activities (see *Civilians*), enabled the ICRC to discuss humanitarian concerns, including issues related to migration, and to seek wider access to people affected by violence, including detainees (see *People deprived of their freedom*). At the UN General Assembly, for example, the ICRC's president and senior Eritrean officials pursued discussions on ways to develop cooperation on issues of humanitarian concern.

Representatives from the foreign, justice, defence and health ministries, and other government officials, learnt more about IHL and its implementation at an ICRC-organized seminar.

Soldiers and future decision-makers further their understanding of IHL

Cooperation with the NUEYS enabled the ICRC to foster awareness of and support for IHL and the Movement's work among various audiences. Some 6,000 people – including students, national/local government officials and beneficiaries of ICRC projects – learnt more about IHL and the ICRC's work and mandate through dissemination sessions conducted by the NUEYS/ICRC. At similar sessions, thousands of military personnel, and young people attending the Sawa Military Training Centre, familiarized themselves with IHL and received reference materials. The general public learnt more about IHL and the Movement through the ICRC's briefings at a countrywide book fair and from articles published in local languages.

Twenty students enriched their understanding of IHL at an ICRC-conducted training course at the Asmara Law School. Discussions with the school's administrator, on the integration of IHL into their international law curriculum, continued.

RED CROSS AND RED CRESCENT MOVEMENT

The absence of a legal framework recognizing the status of the “Red Cross Society of Eritrea” hampered the organization's ability to carry out humanitarian activities and obtain funding. After discussions that also involved the relevant authorities, the “Red Cross Society of Eritrea” and the ICRC signed a document in May 2015 that formalized their commitment to resume cooperation. A framework agreement and plan of action to this end were being developed; the first draft of the agreement covered family-links services, operational communication and emergency response.

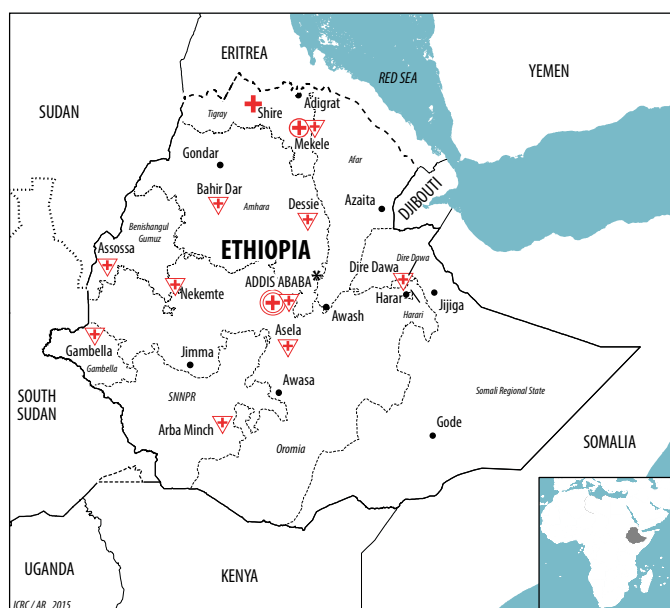
The “Red Cross Society of Eritrea” communicated the findings of an internal needs assessment to the ICRC, enabling the latter to identify priority areas for organizational development support.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)		UAMs/SC*		
RCMs collected	608			
RCMs distributed	800			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	159	66	19	11
<i>including people for whom tracing requests were registered by another delegation</i>	95			
People located (tracing cases closed positively)	36			
<i>including people for whom tracing requests were registered by another delegation</i>	15			
Tracing cases still being handled at the end of the reporting period (people)	423	59	24	28
<i>including people for whom tracing requests were registered by another delegation</i>	304			
Documents				
People to whom travel documents were issued	127			
Official documents relayed between family members across borders/front lines	21			
People to whom a detention attestation was issued	8			

* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Productive inputs	Beneficiaries	475,192	74%	1%
Cash	Beneficiaries	4,420	62%	12%
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	67,837	30%	40%

ETHIOPIA



ICRC / AR_2015

ICRC delegation ICRC sub-delegation ICRC office
 ICRC-supported prosthetic/orthotic project
 The ICRC delegation to the African Union is also in Addis Ababa

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

KEY RESULTS/CONSTRAINTS IN 2015

- ▶ IDPs received household items, while returnees and households in communities hosting refugees worked towards self-sufficiency with the help of livelihood support and upgrades to their water supply.
- ▶ People repatriated from Eritrea and refugees in Ethiopia contacted relatives using Movement family-links services. They received food, household essentials and, when appropriate, medical assistance.
- ▶ Detainees had access to improved health-care services and a more reliable water supply, partly thanks to ICRC support to the authorities, which included training in prison management.
- ▶ People with physical disabilities received free services at ICRC-assisted physical rehabilitation centres; staff at the centres benefited from training and support for acquiring professional certification.
- ▶ The Ethiopian Red Cross Society strengthened its capacity to assist people during emergencies, notably by training volunteers in first aid and working to improve its ambulance-management system.
- ▶ The ICRC continued its negotiations with the Ethiopian authorities in order to gain access to people held in places of temporary detention, such as people held by the Federal Police Crime Investigation Sector.

EXPENDITURE IN KCHF

Protection	4,577
Assistance	10,911
Prevention	2,492
Cooperation with National Societies	1,723
General	97
Total	19,799
<i>Of which: Overheads</i>	1,208

IMPLEMENTATION RATE

Expenditure/yearly budget	95%
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PERSONNEL

Mobile staff	44
Resident staff (daily workers not included)	175

Continuously present in Ethiopia since 1977, the ICRC prioritizes protecting and assisting people detained, displaced or otherwise affected by the 1998–2000 international armed conflict with Eritrea or by other armed conflicts. It helps to preserve the livelihoods of conflict-affected communities, which also often grapple with natural disaster, and supports physical rehabilitation services. It visits detainees and restores family links, particularly for relatives separated by the closed Ethiopia-Eritrea border, ensuring compliance with IHL with regard to any persons still protected by the Third and Fourth Geneva Conventions. It supports the Ethiopian Red Cross Society.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	3,602
RCMs distributed	2,783
Phone calls facilitated between family members	14,633
People located (tracing cases closed positively)	222
People reunited with their families	1
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	41,309
Detainees visited and monitored individually	323
Number of visits carried out	49
Number of places of detention visited	25
Restoring family links	
RCMs collected	582
RCMs distributed	587
Phone calls made to families to inform them of the whereabouts of a detained relative	533

ASSISTANCE	2015 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	789
Essential household items	Beneficiaries	48,000 47,496
Productive inputs	Beneficiaries	54,000 47,664
Cash	Beneficiaries	1,200 1,554
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	150,000 153,774
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	2
Water and habitat		
Water and habitat activities	Number of beds	127
Physical rehabilitation		
Projects supported	Structures	10 10
Patients receiving services	Patients	7,500 6,334

CONTEXT

The Eritrea-Ethiopia border remained sealed; both countries maintained a military presence in the disputed areas. Sporadic skirmishes were reported on both sides of the border.

In the Somali Regional State (SRS), clashes between the Ogaden National Liberation Front and the Ethiopian National Defence Forces (ENDF) or regional police forces were reported. Episodes of communal violence in Gambella and in the Southern Nations, Nationalities and Peoples' Regional State (SNNPRS) led to casualties and displacement; police forces were deployed in response to violence, sometimes alongside the ENDF. Protests broke out in Oromia in November.

The ENDF continued to participate in military operations abroad – for example, in Somalia, Sudan and in Abyei, an area disputed by South Sudan and Sudan.

Refugees fleeing violence in neighbouring countries continued to arrive in Ethiopia, straining the resources of the communities hosting them. Ethiopians in Eritrea continued to be unilaterally repatriated by Eritrea through Sudan.

The Ethiopian People's Revolutionary Democratic Front, and the parties affiliated to it, won all parliamentary seats during the elections in May.

ICRC ACTION AND RESULTS

The ICRC continued to assist people affected by armed conflict/violence in Ethiopia. It pursued dialogue with the authorities, at national and local level, and with community leaders, to strengthen acceptance for its mandate and work. The ICRC maintained its readiness to resume selected activities in the SRS, where it had been unable to operate since 2007.

Communities boosted their resilience and worked towards self-sufficiency with ICRC support. Returnee households and households hosting refugees increased their food production using seed/tools provided by the Ethiopian Red Cross Society/ICRC. Families of missing persons and other vulnerable households started income-generating activities with ICRC cash assistance, enabling them to supplement their household income. People living near the Eritrea-Ethiopia border had more reliable access to water after the ICRC built/repaid water-supply systems and trained local committees in operating/maintaining them. The ICRC also maintained its emergency response capacity, notably helping people displaced by ethnic/communal violence meet immediate needs. In Gambella, residents of the area and refugees from South Sudan obtained medical care at a regional hospital that received some assistance from the ICRC.

Members of dispersed families restored/maintained contact with each other using National Society/ICRC family-links services. People stayed in touch with their relatives on the other side of the sealed Ethiopia-Eritrea border through RCMs; they included some unaccompanied minors at refugee camps. People returning to Ethiopia, such as those unilaterally repatriated from Eritrea, made phone calls to find/contact their relatives. To help relatives locate them, South Sudanese refugees had their photos published in booklets made available in South Sudan and to South Sudanese communities elsewhere.

A list of people missing in connection with the Ethiopia-Eritrea conflict was submitted to the authorities, who were reminded of their obligation to help clarify the fate of the missing. The ICRC offered to support them in resolving these cases. Families of the missing shared their concerns at consultative workshops attended by authorities, members of civil society and religious leaders.

The ICRC continued to visit, largely in accordance with its standard procedures, detainees at all six federal prisons and at eight regional prisons. It confidentially shared its findings and, where necessary, recommendations for improving detention conditions with the authorities.

The ICRC also supported the authorities' efforts to improve detainees' living conditions and access to health care. It helped repair and equip prison clinics, thereby improving detainees' access to health services. Detainees benefited from ICRC-supported upgrades to their water-supply networks and other facilities. Prison managers, health staff and other personnel furthered their understanding of pertinent internationally recognized standards and enhanced their skills at ICRC-backed seminars/workshops. The Federal Prison Administration began developing, with ICRC guidance, a system for managing new prison facilities.

People with physical disabilities, some of whom had been injured during conflict/violence – received free services at physical-rehabilitation centres provided by the ICRC with raw materials, equipment, staff training and managerial support. To help ensure the sustainability of rehabilitation services, the ICRC supported the training/certification of workers providing these services and the authorities' efforts to implement a national physical rehabilitation strategy. It sought to promote the social reintegration of disabled people, for example through wheelchair-basketball camps.

The ICRC continued to promote IHL and humanitarian principles among the authorities, armed/police forces and the judiciary. It organized training sessions on international human rights law for police officers, and on IHL for ENDF officers, particularly trainers. Government officials, judges and prosecutors learnt more about IHL implementation at seminars/sessions that they attended with ICRC support. Articles published by journalists, drawn from ICRC materials, helped raise the general public's awareness of humanitarian issues.

The National Society developed its operational and institutional capacities with ICRC technical/material/financial assistance.

CIVILIANS

In view of the armed conflicts and other situations of violence in Ethiopia, and the ENDF's involvement in military operations abroad, the authorities were reminded of their responsibility to protect civilians. Dialogue with the authorities and community leaders, through dissemination sessions and other means, sought to strengthen their acceptance for the ICRC's mandate and persuade them to allow humanitarian aid to reach those in need (see *Actors of influence*). Despite ongoing dialogue with the parties concerned, the ICRC remained without access to the SRS, where it had been unable to conduct humanitarian activities since 2007.

Returnee households and communities hosting refugees rebuild their livelihoods

Over 46,800 people displaced by ethnic/communal violence in the Gambella and Oromia regions met some of their immediate needs

with shelter materials and essential household items from the Ethiopian Red Cross and the ICRC. IDPs in West Harargue also had access to potable water, after the ICRC donated water-storage tanks to help address water supply interruptions caused by clashes.

Households affected by violence worked to rebuild their livelihoods with ICRC support. Around 5,100 previously displaced households (some 30,900 people in all) who returned to Oromia and the SNNPRS were able to grow more food, and cover their needs using National Society/ICRC-provided seed and tools. Some 200 households (around 1,200 people) in the Tigray region, including the families of missing persons, augmented their income by starting income-generating activities with ICRC cash assistance. They used the additional income to cover household expenses and send their children to school.

In Gambella, nearly 3,300 households (more than 16,500 people) in communities hosting refugees also received seed/tools, enabling them to ease the strain on their resources.

People in Gambella receive health services at a regional hospital

Wounded and sick people in Gambella, including some refugees from South Sudan, obtained medical care at a regional hospital that received some ICRC support: medicines, surgical items and air conditioners for its pharmacy and laboratory. Patients and hospital staff had a more reliable supply of water following infrastructure repairs. The regional blood bank was better prepared for emergencies thanks to the installation of a back-up generator.

Border communities have better access to water

Over 125,000 people in Afar and Tigray had more reliable access to clean water after hand pumps in their communities were repaired. Some 5,300 people in western Tigray had more water for their needs following the construction of a water-supply network in their area. Nearly 13,800 people learnt how to reduce their risk of contracting water-borne diseases at hygiene-promotion sessions.

Local water committees trained in operating/maintaining water-supply systems, helping ensure a sustainable supply of water for some 9,500 people. With ICRC support, water authorities in Tigray maintained a database of water points in the region, which enabled them to plan more effectively.

Refugees and other vulnerable people reconnect with their families

People in Ethiopia got in touch with their relatives in the country and elsewhere through family links services provided by the National Society/ICRC. The National Society continued to reinforce its family-links capacities with technical support from the ICRC and in coordination with other Movement partners.

Family members separated by the sealed Ethiopia-Eritrea border, for example, sent or received news through RCMs. They included 47 unaccompanied Eritrean minors at refugee camps in Tigray, including one to which the ICRC regained access in February. Twenty-two people had their university transcripts sent across the border, enabling them to pursue further studies.

Some 1,786 people returning to Ethiopia from other countries – for example, people repatriated by the Eritrean government and people fleeing the conflict in Yemen – made phone calls to locate their relatives or inform them of their arrival. The 789 Ethiopians repatriated from Eritrea also received transportation assistance and food/hygiene items, helping them meet basic needs while waiting for their status

to be formalized. Those who found their relatives were able to have their status as Ethiopian nationals recognized by the authorities.

To help their relatives locate them, photos of 1,100 South Sudanese refugees were published, with their consent, in booklets made available in South Sudan and in South Sudanese communities in Kenya, Sudan and Uganda; more than 300 people had their names/photos published on the ICRC's family-links website (familylinks.icrc.org). Minors from South Sudan were identified and assisted in coordination with the UNHCR and other actors.

Somali refugees in the SRS had the names of their missing relatives read out on the radio via the BBC's Somali service (see *Somalia*).

Families of missing persons raise their concerns with the authorities

A list of people missing in connection with the Ethiopia-Eritrea conflict was submitted to the federal affairs ministry. The ICRC also reminded the authorities of their obligation to clarify the fate of the missing, and offered to support them in resolving cases of missing persons. Families of the missing discussed their concerns/experiences at ICRC-organized workshops attended by local authorities, civil society organizations and religious leaders. Some of them received support for restoring their livelihoods (see above).

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees have their treatment and living conditions monitored

Over 41,000 detainees in federal and regional prisons in Amhara, Benishangul Gumuz, Gambella, Harari, Oromia, the SNNPRS and Tigray received ICRC visits conducted largely in accordance with the organization's standard procedures. Some 320 detainees, including 89 Eritreans, were followed up individually. After these visits, the ICRC confidentially shared its findings – and when necessary, its recommendations for improving detention conditions – with the detaining authorities. The ICRC continued to pursue dialogue with the authorities, aimed at gaining access to other detainees, particularly those in places of temporary detention – for example, people held by the Federal Police, the Federal Police Crime Investigation Sector and other state agencies. Detainees restored/maintained contact with their families through RCMs or short oral messages relayed by ICRC delegates; 71 foreigners had their embassies/consulates notified of their detention.

Detainees have improved access to health-care services

Detaining authorities and prison health staff worked, with ICRC support, to improve the quality and availability of health-care services in detention facilities. Detainees at a prison in Amhara had access to secondary-level care at a clinic that was upgraded by the authorities from a primary-health-care facility; this was part of the authorities' ICRC-supported project to improve health services in prisons throughout the region. Detainees in Oromia received care/treatment at the regional referral hospital in Burayo prison, which enhanced its services with ICRC technical/material assistance. Detainees in a Gambella prison obtained care at an ICRC-renovated/equipped clinic there. Prison administrators, health personnel and other prison staff learnt more about pertinent health care standards, including those for mental-health care, during workshops and training sessions in Ethiopia and abroad.

Over 10,000 detainees in seven federal and regional prisons had better access to water from supply networks constructed/repaired

by the authorities and the ICRC. More than 3,700 detainees in the Dire Dawa federal prison and the Hawassa regional prison had a more sanitary environment following improvements to the prisons' sewage systems. Some 3,000 detainees benefited from ICRC-supported repairs to kitchens, living areas, and medical facilities (see above) and other facilities at five regional prisons.

Over 8,000 detainees in four prisons were better equipped to protect their health, thanks to hygiene promotion sessions and the provision of soap. Household/hygiene items and recreational materials helped ease living conditions for nearly 30,000 detainees.

Among those who received household/hygiene items and benefited from infrastructure projects were inmates transferred from a fire-struck prison in Gondar. Inmates at the Ziway federal prison learnt to grow seedlings with ICRC assistance.

The authorities pursue steps to improve prison management

Penitentiary authorities at the federal and regional level kept up their efforts to strengthen prison management and improve detention facilities. They discussed these matters and related best practices with their counterparts from other countries at workshops/other events, including a regional seminar in Kenya (see *Nairobi*). The federal prison administration, together with the ICRC, began developing a management system for four new federal prisons.

Technicians and managers of federal prisons learnt more about operational/maintenance systems and infrastructure maintenance at ICRC-organized sessions; staff at six prisons received equipment/tools for maintaining the facilities.

WOUNDED AND SICK

People with disabilities regain mobility and independence

More than 6,300 people with physical disabilities availed themselves of free services at nine physical rehabilitation centres supported by the ICRC; among them, some 2,600 particularly economically vulnerable patients also had their transportation/food expenses covered while receiving treatment. An assessment found that beneficiaries became more independent and had improved income after receiving these services.

All nine operational rehabilitation centres received raw materials, equipment and technical/managerial support from the ICRC; another centre was not operational, as it was in the process of dealing with various internal constraints. Staff members expanded their skills at workshops; instructors who had attended ICRC training led some of these sessions on their own.

At wheelchair-basketball training camps conducted by the Ethiopian Basketball Federation and the ICRC, 67 players and 60 coaches from five different regions added to their skills.

Students work towards certification to provide physical rehabilitation services

The labour and social affairs ministry, with ICRC support, continued working to implement a national physical rehabilitation strategy, which included the development of a national supply chain for producing assistive devices. The ministry expressed interest in establishing a bachelor's degree programme in prosthetics/orthotics; discussions on this topic, between a local university and the ICRC, continued.

Fifteen students worked towards completing their final year of a three-year programme to gain certification in prosthetics/orthotics. Twenty-one staff members from regional physical rehabilitation centres received professional accreditation after passing a national examination organized with ICRC support.

ACTORS OF INFLUENCE

Community leaders familiarize themselves with the ICRC's mandate and work

Gaining access to communities affected by conflict/violence, and to people in places of temporary detention, required regular dialogue with the authorities (see *Civilians and People deprived of their freedom*) and members of civil society, to enhance their understanding of and support for the ICRC's neutral, impartial and independent humanitarian action.

In violence-prone areas across Ethiopia, over 920 local authorities, community leaders and National Society volunteers familiarized themselves with IHL and the Movement at joint National Society/ICRC dissemination sessions.

Police forces learn more about standards applicable to their duties

Through workshops and other activities organized by the regional police training centres and the ICRC, over 700 members of the federal police forces – including crime-prevention officers, crime investigators, riot-control officers and special police forces – added to their knowledge of international human rights law and internationally recognized standards applicable to arrest, detention, seizure and the use of force and firearms. Instructors at federal/regional training centres honed their capabilities at an ICRC-supported workshop. Some 260 police officers learnt how to administer first aid at National Society/ICRC training sessions.

Forty officers from various military units enhanced their skills to train others in IHL, through a train-the-trainer course organized by the ICRC at the ENDF's request. Peacekeeping troops continued to receive IHL training as part of their predeployment exercises, helping promote compliance during peacekeeping operations. Senior officers from other African countries learnt more about IHL during ICRC presentations at the newly established international peace support training centre in Addis Ababa.

Authorities add to their knowledge of incorporating IHL in domestic legislation

Foreign affairs/justice ministry officials furthered their understanding of IHL implementation at a regional seminar (see *Nairobi*), helping them prepare to support the national IHL committee, which the authorities were working to establish.

Some 200 judges and prosecutors reinforced their expertise in IHL and related legal instruments at ICRC seminars, some organized jointly with regional judicial training centres. Contact was established with the country's focal point for small arms, as part of efforts to promote the ratification of weapon-related treaties. An official from the foreign ministry attended the 32nd International Conference.

Future lawyers strengthen their grasp of IHL

Over 350 law students from three universities, and their instructors, strengthened their understanding of IHL at dissemination sessions organized jointly with their law faculties. Nearly 30 law students demonstrated their knowledge of IHL at a moot court competition organized by a local university with ICRC assistance;

three law students participated in a regional moot court competition (see *Nairobi*) with ICRC support.

Journalists helped boost the general public's awareness of National Society/ICRC activities – such as the use of photo booklets to help South Sudanese refugees find their relatives and the distribution of seed/tools to families hosting refugees – by publishing pieces based on ICRC press releases and informational materials.

RED CROSS AND RED CRESCENT MOVEMENT

National Society strengthens its capacity to respond to the needs of the most vulnerable

The Ethiopian Red Cross assisted communities in regions affected by conflict or other situations of violence, provided family-links services (see *Civilians*), and promoted IHL and humanitarian principles via dissemination activities (see *Actors of influence*).

With ICRC support, the National Society continued to bolster its emergency preparedness and response. Volunteers learnt how to administer first aid at workshops/simulation exercises; a preparatory workshop and simulation exercises helped them prepare contingency plans, particularly in view of elections. Seventy-four instructors strengthened their ability to conduct such workshops. The National Society developed, with ICRC backing, a system to better manage its ambulances; it also expanded its fleet with ICRC-donated vehicles. It pre-positioned ICRC-provided household/hygiene items

in regional warehouses near violence-prone areas. Together with the ICRC, the National Society developed an action plan for assisting communities likely to be affected by drought-related food shortages.

Personnel from the National Society's headquarters and its regional branches learnt more about the Safer Access Framework and began to include related principles in training/dissemination sessions.

National Society branches boosted their operational capacities with ICRC support, which included repairs to their offices and funding to cover the salaries of key personnel and other costs.

The National Society and the ICRC met regularly to discuss joint plans and technical issues. Monthly coordination meetings and bilateral interaction enhanced the National Society's cooperation with Movement partners.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
Red Cross messages (RCMs)			UAMs/SC*		
RCMs collected	3,602	123			
RCMs distributed	2,783	12			
Phone calls facilitated between family members	14,633				
Names published in the media	1,117				
Names published on the ICRC family-links website	307				
Reunifications, transfers and repatriations					
People reunited with their families	1				
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered	746	221	146	80	
including people for whom tracing requests were registered by another delegation	130				
People located (tracing cases closed positively)	222				
including people for whom tracing requests were registered by another delegation	48				
Tracing cases still being handled at the end of the reporting period (people)	890	203	125	86	
including people for whom tracing requests were registered by another delegation	174				
UAMs/SC*, including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	47	13			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	56	12			
Documents					
People to whom travel documents were issued	2				
Official documents relayed between family members across borders/front lines	22				
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited	41,309	1,612	924		
			Women	Girls	Boys
Detainees visited and monitored individually	323	24	4	14	
Detainees newly registered	222	18	3	12	
Number of visits carried out	49				
Number of places of detention visited	25				
Restoring family links					
RCMs collected	582				
RCMs distributed	587				
Phone calls made to families to inform them of the whereabouts of a detained relative	533				
People to whom a detention attestation was issued	64				

*Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	789	47%	7%
Essential household items	Beneficiaries	47,496	32%	11%
	<i>of whom IDPs</i>	46,824		
Productive inputs	Beneficiaries	47,664	42%	
	<i>of whom IDPs</i>	15,708		
Cash	Beneficiaries	1,554	76%	5%
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	153,774	25%	50%
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	29,998		
Cash	Beneficiaries	14		
Services and training	Beneficiaries	3,547		
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	23,220		
Health				
Number of visits carried out by health staff		12		
Number of places of detention visited by health staff		10		
Number of health facilities supported in places of detention visited by health staff		2		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	2		
	<i>of which provided data</i>	1		
Water and habitat				
Water and habitat activities	Number of beds	127		
Physical rehabilitation				
Projects supported	Structures	10		
Patients receiving services	Patients	6,334	1,376	1,221
New patients fitted with prostheses	Patients	692	120	66
Prostheses delivered	Units	1,695	302	148
	<i>of which for victims of mines or explosive remnants of war</i>	234		
New patients fitted with orthoses	Patients	699	186	214
Orthoses delivered	Units	2,026	472	894
	<i>of which for victims of mines or explosive remnants of war</i>	5		
Patients receiving physiotherapy	Patients	3,152	746	528
Crutches delivered	Units	4,080		
Wheelchairs delivered	Units	354		

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

KEY RESULTS/CONSTRAINTS IN 2015

- ▶ The Multinational Joint Task Force developed normative frameworks for its operations in the Lake Chad region, including rules of engagement and detention procedures, with technical support from the ICRC.
- ▶ The African Standby Force (ASF) completed its cycle of training exercises; the African Peace Support Trainers Association worked to incorporate modules on IHL and other pertinent norms into ASF training.
- ▶ The African Union (AU) developed a three-year plan to integrate child protection into the processes/components of the African Peace and Security Architecture, which seeks to resolve crises in Africa.
- ▶ Member States added to their knowledge of humanitarian issues related to armed conflict, such as access to health care and the protection of children, through events/discussions held by the AU and the ICRC.

YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

HIGH

CONTEXT

The African Union (AU) continued to back diplomatic and military efforts to address instability caused by armed conflict and political unrest throughout Africa. It supported the establishment of the Multinational Joint Task Force (MNJTF), which sought to curb the activities of armed groups in the Lake Chad region; Nigeria and neighbouring States – Benin, Cameroon, Chad and Niger – contributed troops to the MNJTF. AU-led international forces maintained a presence in Somalia and Sudan. The AU helped establish the Eastern Africa Fusion and Liaison Unit to combat “terrorism”, armed groups and transnational organized crimes.

The African Standby Force (ASF), composed of troops from various member States, completed the last phase of the Amani Africa cycle training exercises.

The AU launched diplomatic initiatives to support regional organizations in resolving situations of conflict/unrest, including those related to elections. With a view to putting an end to the armed conflict in South Sudan, it appointed a special envoy, an ad hoc committee composed of five African heads of State to facilitate negotiations for a peace agreement, and, following that, a commission to oversee the implementation of the final agreement. The AU sent a team of military experts and human rights observers to Burundi, and authorized the African Commission on Human and Peoples’ Rights (ACHPR) to undertake a fact-finding mission there.

ICRC ACTION AND RESULTS

To support efforts to protect and assist conflict-affected populations throughout Africa, the ICRC continued to promote understanding of and respect for IHL and international human rights law among the AU and its member States, and among organizations affiliated to the AU. It did this by providing them with various forms of technical support: for instance, it maintained the secondment of an ICRC legal adviser to the AU, and organized joint events with and offered training opportunities to AU staff.

The ICRC continued to work with the AU to facilitate the incorporation of IHL and international human rights law into mission documents and the policies of peace-support operations led or authorized by the AU. For example, the ICRC legal adviser provided technical support to the AU team tasked with developing and proposing normative frameworks and mission documents to the MNJTF, including rules of engagement and standard operating procedures, particularly policies related to detention and the protection of civilians and children. AU officials attended workshops abroad to deepen their operational knowledge of IHL.

The ICRC highlighted the importance of incorporating the principles of IHL and other applicable norms in ASF training and operations; it proposed modules on IHL and international human rights law to the African Peace Support Trainers Association (APSTA), for it to incorporate into training for the ASF and Peace Support Operations Division (PSOD).

The AU adopted a Humanitarian Policy Framework to which the ICRC provided input. The ICRC continued to encourage AU officials, State authorities, and other stakeholders to address humanitarian issues, such as the protection of children during armed conflict, the effects of weapon contamination, the protection of medical services and the ratification of IHL-related treaties, notably the Arms Trade Treaty and the AU Convention on IDPs. It

supported the efforts of AU officials to further their understanding of IHL by sponsoring their attendance to regional events. These efforts contributed to the development of a three-year plan by the AU to incorporate child protection into the policies, processes and structures of the African Peace and Security Architecture. At a regional event, health ministers and other experts from the region exchanged views on strengthening the resilience of health-care systems against epidemics, armed conflicts and other emergencies.

At various AU events, AU officials, representatives of member States and other key actors were provided with information by the ICRC on humanitarian issues and the consequences of armed conflict.

ACTORS OF INFLUENCE

The AU and its member States, and organizations affiliated to the AU, continued to benefit from ICRC support aimed at helping them ensure that their policies conformed with IHL and other applicable international law, particularly, through an ICRC legal adviser seconded to the AU and events/meetings organized with the help of the ICRC.

The AU develops a three-year plan to integrate child protection into its peace and security policies

The AU worked towards establishing a policy framework for the conduct of peace-support operations with provisions addressing the prevention of sexual violence, and developing guidelines for deploying the ASF for humanitarian action. The MNJTF drafted mission documents and normative frameworks for its operations in the Lake Chad region – including rules of engagement, detention procedures and directives for the protection of civilians and children associated with weapon bearers.

Following discussions with humanitarian actors, the AU developed a three-year plan for incorporating the protection of children into the policies, processes and components of the African Peace and Security Architecture.

The ACHPR launched its guidelines on arrest, police custody and pre-trial detention, and had discussions with the ICRC on promoting compliance with them; the ACHPR and the ICRC signed a memorandum of understanding to facilitate such cooperation.

Two representatives from the PSOD deepened their knowledge of IHL at workshops abroad (see *International law and policy*).

Instructors incorporate IHL modules into training for peace-support troops

The APSTA and the ICRC worked together to incorporate modules on IHL and other international norms – governing the use of force/treatment of persons held by peace-support forces – into PSOD and ASF training. In training sessions and with technical support, the ASF and some officers from the PSOD developed their understanding of IHL, and its application to the ASF’s training and conduct of operations (see also *Pretoria*).

The AU adopts a framework to serve as its humanitarian strategy

Following meetings, including with the Specialized Technical Committee on Migration, Refugees and IDPs, the AU adopted a Humanitarian Policy Framework. The AU Department of Political Affairs received an ICRC offer to provide IHL-related input on a draft AU policy framework on transitional justice, with a view

to ensuring that humanitarian concerns such as the needs of the families of the missing are taken into account in transitional justice processes. The AU held a session of the Permanent Representative Council's Sub-Committee on Refugees, Returnees and IDPs in Africa and made recommendations for strengthening the resilience of AU member States against humanitarian crises.

AU member States learn about ratifying and implementing the Arms Trade Treaty

During workshops/discussions, officials from the AU and its member States, and others concerned, familiarized themselves with IHL treaties and the process for ratifying/implementing the Arms Trade Treaty and the AU Convention on IDPs. The model law to help States implement the Convention, which was drafted by the AU Commission on International Law (AUCIL) in 2014 with ICRC input, was yet to be endorsed by the authorities concerned.

A member of the AUCIL presented at a regional conference on IHL implementation and two AU representatives attended seminars abroad on the same topic, with the facilitation of the Office of the Legal Counsel (OLC) (see *Nairobi* and *Pretoria*). The OLC and the ICRC continued their discussions on promoting the ratification/implementation of IHL treaties.

Health ministers discuss strengthening health-care systems against emergencies

At an event organized by the AU and its partners, including the ICRC, health ministers and other experts from the region exchanged views on strengthening health-care systems against epidemics, armed conflicts and other emergencies. Information on the Health Care in Danger project was shared among the participants, and States were encouraged to support a resolution on safeguarding the delivery of health services. The AU Commissioner for Social Affairs discussed possibilities for further cooperation with the ICRC's vice-president, such as promoting the implementation of measures to protect health-care services.

During a conference on the African Charter on the Rights and Welfare of the Child, member States discussed the protection of children in armed conflict. The African Committee of Experts on the Rights and Welfare of the Child commissioned a study to assess the effects of armed conflict on children.

At an AU/ICRC event on mine action, AU officials, State representatives and international organizations were briefed on the need to assist victims of weapon contamination.

AU officials and Member States discuss the consequences of armed conflict in the Lake Chad region

During various AU events, including some where the ICRC shared its position on certain humanitarian issues in Africa, officials and other stakeholders discussed these and other related topics, such as the consequences of armed conflict, the prevalence of sexual violence and the need to facilitate safe access to health care. At regional consultations, AU Member States developed and adopted a Common African Position on Humanitarian Effectiveness to be presented at the 2016 World Humanitarian Summit.

Members of the AU Peace and Security Council (PSC) and representatives of the States concerned met to discuss the effects of the armed conflict in the Lake Chad region; they also heard the ICRC's assessment of humanitarian needs there and identified further means to assist victims. Dialogue among State officials continued to be facilitated by the ICRC; the AU and ICRC rescheduled the annual briefing of the PSC by the ICRC's president to 2016.

GUINEA

COVERING: Guinea, Sierra Leone



ICRC delegation ICRC sub-delegation
* Sierra Leone is covered by the ICRC delegation in Guinea

The ICRC has worked in Guinea since 1970, opening its delegation in 2001. It seeks to protect violence-affected people, restore links between separated relatives and improve the water supply and sanitation conditions. It visits detainees, monitoring their treatment and living conditions, and supports the authorities' efforts to improve their well-being. It promotes IHL and humanitarian principles among the armed/security forces, authorities and civil society. Since 2009, the delegation has overseen ICRC cooperation and prevention activities in Sierra Leone. The ICRC works with each National Society to help it strengthen its capacities, including in emergency response, and to promote the Movement.

YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS IN 2015

- ▶ The prison authorities were advised on their efforts to assume full responsibility for nutrition and health care in prisons. Owing to financial constraints, however, ICRC support in these areas was still necessary.
- ▶ Contact with local officials/communities helped facilitate first-aiders' access to people injured during protests. Security forces learnt about internationally recognized standards for law enforcement at workshops.
- ▶ With ICRC support, the Red Cross Society of Guinea attended to/evacuated casualties and produced radio spots that aimed to help safeguard its volunteers by increasing acceptance of those working against Ebola.
- ▶ Violence-prone and/or Ebola-affected communities had reliable access to clean water after the ICRC worked with the authorities to construct or repair water facilities and train maintenance personnel.

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	48
RCMs distributed	79
Phone calls facilitated between family members	212
People located (tracing cases closed positively)	4
People reunited with their families	1
of whom unaccompanied minors/separated children	1
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visit	
Detainees visited	4,033
Detainees visited and monitored individually	25
Number of visits carried out	175
Number of places of detention visited	66
Restoring family links	
RCMs collected	127
RCMs distributed	41
Phone calls made to families to inform them of the whereabouts of a detained relative	25

EXPENDITURE IN KCHF

Protection	1,783
Assistance	2,439
Prevention	968
Cooperation with National Societies	964
General	40
Total	6,194
Of which: Overheads	378

IMPLEMENTATION RATE

Expenditure/yearly budget	84%
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PERSONNEL

Mobile staff	11
Resident staff (daily workers not included)	85

ASSISTANCE	2015 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Water and habitat		
(in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	20,000
Health		
Health centres supported ¹	Structures	1

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 Ebola outbreak that began in Guinea and Sierra Leone in 2014 caused thousands of deaths. Though the international response was initially slow, and was hindered in some communities by hostility towards humanitarian workers, both countries were declared Ebola-free by end-2015. However, they remained vulnerable to new cases.

Guinea continued to deal with political and communal tensions, and socio-economic difficulties, including inadequate water systems and other basic services; these issues were exacerbated by the Ebola outbreak. Demonstrations occurred as presidential elections took place in October, and hundreds of injuries and a few deaths were reported.

With support from the international community, the Guinean authorities continued their efforts to reform the justice and security sectors.

Guinea contributed troops to the UN Multidimensional Integrated Stabilization Mission in Mali.

ICRC ACTION AND RESULTS

In 2015, the ICRC focused on improving detainees' well-being through support to the penitentiary authorities. It also reminded government officials and security forces of their responsibilities towards the population during demonstrations and supported the Red Cross Society of Guinea in providing first aid to the injured and in responding to the Ebola outbreak.

Detainees in Guinea received ICRC visits, during which their treatment and living conditions were monitored in accordance with the organization's standard procedures. Findings and recommendations based on these visits were confidentially shared with the penitentiary authorities. As part of ongoing justice and security sector reforms, working groups tasked with revising legal frameworks and making recommendations to improve penitentiary administration drew on ICRC input in their work; work on some of the recommendations began, although progress was slow.

Penitentiary officials were advised on their efforts to assume full responsibility for nutrition and health care, and for improving living conditions in prisons. Owing to financial constraints, however, further support was still necessary. Together with the authorities, the ICRC monitored detainees' health and nutrition and treated the malnourished with high-protein biscuits and vitamin supplements. Inmates had some access to health care in prisons as the ICRC constructed/repaid infirmaries, supplied dispensaries and provided health workers with technical support. It also covered the cost of treatment for particularly vulnerable people who were referred to hospitals. Detainees mitigated their risk of contracting diseases, including Ebola, through preventive measures, pest-control campaigns, hygiene-promotion sessions and distributions of clothing and toiletries carried out in cooperation with the authorities. No cases of Ebola were reported in Guinean prisons in 2015.

The need to facilitate access for those seeking/providing medical treatment and the need to respect internationally recognized standards for law enforcement were discussed during meetings with the authorities and dissemination sessions for security forces. When necessary, documented reports of alleged incidents were

confidentially discussed with the pertinent parties for their further investigation. Contact with local leaders in violence-prone areas helped raise awareness of and support for the Movement; this facilitated access to casualties for National Society volunteers, who also received ICRC material/logistical support in this regard.

The Guinean Red Cross drew on ICRC support to enhance their emergency response capacities. With a view to boosting acceptance of the Movement, and thus contribute to National Society volunteers' safety, the ICRC helped produce radio spots and distribute household essentials to Ebola-affected people. It also conducted seminars for volunteers on the Safer Access Framework. Both the Guinean Red Cross and the Sierra Leone Red Cross Society strengthened their family-links services and their public communication through ICRC workshops and other support. Regular coordination among Movement components and with other humanitarian actors, particularly regarding the response to the Ebola outbreak, helped maximize impact and prevent duplication of effort. Plans to provide the National Society with supplies for its Ebola-related activities were cancelled because other actors had already provided such assistance.

The ICRC, in cooperation with the authorities, constructed/repaid facilities in violence-prone and/or Ebola-affected areas of Guinea and trained maintenance personnel, enabling people to have reliable access to clean water. A regional hospital in an area that had been severely affected by Ebola also received a generator, which helped it to continue providing services. Members of dispersed families reconnected with or searched for their relatives through the Movement's family-links services.

Through dialogue, the Guinean authorities were urged to incorporate IHL provisions in national legislation. The army's IHL office remained inactive; nevertheless, peacekeepers and other troops learnt more about IHL at ICRC dissemination sessions. Regular contact with civil society, including academics and representatives of Islamic circles, helped widen acceptance for Movement activities in the country.

CIVILIANS

The authorities are reminded of the need to respect and protect the population

Dialogue with the Guinean authorities continued. In particular, they were reminded of their responsibility to respect and protect the population during law enforcement operations in connection with demonstrations and other incidents; in addition, dissemination sessions were held for the armed/security forces (see *Actors of influence*), including personnel deployed during the elections. When necessary, documented reports of alleged abuses were confidentially discussed with the authorities for their further investigation.

Contact with local authorities and with youth leaders and other community members in violence-prone areas (see *Actors of influence*) helped facilitate humanitarian access for Guinean Red Cross teams. This, along with logistical support and the provision of first-aid supplies/equipment, enabled around 150 people injured during demonstrations in Conakry and N'zérékoré to be transferred to hospital by National Society volunteers. In addition, two hospitals in Conakry received supplies for treating up to 50 people.

Vulnerable communities have better access to water

Over 42,000 people in violence-prone and/or Ebola-affected areas had reliable access to clean water after the ICRC, in cooperation

with the local authorities, constructed or repaired boreholes, hand pumps and other facilities; local personnel also received training on maintenance. Plans for Guinean Red Cross/ICRC hygiene-promotion sessions were cancelled, as they had to focus on dealing with the Ebola outbreak.

To contribute to post-Ebola recovery in N'zérékoré, a regional hospital (capacity: 175 beds) was provided with a generator, which helped improve working conditions for staff and treatment for patients.

Over 150 Ebola-affected people met some of their needs using essential items donated by the ICRC and distributed by the Guinean Red Cross, whose volunteers also benefited from increased acceptance of their work.

Dispersed families reconnect

People dispersed by internal violence, migration or natural disasters re-established/maintained contact with their relatives through family-links services provided by the Guinean Red Cross and the ICRC. Print, radio and television campaigns raised public awareness of these services. In Guinea, the last two cases connected with the 2011 post-electoral crisis in Côte d'Ivoire were closed: one minor was reunited with his family, and an alternative solution was found for the other.

The Guinean Red Cross received support for bolstering its family-links services (see *Red Cross and Red Crescent Movement*). Backing for the Sierra Leone Red Cross Society in this regard was no longer provided; cases were followed up on when needed.

PEOPLE DEPRIVED OF THEIR FREEDOM

Inmates in Guinean detention facilities under the authority of the justice ministry or the police/*gendarmérie* received ICRC visits, conducted according to the organization's standard procedures. During these visits, delegates monitored inmates' treatment and living conditions, with security detainees receiving particular attention. Findings and recommendations based on these visits were confidentially shared with the authorities concerned; notably, some detained minors were released following ICRC representations. Dissemination sessions for the police/*gendarmérie* emphasized the appropriate use of force during arrest and detention (see *Actors of influence*).

Dialogue with the authorities, UN and other stakeholders involved in reforming the justice and security sectors continued (see *Actors of influence*). A penitentiary commission composed of the justice ministry, NGOs and the ICRC was tasked with evaluating Guinea's prison system; it published a report in April. At the authorities' request, the ICRC joined a committee to monitor implementation of the report's recommendations, which incorporated ICRC feedback. Work on implementing some of these recommendations – such as the appointment of a medical coordinator and measures to improve training for penitentiary staff, expedite judicial processes and address overcrowding – began, though progress was slow.

Detainees restored/maintained contact with or sought relatives through family-links services, including phone calls for newly arrived inmates. Foreigners contacted their consular representatives via the ICRC.

Malnourished detainees benefit from therapeutic feeding

Inmates continued to have their health and nutritional status monitored by the authorities and the ICRC; in some places of

detention, ICRC-trained penitentiary staff took charge of weighing, treating and following up on malnourished detainees.

To help ensure that inmates regularly had meals, the ICRC provided the authorities with support for food supply management, including advice on budgeting, and the facilitation of meetings between them and the catering companies that they had contracted. However, financial difficulties hindered their ability to assume full responsibility for nutrition in prisons: the replacement of supplementary food provided by the ICRC with additional half-rations provided by the catering companies was postponed. In all, nearly 1,900 people suffering from malnutrition – including 108 severely malnourished people, 32 people with TB and 10 people with HIV/AIDS – augmented their diet with high-protein biscuits provided by the ICRC.

Following an increased incidence of vitamin-deficiency illnesses, the ICRC reinforced the authorities' efforts to check on people's health and actively identify cases. Nearly 800 inmates were treated with vitamins provided by the ICRC.

Inmates have some access to health care

The penitentiary authorities were supported in planning their 2016 budget and in advocating for more resources for nutrition and health care, but funds for hospitalization fees and hygiene items were not allocated. Furthermore, dialogue with the health ministry regarding their involvement in detainee health care was hindered by the Ebola outbreak. Nevertheless, inmates had some access to medical care through ICRC support for prison health services. Two infirmaries were repaired, and a new one was constructed; several dispensaries regularly received drugs and other supplies. Health staff were also advised on managing diseases and administering medication, which helped them conduct thousands of consultations.

Cooperation agreements between four prisons and their respective referral hospitals – facilitated by the ICRC in 2014 – helped improve coordination among them, but the absence of a budget for referrals remained an issue. Over 480 people requiring specialized medical attention were referred to hospitals, including 15 people injured in a prison riot and 22 destitute detainees with life-threatening illnesses, who had their hospital fees covered by the ICRC.

Detainees mitigate their risk of contracting diseases, including Ebola

The authorities drew on ICRC technical and material support for initiatives to mitigate the spread of diseases. Pest-control initiatives, hygiene-promotion campaigns and distributions of clothing, mats and toiletries, helped reduce disease risks for thousands of inmates. The authorities were also advised on Ebola prevention measures by the ICRC, and prison health workers were provided with financial incentives and infrared thermometers to help ensure the continued implementation of these measures. In addition, disinfection campaigns were carried out in partnership with the National Society. No cases of Ebola were reported in Guinean prisons in 2015.

Budgetary constraints hampered the authorities' ability to allocate resources towards upgrading prison infrastructure. Nevertheless, around 2,400 people in six prisons had better living conditions through projects carried out by the ICRC. These included emergency interventions that restored access to drinking water for nearly 2,000 people in four prisons, and the construction of a separate area for female detainees in one prison.

ACTORS OF INFLUENCE

Security personnel learn about internationally recognized standards applicable to their work

Through dissemination sessions, over 2,300 members of the Guinean police/*gendarmerie* enhanced their understanding of: the protection due to people seeking/providing medical treatment; internationally recognized standards for law enforcement, including those related to the proper use of force in arrest and detention; and the Movement and its work. The Guinean army's IHL office remained inactive, but nevertheless, hundreds of troops, including peacekeepers, learnt about IHL and other applicable norms during ICRC workshops. Some of these events included a module on Ebola, which helped clarify misconceptions about the disease and the humanitarian response to the outbreak.

Communication efforts help increase acceptance of Guinean Red Cross volunteers

Hostility against humanitarian workers (see *Context*) underscored the need to raise acceptance of Movement activities and facilitate humanitarian access during emergencies. Radio spots were produced in consultation with Movement partners, with a view to increasing public acceptance of Guinean Red Cross volunteers, and in turn, help them carry out disease-prevention measures safely. The Guinean and Sierra Leonean National Societies published information materials on the Movement's emblems and working methods; in Guinea, these materials, alongside meetings with local authorities and youth leaders and other community members, helped facilitate access to victims of violence (see *Civilians*). Some members of violence-prone communities where the ICRC had previously constructed/repaid water infrastructure learnt more about the Movement during first-aid sessions. During World Red Cross and Red Crescent Day celebrations, Guinean Red Cross volunteers conducted workshops on first aid, the Fundamental Principles and disease prevention.

Among Islamic circles in Guinea, the Movement's work was better known and accepted thanks to sustained dialogue with their representatives. Contact with academics promoted IHL instruction in Guinean universities. At a workshop on humanitarian reporting, two journalists increased their understanding of the ICRC and its work.

The authorities draw on ICRC advice regarding justice and security sector reforms

Dialogue with the Guinean authorities focused on the importance of incorporating IHL provisions in national legislation, and of ratifying international treaties. Representatives from Guinea and Sierra Leone, sponsored by the ICRC, attended a regional seminar on IHL implementation (see *Nigeria*).

A working group supported by the European Union – and tasked with the revision of the code of criminal procedure, the penal code and the code of military justice as part of ongoing justice and security sector reforms – drew on ICRC technical expertise, notably with regard to the incorporation of IHL provisions in these texts. In parallel, a penitentiary commission worked on evaluating the Guinean prison system (see *People deprived of their freedom*).

RED CROSS AND RED CRESCENT MOVEMENT

Guinean Red Cross teams respond to emergencies, including the Ebola outbreak

The Guinean Red Cross strengthened its operational capacities with financial, logistical, material and technical support from the ICRC, such as first-aid training and simulation exercises for

its volunteers, who responded to several incidents (see *Civilians*). At other courses, emergency responders learnt about the issue of sexual violence and how to help victims deal with its consequences by, *inter alia*, referring them to other providers for appropriate care. National Society personnel also had better working conditions after two offices were constructed and another one was renovated. Plans to provide the organization with supplies for its Ebola-related activities were cancelled because other actors had already provided such support.

To help them carry out their activities securely, volunteers were trained in the Safer Access Framework; a workshop was also conducted for those working in violence-prone areas, enabling them to share their experiences in implementing projects using an approach that integrated first aid, family-links services and communication. Furthermore, support for radio spots (see *Actors of influence*) and relief distributions for Ebola victims (see *Civilians*) helped increase acceptance of those working against Ebola.

The National Society drew on ICRC advice to develop its strategic plan and volunteering policy.

The Guinean and Sierra Leonean National Societies strengthen their family-links services

Both National Societies developed their family-links and communication capacities at workshops and produced promotional materials with ICRC support. Guinean volunteers also participated in dissemination sessions for the armed/security forces (see *Actors of influence*).

With support from the ICRC, representatives from both National Societies attended a regional workshop (see *Dakar*) on the Fundamental Principles and in a statutory meeting in Geneva, Switzerland.

Regular coordination among Movement partners and with other humanitarian agencies – particularly, in connection with the Ebola response – helped maximize the impact of activities and prevent duplication of effort.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SC*	
RCMs collected	48			
RCMs distributed	79			
Phone calls facilitated between family members	212			
Reunifications, transfers and repatriations				
People reunited with their families	1			
Tracing requests, including cases of missing persons			Women	Girls
People for whom a tracing request was newly registered	19	6	4	1
People located (tracing cases closed positively)	4			
Tracing cases still being handled at the end of the reporting period (people)	10	4	3	
UAMs/SC*, including demobilized child soldiers			Girls	Demobilized children
UAMs/SC reunited with their families by the ICRC/National Society	1			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	1	1		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Detainees visited	4,033	187	274	
			Women	Girls
Detainees visited and monitored individually	25	1		1
Detainees newly registered	5			1
Number of visits carried out	175			
Number of places of detention visited	66			
Restoring family links				
RCMs collected	127			
RCMs distributed	41			
Phone calls made to families to inform them of the whereabouts of a detained relative	25			

*Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Essential household items ¹	Beneficiaries			
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	42,000	50%	30%
Health				
Health centres supported ¹	Structures			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	5,066		
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	2,570		
Health				
Number of visits carried out by health staff		75		
Number of places of detention visited by health staff		29		
Number of health facilities supported in places of detention visited by health staff		28		

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.

LIBERIA



ICRC delegation ICRC sub-delegation

KEY RESULTS/CONSTRAINTS IN 2015

- ▶ Some Ebola-related initiatives were curtailed/concluded early because Ebola cases decreased. People accessed health care at pre-outbreak levels in facilities that set up preventive measures with ICRC support.
- ▶ Ebola-affected people met their needs/restored their livelihoods via Liberia Red Cross Society/ICRC cash grants; vulnerable children received additional support and were referred to others for further aid/services.
- ▶ Activities affected by the outbreak were resumed where possible. People mitigated their risk of contracting disease after the ICRC conducted hygiene-promotion sessions and constructed wells in the south-east.
- ▶ The authorities received support for improving detainees' nutrition/living conditions and their access to health care, as well as for disease-prevention measures that helped avert cases of Ebola in prisons.
- ▶ Liberia drew on ICRC support to ratify the Arms Trade Treaty.

EXPENDITURE IN KCHF

Protection	995
Assistance	8,847
Prevention	963
Cooperation with National Societies	1,101
General	33
Total	11,941
<i>Of which: Overheads</i>	729

IMPLEMENTATION RATE

Expenditure/yearly budget	68%
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PERSONNEL

Mobile staff	18
Resident staff (daily workers not included)	89

The ICRC has worked in Liberia since 1970, opening its delegation in 1990. It visits detainees and works with the authorities to improve conditions of detention. It also runs programmes to promote IHL and humanitarian principles among authorities and armed and security forces and supports the Liberia National Red Cross Society to help it strengthen its operational capacities. With the National Society, the ICRC works to protect and assist conflict/violence affected-people, including refugees, notably by restoring links between separated relatives and improving sanitation conditions in vulnerable communities.

YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	184
RCMs distributed	80
Phone calls facilitated between family members	1,028
People located (tracing cases closed positively)	10
People reunited with their families	1
<i>of whom unaccompanied minors/separated children</i>	1
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited ¹	3,317
Detainees visited and monitored individually	28
Number of visits carried out	123
Number of places of detention visited	16
Restoring family links	
RCMs collected	77
RCMs distributed	39
Phone calls made to families to inform them of the whereabouts of a detained relative	40

ASSISTANCE	2015 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security¹ (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 7,200	25,945
Essential household items	Beneficiaries	9,275
Cash	Beneficiaries 99,600	108,466
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries 497,000	261,100
Health		
Health centres supported	Structures 6	3
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	1

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

CONTEXT

The Ebola outbreak that began in 2014 led to thousands of deaths and severely strained public services already weakened by past conflict, particularly health-care and water systems. As Liberia received support from the international community in dealing with the outbreak, the number of new cases subsided significantly; the country was provisionally declared Ebola-free twice, but isolated cases were intermittently reported. By the second half of 2015, commerce had resumed, as most travel restrictions were lifted. Nevertheless, major challenges persisted: access to essential services remained a countrywide concern, and many Ebola-affected people struggled to generate income.

Tens of thousands of Ivorian refugees – displaced by the 2011 conflict and by violence linked primarily to land tenure in Côte d'Ivoire (see *Abidjan*) – remained in camps or host communities, mainly in south-eastern Liberia. The Ebola outbreak and subsequent closure of the Ivorian-Liberian border interrupted the UNHCR-led voluntary repatriation process. The border remained closed at year's end, but repatriations resumed in December, as some people were allowed to cross the border for humanitarian reasons.

The army resumed training/recruitment efforts in preparation for the withdrawal of the United Nations Mission in Liberia (UNMIL) by 2016.

ICRC ACTION AND RESULTS

In support of, and in coordination with, the authorities, the UN and others concerned, and within the framework of the Movement response led by the International Federation, the ICRC helped respond to the Ebola outbreak. Through regular meetings, it actively liaised with and provided technical expertise to the above-mentioned actors, particularly with regard to health care and water/sanitation. As the number of cases dwindled, the ICRC concluded/scaled down some Ebola-related initiatives, while continuing or resuming activities begun before the outbreak.

The ICRC, together with the authorities, helped people obtain health care at pre-crisis levels by supporting facilities in implementing Ebola-prevention measures and treating patients; in particular, it upgraded infrastructure and provided supplies, equipment and training for health workers. Financial support for referrals and staff salaries was cancelled, as others were providing such assistance.

Until April, the ICRC provided daily meals – based on a nutritional protocol developed with other organizations – for patients at Ebola treatment units (ETUs), enabling the organizations to focus on providing health care. Ebola survivors and the families of victims covered some of their expenses/started small businesses using Liberia National Red Cross Society/ICRC cash grants. They included vulnerable children who had survived Ebola, and/or had lost parents to the disease; the ICRC visited them to check on their well-being, provided them with additional material support, and referred them to other actors for further assistance and medical services, including psychosocial support; this helped them meet their needs and mitigate the risks they faced.

The authorities drew on ICRC support to treat water and decontaminate ETUs, mitigating people's risk of cross-infection. Support for repairing the Monrovia water treatment plant and improving cremation facilities was withdrawn after another organization provided assistance for the plant, and after the national cremation policy was changed. The International Federation took over the

task of supporting the National Society in Ebola-awareness campaigns and in organizing safe and dignified burials.

The National Society/ICRC resumed conducting hygiene-promotion sessions and constructing wells in the south-east, which helped communities reduce their risk of contracting diseases and improved their access to water. The ICRC continued addressing the residual need for family-links services, particularly among Ivorian refugees; however, the border closure hindered family reunifications. Detainees reconnected with their relatives via the National Society/ICRC.

Through regular visits conducted according to its standard procedures, the ICRC monitored detainees' treatment and living conditions; findings and recommendations were confidentially shared with officials. Comprehensive support to the authorities for disease-prevention measures contributed to there being no cases of Ebola in prisons. The ICRC also helped alleviate malnutrition by providing supplementary food rations. Despite the need to prioritize the Ebola response, whenever possible, the ICRC supported the authorities in improving prison health care and constructing/upgrading infrastructure, including water and kitchen facilities at the Monrovia Central Prison (MCP).

The ICRC – together with the International Federation, which led the Movement response to Ebola – assisted the National Society in strengthening its emergency-response, family-links and communication capacities. Multimedia materials and joint public communication efforts helped people learn more about the Movement's components and activities. To raise awareness of the discrimination suffered by Ebola survivors, the Movement produced a song for use in social mobilization campaigns. In addition to supporting the National Society's Ebola response, the ICRC helped it provide relief for victims of small-scale disasters and vocational training for vulnerable women.

The authorities, with ICRC support, resumed work on IHL implementation: notably, they ratified the Arms Trade Treaty. The army incorporated operational practices in its training manual that were related to facilitating safe access to health care. Incoming Liberian armed/security forces and UNMIL officers learnt more about IHL and Movement activities at briefings.

CIVILIANS

In support of and in coordination with the authorities, the UN, and other actors, and within the framework of the Movement response (see *Red Cross and Red Crescent Movement*), the ICRC helped respond to the Ebola outbreak and its effects. As the number of cases dwindled, the ICRC concluded or scaled down some Ebola-related activities, while continuing or resuming other humanitarian activities begun before the outbreak.

People regain access to health care at pre-outbreak levels

People obtained health care at four ICRC-supported facilities, including a hospital, where no cases of Ebola cross-infection were reported. Disease-prevention procedures were developed and subsequently monitored in cooperation with the health ministry's county teams; staff mitigated the risk of cross-infection through training and protective equipment. Electrical and water/sanitation systems were repaired or constructed. The health facilities mentioned above also received support for treating patients, including drugs and subsidies for treatment fees; the ICRC also lobbied for adequate staffing. This alleviated the burden on other

facilities and helped restore access to health-care to pre-outbreak levels. For example, over 1,200 people availed themselves of consultations at a facility for treating HIV/AIDS, TB and leprosy; thousands of women availed themselves of antenatal consultations at two clinics and a hospital. Financial incentives for health workers and referrals for Ebola patients were cancelled because of support from other actors.

The authorities drew on ICRC support to mitigate the risk of cross-infection. For example, people had access to clean water after personnel at the partially functioning Monrovia plant – which served 250,000 people – treated the water supply with ICRC-supplied chemicals. Municipal sanitation personnel worked with ICRC teams to manage waste from five ETUs; this on-the-job experience, along with ICRC-donated trucks, helped them work unassisted at another ETU and two triage sites. With ICRC support, one ETU in Monrovia was decommissioned, making it available again for cholera treatment. The authorities disposed of medical waste generated in Montserrado county more efficiently, using two ICRC-installed incinerators.

Plans to support the authorities in repairing the Monrovia water treatment plant were cancelled because other actors took over the task, as were plans for improving cremation facilities, owing to the 2014 withdrawal of the mandatory cremation policy. The International Federation took over the provision of support to the National Society for human remains management and for Ebola-awareness campaigns in the south-east.

People in south-eastern Liberia reduce their risk of contracting diseases, including Ebola

Communities in the south-east continued to experience the effects of the refugee influx caused by the 2011 Ivorian conflict. Through sessions conducted by International Federation/ICRC-trained National Society volunteers, over 5,400 people in three counties – including a few Ivorian refugees – learnt more about good hygiene practices. Additionally, with the ICRC's encouragement, they constructed bathhouses, garbage pits and other sanitation facilities. Over 10,600 people had better access to water after several wells were constructed by the ICRC.

Ebola-affected people, including orphans, meet their needs through mobile money transfers

At three ETUs, 304 patients received nutritional support based on a nutritional protocol developed jointly by the ICRC, Médecins Sans Frontières (MSF) and others concerned. This improved patients' chances of recovery, and allowed MSF and other organizations managing ETUs to focus on providing medical care. The programme ended in April, as there were no new admissions to the ETUs.

Ebola survivors and relatives of the deceased had difficulty recovering from the loss of their livelihoods and their belongings, the latter in consequence of disinfection procedures. Thus, over 2,500 of them were provided with cash grants that were distributed by the National Society/ICRC via mobile phones; these grants helped them cover their expenses, particularly for food, water and education. A number of people in the initial caseload mentioned above – which was reduced after the outbreak subsided – could not be traced, owing to the lack of reliable contact information. Nevertheless, the second phase of the cash assistance project continued, and some 1,700 breadwinners from the beneficiaries mentioned above restored their livelihoods with additional grants and training.

Some 520 children who had survived Ebola and/or lost one or both parents to the disease also benefited from these grants; the ICRC visited them to check on their well-being. The children were given additional material support, as needed; they were also referred to the authorities for registration and inclusion in the long-term national assistance programme, and to other organizations for medical services, including psychosocial support. These initiatives helped them meet their needs and mitigate the specific risks they faced, such as abuse or neglect.

Vulnerable women and victims of small-scale emergencies receive National Society/ICRC support

Essential items provided by the National Society/ICRC helped some 9,200 people cope with the consequences of small-scale emergencies, such as fires and windstorms.

Nearly 160 vulnerable women, including those affected by or at risk of sexual violence, received vocational training to help them become economically self-sufficient, as part of a National Society project partially funded by the ICRC. When one of the supporters of the project withdrew funding for it, the ICRC helped the National Society seek the assistance of another organization.

Ivorian refugees contact relatives across the border

Ivorian refugees and Liberians reconnected with their relatives through National Society/ICRC family-links services, but no families were reunited in 2015, as the border was closed for most of the year. Other solutions were being sought for children for whom tracing efforts had been exhausted.

The National Society, the Red Cross Society of Côte d'Ivoire, the authorities, other stakeholders and the ICRC continued to coordinate family-links activities for Ivorian refugees, which resulted in more defined roles in cross-border tracing and family reunification.

PEOPLE DEPRIVED OF THEIR FREEDOM

Over 1,800 people within the justice ministry's jurisdiction at 16 places of detention countrywide – including women, minors and those with particular concerns – were visited by the ICRC, in accordance with its standard procedures. People arrested in connection with the situation in Côte d'Ivoire (see *Abidjan*) were followed up individually. After these visits, the authorities received confidential feedback and recommendations to help them ensure that detainees' treatment and living conditions were in line with internationally recognized standards.

Detainees communicated with their families through National Society/ICRC family-links services.

No cases of Ebola are reported in prisons

People in overcrowded prisons were particularly vulnerable to cross-infection, but no Ebola cases were reported in Liberian prisons, owing partly to continued ICRC support. The authorities adopted operational guidelines for disease prevention that were developed by the ICRC, and detainees and penitentiary staff learnt about them at ICRC-conducted/facilitated training sessions at all 16 prisons. Workers at the MCP, which held over half of all the detainees in Liberia, were given protective equipment and trained in its use. Six more prisons in Ebola-affected counties were supported in establishing quarantine facilities for new detainees; the uninterrupted functioning of such facilities at the MCP was ensured through financial incentives for the personnel assigned

to them. Bathrooms at the MCP were also cleaned weekly using ICRC-donated materials, and detainees received soap regularly.

Because of the effects of the Ebola crisis on food prices and the penitentiary budget, thousands of detainees in 15 prisons were given beans and multi-nutrient powder to supplement their diet for six months; this helped prevent malnutrition among them. At five major prisons, this assistance was extended for three months. Monitoring of detainees' body mass indices, and related training for prison staff, eventually resumed at 15 prisons. Treatment was provided, in cooperation with the authorities, for 155 malnourished detainees; this included therapeutic feeding for 77 at the MCP.

Progress in improving detainees' living conditions is stalled by the Ebola outbreak

The outbreak forced a shift in priorities, but wherever possible, the detaining authorities received support from the ICRC to improve conditions for detainees; an agreement with the justice ministry to this effect was renewed.

The health ministry and its county health teams continued to draw on the ICRC for advice regarding health care for detainees. Prison clinics lacking drugs and other supplies continued to receive donations from the ICRC. A renovated sickbay and ICRC-provided materials helped minimize the risk of TB cross-infection; more than 50 detainees were screened for TB at the MCP.

Some 1,500 detainees in 11 prisons had better living conditions following improvements to infrastructure carried out by the ICRC. At the MCP, over 800 detainees had better access to clean water after hand pumps and wells were repaired. They also benefited from more sanitary food preparation after a new kitchen was constructed and staff/detainees working there were trained in good hygiene practices; the installation of energy-efficient stoves helped to reduce cooking time and fuel consumption. Detainees in one block had access to fresh air and sunlight as a result of the ICRC lobbying successfully for the use of an outdoor area it had constructed in 2014. Maintenance teams at the MCP and two other prisons, composed of staff and detainees, received materials, refresher training and technical advice for repairing infrastructure.

The authorities rescheduled the construction of a new detention facility in Robertsport for 2016; consequently, ICRC support was also postponed.

ACTORS OF INFLUENCE

At meetings, the authorities and members of the international community, including officials from the UN and other international organizations working in the country, were provided with technical input and regularly updated on Movement activities. This helped streamline and coordinate the humanitarian response to the Ebola crisis, while also facilitating possible avenues of cooperation and broadening support for Movement activities. Information collected during ICRC visits to vulnerable children (see *Civilians*) was shared with other actors, which helped identify gaps in assistance.

Media efforts raise awareness of the Movement's work and of discrimination against Ebola survivors

The public learnt more about the Movement components and their activities through communication materials and joint activities, such as press conferences. A song was produced for use in social mobilization campaigns to raise awareness of discrimination

against Ebola survivors. The National Society received support for its public communication initiatives, which included an ICRC-backed radio programme.

Moot court competitions and other IHL-related activities for academics were put on hold because of the Ebola crisis. Nevertheless, contact with two universities was maintained.

Committees resume work on incorporating IHL provisions in domestic legislation

The authorities resumed work on incorporating in domestic legislation the provisions of IHL-related treaties that they had signed/ratified, after the Ebola crisis had forced a shift in their priorities.

With ICRC technical/financial support, Liberia ratified the Arms Trade Treaty. The Firearms and Ammunition Control Act, which had been drafted with ICRC support, awaited adoption by the legislature. The national IHL committee also completed a draft proposal for incorporating provisions of the 1949 Geneva Conventions in the Liberian penal code. Government officials learnt more about IHL and its implementation at a regional seminar (see *Nigeria*) and at a meeting in Geneva, Switzerland, for prosecutors and judges.

The army revises its IHL training manual

Some 960 members of the armed/security forces and over 300 incoming UNMIL officers learnt about the Movement and the basic principles of IHL at ICRC dissemination sessions.

At an ICRC-supported workshop, senior officers discussed operational practices for ensuring safe access to health care during military operations. Subsequently, a chapter on this subject was included in their IHL training manual, of which more than 500 copies were printed. During an annual military exercise, the National Society and the ICRC helped the armed/security forces strengthen their understanding of the Movement's role during emergencies, and of the need to provide unhindered access to people seeking/providing medical care.

RED CROSS AND RED CRESCENT MOVEMENT

In coordination with the International Federation – which led the Movement's Ebola response – and other Movement components, the Liberia National Red Cross Society was provided with technical, material and financial backing for its operations. Support for the National Society's response to the Ebola outbreak and other emergencies, in line with the Safer Access framework (see *Civilians*), and for its communication activities (see *Actors of influence*), helped boost its image and visibility as a humanitarian actor.

Activities that were postponed/scaled down because of the Ebola response resumed during the latter part of the year. For instance, 35 emergency response team members learnt more about family-links services, the tracing focal point received technical support, and the head of the disaster management department attended a regional family-links services workshop in Côte d'Ivoire (see *Abidjan*), where National Societies discussed their experiences and operational challenges. In addition, 34 volunteers received advanced first-aid training, and the National Society's first-aid manual was revised to include the latest techniques. The National Society also appointed a focal point for activities related to the goals of the Health Care in Danger Project.

The National Society worked, with Movement support, to improve its governance, accountability and transparency. It held internal

meetings on institutional reforms; and the secretary-general discussed the Fundamental Principles with other members of the Movement at a workshop (see *Dakar*).

Movement components in Liberia met regularly to coordinate their activities.

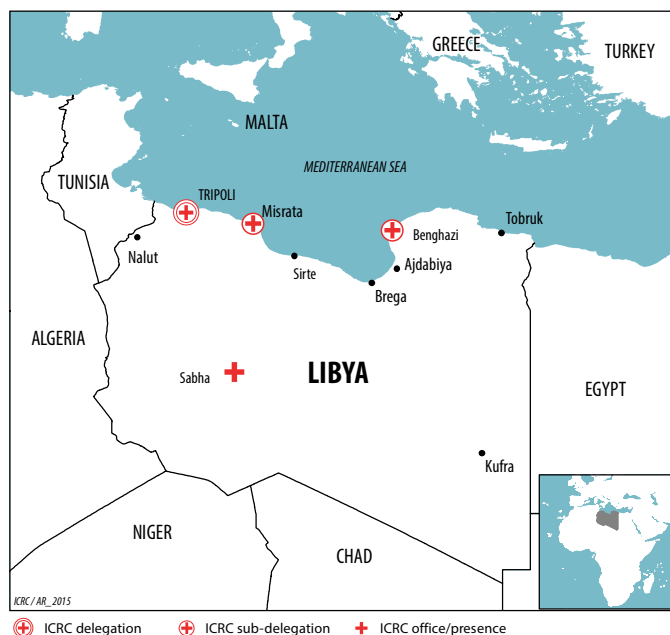
MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
Red Cross messages (RCMs)			UAMs/SC*		
RCMs collected	184	18			
RCMs distributed	80	7			
Phone calls facilitated between family members	1,028				
Reunifications, transfers and repatriations					
People reunited with their families	1				
Tracing requests, including cases of missing persons		Women	Girls	Boys	
People for whom a tracing request was newly registered	8	2	3	2	
<i>including people for whom tracing requests were registered by another delegation</i>	1				
People located (tracing cases closed positively)	10				
<i>including people for whom tracing requests were registered by another delegation</i>	2				
Tracing cases still being handled at the end of the reporting period (people)	25	4	8	5	
<i>including people for whom tracing requests were registered by another delegation</i>	6				
UAMs/SC*, including demobilized child soldiers		Girls		Demobilized children	
UAMs/SC newly registered by the ICRC/National Society	2	1			
UAMs/SC reunited with their families by the ICRC/National Society	1				
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	20	12			
Documents					
Official documents relayed between family members across borders/front lines	1				
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits		Women	Minors		
Detainees visited ¹	3,317	339	54		
		Women	Girls	Boys	
Detainees visited and monitored individually	28				
Detainees newly registered	20				
Number of visits carried out	123				
Number of places of detention visited	16				
Restoring family links					
RCMs collected	77				
RCMs distributed	39				
Phone calls made to families to inform them of the whereabouts of a detained relative	40				

*Unaccompanied minors/separated children

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

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)¹				
Food commodities	Beneficiaries	25,945	38%	2%
Essential household items	Beneficiaries	9,275	38%	37%
Cash	Beneficiaries	108,466	33%	23%
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	261,100	28%	44%
Health				
Health centres supported	Structures	3		
Average catchment population		103,900		
Consultations	Patients	16,290		
	<i>of which curative</i>		3,621	5,694
	<i>of which ante/post-natal</i>		3,354	
Immunizations	Doses	5,532		
Referrals to a second level of care	Patients	14		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Food commodities ¹	Beneficiaries	7,241		
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	1,538		
Health				
Number of visits carried out by health staff		198		
Number of places of detention visited by health staff		16		
Number of health facilities supported in places of detention visited by health staff		15		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	1		
	<i>of which provided data</i>	1		
Patients whose hospital treatment has been paid for by the ICRC	Patients	6,115		
Admissions	Patients	1,241	1,176	4
	<i>of which internal medicine and paediatric cases</i>	98		
	<i>of which gynaecological/obstetric cases</i>	1,143		
Operations performed		365		
Outpatient consultations	Patients	6,094		
	<i>of which internal medicine and paediatric</i>	1,121		
	<i>of which gynaecological/obstetric</i>	4,973		

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.



The ICRC opened a delegation in Libya in 2011 after social unrest escalated into armed conflict. It seeks to support forensic authorities through technical advice. It also works to regain access to detainees. It supports the Libyan Red Crescent in developing its capacities and works alongside it to respond to the emergency needs of violence-affected people, including migrants, in terms of emergency relief, family contact and medical care. It also promotes IHL and humanitarian principles through its contacts with all armed actors.

YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

LOW

KEY RESULTS/CONSTRAINTS IN 2015

- ▶ Tens of thousands of vulnerable IDPs covered their basic needs and eased their conditions with the help of food, essential household items and hygiene kits distributed by the Libyan Red Crescent and the ICRC.
- ▶ Weapon-wounded and other injured/sick people were treated at hospitals/other facilities that the ICRC provided with medical supplies. First-aiders and doctors developed their capacities at ICRC-organized courses.
- ▶ Hundreds of migrants held at a retention centre returned to their home countries through the concerted efforts of the National Society, the authorities and embassies concerned, IOM and the ICRC.
- ▶ The Libyan Red Crescent sustained its emergency response capacities – particularly in relief distribution, first aid and human remains management – with various forms of ICRC support.
- ▶ Owing to security constraints and the political situation in Libya, the ICRC cancelled some of its planned activities, including support for the families of missing persons.

EXPENDITURE IN KCHF

Protection	1,800
Assistance	6,834
Prevention	2,298
Cooperation with National Societies	1,647
General	89
Total	12,667
<i>Of which: Overheads</i>	763

IMPLEMENTATION RATE

Expenditure/yearly budget	79%
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PERSONNEL

Mobile staff	17
Resident staff (daily workers not included)	117

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	4
RCMs distributed	48
Phone calls facilitated between family members	27
People located (tracing cases closed positively)	1
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
Restoring family links	
RCMs distributed	3

ASSISTANCE	2015 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 36,000	32,734
Essential household items	Beneficiaries 72,000	48,979
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries 450,000	
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	21
Physical rehabilitation		
Projects supported	Structures 1	1

CONTEXT

Conflicts between various armed groups continued to affect large parts of Libya. These involved air strikes and heavy exchange of fire in densely populated areas, especially the cities of Benghazi and Tripoli. Attacks on civilians and on essential infrastructure persisted. The growing presence and activities of radicalized armed groups contributed to the further deterioration of security conditions.

Two government bodies – each with its own legislative/executive/judicial branches and armed supporters – competed for power and legitimacy. Following negotiations backed by the UN Support Mission in Libya and other efforts by members of the international community, the parties concerned signed a draft political agreement in December.

Some 400,000 people were reportedly displaced, and thousands injured or killed, since the escalation of the fighting in May 2014. Civilians found it increasingly difficult to obtain essential services and basic commodities. Health facilities struggled to cope with the influx of patients, owing to budgetary constraints and shortages of staff and medical supplies. Only a few humanitarian/international organizations remained operational in the country.

Thousands of migrants, including asylum seekers and refugees, used Libya as their transit point to Europe, through the Mediterranean Sea. Hundreds were arrested, and most of them held in retention centres. Vessels carrying migrants often met with disaster; this led to an increase in rescue operations and in the number of deaths at sea.

ICRC ACTION AND RESULTS

Despite the constraints brought about by the violence and political uncertainty in Libya, the ICRC strove to help address the emergency humanitarian needs of displaced or injured people. It adapted some of its activities, maintained its partnership with the Libyan Red Crescent and refined its working methods, in line with a revised staff set-up put in place in 2014 to address security issues. A budget extension appeal launched in April reflected these adjustments.

As the ICRC's main partner in the country, the Libyan Red Crescent received technical, material and financial support for strengthening its operational and institutional capacities, particularly in relief distribution, first aid and management of human remains.

In Benghazi, Misrata, Tripoli and other areas heavily affected by fighting, vulnerable IDPs coped with the help of food rations, essential household items and hygiene kits provided by National Society and ICRC teams. These beneficiaries included female heads of households and others with specific vulnerabilities. Contact with influential parties, including community leaders, helped facilitate the National Society/ICRC teams' access in some areas, although security constraints sometimes hampered the timely provision of aid. Water-related needs in camps and schools housing IDPs were assessed, but no direct ICRC assistance was required.

To help ensure that wounded/sick people, particularly those injured during clashes or attacks, received appropriate treatment, the ICRC promoted respect for medical services and supported local institutions and the National Society in responding to emergencies. It helped hospitals and other medical facilities sustain their services by providing them with urgently needed supplies for treating weapon-wounded and other ailing/injured

people; National Society branches in conflict-affected areas also received medical supplies. The ICRC conducted first-aid training sessions for National Society instructors/volunteers and trauma-management/war-surgery seminars for doctors and surgeons. In view of the security conditions in Libya, the courses were held in Tunisia. Discussions with the Misrata University, on the provision of physical rehabilitation services, resumed.

The ICRC continued to broaden awareness of humanitarian issues and principles, and to foster acceptance for its neutral, impartial and independent humanitarian action. It did so by pursuing contact with government figures, members of armed groups and other influential actors, but the situation in the country made it difficult to engage these parties in dialogue on IHL and its implementation. To relay humanitarian messages to a wider audience – on such matters as the protection and respect due to people not/no longer participating in the fighting – the ICRC expanded its public communication initiatives on various media platforms. Some members of civil society were sponsored to attend IHL courses abroad.

The ICRC monitored the conditions of migrants in retention centres through meetings with pertinent institutions/authorities; whenever possible, it sought to address some of their humanitarian concerns. For example, it donated essential household items to two retention centres and worked with the National Society, IOM and other parties concerned to facilitate the voluntary repatriation of hundreds of migrants.

Members of families dispersed by conflict, detention or migration reconnected with their relatives with the help of National Society/ICRC family-links services. Plans to help address the needs of the families of missing persons were cancelled, owing to uncertain political/security conditions.

Coordination with other humanitarian actors in Libya and abroad, mainly through a support office in Tunisia, helped the ICRC monitor humanitarian needs, identify gaps and avoid duplication of effort.

CIVILIANS

Dialogue on the protection of people not/no longer involved in the fighting, including medical workers, remained limited owing to the uncertain political conditions and the difficulties created by the fragmentation and the sheer number of armed groups in Libya.

IDPs cope with the help of emergency aid

People displaced because of clashes and other situations of violence eased their circumstances partly through the joint action of Libyan Red Crescent/ICRC teams, whose access to certain areas was facilitated by contact with community leaders and other pertinent parties. The difficult working conditions, however, sometimes delayed or prevented the timely delivery of assistance to vulnerable people.

In all, over 32,700 IDPs (5,500 households) throughout the country sustained themselves with the help of food rations provided by ICRC/National Society teams; and nearly 49,000 people (8,000 households) benefited from donations of essential household items and hygiene kits. They included female heads of households, migrants in retention centres and other people with specific vulnerabilities. When necessary, some beneficiaries were given more than one form of assistance. The National Society replenished its stocks with ICRC-donated supplies, which helped ensure its readiness for emergencies.

Water/sanitation-related needs in camps and schools housing IDPs were assessed, but no direct ICRC assistance was required.

Migrants restore contact with their relatives abroad

Migrants and other foreigners in Libya restored contact with their relatives through family-links services. Two Eritreans received travel documents that facilitated their reunification with relatives in France. Hundreds of migrants held in retention centres were able to return to their countries as a result of the concerted efforts of the ICRC, the National Society and pertinent parties/organizations (see *People deprived of their freedom*); some unaccompanied minors in retention centres sent “safe and well” messages to their relatives.

Families in Libya exchanged news with their relatives detained abroad or held at the US internment facility at Guantanamo Bay Naval Station in Cuba via phone/video calls and RCMs relayed by ICRC delegates.

Plans to help address the needs of families of missing persons were cancelled, owing to the uncertain political/security conditions in the country.

National Society personnel learn more about managing human remains

The Libyan Red Crescent continued, with ICRC technical/financial support, to develop its capacities in restoring family links and managing human remains. National Society branches helped collect and manage human remains in conflict-affected areas, and following accidents at sea involving migrants (see *Context*), with supplies/equipment from the ICRC, such as body bags. At ICRC-organized courses, 38 staff/volunteers developed their capacities in this area.

The National Society also drew on the ICRC for technical advice in facilitating the exchange of human remains, and the exchange of detainees. The ICRC remained ready to act as a neutral intermediary in such matters.

Contact was developed with institutions doing forensic work and taking part in the collection/identification of human remains. A Libyan pathologist involved in handling the remains of migrants attended an ICRC course on the management of human remains during armed conflicts and other emergencies.

PEOPLE DEPRIVED OF THEIR FREEDOM

The political and security situation in Libya, and the limitations of the ICRC’s set-up, made it difficult to re-establish dialogue with detaining authorities, including armed groups.

Vulnerable migrants benefit from family-links services and emergency assistance

In light of the number of migrants arrested and held in Libya (see *Context*), the ICRC sought to monitor their conditions and help address their humanitarian concerns. Discussions were held with the institutions/organizations concerned, including the directors of retention centres in Misrata and Sabha.

On the basis of needs identified during the discussions mentioned above, family-links services and other assistance were offered to vulnerable migrants. Some 550 migrants from Senegal and 40 from Gambia were repatriated, with their consent, through the efforts of the authorities and consular representatives concerned,

the IOM, the Libyan Red Crescent and the ICRC. The migrants’ embassies were able to issue travel documents on the basis of photographs and other information collected by the ICRC during visits to the retention centre in Misrata, where the migrants were held. Migrants at another retention centre maintained contact with their relatives through phone calls facilitated by the National Society with ICRC support. Migrants held at two retention centres received clothes, mattresses, blankets and hygiene items from National Society/ICRC teams.

WOUNDED AND SICK

Wounded/sick people receive treatment at facilities supported with medical supplies

The security and political situation continued to adversely affect the availability and security of health services in Libya. With a view to facilitating people’s access to emergency care and treatment, the ICRC drew attention to the protection afforded by IHL to medical facilities and people seeking/providing medical assistance. It did so through its public communication initiatives and, whenever possible, during meetings with armed groups and other influential actors (see *Actors of influence*).

In Benghazi, Misrata, Tripoli, Sabha and other areas affected by intense clashes and other situations of violence, wounded/sick people received treatment at 21 hospitals that sustained their services, including obstetric care, with the help of ICRC-donated surgical equipment and medicines, wound-dressing kits and other supplies. A total of 20 other facilities – first-aid posts, primary-health-care centres and branches of the Libyan Red Crescent – also received medical materials, including supplies for treating weapon-wounded people.

Emergency responders and medical professionals expand their capacities

The Libyan Red Crescent continued to strengthen its first-aid programme with financial/technical support from the ICRC. Sixteen National Society personnel learnt how to administer first aid and developed their ability to instruct their colleagues. In all, 160 volunteers from various branches benefited from courses led by ICRC-trained/supervised instructors.

A total of 76 surgeons, emergency-room doctors and other medical professionals from 20 hospitals advanced their trauma-management skills and added to their knowledge of treating weapon wounds at courses/seminars organized by the ICRC. Four assistant instructors participated in these sessions, which helped them build up their capacity to eventually conduct such courses unassisted.

These courses for medical professionals and National Society personnel were held in Tunisia, owing to security constraints in Libya.

Misrata University and the ICRC resumed their discussions, which focused on ensuring the availability in Libya of physical rehabilitation services, prosthetic/orthotic devices and related professional expertise.

ACTORS OF INFLUENCE

Interaction with government representatives, members of armed groups, other circles of influence and the general public in Libya continued to focus on raising awareness of humanitarian issues and fostering support for the ICRC’s neutral, impartial and independent humanitarian action.

Contact with influential actors, though limited, facilitates the Movement's access to vulnerable people

Through meetings, phone calls and other means of contact with representatives of government bodies, members of armed groups and community leaders, the ICRC emphasized the protection afforded by IHL to civilians, highlighted the need to ensure access to essential services and humanitarian aid, and drew attention to the Movement's activities. These efforts helped secure access for ICRC/Libyan Red Crescent teams to conflict-affected communities (see *Civilians*). The complexity and constantly shifting dynamics of the situation, however, hampered the establishment of a broader dialogue, on IHL and its implementation, with the parties concerned.

Updates on various media platforms highlight humanitarian needs and the ICRC's response

In light of limited direct contact with influential parties, public communication initiatives for relaying humanitarian messages to a wider audience were expanded. Multimedia content disseminated through national and international broadcast/print/online media drew attention to the humanitarian needs in Libya, the issues covered by the Health Care in Danger project, IHL and the work of the National Society and the ICRC. Relief distributions (see *Civilians*) and seminars for medical professionals (see *Wounded and sick*) provided opportunities to raise awareness of the ICRC's mandate and the Movement's activities among beneficiaries. The National Society developed its communication capacities with technical support from the ICRC. For example, 20 staff members learnt more about the production of audiovisual materials, management of social media and other related matters at a workshop.

Three professors from Benghazi and Tripoli, and a National Society volunteer, added to their knowledge of IHL at courses in Lebanon; a government representative also attended a train-the-trainer workshop in the country (see *Lebanon*). One professor from Tripoli and an Islamic scholar furthered their understanding of IHL and its links with Islamic law at a seminar abroad (see *Niger*).

RED CROSS AND RED CRESCENT MOVEMENT

The National Society sustains its emergency response to humanitarian needs

Cooperation between the Libyan Red Crescent and the ICRC helped ensure the availability of emergency relief and medical services for vulnerable people (see *Civilians* and *Wounded and sick*).

The National Society continued to build its operational capacities with technical, financial, and material support from the ICRC. It bolstered its ability to respond to emergencies with the help of training and ICRC-donated equipment, such as trucks, ambulances and other vehicles. At ICRC-organized courses, volunteers/staff members developed their capabilities to restore family links and manage human remains; they also learnt – in line with the Safer Access Framework – how to mitigate the risk to their safety while carrying out their activities. The National Society's headquarters covered its operating/other costs with funds provided by the ICRC.

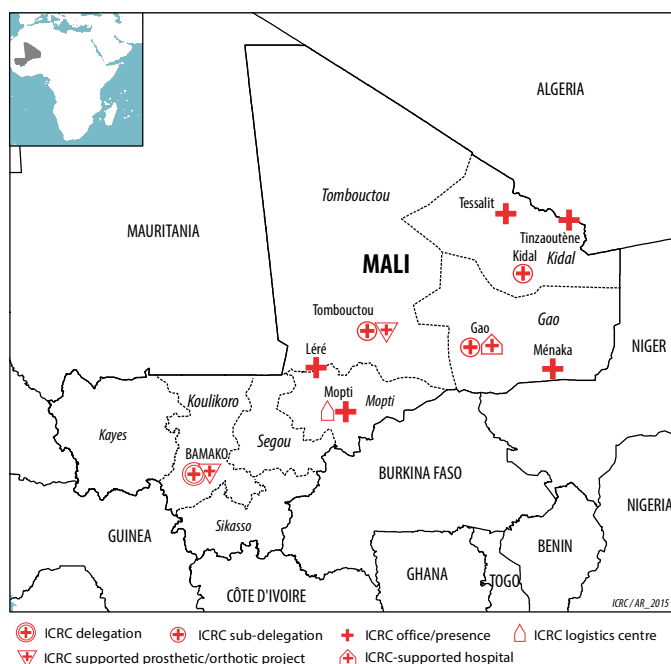
The National Society also worked to strengthen its organizational structure, drawing on ICRC technical advice. It continued to revise its statutes and restructure most of its departments.

Coordination among Movement components continued. The National Society, the International Federation and the ICRC reviewed a revised draft of the Movement's coordination agreement in Libya.

MAIN FIGURES AND INDICATORS: PROTECTION	Total			
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)		UAMs/SC*		
RCMs collected	4			
RCMs distributed	48			
Phone calls facilitated between family members	27			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	10	2	3	
including people for whom tracing requests were registered by another delegation	4			
People located (tracing cases closed positively)	1			
Tracing cases still being handled at the end of the reporting period (people)	1,462	42	23	45
including people for whom tracing requests were registered by another delegation	44			
UAMs/SC*, including demobilized child soldiers		Girls		Demobilized children
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	1			
Documents				
People to whom travel documents were issued	2			
Official documents relayed between family members across borders/front lines	1			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Restoring family links				
RCMs distributed	3			
People to whom a detention attestation was issued	1			

*Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	32,734	37%	23%
	<i>of whom IDPs</i>	32,734		
Essential household items	Beneficiaries	48,979	34%	24%
	<i>of whom IDPs</i>	48,499		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	330		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	21		
Admissions	Patients	14,255	11,700	
	<i>of which weapon-wounded</i>	2,555		
	<i>of which gynaecological/obstetric</i>	11,700		
First aid				
First-aid posts supported	Structures	20		
Wounded patients treated	Patients	2,367		
Physical rehabilitation				
Projects supported	Structures	1		



KEY RESULTS/CONSTRAINTS IN 2015

- ▶ Newly displaced and other vulnerable people received timely assistance from the ICRC – despite serious security-related constraints – with help from the Mali Red Cross and State/local/community actors.
- ▶ People in northern Mali – including victims of sexual violence, the disabled and the weapon-wounded – had better access to good-quality health-care services from more facilities supported by the ICRC.
- ▶ During various clashes, weapon bearers – who were reminded to respect IHL principles – helped facilitate National Society/ICRC access to conflict-affected communities to deliver urgent aid/livelihood support.
- ▶ Households in the north worked to regain self-sufficiency with National Society/ICRC help. Notably, fishermen, using donated boats and other equipment, earned enough money to repay loans.
- ▶ The authorities continued to improve detainees' health and nutrition via projects with the ICRC. Malnourished inmates in Bamako benefited from therapeutic feeding administered by the prison medical team.
- ▶ Members of families dispersed by the armed conflict/other circumstances restored/maintained contact via Movement family-links services; 12 minors formerly associated with armed groups rejoined relatives.

EXPENDITURE IN KCHF

Protection	4,050
Assistance	29,190
Prevention	2,496
Cooperation with National Societies	1,552
General	175
Total	37,465
<i>Of which: Overheads</i>	2,287

IMPLEMENTATION RATE

Expenditure/yearly budget	79%
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PERSONNEL

Mobile staff	67
Resident staff (daily workers not included)	320

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

YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	1,149
RCMs distributed	387
Phone calls facilitated between family members	5,114
People located (tracing cases closed positively)	53
People reunited with their families	12
<i>of whom unaccompanied minors/separated children</i>	12
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	3,970
Detainees visited and monitored individually	689
Number of visits carried out	161
Number of places of detention visited	35
Restoring family links	
RCMs collected	279
RCMs distributed	118
Phone calls made to families to inform them of the whereabouts of a detained relative	608

ASSISTANCE		2015 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security (in some cases provided within a protection or cooperation programme)			
Food commodities	Beneficiaries	180,000	250,456
Essential household items	Beneficiaries	48,000	58,824
Productive inputs	Beneficiaries	297,000	122,587
Cash	Beneficiaries	30,720	8,550
Services and training	Beneficiaries	390,120	444,734
Water and habitat (in some cases provided within a protection or cooperation programme)			
Water and habitat activities	Beneficiaries	275,400	220,765
Health			
Health centres supported	Structures	9	10
WOUNDED AND SICK			
Hospitals			
Hospitals supported	Structures	2	2
Water and habitat			
Water and habitat activities	Number of beds	161	156
Physical rehabilitation			
Projects supported	Structures	2	4
Patients receiving services	Patients	150	8,760

CONTEXT

In northern Mali, people continued to feel the effects of widespread insecurity. Armed groups clashed with each other and with the Malian military and UN Multidimensional Integrated Stabilization Mission in Mali (MINUSMA); this caused civilian casualties, for example, in Léré in Tombouctou region, and in Ménaka and Tabankort in Gao region. Some people were reportedly arrested by Malian military, MINUSMA, or French forces stationed in Mali; others held by armed groups. A peace accord signed in June by the parties to the conflict, under the auspices of Algeria, was not immediately implemented; fighting continued for weeks afterwards. Towards year-end, these parties engaged in dialogue anew and agreed to honour the terms of the peace agreement.

Attacks also occurred in Bamako and in central Mali, where new armed groups had allegedly formed. Thousands of people remained displaced within the country and beyond. Migrants traveling through Mali sometimes were assaulted in conflict-affected areas. Many people were still dependent on humanitarian aid: communal violence and banditry hampered access to already limited basic services. Successive years of poor harvest added to difficulties in re-establishing livelihoods.

Humanitarian work was increasingly hindered by logistical/security constraints; in March, armed elements attacked an ICRC truck, killing the driver and wounding a Mali Red Cross volunteer.

ICRC ACTION AND RESULTS

The ICRC and Mali Red Cross continued to help people, primarily in northern Mali, cope with the effects of armed conflict/violence. After one of its trucks was attacked in March (see *Context*), the ICRC suspended all staff movements outside towns in the north for three months; this led to some activities being delayed or scaled back. However, with the help of National Society volunteers and State/local/community actors, the National Society/ICRC was able to assist vulnerable communities in areas less accessible to others. Thus, people newly displaced by fighting received emergency relief with the least possible delay and vulnerable agro-pastoral households received food and other assistance before the hunger gap period. The ICRC also engaged a wider network of contacts among influential actors, particularly among armed groups, in dialogue to emphasize the need to ensure: access to humanitarian assistance; the safety of humanitarian personnel; and respect for other tenets of IHL. This helped facilitate and/or maintain the National Society/ICRC's access to conflict-affected communities.

In 2015, the ICRC supported more health facilities than in previous years, improving northern communities' access to good-quality care. Victims of sexual violence could obtain appropriate treatment at Gao regional hospital and, additionally, at three health centres; counselling and other psychosocial support services offered at these facilities and at Tombouctou regional hospital helped victims recover. More disabled people availed themselves of physical rehabilitation services at newly supported centres. People requiring emergency surgery, including for weapon wounds, were treated by ICRC teams in Gao hospital and the Kidal referral centre. Ad hoc assistance to other facilities helped staff cope with influxes of people wounded during clashes.

Activities to help people restore self-sufficiency continued. Farming households used donated seed and equipment to increase crop yield; vaccination campaigns helped preserve the health of

livestock. Vulnerable households, including those of victims of sexual violence, supplemented their income by upgrading water systems through a cash-for-work scheme or by starting small businesses. In Ansongo, fishermen who resumed their livelihoods with donated equipment earned enough money to repay loans.

The National Society helped maintain the Movement family-links network that enabled people dispersed by armed conflict/violence, detention or other circumstances to restore/maintain contact with relatives; it also helped minors formerly associated with armed groups rejoin their families. ICRC training helped the National Society to strengthen its ability to provide first aid, material assistance and family-links services to vulnerable people – in line with the Safer Access Framework – and to foster support for the Movement.

The ICRC continued to visit detainees in accordance with its standard procedures, individually monitoring particularly vulnerable inmates – including those serving sentences handed down by the Mechanism for International Criminal Tribunals (MICT). People held in connection with the armed conflict were visited soon after their arrest. Findings from these visits provided confidentially to the authorities contributed to improvements: for example, several detainees' pending cases were resolved. Pilot projects in health and nutrition helped the authorities sustain improvements in providing health services and food.

Where the ICRC had access, people held by armed groups received visits within days of being captured. At the request of certain armed groups, the ICRC served as neutral intermediary in the release of people in their custody.

The authorities continued, with the ICRC's support, to advance IHL implementation. Parliamentarians drafted a three-year plan to incorporate IHL treaties in domestic law. Military officers continued drafting an IHL training manual; troops learnt more about IHL at ICRC briefings. The military and the ICRC formalized an agreement to train troops in the issues covered by the Health Care in Danger project and international norms governing arrests.

CIVILIANS

Weapon bearers vacate a health centre in Tabankort

People reported abuses to the ICRC; documented allegations were shared with the parties concerned to help prevent their recurrence. Weapon bearers were reminded to respect IHL principles, particularly the need to protect those not/no longer fighting and ensure their access to medical/humanitarian assistance. Such reminders helped persuade weapon bearers to leave a health centre they had occupied in Tabankort, allowing staff to resume operations.

Dialogue with parties to the conflict and other influential actors also helped facilitate the National Society/ICRC's delivery of urgent humanitarian aid to vulnerable communities in conflict-affected areas (see *Actors of influence*).

In Gao and Tombouctou, people access quality care at more ICRC-supported health facilities

Around 35,000 people in Gao and Tombouctou, including children and pregnant women, could obtain good-quality preventive/curative care from three health centres, supported year-round by the ICRC with infrastructure upgrades, medical supplies and, for staff, incentives and technical advice; five more centres began receiving support in December 2015. Some 5,400 people newly

displaced by clashes in Tabankort received basic care and over 2,000 people were treated during a malaria outbreak at health centres provided with ad hoc support. At the Bourem referral centre, 54 people needing secondary care, some for weapon wounds, were evacuated to Gao regional hospital with ICRC financial support (see *Wounded and sick*). People were also immunized against measles, polio and tetanus during national vaccination campaigns conducted with ICRC logistical support.

Victims of sexual violence benefited from more accurate diagnosis and suitable treatment after some 40 staff – doctors, nurses and midwives – of the Gao hospital, two supported health centres in Gao and one in Tombouctou were trained to provide basic psychological and psychosocial care. Four auxiliary staff also assisted people suffering from other conflict-related trauma. At Tombouctou regional hospital, victims of violence, including sexual violence, had access to psychosocial support after the ICRC, in cooperation with another organization, began offering these services. Thus, around 180 people in Gao and Tombouctou, including 35 victims of sexual violence, were helped to recover from their ordeal. Community information sessions were conducted in both towns, to encourage referrals to the above-mentioned services and prevent stigmatization of victims; about 70 people were trained to conduct such sessions in their own communities.

Households in northern Mali work to restore their livelihoods with National Society/ICRC assistance

More than 1,000 conflict-affected people in the north upgraded water systems for farming and livestock (see below), which helped them provide for their families (around 6,200 people) through a cash-for-work scheme. In Gao and Tombouctou, some 200 households (2,300 people, including around 20 victims of sexual violence) received cash grants and training to start small businesses or handicraft projects to supplement their income.

Approximately 20,600 farming households (122,500 people) used donated seed and agricultural supplies/equipment to increase their crop yield; some 17,900 of them (105,900 people) also received three-month food rations, helping them conserve planting stock during the hunger gap period. Around 74,000 pastoralist households (444,700 people) maintained healthier, and therefore more profitable herds, with the help of donated fodder and livestock vaccination campaigns; vaccines were preserved in ICRC-provided cold boxes and solar-powered freezers. Some 20 animal health workers, trained and equipped by the ICRC, provided basic veterinary services in their communities.

In Ansongo, about 100 households – including those headed by women – who had resumed their livelihoods after the ICRC, in 2014, replaced boats/fishing equipment destroyed in clashes, earned enough money to repay past loans.

People newly displaced by clashes receive emergency food assistance with the least possible delay

Over 220,000 people, including IDPs, in the north and in Mopti had access to enough water for their daily needs, including for their crops and livestock, from upgraded water systems. Herders watered their livestock at wells dug along herding routes, saving them the trouble of searching for watering holes. In Kidal town, the water network stayed operational as technicians used ICRC-provided fuel to run the pumping station and drew on ICRC technical advice to maintain equipment.

Approximately 149,200 IDPs, returnees and vulnerable residents covered urgent food requirements through National Society/ICRC-distributed rations; people newly displaced by clashes – for example, some 400 families from Tabankort – received emergency food assistance with the least possible delay. Around 6,300 households among them, and 1,600 others affected by floods in Gao (approximately 48,600 people in all), set up temporary shelters with tarpaulins and other household essentials.

Some activities could not be carried out to the extent planned, owing to security and other constraints. National Society volunteers, community representatives, local service providers and State actors, however, enabled the health, livelihood and emergency relief activities mentioned above to continue, even when the ICRC had to limit its movements.

Minors formerly associated with armed groups rejoin their families

Families dispersed by armed conflict/violence, detention or other circumstances reconnected through the family-links network maintained by the Mali Red Cross, National Societies in countries hosting Malian refugees and the ICRC. Unaccompanied/separated children were among those who made phone calls or used RCMs to inform their families of their whereabouts. Twelve minors formerly associated with armed groups rejoined their families after their communities were assessed for risks, particularly the risk of re-recruitment.

Migrants traveling through Mali eased their situation with family-links services and/or other assistance provided, as needed, by the National Society/ICRC.

PEOPLE DEPRIVED OF THEIR FREEDOM

Armed groups request the ICRC to serve as neutral intermediary in the release of people in their custody

Detainees in 35 places of detention received ICRC visits conducted in accordance with the organization's standard procedures; security detainees and people serving sentences handed down by the MICT were among vulnerable detainees monitored individually. They stayed in touch with their families through Movement family-links services; several foreigners in detention had the ICRC notify their consular representatives of their situation.

People held in connection with the armed conflict were visited shortly after their arrest and followed up, particularly during transfers. Some registered detainees, upon release, expedited their return home with ICRC financial assistance. Where the ICRC had access, people held by armed groups were visited within days of being captured. At the request of three armed groups, the ICRC served as neutral intermediary in the release of 11 people in Gao and three in Kidal; some were treated by the ICRC team at Gao hospital (see below). The ICRC also followed closely the release of other people held by parties to the conflict and provided some ad hoc assistance.

Penitentiary authorities sustain improvements in the provision of health services and food

The authorities continued to make improvements in detainees' treatment and living conditions, drawing partly on the findings of the above-mentioned visits. Notably, people in temporary detention saw improvements in the handling of their cases: judicial authorities resolved several cases that the ICRC had brought to their attention. A legal NGO also agreed to assist vulnerable detainees referred to them.

Inmates in eight prisons housing more than half of Mali's total detainee population were better able to maintain or recover their health, following improvements implemented by the authorities through joint health and/or nutrition programmes with the ICRC. In Bamako prison, sick/injured detainees, including new arrivals, recovered at the prison clinic stocked with ICRC-donated supplies; malnourished detainees received therapeutic feeding from the in-house medical team that had taken over from the ICRC. Prison administrators drew on ICRC input, including during training and follow-up visits, to improve food supply management in 20 prisons and to evaluate the results of the nutrition programme. The penitentiary authorities also promoted usage in all prisons of the standardized menu designed with ICRC help.

In 10 prisons, fumigation campaigns and/or infrastructure upgrades carried out with the authorities, and regular distribution of hygiene items, helped detainees reduce health hazards.

In places of temporary detention, newly arrested detainees lacking personal belongings were provided with clothes, bedding and hygiene items; some people held by armed groups received similar items. Detaining authorities were also urged to refer injured detainees to medical facilities.

WOUNDED AND SICK

People injured in clashes, and others, have broader access to specialized care

People recovering from injuries, including 172 from weapon wounds, at Gao hospital had their treatment costs covered by the ICRC. Hospital staff were reinforced by an ICRC medical team that helped treat patients requiring emergency surgery. Other support – for example, upgrades to hospital equipment and construction of a unit for screening possible Ebola cases – continued even after security concerns delayed the delivery of resources. Thus, children and pregnant women received specialized treatment; victims of sexual violence obtained psychosocial support (see *Civilians*).

In May, the Kidal referral centre hired additional nurses and replenished supplies with ICRC assistance, helping staff cope with an influx of wounded people, including 66 due to weapons; regular full support to the centre began in June, with the completion of

the ICRC medical team stationed there. People injured in clashes in Ménaka received adequate care after a one-off donation of bandaging materials to the town's referral centre. A few weapon bearers wounded in Léré received treatment abroad, after the ICRC, with the authorities' consent, helped facilitate their medical evacuation (see *Mauritania*).

Disabled people avail themselves of physical rehabilitation services at three newly supported centres

At the Centre Père Bernard Verspieren in Bamako and three other facilities supported in 2015, including one in Tombouctou, more disabled people had access to physical rehabilitation services. One workshop boosted production of assistive devices; two technicians underwent training abroad, with support from the higher education ministry and the ICRC. The authorities continued to draw on ICRC technical advice for making these services more accessible throughout the country and for fostering acceptance, through sporting events for instance, for disabled people in their communities.

ACTORS OF INFLUENCE

Weapon bearers facilitate National Society/ICRC access to conflict-affected communities

While taking logistical and security constraints into consideration, dialogue was pursued with a wider network of contacts among weapon bearers, particularly among armed groups, to underscore the need to spare the civilian population and ensure the safety of health and humanitarian workers; these efforts facilitated and/or helped maintain the National Society/ICRC's access to communities affected by the conflict (see *Civilians*). Hundreds of members of armed groups involved in various clashes were urged to respect IHL principles and the ICRC's mandate. Malian military/security personnel deployed in the north were also reminded of their obligations under IHL.

Community leaders and journalists help to further the public's understanding of humanitarian issues

Interaction with influential members of civil society helped the ICRC adapt its activities in order to reinforce its acceptance among communities. During informal meetings, community/religious leaders shared their views on how the ICRC was perceived. At other events, members of NGOs in the north, including leaders

PEOPLE DEPRIVED OF THEIR FREEDOM		French Forces	Mali Armed Groups	Mali Authorities	MICT
ICRC visits					
Detainees visited		59	47	3,848	16
	of whom women			184	
	of whom minors	4	6	191	
Detainees visited and monitored individually		30	42	601	16
	of whom women			10	
	of whom girls			2	
	of whom boys			32	
Detainees newly registered		59	42	446	
	of whom women			10	
	of whom girls			2	
	of whom boys	6	2	18	
Number of visits carried out		31	17	111	2
Number of places of detention visited		2	8	24	1
Restoring family links					
RCMs collected				279	
RCMs distributed				118	
Phone calls made to families to inform them of the whereabouts of a detained relative				608	
Detainees released and transferred/repatriated by/via the ICRC				14	
People to whom a detention attestation was issued				5	

of youth associations and women's groups, learnt more about the red cross emblem and the Movement's neutral, impartial and independent approach.

Members of the media kept abreast of Movement activities in the country through press releases, newsletters and various activities; an ICRC-organized field trip helped five journalists report accurately on the humanitarian situation in Gao and the ICRC's activities for people there. Articles and radio broadcasts on the launch of the Gao hospital's psychosocial-support programme contributed to the general public's understanding of the consequences of sexual violence and the importance of prompt treatment for victims. Radio campaigns encouraged people to report missing relatives to the ICRC and, especially in remote communities in the north, helped raise awareness of IHL and the Movement.

Competitions in Mali and abroad (see *Niger*) helped further understanding of IHL among participating students and teachers. At international conferences or courses (see, for example, *Lebanon*), university instructors strengthened their ability to teach IHL.

State authorities advance incorporation of IHL in domestic legislation and military training

The authorities drew on the ICRC's recommendations to advance and develop local expertise in IHL implementation. At ICRC-organized workshops: parliamentarians drafted a three-year plan to further incorporate IHL in domestic law; and a committee worked on the implementation of the African Union Convention on IDPs. Discussions continued between the authorities and the ICRC on reforming the penal code to include abuses committed during non-international armed conflict in the definition of war crimes. Two Malian officials involved in the implementation of IHL treaties attended workshops and a conference abroad (see *Lebanon*).

Troops in training, including at the Bamako Peacekeeping School, added to their knowledge of IHL at briefings. Military officers continued drafting a basic IHL training manual, in consultation with the ICRC; senior officers furthered their understanding of IHL through advanced courses in San Remo and elsewhere (see *International law and policy*). Some units learnt more about the issues covered by the Health Care in Danger project and international norms governing arrests at workshops, organized as part of a formalized agreement between the military and the ICRC to train troops on these themes.

RED CROSS AND RED CRESCENT MOVEMENT

The Mali Red Cross provided, jointly with the ICRC, family-links services, first aid and material assistance to vulnerable people. In addition, volunteers in the north had household essentials for over 10,000 people readily available, which helped to ensure prompt assistance for households displaced during clashes and other people in need. Through local and regional workshops/training, staff and volunteers strengthened their ability to foster support for the Movement and conduct their activities in line with the Safer Access Framework. The National Society extended the reach of its operations and organized its field activities more effectively with the help of ICRC-provided communications equipment.

Movement components in Mali continued to coordinate their activities as per the tripartite agreement between the National Society, the International Federation and the ICRC, thereby avoiding duplication of effort, maximizing impact, and reinforcing security measures.

MAIN FIGURES AND INDICATORS: PROTECTION	Total			
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)		UAMs/SC*		
RCMs collected	1,149	14		
RCMs distributed	387	14		
Phone calls facilitated between family members	5,114			
Reunifications, transfers and repatriations				
People reunited with their families	12			
<i>including people registered by another delegation</i>	1			
People transferred/repatriated	2			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	100	7	5	14
<i>including people for whom tracing requests were registered by another delegation</i>	17			
People located (tracing cases closed positively)	53			
<i>including people for whom tracing requests were registered by another delegation</i>	16			
Tracing cases still being handled at the end of the reporting period (people)	263	24	19	26
<i>including people for whom tracing requests were registered by another delegation</i>	67			
UAMs/SC*, including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	12	1		11
UAMs/SC reunited with their families by the ICRC/National Society	12			12
<i>including UAMs/SC registered by another delegation</i>	1			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	4	1		2
Documents				
Official documents relayed between family members across borders/front lines	6			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits		Women	Minors	
Detainees visited	3,970	184	201	
		Women	Girls	Boys
Detainees visited and monitored individually	689	10	2	32
Detainees newly registered	547	10	2	26
Number of visits carried out	161			
Number of places of detention visited	35			
Restoring family links				
RCMs collected	279			
RCMs distributed	118			
Phone calls made to families to inform them of the whereabouts of a detained relative	608			
Detainees released and transferred/repatriated by/via the ICRC	14			
People to whom a detention attestation was issued	5			

*Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	250,456	39%	28%
	<i>of whom IDPs</i>	25,029		
Essential household items	Beneficiaries	58,824	38%	31%
	<i>of whom IDPs</i>	15,645		
Productive inputs	Beneficiaries	122,587	40%	23%
Cash	Beneficiaries	8,550	38%	12%
Services and training	Beneficiaries	444,734	41%	22%
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	220,765	25%	50%
	<i>of whom IDPs</i>	6,628		
Health				
Health centres supported	Structures	10		
Average catchment population		34,909		
Consultations	Patients	28,023		
	<i>of which curative</i>		10,202	12,097
	<i>of which ante/post-natal</i>		3,100	
Immunizations	Doses	34,450		
Referrals to a second level of care	Patients	75		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	3,555		
Health				
Number of visits carried out by health staff		66		
Number of places of detention visited by health staff		12		
Number of health facilities supported in places of detention visited by health staff		2		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	2		
	<i>of which provided data</i>	2		
Patients whose hospital treatment has been paid for by the ICRC	Patients	4		
Admissions	Patients	4,524	1,473	1,572
	<i>of which weapon-wounded</i>	238	6	11
	<i>(including by mines or explosive remnants of war)</i>	38		
	<i>of which other surgical cases</i>	686		
	<i>of which internal medicine and paediatric cases</i>	2,852		
	<i>of which gynaecological/obstetric cases</i>	748		
Operations performed		1,528		
Outpatient consultations	Patients	59,051		
	<i>of which surgical</i>	2,794		
	<i>of which internal medicine and paediatric</i>	46,137		
	<i>of which gynaecological/obstetric</i>	10,120		
Water and habitat				
Water and habitat activities	Number of beds	156		
Physical rehabilitation				
Projects supported	Structures	4		
Patients receiving services	Patients	8,760	1,903	4,644
New patients fitted with prostheses	Patients	149	35	16
Prostheses delivered	Units	288	69	22
	<i>of which for victims of mines or explosive remnants of war</i>	15		
New patients fitted with orthoses	Patients	347	82	167
Orthoses delivered	Units	452	117	188
	<i>of which for victims of mines or explosive remnants of war</i>	7		
Patients receiving physiotherapy	Patients	7,593	1,596	4,347
Crutches delivered	Units	90		
Wheelchairs delivered	Units	28		

MAURITANIA



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

YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS IN 2015

- ▶ Sick/injured inmates had better access to health care, with over 8,000 consultations at prison clinics supported by the ICRC. Some 140 were referred to secondary care via ICRC-brokered hospital agreements.
- ▶ Members of families dispersed by armed conflict in Mali, detention or migration restored/maintained contact via Movement family-links services; Malian refugees used RCMs to verify the well-being of relatives.
- ▶ Refugees and residents of the communities hosting them had access to an adequate supply of water after the local water board and the ICRC extended the urban water network to underserved areas.

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	142
RCMs distributed	76
Phone calls facilitated between family members	12
People located (tracing cases closed positively)	14
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	1,900
Detainees visited and monitored individually	45
Number of visits carried out	21
Number of places of detention visited	9
Restoring family links	
RCMs collected	9
RCMs distributed	12
Phone calls made to families to inform them of the whereabouts of a detained relative	16

EXPENDITURE IN KCHF

Protection	1,018
Assistance	1,549
Prevention	679
Cooperation with National Societies	483
General	26
Total	3,756
<i>Of which: Overheads</i>	229

IMPLEMENTATION RATE

Expenditure/yearly budget	81%
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PERSONNEL

Mobile staff	9
Resident staff (daily workers not included)	33

ASSISTANCE	2015 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Water and habitat		
(in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	10,000
		30,000

CONTEXT

Mauritania remained at risk of the spillover effects of regional insecurity, even as it worked with other countries in the Sahel to address this. Security operations at its borders with Algeria and Mali reportedly resulted in some arrests. Socio-political tensions persisted amid economic difficulties; demonstrations occasionally turned violent. Years of poor rainfall adversely affected food production in the country.

Fighting in Mali (see *Mali*) periodically forced people to flee to Mauritania. Tens of thousands of Malians remained at the UNHCR's M'bera camp in Bassikounou. Others stayed in host communities, where the supply of water was limited, or in informal settlements situated far from existing water points.

Some migrants travelling to northern Africa and Europe passed through the country.

ICRC ACTION AND RESULTS

The ICRC continued to support Mauritanian authorities' efforts to reform prison services, partly through ongoing dialogue on detainees' treatment and living conditions. These discussions were supplemented by confidential feedback based on the ICRC's regular visits to detainees and by insights acquired at workshops. The ICRC organized these workshops with a view to helping the authorities manage identified priority issues, including those relating to the prison food chain and detainees' access to health care. The ICRC also gave direct support to the penitentiary authorities for addressing needs not covered by the resources at their disposal, particularly for health services. For example, the provision of salary incentives for staff helped ensure that medical consultations could be conducted regularly, enabling timely identification of and treatment for ailing or injured detainees: those diagnosed with TB were followed up; malnourished detainees were given supplementary rations; and inmates requiring hospitalization were treated at nearby facilities, through ICRC-brokered referral agreements. Infrastructure upgrades, fumigation and hygiene-promotion campaigns helped inmates, who also received personal hygiene items, maintain their health.

The Movement's family-links services gave dispersed family members the means to restore/maintain contact with one another. In Bassikounou, Malian refugees used RCMs to confirm the well-being of relatives, following clashes in northern Mali. The ICRC facilitated the medical evacuation to Mauritania of a few people wounded in these clashes. Refugees and residents of the communities hosting them – more of them than in the past – had better access to water after the ICRC and local water board extended the urban water network; plans to improve access to water in rural areas were cancelled, owing to administrative constraints, and preparations made instead to help the authorities install a solar-powered water system. The Mauritanian Red Crescent continued, with ICRC support, to develop its capacities in first aid and the restoration of family-links.

The ICRC provided technical support for the Mauritanian military/security forces' efforts to standardize training for troops: the military's instructional manual on IHL was pending the authorities' approval, and the security forces worked on the final draft of their manual on international human rights law. Training/briefings helped broaden understanding of IHL among cadets and senior officers, and of international human rights norms among peacekeepers.

Influential actors were urged, through dialogue and various events, to support IHL and the ICRC's neutral, impartial and independent humanitarian action in Mauritania and in the region. Government officials and journalists discussed IHL issues at workshops abroad; an institute for Islamic studies agreed to initiate IHL programmes; community leaders – among Malian refugees and their host communities, and elsewhere – learnt more about the ICRC's work at awareness-raising sessions.

CIVILIANS

Malian refugees contact relatives after outbreaks of violence in northern Mali

Malian refugees in Bassikounou re-established/maintained contact with their families through the regional family-links network managed by the Mauritanian Red Crescent, the Mali Red Cross, National Societies in countries hosting Malian refugees and the ICRC. After outbreaks of violence in northern Mali (see *Context*), refugees confirmed the well-being of their families through RCMs.

Four wounded weapon bearers received treatment from another organization in Mauritania after the ICRC helped facilitate their medical evacuation (see *Mali*).

More people access the urban water supply after the extension of the water network

Refugees and their host communities (approximately 30,000 people) had easier access to water for their daily needs after the local water board and the ICRC extended the urban water network to underserved areas in Bassikounou. More public fountains were constructed to help ensure that more people could access the water supply, which had doubled since the beginning of this joint project with the authorities in 2013. This was supplemented by National Society/ICRC-conducted information campaigns on good hygiene and water storage practices.

The proposed construction/upgrade of wells in rural areas did not push through, however, owing to administrative constraints; instead preparations were made to help the authorities to install a system of solar-powered water pumps.

PEOPLE DEPRIVED OF THEIR FREEDOM

Some 1,900 detainees received visits from the ICRC, conducted in accordance with the organization's standard procedures. Vulnerable inmates, including minors and foreigners, were closely monitored. Several detainees contacted or stayed in touch with their families, or informed them of their detention, through National Society/ICRC family-links services. Two Mauritians held at the US internment facility at Guantanamo Bay Naval Station in Cuba had regular video calls with their families.

The authorities continued to work on reforms to prison services in order to improve detainees' treatment and living conditions; they drew partly on the ICRC's findings from its visits to detainees. At two ICRC-organized workshops, they identified priority issues in detention – monitoring the food supply chain, access to health-care services, the situation of vulnerable detainees and maintenance of prison infrastructure – and agreed to follow up, jointly with the ICRC, the management of these issues.

Ailing and injured detainees receive timely treatment from health personnel supported by the ICRC

At the six largest prisons in the country, health personnel, supported by an ICRC team, monitored the health of detainees,

including new inmates, regularly; clinics were also stocked with essential medicines and basic medical supplies. Ailing/injured detainees were more easily identified and treated after medical consultations – over 8,000 were performed – and the measurement of body mass index: 24 inmates who tested positive for TB received follow-up care and food supplements to hasten their recovery; and some 500 malnourished detainees were given supplementary meals. Around 140 detainees needing hospitalization were referred to nearby facilities, in line with agreements that the ICRC helped establish in past years.

At the authorities' request, the ICRC provided for needs not covered by current resources for detainees' health – salary incentives for staff, who maintained regular working hours, and hygiene items (see below); this ensured the uninterrupted provision of these services.

Detainees in nearly all prisons maintain personal hygiene with regularly provided items from the ICRC

Detainees in the prisons mentioned above also had improved living conditions following upgrades to sanitation systems and fire-safety infrastructure, fumigation campaigns and hygiene-promotion sessions. At these, and in nearly all other prisons under the authority of the justice ministry, detainees maintained their personal hygiene with items donated by the ICRC; this was particularly helpful to vulnerable detainees whose families could not provide them with such items. Some detainees also spent time outside their cells in prison libraries supplied by the ICRC with electric fans and/or additional books.

ACTORS OF INFLUENCE

Military officers complete updates to the IHL manual to be used in standardized training for troops

Military/security forces continued to implement the four-year plan for IHL training, which was developed with the ICRC in 2012. The military submitted the draft of their IHL manual, which would help standardize training for troops, to the authorities for approval; at one workshop, 14 military instructors strengthened their ability to draft other IHL training materials. The security forces worked on the final draft of their manual on international human rights law.

At a military school, 35 cadets strengthened their grasp of the basic principles of IHL during a two-day course offered by the ICRC. Senior military officers augmented their knowledge of IHL at advanced courses in San Remo and elsewhere (see *Egypt* and *International law and policy*). A total of 140 *gendarmes* bound for the Central African Republic, and 140 national guards for Côte d'Ivoire, learnt more about international human rights norms applicable to peacekeeping during ICRC briefings.

An institute for Islamic studies in Nouakchott agrees to initiate programmes for teaching IHL

Influential actors were urged, through dialogue and various events, to support IHL and the ICRC's neutral, impartial and independent humanitarian action in Mauritania and in the region. Four government officials and a university professor attended advanced courses abroad (see *Lebanon*), where they discussed matters pertaining to implementing and teaching IHL, respectively; two journalists took part in an international workshop (see *Dakar*) on issues related to the coverage of humanitarian affairs. Representatives from the M'bera camp (see *Context*) and from communities hosting Malian refugees gained a better understanding of the ICRC's work at awareness-raising sessions; this facilitated dialogue on issues of common concern.

Members of Islamic circles continued to explore parallels between IHL and Islamic law, for example, during courses held at a partner university in Aioun for religious leaders/scholars and law students. An institute for Islamic studies in Nouakchott formalized an agreement with the ICRC to initiate programmes for teaching IHL; discussions on future activities were in progress. At National Society/ICRC training sessions, 19 Koranic school instructors from a local NGO learnt how to administer first aid.

RED CROSS AND RED CRESCENT MOVEMENT

The Mauritanian Red Crescent continued to develop its institutional and operational capacities with ICRC financial, material and technical support. Training in first aid helped volunteers – some of whom were Malian refugees – prepare for emergencies; over 500 of them were assigned to religious, sporting and other public events around the country to treat possible cases of injury. National Society trainers refined their first-aid teaching skills at a regional workshop (see *Dakar*).

The National Society drew on the ICRC's expertise to improve its training strategy, which included measures for offering first-aid courses to generate income, and to review its legal base, which had been revised to incorporate provisions of the draft law on the emblems protected under IHL.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SC*	
RCMs collected		142	1	
RCMs distributed		76		
Phone calls facilitated between family members		12		
Tracing requests, including cases of missing persons			Women	Girls
People for whom a tracing request was newly registered		26	1	5
People located (tracing cases closed positively)		14		
including people for whom tracing requests were registered by another delegation		1		
Tracing cases still being handled at the end of the reporting period (people)		76	7	10
including people for whom tracing requests were registered by another delegation		14		
UAMs/SC*, including demobilized child soldiers			Girls	Demobilized children
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		1	1	
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Detainees visited		1,900	35	202
			Women	Girls
Detainees visited and monitored individually		45		3
Detainees newly registered		30		3
Number of visits carried out		21		
Number of places of detention visited		9		
Restoring family links				
RCMs collected		9		
RCMs distributed		12		
Phone calls made to families to inform them of the whereabouts of a detained relative		16		

*Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	30,000	40%	20%
	of whom IDPs ¹	6,000		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	1,609		
Health				
Number of visits carried out by health staff		28		
Number of places of detention visited by health staff		6		
Number of health facilities supported in places of detention visited by health staff		6		

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.

MOROCCO



ICRC delegation

The ICRC's work in Morocco dates back to 1975 during the Western Sahara conflict. Opening in 2015, its delegation aims to encourage cooperation with the Moroccan authorities, so as to facilitate IHL promotion and implementation at national level. It also seeks to support the Moroccan Red Crescent in building its operational capacities, particularly in family-links services and mine-risk education.

KEY RESULTS/CONSTRAINTS IN 2015

- ▶ Vulnerable people – notably irregular migrants and asylum seekers – restored family links and met some of their basic needs with help from the Moroccan Red Crescent and the ICRC.
- ▶ The National Society strengthened its family-links services/ mine-risk education activities with ICRC support – for instance, for conducting needs assessments and developing training manuals.
- ▶ National training institutions and the national IHL committee drew on ICRC support to brief military/gendarmerie/police officers on IHL/international human rights law and the ICRC's mandate.
- ▶ The newly established Morocco delegation worked to establish a broad base of support for ICRC action; the delegation particularly sought the authorities' approval for its proposal to visit detainees.

YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

EXPENDITURE IN KCHF

Protection	690
Assistance	-
Prevention	346
Cooperation with National Societies	587
General	-
Total	1,623
<i>Of which: Overheads</i>	99

IMPLEMENTATION RATE

Expenditure/yearly budget	91%
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PERSONNEL

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

CONTEXT

Morocco remained largely stable, despite insecurity in the wider region and some unrest in the country – to do mainly with economic issues and demands for political reform. Military/security forces conducted operations against persons or groups pursued under “anti-terrorism” legislation.

The Moroccan government contributed troops to international coalitions, including in Yemen (see *Yemen*).

The status of Western Sahara remained a point of contention between Morocco and the Polisario Front; the UN Mission for the Referendum in Western Sahara (MINURSO) was extended to 2016. Hundreds of people waited for news of relatives missing since the 1975–1991 conflict. Mines and explosive remnants of war (ERW) continued to threaten the safety of all those living in contaminated areas.

Because of Morocco’s geographical situation, tens of thousands of people – those fleeing insecurity in the Syrian Arab Republic, for example – arrived in the country en route to Europe. Morocco revised its policies regarding asylum seekers/migrants, reportedly granting visas and refugee status to 18,000 of them and relocating others after their makeshift camps in the north were dismantled by security forces.

ICRC ACTION AND RESULTS

The ICRC upgraded its presence in Morocco to a delegation in March. It focused on establishing a broad base of acceptance for future action, while maintaining other longstanding activities and joint efforts.

The Moroccan Red Crescent continued to improve its activities for vulnerable foreigners and people affected by mines/ERW, with ICRC help. It assessed the family-links needs of vulnerable migrants and asylum seekers, in central and southern Morocco, and local branches’ ability to meet them; coordinators and volunteers in these branches then developed the necessary skills through ICRC training. Communities in the Moroccan-administered parts of Western Sahara were urged to adopt safe practices around mines/ERW through risk-awareness campaigns.

The authorities and other influential actors were urged, through meetings and other means, to support IHL and the Movement. Military/security commands drew on ICRC support to train troops in IHL and international human rights law: at briefings organized with national training institutions and/or the national IHL committee, or during ICRC-supported training abroad, military officers, *gendarmérie* and police personnel learnt more about IHL, internationally recognized standards on the use of force during arrests and detention, and the ICRC’s mandate. After their training, police officers passed on what they had learnt to their respective units. The authorities and the ICRC discussed Morocco’s progress in implementing IHL-related treaties and the ICRC’s proposal to visit people deprived of their freedom.

The headquarters agreement that the Moroccan government signed with the ICRC in late 2014 was reconfirmed after the parliament passed a bill ratifying it.

CIVILIANS

The families of detainees held abroad, for instance, in Iraq, Jordan or at the US internment facility at Guantanamo Bay Naval Station

in Cuba, were able to maintain contact with their relatives through video calls and RCMs facilitated by Movement partners; one detainee’s family was also able to exchange parcels. The remains of a Moroccan pilot who had died in Yemen were repatriated with ICRC help (see *Yemen*).

The Moroccan Red Crescent strengthens family-links services for migrants/asylum seekers

In addition to receiving some assistance from the National Society and acquiring first-aid skills at National Society/ICRC training sessions, migrants living in dire conditions in five areas – mostly camps in forests – learnt of Movement family-links services available to them. They also shared their experiences and the challenges they faced on the migration route, which enabled the National Society/ICRC to better understand their situation and craft an appropriate response in this regard.

The National Society worked to establish its family-links network: it assessed the family-links needs of vulnerable people – notably irregular migrants and asylum seekers – in central and southern Morocco, complementing the assessments done in the north in 2014. It checked its local branches’ ability to meet these needs; family-links coordinators and volunteers in these branches then developed their skills accordingly, with ICRC training and supervision.

The National Society/ICRC also discussed possibilities for cooperation with organizations working to benefit vulnerable foreigners. A National Society representative also gained insight into the use of the Arabic version of the ICRC’s family-links website, having attended, with ICRC support, the official launch of the website (see *Jordan*).

The Moroccan national human rights committee and Sahrawi/Polisario Front bodies/organizations had discussions with the ICRC on the subject of maintaining a neutral, impartial and independent humanitarian approach to ascertaining the fate of people missing since the Western Sahara conflict (see *Tunis*). The ICRC reminded all parties of its readiness to serve as a neutral intermediary.

PEOPLE DEPRIVED OF THEIR FREEDOM

Through meetings and other means, the authorities concerned were briefed on the ICRC’s mandate and its activities for detainees, with a view to securing their support – in the form of an official agreement – for ICRC visits to detainees. Civil society representatives and other stakeholders concerned with detention were consulted; their insights helped further the ICRC’s understanding of the situation of persons deprived of their freedom in the country.

ACTORS OF INFLUENCE

National training institutions further troops’ understanding of IHL and human rights principles

Military/security commands drew on ICRC support to train troops in IHL and international human rights law. Senior Moroccan military officials attended a workshop on the rules governing military operations (see *International law and policy*). Information sessions/seminars organized with national training institutions and/or the national IHL committee provided valuable instruction: over 150 military officers, some from other countries, learnt more about IHL and the ICRC’s activities; and *gendarmérie* personnel, including more than 200 future commanding officers, strengthened their understanding of such subjects as differences in the applicability of IHL and international human rights law, the categories of person protected by IHL and international norms on the use of force during arrests and detention. Ten police officials

who were trained in these matters later relayed this information to their respective units.

The authorities and the ICRC discussed Morocco's progress in implementing IHL-related treaties – particularly in preparation for the 32nd International Conference – and in creating a national mechanism for preventing ill-treatment in detention. With a view to encouraging their participation in the Strengthening IHL process, the authorities were briefed on the subject. The national IHL committee updated its references with ICRC-provided material, facilitating their role in the implementation process.

Members of civil society help to broaden awareness of National Society/ICRC activities in Morocco

The authorities and other influential actors were encouraged to support IHL and the Movement through meetings and other means, with a view to establishing a broad base of support for ICRC action, in particular its work for people deprived of their freedom. Civil society organizations and the ICRC discussed issues of common concern: the situation of detainees, with human rights groups and others working in the area of detention; mine-related matters, with MINURSO; and Moroccan Red Crescent/ICRC activities for migrants/asylum seekers, with NGOs working to benefit vulnerable foreigners.

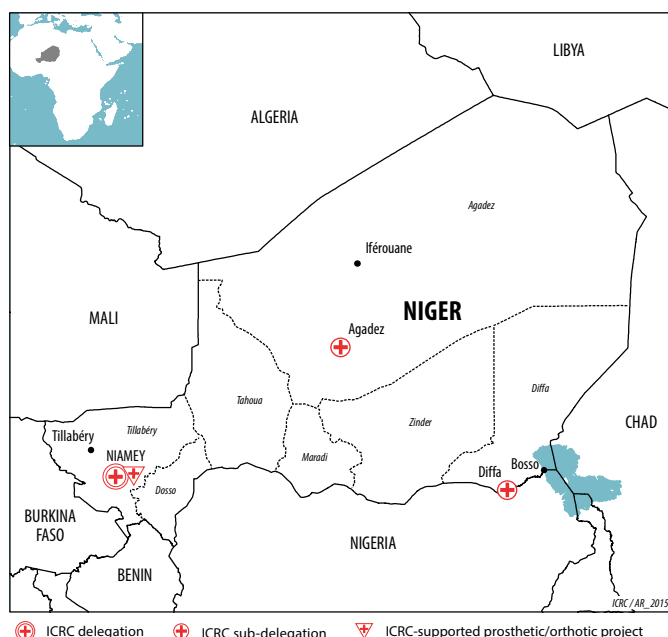
Moroccan law professors and other academics learnt more about specific IHL-related issues during advanced courses/workshops abroad (see *Lebanon* and *Niger*); this helped to improve the teaching of IHL in the country and broadened the ICRC's range of contacts in academic circles. The national IHL committee and the law faculty of one university made plans for Moroccan students' participation in regional moot court competitions in the future.

RED CROSS AND RED CRESCENT MOVEMENT

Communities in Moroccan-administered parts of Western Sahara were urged to adopt safe practices around mines/ERW through two risk-awareness campaigns conducted by Red Crescent volunteers with the help of an ICRC expert in weapon contamination.

The Moroccan Red Crescent's headquarters and its branches took steps – in line with ICRC recommendations made in 2014 – to coordinate their mine-risk education activities more closely. The National Society appointed a national coordinator, which enabled it to assume more responsibility for such activities. Together with an ICRC consultant, it prepared a new training manual in Arabic to ensure that its risk-education activities were aligned with internationally recognized standards and the principles of the Safer Access Framework. National Society instructors familiarized themselves with the new training manual at a train-the-trainer workshop.

With ICRC sponsorship, the National Society sent a representative to a regional first-aid seminar in Senegal (see *Dakar*), to help the National Society prepare for emergencies. There, the representative learnt best practices for administering first aid during incidents of violence, such as protests. The National Society's first-aid team strengthened their capacity to respond to emergencies with first-aid supplies, radio equipment and an electrical power generator from the ICRC.



KEY RESULTS/CONSTRAINTS IN 2015

- Conflict-affected people in the Diffa region met their most pressing needs for food, water and household items with help from the Movement, notably the Red Cross Society of Niger and the ICRC.
- Over 680 wounded people, including weapon bearers and displaced persons, received treatment from an ICRC surgical team that was assigned to the Diffa regional hospital within days of the outbreak of conflict.
- In 4 regions, pastoral households benefited from free vaccination/deworming services for their livestock, and farming households bridged the hunger gap period with reasonably priced food from cereal banks.
- Over 1,500 malnourished inmates in 3 prisons received food supplements from the ICRC. In these and other prisons, detainees had better living conditions following ICRC infrastructure upgrades.

EXPENDITURE IN KCHF

Protection	2,690
Assistance	16,986
Prevention	1,480
Cooperation with National Societies	882
General	42
Total	22,079
<i>Of which: Overheads</i>	1,301

IMPLEMENTATION RATE

Expenditure/yearly budget	99%
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PERSONNEL

Mobile staff	26
Resident staff (daily workers not included)	147

The ICRC has been present in Niger since 1982. It seeks to protect and assist people suffering the consequences of armed conflict in the region, as well as those affected by intercommunal violence. It monitors the treatment and living conditions of detainees; promotes IHL among armed and security forces and other weapon bearers; and encourages its implementation by the national authorities. It works closely with and helps the Red Cross Society of Niger develop its operational capacities.

YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

HIGH

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	12
RCMs distributed	5
Phone calls facilitated between family members	2,459
People located (tracing cases closed positively)	110
People reunited with their families	4
<i>of whom unaccompanied minors/separated children</i>	4
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	4,329
Detainees visited and monitored individually	1,354
Number of visits carried out	81
Number of places of detention visited	15
Restoring family links	
RCMs collected	166
RCMs distributed	64
Phone calls made to families to inform them of the whereabouts of a detained relative	1,635

ASSISTANCE		2015 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security (in some cases provided within a protection or cooperation programme)			
Food commodities	Beneficiaries	132,800	162,109
Essential household items	Beneficiaries	39,000	37,524
Productive inputs	Beneficiaries	45,300	147,858
Cash	Beneficiaries	7,500	900
Services and training	Beneficiaries	487,500	817,511
Water and habitat (in some cases provided within a protection or cooperation programme)			
Water and habitat activities	Beneficiaries	91,300	143,164
Health			
Health centres supported	Structures	6	5
WOUNDED AND SICK			
Hospitals			
Hospitals supported	Structures	1	2
Physical rehabilitation			
Projects supported	Structures	1	3
Patients receiving services	Patients	300	543

CONTEXT

In early 2015, armed conflict spread to Niger after the armed group that calls itself Islamic State's West Africa Province (also known as Jama'atu Ahlis Sunna Lidda'awati wal-Jihad or Boko Haram) and its affiliates increased their operations in the country, and throughout the Lake Chad region (see *Chad, Nigeria and Yaoundé*). In the Diffa region of Niger, attacks by armed groups, for example on the town of Bosso and on islands in Lake Chad, and clashes between them and government forces resulted in casualties and damaged civilian infrastructure; security forces arrested hundreds of people. Tens of thousands of people – some who had been displaced multiple times – sought shelter in rural Diffa or in the Zinder region. Many State and humanitarian agencies stopped their work or moved away from conflict-affected areas. They gradually returned to and resumed their activities in Diffa, but persisting insecurity, combined with their limited means, restricted their ability to respond to the needs of people affected.

Communities in the Agadez, Tahoua and Tillabéry regions continued to be affected by communal tensions and cross-border security issues. Some of them also had to compete for already scarce resources with Malian refugees who lived outside UNHCR camps to look after their herds. Renewed tensions in Mali caused an influx of refugees into Nigerien border areas.

Despite fair seasonal rains, food production remained inadequate. This compounded the difficulties already being faced by farmers and herders recovering from past drought, people affected by conflict/violence and communities hosting displaced persons.

Migrants travelling to northern Africa or Europe passed through Niger's remote northern regions.

Political tensions rose during the run-up to the 2016 elections; the authorities foiled a military coup and arrested several alleged perpetrators.

ICRC ACTION AND RESULTS

The ICRC delegation in Niger worked with the Red Cross Society of Niger and other Movement partners to protect and assist vulnerable people throughout the country. In Diffa, the ICRC focused on addressing humanitarian needs arising from armed conflict in the Lake Chad region, launching a budget extension appeal to this end, and delaying the use of resources for or diverting them from other activities in some cases. Movement components there formally recognized the ICRC as the lead agency in Diffa, enabling them to work in a more coordinated and effective way.

Conflict-affected people in Diffa met their most pressing needs with emergency assistance provided by the Movement in coordination with other humanitarian actors. National Society/ICRC relief distributions and upgrades to water infrastructure enabled displaced people and families hosting them to have enough food, obtain clean water and improve their living conditions. Health services drew on ICRC support to cope with the influx of patients: an ICRC surgical team assigned to the Diffa regional hospital helped staff treat wounded people.

The National Society/ICRC supported activities to help ensure that vulnerable and violence-affected households in Agadez, Tahoua and Tillabéry had sustainable sources of food and income. They expanded these activities in Diffa so that people could supplement/

restore livelihoods disrupted by armed conflict/displacement. Thus, herders maintained/improved the productivity and market value of their livestock with free veterinary services, and households bought grain and fodder at competitive prices from cereal and fodder banks supported by or set up with ICRC help. In these four regions, people also had access to preventive and curative care – delivered in line with government-approved baselines – at ICRC-supported health centres.

Members of families separated by armed conflict, detention or migration – particularly refugees from Mali and Nigeria – stayed in touch through the National Society's family-links network, maintained with ICRC financial and technical support.

Detainees in places of temporary and permanent detention received visits conducted in accordance with standard ICRC procedures. The ICRC continued to work with the authorities to improve inmates' treatment and living conditions, by rehabilitating infrastructure and through advocacy efforts among others. It provided food supplements for malnourished inmates at three prisons to improve their nutrition.

To foster support for IHL and the Movement, and facilitate the provision of humanitarian aid for vulnerable people, the ICRC sought regular interaction with the authorities, weapon bearers and members of civil society. It shared with the parties concerned documented allegations of abuse, and provided technical guidance for military forces to strengthen their IHL teaching capabilities. State forces, including peacekeepers bound for foreign missions, received tailored briefings. Efforts to establish formal dialogue with all armed groups, via contacts with community/religious leaders and the media, made little headway. The authorities drew on ICRC expertise to bring domestic laws in line with IHL and other applicable norms. Niger ratified the Arms Trade Treaty.

CIVILIANS

Refugees from Mali and Nigeria contact their relatives

People affected by armed conflict in Niger and the wider region reported to ICRC delegates abuses committed against them and the arrest of relatives (see *People deprived of their freedom*). To prevent the recurrence of abuses, including sexual violence, their allegations were documented and, where possible, shared with the parties concerned; however, formal dialogue had yet to be established with all armed groups (see *Actors of influence*).

Members of families separated by armed conflict, migration or detention stayed in touch through the National Society's family-links services, maintained with ICRC financial and technical support and provided in coordination with other National Societies in the region. Over 1,400 refugees from Mali and Nigeria contacted their relatives via telephone or RCMs. On their own or with the help of the Movement, 29 unaccompanied minors rejoined their families; ICRC delegates monitored their reintegration. Some families received news of missing relatives following the resolution of tracing cases. Along the migration route, 2,388 migrants called their relatives from National Society branches and an IOM-run migrant centre in Agadez, with support from the ICRC. Plans for other ICRC activities for these people were cancelled after the IOM took over management of the migrant centre in Agadez.

With a view to ensuring that the remains of people who had died in relation to the conflict could be identified and their families notified, government officials in Diffa and Agadez participated in training sessions on the topic and received body bags.

People affected by the fighting in Diffa meet their most pressing needs

The rise in needs in Diffa (see *Context*) prompted the ICRC to expand its assistance for those affected, in some cases delaying the use of resources for or diverting them from other planned activities; insecurity in the region, however, sometimes affected the full implementation of these additional assistance activities. Coordination with Movement components and other humanitarian actors, notably the WFP, helped ensure the broadest coverage of needs possible, particularly after certain humanitarian agencies had to adjust their operations in response to the security situation. Close monitoring and direct contact with beneficiaries helped the ICRC adapt its activities.

Over 94,500 displaced persons (16,166 households), including IDPs and returnees/refugees from Nigeria, and 20,100 vulnerable residents (3,355 households) covered their daily dietary requirements with food rations distributed by the National Society/ICRC. Particularly vulnerable people – for instance, those who had been displaced multiple times and those who had shared their food with others – received rations on several occasions, enabling them to have a steady supply of food for up to nine months. Those with special dietary needs, such as children and pregnant women, maintained their health with enriched rations.

In rural Diffa, roughly 142,000 people – displaced persons and residents hosting them – obtained sufficient water for personal use from boreholes equipped with hand pumps and rehabilitated water systems. These additional water sources helped ease pressure on overtaxed systems and spared people from having to queue at public fountains.

Household essentials helped around 35,300 displaced people and residents (5,800 households) improve their living conditions. Notably, tarpaulins/bedding, hygiene items and cookware enabled them to set up shelters, maintain their hygiene and prepare food.

Some displaced people sought shelter in temporary accommodations built by the Luxembourg Red Cross. Several communities learnt how to protect themselves more effectively against water-borne diseases, such as cholera, at hygiene-promotion sessions conducted by the International Federation.

Pastoral households increase the productivity and market value of their livestock

In rural Agadez, Diffa and Tillabéry, some 136,200 herding households (817,319 people) maintained/improved the health, and therefore the productivity and market value, of over 1.7 million heads of livestock with the help of free vaccination/deworming services provided by the authorities and animal health workers supported by the ICRC. Twice as many people than initially planned benefited because local partners assumed more responsibility for these services, allowing the ICRC to fund more vaccinations. Training enabled 12 veterinarians to strengthen their ability to treat livestock.

In Diffa, following the influx of conflict-affected herders and their livestock, 11 fodder banks set up by the ICRC and a partner NGO helped 1,896 herding households (11,565 people) to buy fodder at reasonable prices. These banks helped households feed their animals during the lean period, and contributed to decreasing the risk of pastures becoming overgrazed. By rehabilitating 25 hectares of pastureland in return for cash, 150 breadwinners in Agadez

earned income for their families (900 people) and also helped their communities resume/improve their livelihoods.

During the hunger gap period, farming households save seed meant for planting

ICRC material support helped vulnerable households cope with the hunger gap period, in particular by reducing/eliminating their need to consume seed meant for planting. Up to 4,890 households (29,995 people) bought competitively priced food from 29 cereal banks in Agadez, Diffa, Tahoua and Tillabéry that stocked ICRC-provided millet. To help these cereal banks become more efficient, 157 of their members underwent training in accounting, pricing and stock management. Around 18,000 people (3,000 households) in rural settlements in Diffa and Tillabéry benefited from food rations distributed in two rounds, and seed for the planting season. Supplies/equipment helped farming households set up market gardens; the installation of irrigation systems in fields/market gardens helped some of these households increase their crop/vegetable yields.

To facilitate its own activities and those it carried out with the ICRC, the National Society extended its operational reach to cover the entire country; it constructed offices in Agadez and Tahoua with the ICRC's help.

Expectant mothers benefit from specialized care

People obtained preventive and curative care that met government-approved baselines at five ICRC-supported health centres (see *Wounded and sick*). These centres improved their services with the help of medical supplies and training, notably in mother and child care. In Agadez, over 1,279 children were vaccinated against contagious diseases during a campaign conducted by the health authorities and the ICRC. Expectant mothers, as well as victims of sexual violence, had on-site care from 80 midwives and community health workers equipped by the ICRC and trained in reproductive health and infant care.

PEOPLE DEPRIVED OF THEIR FREEDOM

Nearly 4,400 detainees in places of temporary and permanent detention, including military/*gendarmérie*-run facilities in Diffa, received visits conducted in accordance with standard ICRC procedures. Vulnerable detainees, people arrested in relation to armed conflict and security detainees received particular attention; 1,307 of them had their presence registered by ICRC delegates, and were followed up individually. Discussions with the authorities, on drawing up an agreement to formalize the ICRC's access to people held in places of temporary detention, continued.

Some detainees were able to keep in touch with their families via the Movement's family-links services, such as RCMs and phone calls; foreign detainees requested the ICRC to inform their consular representatives of their detention. With the help of the authorities and the ICRC, 80 detainees sent news of their detention to relatives who had been searching for them (see *Civilians*).

Malnourished inmates in three facilities improve their nutritional status

Findings from the prison visits mentioned above, and technical advice from the ICRC, guided the authorities' efforts to improve detainees' treatment and living conditions, particularly health-care services and infrastructure maintenance.

Over 1,500 malnourished inmates at three prisons received food supplements provided by the ICRC in response to the deteriorating nutritional situation there. Initial monitoring revealed that malnutrition rates among the detainees in those facilities had decreased, owing to the supplements and to the authorities' own response to the situation, for which the ICRC had advocated.

Approximately 3,000 detainees in seven prisons, including the three places mentioned above, had more dignified and hygienic surroundings following ICRC upgrades to basic infrastructure, such as water/sanitation facilities; refurbished kitchens and clinics also helped inmates maintain/improve their health. At the Koutoukalé prison, over 600 detainees coped with a water shortage and protected themselves more effectively against illnesses thanks to the ICRC trucking in water and helping organize a fumigation campaign. Hygiene and sanitation committees in four of these prisons, set up with ICRC support, helped promote hygiene practices among detainees; these efforts were supplemented by the distribution of hygiene items.

WOUNDED AND SICK

Wounded patients in Diffa are treated by an ICRC surgical team

In Diffa, the regional hospital and the Bosso health centre treated wounded and sick patients, including weapon bearers and displaced people. These structures handled the sudden influx of patients with medical supplies/equipment and infrastructure rehabilitation provided by the ICRC. The regional hospital benefited from the presence of an ICRC surgical team – composed of an anaesthesiologist, an operating theatre nurse and a ward nurse – that became operational within days of the outbreak of the conflict. Over 680 patients with weapon wounds and other surgical needs received treatment from the team, which also helped local medical personnel hone their surgical skills. No cases required the ICRC's medical evacuation service.

Victims of mines/explosive remnants of war obtain rehabilitative care

Some 540 disabled people regained their mobility at the Niamey National Hospital, which received various forms of ICRC support, including polypropylene materials and technical input to help it become more sustainable. Eighty victims of mines/explosive remnants of war had their food, transport and accommodation costs covered by the ICRC. One technician joined the hospital after completing his ICRC-sponsored studies abroad.

A physical rehabilitation centre in Zinder began to receive ICRC material support.

The authorities and agencies helping disabled people received ICRC encouragement to include physical rehabilitation services in the new national health plan and to establish a network for coordination, respectively. With ICRC support, the National Association of Prosthetics and Orthotics organized a sporting event to mark the International Day of People with Disability.

ACTORS OF INFLUENCE

Defence ministry takes steps to incorporate an IHL manual in the military training curriculum

The authorities, weapon bearers and members of civil society – capable of facilitating humanitarian action or urging others to do so – learnt more about humanitarian issues arising from the conflict in Niger and the wider region through various activities/

events, which helped foster support for IHL and the Movement among them.

Members of government forces in Agadez, Diffa, Tahoua and Tillabéry attended briefings on IHL and the ICRC's mandate. More than 1,750 security officers bound for UN missions in the Central African Republic, Côte d'Ivoire and Mali deepened their knowledge of IHL applicable to peacekeeping operations and were urged to facilitate the Movement's neutral, impartial and independent humanitarian action in their places of deployment. Over 350 officer cadets, including some from other African countries, learnt more about IHL at information sessions organized jointly with three military institutions.

To standardize and improve the teaching of IHL in the armed forces, the defence ministry endorsed an IHL manual – completed by the Nigerien forces and the ICRC in 2014 – as its official reference for IHL training, and took steps to incorporate it in the military training curriculum. During advanced courses abroad, two IHL instructors broadened the range of subjects they could teach, and one official furthered his understanding of the rules governing military operations (see *International law and cooperation*).

The authorities, security commands and the ICRC discussed issues pertaining to law enforcement. At ICRC briefings, some 300 security officers were reminded of the international norms applicable to their duties, including those governing the use of force during arrests and detention. Penitentiary officials received informational materials on the ICRC's activities for detainees, and 20 magistrates-in-training learnt more about IHL.

Religious scholars and clerics from 13 African countries discuss the links between Islamic law and IHL

Where security considerations hampered direct contact with armed groups – for example, following the outbreak of conflict in Diffa – the ICRC sought to establish dialogue with them via some community/religious leaders, although such efforts made limited progress.

During a regional seminar organized by the Islamic University of Niger and the ICRC, 30 Islamic scholars and clerics from 13 African countries talked about the links between Islamic law and IHL, and how they could contribute to the protection of victims of armed conflict. About 420 Nigerien community/religious leaders in six regions also discussed the points of correspondence between Islamic law and IHL at workshops and first-aid courses organized with university lecturers and the National Society, respectively.

Journalists, particularly radio broadcasters, kept abreast of Movement activities through public events and printed/audio-visual materials organized/produced by the National Society/ICRC; with ICRC sponsorship, one journalist attended a media workshop abroad (see *Dakar*). These activities sought to encourage journalists to report accurately on the humanitarian situation in Niger, and on Movement activities for vulnerable people.

University students demonstrate their grasp of IHL at a regional competition

At a regional moot court competition, students from universities in Niger and 13 other francophone African countries demonstrated their grasp of such issues as the necessity of respecting IHL and of protecting victims of armed conflict.

State/humanitarian agencies, including Movement components, met regularly to coordinate their activities and discuss humanitarian issues of common concern. Members of 20 human rights associations, military/civilian medical personnel in Diffa and the ICRC discussed the provision of health care during armed conflict.

ICRC beneficiaries, including detainees' families, received briefings on changes in the organization's assistance strategy and on the Movement's neutrality, impartiality and independence; in turn, they provided information on their needs and challenges.

Niger ratifies the Arms Trade Treaty

The authorities, aided by ICRC expertise, took steps to ensure respect for IHL and other applicable norms. They developed implementing legislation, for instance by revising the penal and criminal procedure codes; sought to comply with their obligations under the Anti-Personnel Mine Ban Convention; and ratified the Arms Trade Treaty.

RED CROSS AND RED CRESCENT MOVEMENT

The Red Cross Society of Niger – the ICRC's main partner in the country – drew on ICRC support to: provide first aid and train people in doing so; assist vulnerable people (see *Civilians*); promote humanitarian principles and the Movement (see *Actors of influence*); and strengthen its institutional set-up. A total of 120 volunteers in violence-prone and conflict-affected areas trained to conduct these activities in line with the Safer Access Framework.

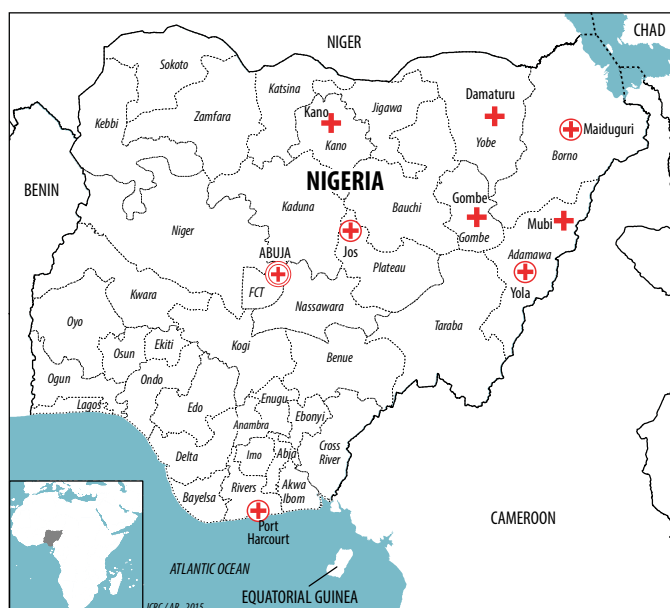
Having formally recognized the ICRC as the lead agency in Diffa after the outbreak of conflict, Movement components in Niger coordinated their activities through it, thereby helping maximize impact, identify unmet needs and avoid duplication of effort. Movement components also discussed the need to maintain their neutrality, impartiality and independence, particularly in their public communication and while working with other actors.

MAIN FIGURES AND INDICATORS: PROTECTION	Total			
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)		UAMs/SC*		
RCMs collected	12	6		
RCMs distributed	5	1		
Phone calls facilitated between family members	2,459			
Reunifications, transfers and repatriations				
People reunited with their families	4			
People transferred/repatriated	10			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	177	12	22	9
<i>including people for whom tracing requests were registered by another delegation</i>	24			
People located (tracing cases closed positively)	110			
Tracing cases still being handled at the end of the reporting period (people)	144	16	22	20
<i>including people for whom tracing requests were registered by another delegation</i>	33			
UAMs/SC*, including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	33	12		1
UAMs/SC reunited with their families by the ICRC/National Society	4			1
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	25	9		1
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits		Women	Minors	
Detainees visited	4,329	120	212	
		Women	Girls	Boys
Detainees visited and monitored individually	1,354	17	3	66
Detainees newly registered	1,307	17	3	65
Number of visits carried out	81			
Number of places of detention visited	15			
Restoring family links				
RCMs collected	166			
RCMs distributed	64			
Phone calls made to families to inform them of the whereabouts of a detained relative	1,635			

*Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE			Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)					
Economic security (in some cases provided within a protection or cooperation programme)					
Food commodities	Beneficiaries	162,109	25%	49%	
	<i>of whom IDPs</i>	Beneficiaries	94,899		
Essential household items	Beneficiaries	37,524	25%	47%	
	<i>of whom IDPs</i>	Beneficiaries	35,150		
Productive inputs	Beneficiaries	147,858	25%	50%	
	<i>of whom IDPs</i>	Beneficiaries	37,544		
Cash	Beneficiaries	900	20%		
Services and training	Beneficiaries	817,511	26%	49%	
	<i>of whom IDPs</i>	Beneficiaries	15,726		
Water and habitat (in some cases provided within a protection or cooperation programme)					
Water and habitat activities	Beneficiaries	143,164	25%	35%	
	<i>of whom IDPs</i>	Beneficiaries	71,582		
Health					
Health centres supported	Structures	5			
Average catchment population		64,370			
Consultations	Patients	45,366			
	<i>of which curative</i>	Patients		15,873	21,816
	<i>of which ante/post-natal</i>	Patients		4,623	
Immunizations	Doses	18,648			
Referrals to a second level of care	Patients	172			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
Economic security (in some cases provided within a protection programme)					
Food commodities	Beneficiaries	1,541			
Essential household items	Beneficiaries	1,710			
Water and habitat (in some cases provided within a protection or cooperation programme)					
Water and habitat activities	Beneficiaries	2,938			
Health					
Number of visits carried out by health staff		28			
Number of places of detention visited by health staff		4			
WOUNDED AND SICK					
Hospitals					
Hospitals supported	Structures	2			
	<i>of which provided data</i>	Structures	1		
Admissions	Patients	754	12	7	
	<i>of which weapon-wounded</i>	Patients	551	12	7
	<i>(including by mines or explosive remnants of war)</i>	Patients	23		
	<i>of which other surgical cases</i>	Patients	203		
Operations performed		1,125			
Physical rehabilitation					
Projects supported	Structures	3			
Patients receiving services	Patients	543	101	172	
New patients fitted with prostheses	Patients	126	22	13	
Prostheses delivered	Units	116	19	15	
	<i>of which for victims of mines or explosive remnants of war</i>	Units	53		
New patients fitted with orthoses	Patients	191	40	103	
Orthoses delivered	Units	166	30	99	
Patients receiving physiotherapy	Patients	183	34	22	
Crutches delivered	Units	148			
Wheelchairs delivered	Units	24			

NIGERIA



KEY RESULTS/CONSTRAINTS IN 2015

- ▶ People met their needs via expanded Nigerian Red Cross Society/ICRC relief assistance. In the north-east, activities were limited to certain areas because of security concerns.
- ▶ Where possible, communities' resilience was strengthened. Notably, returnees in Adamawa state – who resumed farming with agricultural inputs/training from the ICRC – reported above-average harvests.
- ▶ IDPs and residents had better access to basic services after the ICRC built/repaired water, sanitation and shelter facilities and provided comprehensive support to clinics in the north-east.
- ▶ Detainees, including those held by the police and the army, received ICRC visits. Some had better living conditions after the ICRC built or repaired water/sanitation facilities and distributed household essentials.
- ▶ Casualties were attended to/evacuated by ICRC-trained first-aiders, mainly National Society volunteers. From March onwards, weapon-wounded people were treated by an ICRC surgical team in Maiduguri.
- ▶ Amid some constraints in relation to dialogue with armed groups, the ICRC sought to remind all parties concerned of their responsibilities under IHL.

EXPENDITURE IN KCHF

Protection	4,582
Assistance	48,362
Prevention	3,937
Cooperation with National Societies	2,389
General	37
Total	59,306
<i>Of which: Overheads</i>	3,619

IMPLEMENTATION RATE

Expenditure/yearly budget	88%
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PERSONNEL

Mobile staff	60
Resident staff (daily workers not included)	197

Active in Nigeria during the Biafran war (1966–70), the ICRC established a delegation in the country in 1988. It seeks to respond to emergencies throughout the country, focusing on the conflict in the north-east, to protect and assist the people affected; it also visits detainees. It works closely with the National Society and supports its capacity-building efforts in emergency preparedness and restoring family links. Working with the authorities, the armed forces/police, civil society and the Economic Community of West African States, the ICRC promotes awareness of IHL and its implementation at national level.

YEARLY RESULTS

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

CIVILIANS (residents, IDPs, returnees, etc.)

Restoring family links	Total
RCMs collected	150
RCMs distributed	62
Phone calls facilitated between family members	2,796
People located (tracing cases closed positively)	79
People reunited with their families	14
<i>of whom unaccompanied minors/separated children</i>	14

PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)

ICRC visits	Total
Detainees visited	13,000
Detainees visited and monitored individually	2,302
Number of visits carried out	40
Number of places of detention visited	22
Restoring family links	Total
RCMs collected	5
Phone calls made to families to inform them of the whereabouts of a detained relative	33

ASSISTANCE

CIVILIANS (residents, IDPs, returnees, etc.)

Economic security (in some cases provided within a protection or cooperation programme)			
Food commodities	Beneficiaries	376,800	536,044
Essential household items	Beneficiaries	288,600	375,754
Productive inputs	Beneficiaries	27,000	68,626
Cash	Beneficiaries	1,800	32,118
Vouchers	Beneficiaries	45,000	49,068
Services and training ¹	Beneficiaries	24,000	

Water and habitat (in some cases provided within a protection or cooperation programme)

Water and habitat activities	Beneficiaries	124,000	179,033
Health			
Health centres supported	Structures	12	12

WOUNDED AND SICK

Hospitals			
Hospitals supported	Structures	1	21
Water and habitat			
Water and habitat activities	Number of beds		370

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 conflict between the Nigerian defence/security forces and the armed group that calls itself Islamic State's West Africa Province (also known as Jama'atu Ahlis Sunna Lidda'awati wal-Jihad or Boko Haram) continued. Clashes and bombings in Nigeria's north-eastern states – mainly Adamawa, Borno and Yobe – had severe humanitarian consequences, including alleged abuses and thousands of deaths. Neighbouring countries were also affected (see *Chad, Niger and Yaoundé*), as the group launched attacks in some of them.

Reportedly, over 2 million people were displaced within Nigeria, and hundreds of thousands more, to neighbouring countries; some of them were later expelled from Cameroon. IDPs/returnees and people hosting them struggled to meet their basic needs. Security constraints, particularly in Borno, limited humanitarian access and prevented people from returning home, though some made tentative returns to parts of Adamawa and other areas.

In the Middle Belt states (particularly Bauchi, Kaduna and Plateau), recurring communal violence – notably, over land/water access – disrupted livelihoods and caused displacement, injuries and deaths.

Amid increasing political tensions in the Niger Delta region (especially Bayelsa, Delta and Rivers states), protests took place, leading to violence and arrests.

Nigerian politics remained in transition as a new president was elected. The country continued to play a key role in addressing regional peace and security issues through the Economic Community of West African States (ECOWAS); it also contributed troops to peacekeeping operations.

ICRC ACTION AND RESULTS

In 2015, the ICRC – supported by a budget extension appeal in April – significantly scaled up its humanitarian activities for people in the north-east and in the Middle Belt. A sub-delegation in Yola and offices in Damaturu, Gombe and Mubi were established accordingly. However, not all communities could be reached, as security constraints continued to hinder access to certain rural areas.

Nigerian Red Cross Society/ICRC relief efforts initially focused on informal camps to maximize impact, given limited resources. With the original budget for emergency aid exhausted in January, funds were temporarily reallocated to cover pressing needs until additional resources could be mobilized. Distributions of rations, essential items and cash/vouchers were subsequently expanded, particularly in communities hosting most of the displaced. This helped people meet their needs while they tried to find other means of survival.

Where possible, the ICRC provided medium- to longer-term assistance to help people strengthen their resilience. Households that resumed farming using agricultural supplies/equipment and training from the authorities/ICRC reported above-average harvests; such support focused on returnees in Adamawa, where it was expanded after people began to return. Herders in the Middle Belt had healthier livestock, owing to a vaccination campaign and material/technical support for animal-health workers. Widows in Maiduguri provided for their families through ICRC-supported businesses.

IDPs in camps had better living conditions after water/sanitation and shelter facilities were built by the ICRC; some of them also

benefited from water-trucking. Communities hosting returnees had better access to water via ICRC-repaired infrastructure, and returnees rebuilt their homes with ICRC-provided tools/materials. Following reports of cholera, the National Society/ICRC conducted extensive disinfection and hygiene-promotion campaigns, which helped curb the spread of the disease.

From July onwards, support for primary-health-care facilities was increased. People obtained preventive/curative care at clinics that received ICRC support, including equipment/supplies, incentives and training for staff, and infrastructural improvements. Some IDPs suffering from conflict-related trauma received psychosocial support from ICRC-trained volunteers.

Given the growing needs in Maiduguri, the ICRC began to focus on directly providing services, by stationing a surgical team at a key hospital and improving its facilities. Weapon-wounded people underwent free surgery there, while patients elsewhere were treated at hospitals that received supplies after mass-casualty influxes. Casualties were attended to/evacuated by ICRC-trained emergency responders, mainly National Society volunteers. Throughout Nigeria, people were trained in first aid and human remains management.

Through dialogue with various arresting/detaining authorities, the ICRC continued seeking access to all detainees within its purview. Detainees, including those held by the armed/security forces, were visited to monitor their treatment and living conditions, in accordance with standard ICRC procedures; confidential feedback was subsequently shared with the authorities. Inmates eased their living conditions after household essentials were distributed, and water/sanitation facilities in a few prisons were improved. Some severely malnourished detainees received supplementary rations.

Amid the ongoing conflict and despite some constraints – particularly, in relation to dialogue with armed groups – the ICRC sought to remind all parties concerned of their responsibilities under IHL. At ICRC briefings, armed/security forces personnel learnt more about IHL and other relevant norms. Contact with/events for the authorities and members of civil society helped raise awareness of IHL and humanitarian concerns, and facilitated the ICRC's work. The ICRC continued to work with Nigerian officials and ECOWAS to secure support for IHL and its implementation in Nigeria and the region.

The ICRC supported the National Society in strengthening its capacities, particularly in terms of emergency preparedness/response, public communication and organizational development.

CIVILIANS

Amid the ongoing conflict (see *Context*), the ICRC sought to remind all parties concerned of their responsibilities under IHL, especially the need to respect and protect people not/no longer participating in the fighting, and to allow medical/humanitarian personnel to safely reach people in need. Such issues were raised with the defence/security forces, government officials and traditional/religious leaders during discussions with them – particularly at IHL dissemination sessions and meetings (see *Actors of influence*).

Where possible, the ICRC stepped up its assistance activities – in some cases, at the invitation of the authorities and communities. However, not all people could be reached, as security constraints hindered access to certain parts of the north-east, particularly rural areas.

People meet some of their needs via expanded relief distributions

Through National Society/ICRC emergency relief distributions, conflict/violence-affected people in the north-east and the Middle Belt met their immediate needs while they tried to find other means of survival. At first, these efforts focused on IDPs in informal camps in the north-east to maximize impact, given limited resources. With the initial budget for emergency aid exhausted in January, funds were temporarily reallocated to cover pressing needs until additional resources could be mobilized. Aid distributions were subsequently expanded, especially in communities hosting most of the displaced. Particularly vulnerable families benefited from multiple forms of support.

In all, around 536,000 people (89,600 households) were provided with food for up to three months, and some 8,100 households (49,000 people) – many of them headed by women widowed in relation to the conflict – were able to buy up to six months' worth of food from local markets using vouchers from the National Society/ICRC. People with acute needs, such as children and pregnant/lactating women, were given supplementary food for malnutrition. Through a cash-transfer project that commenced in December, about 5,300 households (31,800 people) received grants to help them cover their expenses. Over 385,000 people (64,000 households) eased their living conditions with blankets, hygiene products, tarpaulins and other essentials provided by the National Society/ICRC.

Farmers and herders resume their livelihoods

Where possible, people were supported in resuming/undertaking livelihood activities, to help them strengthen their resilience and regain self-sufficiency.

About 5,200 violence-affected households (30,900 persons) in Plateau and Kaduna – including IDPs who had negotiated land access with their host families – resumed/began farming using agricultural supplies and equipment that were provided to them directly or through vouchers. After training sessions conducted by the Kaduna Agricultural Development Project/ICRC, 60 farmers instructed 4,000 others in the use of these supplies/equipment. When some people began returning to rural areas of Adamawa, support was expanded there as well: around 3,500 returnee households (37,700 people) received fertilizer, good-quality seed purchased from local research centres, and training from the agriculture ministry/ICRC. Farmers in Adamawa also met some of their needs through National Society/ICRC aid distributions (see above) while waiting for their harvests. Eventually, both groups reported above-average yields as a result of ICRC support.

Around 3,400 households (20,500 people) in the Middle Belt had healthier herds after 144,000 cattle and 31,600 sheep/goats were vaccinated against prevalent diseases, at the request of local associations and the agriculture ministry. Animal health workers also provided services with the help of medicine, equipment and training provided by the ICRC in cooperation with the agriculture ministry and the National Veterinary Research Institute.

In Maiduguri, 50 vulnerable households (about 300 people in all) headed by widows and other vulnerable women started businesses with National Society/ICRC support, which helped them provide for their families. The wider community also benefited from some of these initiatives: for example, some people were able to process grain more affordably/efficiently using cereal mills leased out by the women. At two community-based protection workshops in

Maiduguri and Port Harcourt, women were aided in identifying ways to mitigate their exposure to conflict/violence-related risks; follow-up activities were planned for 2016.

IDPs and residents have better access to water, sanitation and shelter

In conflict/violence-affected areas, over 179,000 IDPs and residents had better living conditions because of National Society/ICRC initiatives; many of them benefited from multiple initiatives.

Among them were tens of thousands of people in IDP camps, where water-supply systems, showers, latrines and kitchen facilities were built or renovated by the ICRC; in some cases, water-trucking helped people meet their needs until more permanent systems were constructed/repaired. Over 52,000 people also benefited from cleaning and hygiene-education campaigns. In the north-east, the Middle Belt, and Port Harcourt, tens of thousands of people had better access to water after infrastructure was improved, and committees for maintenance and hygiene promotion were established.

Following reports of cholera in Maiduguri, the ICRC – with help from National Society volunteers and ICRC-trained community members – conducted hygiene-promotion sessions, chlorinated water sources, disinfected homes, and treated/referred the sick. These initiatives helped curb the spread of the disease in affected/vulnerable camps and communities, to the benefit of over 39,400 people.

Nearly 15,900 people had shelter after the ICRC built temporary structures and installed tents in IDP camps. Some 1,100 returnees in Adamawa and 1,400 people who had resettled in Kaduna rebuilt their homes with ICRC-provided tools and construction materials.

People receive preventive/curative care at ICRC-supported clinics

To improve people's access to health care, assistance for clinics – particularly in the north-east – was increased in the second half of 2015.

Some 225,000 people had access to preventive/curative care at 12 ICRC-supported health facilities. This support included equipment, monthly donations of supplies, and financial incentives and on-the-job training for staff; at the ICRC's recommendation, the authorities assigned additional medical personnel to these facilities. Furthermore, five clinics in the north-east were improved/repared: for instance, a solar-powered lighting system was installed at one facility, and another had its delivery room expanded. In the Middle Belt, two clinics received medical-waste incinerators, which helped them improve their sanitation.

National Society personnel were trained in assessing, interviewing and counselling patients so that they could help conflict-affected people cope with psychological trauma. At an IDP camp in Yola, around 700 people were counselled by 13 National Society/community volunteers. Following an assessment of the area around two ICRC-supported clinics, these services were set to be expanded in 2016.

Unaccompanied minors are reunited with their families

The National Society and the ICRC continued to scale up their family-links services for conflict-affected people in the north-east, focusing on unaccompanied minors/separated children. Some of them were reunited with their families, including those in neighbouring countries, where similar efforts were under way (see *Chad, Niger and Yaoundé*).

First-responders receive support for managing human remains

With a view to ensuring that the deceased were properly identified and their next-of-kin notified of their fate, and that human remains were handled in a dignified and professional manner, over 890 National Society volunteers and military personnel were trained in human remains management; the topic was also covered during all ICRC-conducted first-aid training sessions (see *Wounded and sick*). The National Society received protective equipment for around 1000 people, as well as body bags.

A study of national legislation related to the needs and rights of the relatives of missing persons was postponed, owing to other priorities.

PEOPLE DEPRIVED OF THEIR FREEDOM

Through discussions with various arresting/detaining authorities, the ICRC sought access to all detainees within its purview, particularly those held in connection with the conflict. Over 13,000 people held by the Nigerian Prisons Service (NPS), the police and the army received visits to monitor their treatment and living conditions, which were conducted according to standard ICRC procedures. Around 1,500 detainees were newly registered and followed up individually. After these visits, the authorities concerned received confidential feedback from the ICRC, including recommendations for improvement where necessary, to support them in their efforts to ensure detainees' well-being.

Over 2,100 detainees had better access to potable water after boreholes were drilled and solar pumps were installed, while some 3,700 had more sanitary living conditions following delousing campaigns and improvements to sewage systems. Furthermore, over 10,200 detainees eased their situation using ICRC-donated hygiene/cleaning supplies, mattresses and blankets. Hundreds of severely malnourished detainees received supplementary food to alleviate their condition.

WOUNDED AND SICK

Casualties are attended to/evacuated by National Society volunteers

Following bombings and other emergencies, thousands of casualties were attended to/evacuated by ICRC-trained responders – mainly National Society volunteers – who also helped manage human remains.

To help increase the likelihood of wounded people receiving timely care, the National Society/ICRC conducted first-aid courses and simulation exercises for National Society personnel, community representatives, weapon bearers, and members of faith-based organizations. Thus, some 6,400 people developed their first-aid and emergency-preparedness capacities, while learning about the Movement's neutral, impartial and independent approach (see *Actors of influence*).

Follow-up visits to some communities showed that previously trained volunteers continued to provide first aid during emergencies. During these visits, they were given refresher training and supplies to replenish their stocks.

Weapon-wounded people benefit from free operations

Owing to the growing needs of weapon-wounded people in Maiduguri, the ICRC began to focus on providing services directly. In particular, an ICRC surgical team that had been based in the Middle Belt – composed of a surgeon, an anaesthetist, two nurses

and a physiotherapist – was stationed in State Specialist Hospital (SSH) from March onwards. Over 590 people benefited from free operations. To expand the SSH's capacity and improve the working conditions there, key facilities were built/renovated. Notably, by December, a new operating theatre and a post-operative ward (40 beds, increasing the hospital's overall capacity to 370) were constructed in the area designated for the ICRC. Furthermore, SSH was provided with equipment/supplies and technical support for its staff, including on-the-job training.

Elsewhere, hundreds of people were treated at hospitals that received ad hoc material support after mass-casualty influxes. At four ICRC-conducted courses, 177 doctors added to their knowledge of trauma management and war surgery.

ACTORS OF INFLUENCE

Military personnel strengthen their knowledge of IHL and its relevance to their operations

The conflict in the north-east underscored the need to promote respect for IHL and other applicable norms among all parties concerned. However, some constraints remained, particularly in relation to dialogue with armed groups.

At ICRC dissemination sessions, about 3,000 army personnel, including those deployed in the north-east, improved their understanding of IHL, and around 300 police officers learnt about international human rights law and humanitarian principles; these sessions included discussions on the Movement and, in many cases, training in first aid and human remains management (see *Wounded and sick* and *Civilians*). Troops that attended a UN-organized workshop on rules related to the conduct of hostilities in the north-east learnt more about IHL and the Movement through an ICRC presentation.

During meetings, military officials and the ICRC continued discussing how IHL could be better integrated into the armed forces' doctrine, training and operations. Some 130 senior military officers from Nigeria and elsewhere deepened their knowledge of IHL during a seminar organized at the National Defence College's request.

Via bilateral discussions, senior security officials learnt more about the ICRC's work, particularly its activities for detainees.

Dialogue with key actors facilitates the Movement's work

Dialogue with various actors during meetings and other events remained vital in promoting acceptance of/support for Movement activities. For instance, thousands of people – among them local authorities, beneficiaries, community/religious leaders and weapon bearers – learnt more about IHL, the Fundamental Principles and the ICRC during first-aid training (see *Wounded and sick*) and dissemination sessions. Discussions with the authorities and the National Society also tackled the goals of the Health Care in Danger project.

Through communication materials distributed to local/international media and press coverage of the ICRC president's visit in May, the general public learnt more about issues of humanitarian concern – particularly the situation in the north-east – and the ICRC's response.

Implementation of the African Union Convention on IDPs is promoted

The Nigerian authorities were aided in their efforts to advance domestic IHL implementation. For example, members of the

national IHL committee drew on ICRC support to organize meetings and attend training courses; they also received publications on IHL. Two of them attended a meeting in Canberra, Australia, on IHL implementation (see *Suva*). At a legal drafting workshop, Nigerian officials, including lawmakers, added to their knowledge of the African Union Convention on IDPs.

Over 600 students acquainted themselves with IHL and the ICRC during dissemination sessions. Some also participated in national and regional (see *Nairobi*) moot court competitions. IHL lecturers engaged in discourse on IHL at a workshop in Abuja, and courses abroad, including on IHL instruction (see *Pretoria*) and Islam and IHL (see *Niger*).

With ICRC support, academics surveyed the needs of IDPs in the north-east, and implementation of the African Union Convention on IDPs. The ensuing report, due for completion in 2016, aimed to remind the authorities of their obligations under the Convention and provide them with concrete recommendations for fulfilling these.

West African officials discuss IHL implementation

Regional bodies and national authorities worked with the ICRC to foster long-term adherence to IHL. At an ECOWAS/ICRC seminar in Abuja, representatives from 13 Member States discussed their countries' progress in ratifying/implementing IHL-related treaties, and the issues they faced in this regard. The ECOWAS Standby Force began reviewing its doctrine, with ICRC support on the incorporation of IHL and other relevant norms.

RED CROSS AND RED CRESCENT MOVEMENT

With extensive ICRC support, the National Society strengthened its operational capacities, particularly in the north-east. Workshops for its personnel covered, *inter alia*, the Safer Access Framework; assessing needs during emergencies; conducting cash transfers; promoting hygiene; and managing water/sanitation facilities. Comprehensive training for emergency-response teams was revised with ICRC assistance, and four teams were established after a pilot course. Furthermore, infrastructure at five branches was constructed/renovated; notably, a new office was built in Adamawa. The National Society also received nine vehicles, insurance coverage for around 3,000 volunteers, office/radio equipment, protective gear, and multipurpose tents.

The National Society bolstered its public-communication capacities with advice/training for key personnel. It was also aided in its organizational development through training for its personnel on financial procedures, governance/management, leadership, and planning. Its legal adviser added to his knowledge of IHL at meetings abroad. With ICRC support, the National Society also worked on establishing a volunteer database and an integrated accounting network, and on improving its information technology infrastructure.

Movement partners – particularly those in the Lake Chad region (see *Chad*, *Niger* and *Yaoundé*) – met to coordinate their activities. Following a meeting in September, they agreed on guidelines for security management, dealing with external partners, and public communication. The National Society's president attended a statutory meeting abroad, where he discussed possibilities for cooperation with other Movement components.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
Red Cross messages (RCMs)			UAMs/SC*		
RCMs collected		150	102		
RCMs distributed		62	27		
Phone calls facilitated between family members		2,796			
Reunifications, transfers and repatriations					
People reunited with their families		14			
<i>including people registered by another delegation</i>		2			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		1,364	105	637	552
<i>including people for whom tracing requests were registered by another delegation</i>		3			
People located (tracing cases closed positively)		79			
<i>including people for whom tracing requests were registered by another delegation</i>					
Tracing cases still being handled at the end of the reporting period (people)		1,382	112	625	552
<i>including people for whom tracing requests were registered by another delegation</i>		14			
UAMs/SC*, including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		303	95		29
UAMs/SC reunited with their families by the ICRC/National Society		14	1		
<i>including UAMs/SC registered by another delegation</i>		2			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		264	88		29
Documents					
Official documents relayed between family members across borders/front lines		1			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		13,000	401	172	
			Women	Girls	Boys
Detainees visited and monitored individually		2,302	74	14	124
Detainees newly registered		1,593	68	13	113
Number of visits carried out		40			
Number of places of detention visited		22			
Restoring family links					
RCMs collected		5			
Phone calls made to families to inform them of the whereabouts of a detained relative		33			

*Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE			Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)					
Economic security (in some cases provided within a protection or cooperation programme)					
Food commodities	Beneficiaries	536,044	23%	56%	
	<i>of whom IDPs</i>	Beneficiaries	498,839		
Essential household items	Beneficiaries	375,754	27%	55%	
	<i>of whom IDPs</i>	Beneficiaries	368,130		
Productive inputs	Beneficiaries	68,626	21%	4%	
	<i>of whom IDPs</i>	Beneficiaries	21,622		
Cash	Beneficiaries	32,118	40%	10%	
	<i>of whom IDPs</i>	Beneficiaries	31,818		
Vouchers	Beneficiaries	49,068	40%	60%	
Services and training ¹	Beneficiaries				
Water and habitat (in some cases provided within a protection or cooperation programme)					
Water and habitat activities	Beneficiaries	179,033	40%	50%	
	<i>of whom IDPs</i>	Beneficiaries	46,645		
Health					
Health centres supported	Structures	12			
Average catchment population		225,144			
Consultations	Patients	74,612			
	<i>of which curative</i>	Patients		22,028	22,000
	<i>of which ante/post-natal</i>	Patients		29,293	
Immunizations	Doses	147,779			
Referrals to a second level of care	Patients	136			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
Economic security (in some cases provided within a protection programme)¹					
Food commodities	Beneficiaries	594			
Essential household items	Beneficiaries	9,901			
Productive inputs	Beneficiaries	5,640			
Water and habitat (in some cases provided within a protection or cooperation programme)					
Water and habitat activities ¹	Beneficiaries	12,810			
Health					
Number of visits carried out by health staff		14			
Number of places of detention visited by health staff		2			
Number of health facilities supported in places of detention visited by health staff		2			
WOUNDED AND SICK					
Hospitals					
Hospitals supported	Structures	21			
	<i>of which provided data</i>	Structures	1		
Admissions	Patients	600	168	68	
	<i>of which weapon-wounded</i>	Patients	600	168	68
Operations performed		590			
Outpatient consultations	Patients	2,174			
	<i>of which surgical</i>	Patients	2,174		
Water and habitat					
Water and habitat activities	Number of beds	370			

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.

RWANDA



Having worked in the country since 1960, the ICRC opened a delegation in Rwanda in 1990. It visits detainees held in central prisons and places of temporary detention such as police stations and military facilities, while supporting the authorities in improving detainees' living conditions. It helps reunite children and their families who were separated in relation to the genocide and its aftermath or the conflicts in the Democratic Republic of the Congo. The ICRC works with the authorities to incorporate IHL into domestic legislation. It supports the development of the Rwandan Red Cross.

YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS IN 2015

- ▶ Detainees had sustainable access to clean water and better living conditions, owing to water treatment, production of chlorine/soap/briquettes, and biogas systems built/maintained/ repaired with ICRC support.
- ▶ Detention authorities took steps to improve prison health care; they finished surveying the nutritional status of inmates at 2 prisons and created a medical screening form for new arrivals.
- ▶ People who had fled Burundi, minors formerly associated with fighting forces, and other persons separated from their families contacted/rejoined their relatives through the Movement's family-links services.
- ▶ The Rwandan Red Cross consolidated its network of first-aiders by training 24 emergency teams, consisting of more than 480 volunteers, with ICRC support.
- ▶ Rwandan authorities completed the final steps to ratify the Convention on Cluster Munitions and acceded to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	4,443
RCMs distributed	2,914
Phone calls facilitated between family members	63,726
People located (tracing cases closed positively)	127
People reunited with their families	145
of whom unaccompanied minors/separated children	128
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	56,300
Detainees visited and monitored individually	314
Number of visits carried out	69
Number of places of detention visited	22
Restoring family links	
RCMs collected	253
RCMs distributed	152
Phone calls made to families to inform them of the whereabouts of a detained relative	40

EXPENDITURE IN KCHF

Protection	3,014
Assistance	1,655
Prevention	807
Cooperation with National Societies	398
General	45
Total	5,920
Of which: Overheads	361

IMPLEMENTATION RATE

Expenditure/yearly budget	95%
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PERSONNEL

Mobile staff	16
Resident staff (daily workers not included)	70

ASSISTANCE	2015 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	180
Essential household items	Beneficiaries	421
Cash	Beneficiaries	57
Services and training	Beneficiaries	2

CONTEXT

Rwanda continued to host thousands of people who had fled neighbouring countries. Over 70,000 people were estimated to have sought refuge in Rwanda from the violence that erupted in Burundi in April 2015 (see *Burundi*). Most of them were sheltered in transit centres and at a newly established refugee camp in Kirehe district, Eastern Province managed by the government and the UNHCR. Some 75,000 refugees who had fled persistent insecurity in the Democratic Republic of the Congo (hereafter DRC; see *Congo, Democratic Republic of the*) were also in Rwanda.

Former weapon bearers of Rwandan origin, including children, were repatriated from the DRC as part of the demobilization process in that country. Former fighters from the M23 armed group continued to be interned in facilities run by the Ministry of Disaster Management and Refugee Affairs (MIDIMAR).

Rwanda contributed troops to various peace-support missions in the Central African Republic, Haiti, Mali, South Sudan and Sudan. It also sought closer cooperation with others in security matters; to this end, it led efforts to prepare the Eastern Africa Standby Force for deployment as part of the African Standby Force.

ICRC ACTION AND RESULTS

The ICRC continued to focus on: visiting detainees and working with the authorities to improve detainees' treatment and living conditions; restoring family links, together with the Rwandan Red Cross; and helping the latter to strengthen its operational capacities.

Detainees held in prisons and military facilities received ICRC visits, during which their treatment and living conditions were monitored in accordance with the organization's standard procedures. Inmates detained on security-related charges and former weapon bearers – including minors and former M23 fighters interned in Rwanda – were among those followed up individually by delegates. After its visits, the ICRC shared its findings and recommendations confidentially to the authorities concerned. Detainees kept in touch with their families through Movement family-links services; foreign inmates notified their consular representatives of their situation via the ICRC. At the authorities' request, the ICRC issued attestations of detention that enabled detainees to have their status reviewed. The ICRC also continued to engage the authorities in dialogue to gain/maintain access to all detainees within its purview.

The Rwanda Correctional Service (RCS) and the ICRC carried out joint efforts to improve detainees' living conditions. Chlorine/soap/briquette-production facilities and biogas systems built/maintained with ICRC support, and repairs to sanitation/other prison infrastructure, improved living conditions for detainees and gave them sustainable access to clean water. The RCS began to implement a project to improve nutrition, hygiene and disease prevention/control in two prisons with ICRC support; this included an assessment of the nutritional status of some 16,500 inmates, which was to serve as a baseline for monitoring and for planning activities. Building on work begun last year at the annual round-table organized by the RCS and the ICRC, representatives of various government bodies, including the RCS and the health, internal security and justice ministries, reviewed and revised standards for prison health services.

Members of families separated by past or ongoing conflicts or other situations of violence – among them, former weapon bearers,

returnees and people fleeing the situation in Burundi – contacted their relatives through National Society/ICRC family-links services, which included provision of phone credit and charging services at transit centres and refugee camps. The ICRC monitored the welfare of unaccompanied minors while their families were being traced, and reunited them with their relatives where possible and appropriate. Particular attention was paid to minors previously associated with fighting forces. Minors reunited with their relatives received material assistance for their reintegration; the ICRC checked on them through follow-up visits. Such efforts were carried out in coordination with the local authorities, other organizations involved in child protection and other National Societies/ICRC delegations concerned.

Dialogue with the authorities, including military and police officials, sought to promote further support for IHL and international norms applicable to law enforcement and detention. With the ICRC's encouragement and technical guidance, Rwandan authorities completed the final steps to ratify the Convention on Cluster Munitions; Rwanda also acceded to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. The Rwanda Law Reform Commission pursued efforts to harmonize the country's legislation with IHL; it set out a detailed work plan based on the conclusions of a study they begun in 2014. At ICRC briefings, Rwanda Defence Force (RDF) officers and troops furthered their knowledge of IHL before leaving for peace-support missions abroad. To sustain long-term interest in IHL, ICRC-organized conferences kept students and teachers of law abreast of IHL-related issues.

The ICRC continued to help the National Society boost its capacity to respond to emergencies – working with the latter's teams to respond to the ongoing influx of people from Burundi, notably by providing family-links services – and to promote to a wider audience, through public events and multimedia productions, the Fundamental Principles and the Movement's work.

CIVILIANS

Minors and people who fled Burundi re-establish contact with relatives

People separated from their families by events in Burundi and the DRC, migration or other circumstances, as well as members of families dispersed by the 1994 genocide in Rwanda, used National Society/ICRC family-links services – including those available on the ICRC's family-links website (familylinks.icrc.org) – to restore/maintain contact with relatives in Rwanda or abroad. Among them were former weapon bearers, including children, repatriated to Rwanda (see *People deprived of their freedom*).

Some families had the names of their missing relatives (212 people) broadcast over national radio. Others filed tracing requests, as a result of which the whereabouts of 127 people were made known to their relatives.

As waves of Burundians sought refuge in Rwanda, the National Society/ICRC stepped up the provision of family-links services, progressively scaling up such activities in response to growing needs. Of the 1,667 unaccompanied/separated minors registered by the National Society/ICRC during the reporting period, most were Burundian. Some of them, along with thousands of other refugees, made over 63,700 phone calls to their families back home or elsewhere. People who had fled Burundi contacted their families on their own mobile phones; they made use of credit and phone

charging services offered at transit centres and refugee camps through a partnership involving a mobile network, solar energy companies and the ICRC.

With the ICRC's support, some people wounded during their journey from Burundi were able to obtain health care and basic assistance.

Children previously connected with fighting forces rejoin their families

With National Society/ICRC support, 128 children, of whom 14 were formerly connected with fighting forces, rejoined their families. Most of them received aid – food, transportation and accommodation – for their journey home; they were also given household items, food and/or cash to ease their return to family life. They received follow-up visits from the ICRC, to gauge the extent of their reintegration.

At year's end, the cases of 1,131 unaccompanied minors were still being monitored and their families traced. Special attention was paid to 39 of them who were formerly associated with weapon bearers. The National Society/ICRC maintained close coordination with MIDIMAR and humanitarian agencies involved in child protection to ensure that unaccompanied children received proper attention and that their particular needs were met.

Having incorporated family-links services in its emergency response, the National Society continued to boost its capacities in this area; it did so with material support/training from the ICRC, including during joint visits to and joint provision of services at refugee camps and transit centres. The National Society coordinated these activities with the local authorities, National Societies in neighbouring countries and other humanitarian organizations.

PEOPLE DEPRIVED OF THEIR FREEDOM

Inmates at 22 detention facilities under the authority of the RCS and the RDF received ICRC visits, conducted in accordance with the organization's standard procedures. ICRC delegates monitored their treatment and living conditions, paying particular attention to: people held for reasons related to State security; former weapon bearers, including minors, in camps run by the Rwanda Demobilization and Reintegration Commission and former M23 fighters interned in Rwanda; and other detainees with specific needs, such as the elderly, the mentally ill, foreigners and women. Visits to people convicted by the Special Court for Sierra Leone were postponed to early 2016.

After these visits, delegates submitted their findings and recommendations confidentially to the detaining authorities. Their reports, together with ICRC technical/material support, helped the authorities take further action to bring detainees' treatment and living conditions in line with internationally recognized standards.

The ICRC continued to engage the authorities in dialogue to gain/maintain access to all detainees within its purview, and to promote ways to ensure respect for detainees' judicial guarantees. It finished issuing attestations of detention – which it began to do in 2013 at the request of the National Prosecutor's Office – to some 1,500 detainees, enabling them to have their detention status reviewed.

Detainees, including minors detained at the Nyagatare rehabilitation centre, restored/maintained contact with their families through RCMs. Foreign detainees notified their consular representatives of

their detention via the ICRC. Some detainees were contacted by the ICRC after their release to check on their welfare.

Former M23 fighters received ad hoc medical assistance from the ICRC.

Authorities take steps to improve health care in prisons

The RCS pursued efforts to improve detainees' living conditions, including their access to basic health care. As part of its strategy to improve the availability and the quality of health care in prisons over a five-year period (2013–17), the RCS, with ICRC support, pursued a project to tackle issues related to nutrition, hygiene and disease prevention/control in two pilot sites (Huye and Nyarugenge central prisons). Implementation began after the signature of a memorandum of understanding that established the roles of the ICRC and the government bodies involved. With ICRC guidance, correctional staff conducted a survey of 16,500 detainees in the two prisons to assess their nutritional status; the survey revealed that the incidence of malnutrition had decreased by at least 6% since 2014. These findings helped RCS officials monitor conditions in the facilities more closely and gave them a baseline from which to shape future activities, for instance the planting of vegetable gardens. Prison staff and the ICRC developed a medical screening form for new arrivals. Renovation of the dispensary at the Huye central prison got under way.

During regular round-tables and bilateral meetings, prison administrators and health teams discussed detainees' medical concerns and received technical advice from the ICRC, for instance on the creation of an RCS unit focused on health issues.

Building on work begun at the 2014 annual national seminar organized by the RCS and the ICRC, officials from various government bodies reviewed and revised standards for prison health care, particularly in relation to sanitation, nutrition and medical supplies/equipment. Prison directors, nurses and staff, and officials from the health, internal security and justice ministries, and from military and police hospitals, helped to develop these standards, with the aid of experts from the ICRC and other international organizations. The revised draft of the standards went through a technical review in March and was being readied for a final review in early 2016. Its adoption will mean the alignment of national with international standards; the standards will incorporate specific indicators to enable better planning, provision and monitoring of health care in places of detention.

The authorities, NGOs and others working on detention issues continued to discuss challenges and best practices in the management of health-related issues at various ICRC-supported meetings, including the 2015 annual national seminar, which health/detention officials from Burundi, Cameroon, Gabon and Madagascar also attended. RCS officials developed their administrative capacities at prison-management seminars in Kenya (see *Nairobi*) and Geneva, Switzerland. Over 315 new RCS recruits learnt about detention issues and the ICRC's work at briefings.

Inmates have sustainable access to clean water

Over 51,000 detainees benefited from upgrades to prison infrastructure, carried out as part of the ICRC's cost-sharing agreements with the prison authorities, which aimed to encourage them to gradually assume full responsibility for enhancing detainees' living conditions. Detainees in 12 prisons benefited from repairs to sanitation and other facilities. The ICRC's installation of

chlorine-production machines in 11 prisons provided the RCS with a sustainable in-house water treatment method, and detainees with clean water for drinking and sanitation. Through training, 20 prison personnel learnt how to use the machines. The RCS installed, with ICRC support, units to produce soap and briquettes for use in all Rwandan prisons, with a view to improving the level of hygiene and kitchen facilities, respectively.

RCS staff upgraded their skills in facilities upkeep after attending a refresher course in operating/maintaining previously installed biogas systems, and seminars on infrastructure maintenance and hygiene promotion.

ACTORS OF INFLUENCE

Troops prepare for peace-support missions with ICRC briefings on IHL

Dialogue with the authorities, including police and military officials, broadened awareness of IHL and international norms applicable to law enforcement and detention (see *People deprived of their freedom*), and stimulated discussion of the humanitarian consequences of regional issues, such as the events in Burundi and the DRC.

The RDF welcomed the ICRC's support for incorporating IHL in training for its staff. Predeployment briefings for RDF units assigned to peace-support missions continued; RDF officers and thousands of troops learnt more about IHL and the ICRC's work. Key messages about sexual violence and the need to protect health-care services were conveyed at each briefing. The ICRC maintained contact with the Rwanda Peace Academy, and provided support for distributing a module on peacekeeping, in order to foster compliance with IHL among peace-support troops from Rwanda and the surrounding sub-region. Engagement with senior RDF officers improved, but the ICRC was unable to secure regular teaching slots at the Command and Staff College, the country's main military academy.

At an advanced military workshop abroad (see *International law and policy*), an RDF officer learnt more about humanitarian considerations in operational planning.

An ICRC course for police trainers enabled 25 RNP instructors to strengthen their ability to teach people at their institutions about international norms and principles applicable to law enforcement. They were added to the pool of instructors for future information sessions.

Rwanda ratifies/accedes to key conventions

Rwanda completed the final steps to ratify the Convention on Cluster Munitions; it also acceded to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. The process was aided by dialogue between the authorities and the ICRC on matters related to IHL implementation. The authorities received legal advice and other pertinent information – through regular contact with the ICRC, and at certain events – for ratifying the Arms Trade Treaty as well as other instruments to which Rwanda was already party, including the African Union Convention on IDPs and the Anti-Personnel Mine Ban Convention, and for the eventual implementation of the Convention on Certain Conventional Weapons.

Authorities conclude study to harmonize Rwandan legislation with IHL

A study analysing Rwanda's current laws in relation to its IHL-related commitments was completed. The authorities prepared a detailed work plan based on its results and, together with the ICRC, sought partners for implementing a project to harmonize the country's legislation with IHL.

Regular meetings with the Rwandan Red Cross followed up on the progress of draft laws on the National Society's status as an auxiliary to the government and on the proper use of the emblems protected under IHL. Over the course of a series of preparatory meetings before the 32nd International Conference, the Ministry of Foreign Affairs and Cooperation and the National Society assembled a report on Rwanda's implementation of the commitments it had made at the previous International Conference, and prepared a document on new pledges.

With financial assistance from the ICRC, university lecturers participated in round-tables for academics held locally and abroad (see *Nairobi*). Students and teachers refined their knowledge of IHL with the help of reference materials provided by the ICRC and through various ICRC presentations at their universities; they put this knowledge to the test on various occasions, such as an essay-writing contest and a regional moot court competition (see *Nairobi*).

The general public learnt about issues of humanitarian concern and the Movement's Fundamental Principles and activities through various events (such as those held to mark World Red Cross and Red Crescent Day), television/radio programmes and newsletters produced by the National Society with ICRC support.

RED CROSS AND RED CRESCENT MOVEMENT

National Society deploys teams to address violence-affected people's needs

The Rwandan Red Cross continued – with financial/technical/material assistance from the ICRC – to develop its capacity to restore family links, respond to emergencies and promote support for the Movement (see above). Movement partners provided support for the National Society, in line with a clearly defined set of responsibilities.

Over 480 National Society volunteers organized into 24 emergency teams acquired skills in first aid and received the necessary equipment at ICRC-supported training sessions; they were part of the 114 emergency teams (2,265 members) operating countrywide. These teams, together with other volunteers trained specifically in restoring family links and health/disaster management, extended assistance to people escaping the violence in Burundi (see *Civilians*). Students received certification in first aid; they also learnt about the Fundamental Principles at courses organized by National Society trainers.

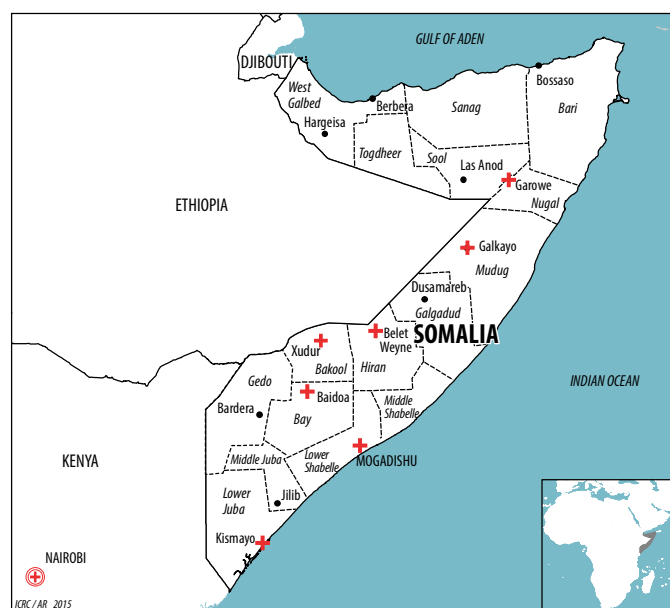
Training and simulation exercises, supported by the health ministry/ICRC, prepared 150 volunteers to respond to emergency needs and deal with people traumatized by violence, for instance during events marking the anniversary of the 1994 genocide.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SC*	
RCMs collected		4,443	654	
RCMs distributed		2,914	375	
Phone calls facilitated between family members		63,726		
Names published in the media		212		
Reunifications, transfers and repatriations				
People reunited with their families		145		
<i>including people registered by another delegation</i>		29		
People transferred/repatriated		12		
Tracing requests, including cases of missing persons			Women	Girls
People for whom a tracing request was newly registered		288	41	89
<i>including people for whom tracing requests were registered by another delegation</i>		44		
People located (tracing cases closed positively)		126		
<i>including people for whom tracing requests were registered by another delegation</i>		29		
Tracing cases still being handled at the end of the reporting period (people)		377	54	93
<i>including people for whom tracing requests were registered by another delegation</i>		108		
UAMs/SC*, including demobilized child soldiers			Girls	Demobilized children
UAMs/SC newly registered by the ICRC/National Society		1,667	643	6
UAMs/SC reunited with their families by the ICRC/National Society		128	52	14
<i>including UAMs/SC registered by another delegation</i>		24		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		1,131	383	39
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Detainees visited		56,300	3,738	360
			Women	Girls
Detainees visited and monitored individually		314	27	3
Detainees newly registered		45	1	1
Number of visits carried out		69		
Number of places of detention visited		22		
Restoring family links				
RCMs collected		253		
RCMs distributed		152		
Phone calls made to families to inform them of the whereabouts of a detained relative		40		
People to whom a detention attestation was issued		17		

*Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	180	1%	99%
<i>of whom IDPs</i>	Beneficiaries	2		
Essential household items	Beneficiaries	421		100%
Cash	Beneficiaries	57	2%	75%
Services and training	Beneficiaries	2		100%
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	51,500		
Health				
Number of visits carried out by health staff		27		
Number of places of detention visited by health staff		2		

SOMALIA



ICRC / AR_2015
 + ICRC Somalia delegation in Nairobi, Kenya + ICRC office/presence

KEY RESULTS/CONSTRAINTS IN 2015

- ▶ Dialogue with the authorities, weapon bearers and community leaders enabled the ICRC to assist people in areas to which few or no other actors had access.
- ▶ People coped with the immediate effects of conflict/other violence and/or floods with ICRC-provided food, cash, household/hygiene items and medical care, particularly for malnourished children and women.
- ▶ Communities boosted their resilience to the effects of conflict: they established more reliable access to water, protected farmland from flooding, and started small enterprises – all with ICRC support.
- ▶ Detainees benefited from ICRC-supported efforts by penitentiary authorities to improve treatment (timely notification of arrests) and living conditions (cooperation with a hospital to enhance health services).
- ▶ The Somali Red Crescent Society continued, with comprehensive ICRC support, to add to its capacity to assist people affected by conflict/violence.
- ▶ Somalia ratified the Convention on Cluster Munitions and the UN Convention on the Rights of the Child.

EXPENDITURE IN KCHF

Protection	4,073
Assistance	53,381
Prevention	3,368
Cooperation with National Societies	2,143
General	213
Total	63,179
<i>Of which: Overheads</i>	3,817

IMPLEMENTATION RATE

Expenditure/yearly budget	86%
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PERSONNEL

Mobile staff	44
Resident staff (daily workers not included)	107

The ICRC has maintained a presence in Somalia since 1982, basing its delegation in Nairobi, Kenya, since 1994. Working with the Somali Red Crescent Society to implement many of its activities, it focuses on providing emergency aid to people affected by armed conflict, runs an extensive first-aid, medical and basic health care programme and supports projects to help restore or improve livelihoods in communities weakened by crises. It visits detainees and endeavours to promote respect for IHL, particularly the protection of civilians and medical staff and infrastructure. It supports the National Society's development.

YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

HIGH

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	10,170
RCMs distributed	13,347
Phone calls facilitated between family members	38,594
People located (tracing cases closed positively)	243
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	4,275
Detainees visited and monitored individually	48
Number of visits carried out	39
Number of places of detention visited	20
Restoring family links	
RCMs collected	14
RCMs distributed	7
Phone calls made to families to inform them of the whereabouts of a detained relative	158

ASSISTANCE	2015 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security¹ (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 90,000	247,445
Essential household items	Beneficiaries 120,000	187,156
Productive inputs	Beneficiaries 120,000	836,842
Cash	Beneficiaries 90,000	38,237
Services and training	Beneficiaries 13,800	
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries 300,000	240,170
Health		
Health centres supported	Structures 40	32
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures 4	14
Water and habitat		
Water and habitat activities	Number of beds 440	439

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 process of creating a federal State continued. Communal violence persisted in parts of southern and central Somalia; as did hostilities between military forces supporting the Somali government – the African Union Mission in Somalia (AMISOM) and defence forces from neighbouring countries – and armed groups, in particular the Harakat al-Shabaab al-Mujahideen (better known as al-Shabaab). In the north, lingering tensions in the semi-autonomous region of Puntland and the self-declared Republic of Somaliland resulted in clashes.

Owing to the prevailing situation, the number of persons arrested and detained remained high, putting additional pressure on already-strained judicial and penitentiary services.

The humanitarian situation remained serious. Precarious security conditions, blurring of front lines and the inability of most international humanitarian agencies to operate in the prevailing circumstances: all these continued to hamper the delivery of aid. Food insecurity, owing to climate shocks and competition over scarce resources, was a source of major concern. El Niño-related flash floods destroyed thousands of homes.

The thousands of civilians and weapon bearers who were wounded or injured during conflict/other violence and/or natural disasters had limited access to specialized care; and the general population continued to struggle with inadequate health services and public infrastructure. The arrival in Puntland and Somaliland of people fleeing the conflict in Yemen (see *Yemen*), both Somali returnees and Yemeni refugees, exacerbated the situation.

ICRC ACTION AND RESULTS

The ICRC, in cooperation with the Somali Red Crescent Society, continued to address the humanitarian needs of people affected by armed conflict and other situations of violence throughout Somalia. As the ICRC's main partner, the National Society received comprehensive support for strengthening its ability to assist vulnerable communities and promote the Movement's work.

The ICRC made representations to the parties to the conflict, reminding them of their obligations under IHL to protect people not/no longer taking part in the fighting, including those providing or seeking health care. Dissemination sessions for armed/security forces, including AMISOM troops, sought to strengthen compliance with IHL and other relevant norms.

Dialogue with the authorities and weapon bearers, and regular contact with community leaders and with other humanitarian agencies working in Somalia, furthered understanding of and acceptance for the ICRC's mandate and work. This enabled the ICRC, in tandem with the National Society, to assist communities accessible to few/no other organizations. However, restrictions on certain activities, including provision of health care, and security/access constraints (see *Context*) remained in place. National Society/ICRC staff adapted themselves to these constraints: they worked with community leaders to implement assistance activities, and strengthened monitoring procedures to ensure accountability.

People affected by emergencies, such as flood victims, received ICRC aid: food supplies, basic household items or – for households who still had access to markets – cash assistance with which to purchase essentials.

With ICRC support, the National Society continued to run clinics for vulnerable people, such as victims of sexual violence, severely malnourished children and pregnant/lactating women. The ICRC supported nutrition stabilization centres in Baidoa and Kismayo and four hospitals in Baidoa, Kismayo and Mogadishu, where weapon-wounded people and other patients received treatment. Treatment at National Society/ICRC-supported facilities and hygiene-promotion activities protected people's health during outbreaks of cholera and diarrhoea.

The ICRC helped communities affected by conflict/other violence, throughout Somalia, to work towards self-sufficiency, but some initiatives had to be postponed in favour of the emergency response to floods (see *Context*). Long-term measures were taken to improve water supply. Farmers benefited from cash-for-work projects to repair irrigation and flood-protection facilities, initiatives to treat/prevent animal diseases and donations of tractors, good-quality seed/seedlings and tools. Households headed by women began income-generating activities with ICRC cash grants.

People held in detention facilities across Somalia, including Puntland and Somaliland, continued to receive visits conducted in accordance with the ICRC's standard procedures. Visits to detainees in the Mogadishu central prison resumed after being suspended in June 2014. The Somali federal authorities signed an agreement formalizing the ICRC's access to detainees. After these visits, the ICRC submitted its findings – and when necessary, recommendations for improving detention conditions – confidentially to the authorities. Detainees availed themselves of ICRC family-links services during visits.

Detainees in several prisons benefited from ICRC-supported outpatient consultations and treatment for malnutrition. The ICRC continued to help the penitentiary authorities strengthen their ability to provide health care for detainees; it also urged them to work in coordination with other agencies. In the Mogadishu central prison, health staff added to their capacities through training/technical support provided jointly by the justice ministry and Keysaney Hospital. Prison clinics received supplies and equipment.

At the ICRC's urging, and aided by its expertise, Somalia ratified the Convention on Cluster Munitions and the UN Convention on the Rights of the Child.

The delegation was based in Nairobi, Kenya and had several offices in Somalia.

CIVILIANS

Dialogue helps extend National Society/ICRC access to people in need

Security/access constraints continued to limit the ICRC's ability to monitor the situation of civilians in certain areas (see *Context*). On the basis of allegations of abuses, the ICRC made representations to the parties to the conflict, reminding them of their obligations under IHL to protect people not/no longer taking part in the fighting, including those providing or seeking health care.

Dialogue with the authorities and all weapon bearers, including foreign troops deployed in Somalia, enabled the National Society/ICRC to assist isolated communities. People in one town received ICRC assistance for the first time since al-Shabaab took control of the town in 2012; this was possible because the ICRC had secured the group's agreement to grant humanitarian access. The National

Society/ICRC engaged local authorities in dialogue to extend humanitarian access in southern and central Somalia; however, restrictions on certain activities, including provision of health care, remained in place.

Vulnerable people obtain health care

With ICRC support, the National Society continued to run clinics providing primary health care. It opened new clinics in Galgadud and Lower Shabelle, and upgraded infrastructure at a clinic in Hiran. Other clinics, however, were closed owing to the prevailing situation. In all, 25 fixed and 7 mobile National Society clinics, serving 532,000 people on average, were functioning.

Vulnerable people – such as women, children and victims of sexual violence – benefited from consultations (including ante/post-natal care) at these clinics; where needed and/or possible, they also received referrals for follow-up care and immunization.

Therapeutic feeding improved the nutrition of over 20,530 severely malnourished children and 5,250 pregnant/lactating women. At ICRC-supported nutrition stabilization centres in Baidoa (opened in May) and Kismayo, some 3,080 children were treated for complicated severe malnutrition.

Victims of a cholera outbreak in Baidoa and Kismayo were treated at ICRC-supported hospitals there (see *Wounded and sick*). The National Society/ICRC also tackled a diarrhoea outbreak in Lower Juba; community members adopted better sanitation practices following hygiene-promotion activities.

Latrines were constructed at an IDP camp in Lower Shabelle, creating a more sanitary environment for around 940 people.

Emergency-affected people cope with difficult conditions

People affected by conflict/other violence, and sometimes by natural disasters as well, met their urgent needs with National Society/ICRC assistance: some 190,000 individuals (31,670 households) received emergency food and basic items; and over 96,000 people (16,000 households) who still had access to functioning markets received cash assistance to purchase food. Among those assisted were: some 54,000 people (9,131 households) who had fled armed violence in Galkayo; 22,700 people (3,000 households) who had fled Guriel; 14,950 vulnerable persons (2,490 households) in a town controlled by al-Shabaab (see above); and 28,000 flood-affected people (4,670 households) in Hiran and Middle Shabelle.

Some 200 vulnerable people (30 families) from Yemen received a one-time distribution of food and hygiene items.

Over 31,200 IDPs affected by violence in Galkayo had safe water, trucked in by the ICRC.

Communities work to become more resilient to the effects of conflict/other violence

People suffering the effects of conflict/other violence sought, with ICRC support, to regain their self-sufficiency. Some 207,900 people and their livestock benefited from long-term measures to improve their access to safe water. This included around 114,700 people who had more water for their needs after repairs to boreholes and community wells, and about 93,200 people who could harvest rainwater more efficiently after improvements to infrastructure. Farmers had increased protection against drought and flooding after irrigation canals and river embankments were repaired

through cash-for-work projects. Nearly 26,000 breadwinners contributed to these projects, benefiting almost 155,900 people. In Mudug and Puntland, ICRC-trained community technicians carried out repairs on a smaller scale.

Some 11,300 households (68,000 people) produced food more efficiently and/or earned an income with the help of supplies/equipment from the ICRC. Communities of farmers stood to improve their yield with ICRC-donated good-quality seed/seedlings and tools. Agricultural cooperatives in southern and central Somalia increased the area of land they could cultivate after receiving tractors. Pastoralists in six regions there (estimated population: 100,000) were better placed to maintain healthy herds after a treatment campaign to cure the diseased livestock of 14,330 families and the training of over 180 community-based animal-health workers, who learnt how to protect livestock from parasite infestations. Around 1,900 female heads of households started small businesses using ICRC cash grants, benefiting approximately 11,000 people.

Members of dispersed families restore contact with each other

Thousands of people communicated with their relatives in Somalia and abroad through Movement family-links services, including mobile phone calls offered at one IDP camp. Among them were people in Puntland and Somaliland who had fled the conflict in Yemen, and displaced persons in Mogadishu.

Families seeking news of missing relatives had some 7,350 names read out on the “Missing Persons” radio programme on the BBC Somali service, and/or consulted the list of missing persons registered by the Movement’s family-links network on the ICRC’s family-links website (familylinks.icrc.org).

The National Society continued to develop its tracing capacities with comprehensive support from the ICRC.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees receive ICRC visits and restore contact with their families

Detainees in Puntland, Somaliland and southern and central Somalia received visits from ICRC delegates, conducted according to the ICRC’s standard procedures, to monitor their treatment and living conditions. Among them were people held in central prisons under the jurisdiction of the justice ministry, in Criminal Investigation Department facilities in Bossaso, Hargeisa and Mogadishu, and in National Intelligence and Security Agency facilities. Visits to detainees in the Mogadishu central prison resumed after discussions with the authorities; the visits had been suspended in June 2014. The Somali federal authorities signed an agreement formalizing the ICRC’s access to detainees. AMISOM informed the ICRC of individuals in their custody (see *Actors of influence*).

After the visits, detaining authorities received confidential feedback and, where necessary, recommendations for improvement, including on the treatment of detainees.

Detainees got in touch with their families through RCMs or short oral messages relayed by ICRC delegates. At their request, two foreign detainees had their embassies/consulates notified of their detention. Three Zanzibaris released from the Mogadishu central prison were repatriated by the ICRC in coordination with the pertinent authorities (see *Nairobi*). Their families were kept informed throughout the process.

More than 90 detainees in three prisons acquired vocational skills through ICRC-facilitated courses in carpentry, sewing and masonry. Some 5,000 detainees' observance of Ramadan was aided by ICRC-donated food/essential items.

Inmates receive suitable health care

Detainees at the Baidoa and Mogadishu central prisons continued to benefit from ICRC-supported outpatient consultations. Health staff at both prisons developed their capacities through training (for instance, in treating malnutrition and pharmacy management); Mogadishu central prison infirmary staff received technical support from Keysaney Hospital (see below). The prison clinics received supplies and equipment. Prisons in Bossaso and Galkayo received ad hoc donations of supplies.

Severely malnourished detainees at the Baidoa and Mogadishu prisons, and at the Mandera central prison in Somaliland, were given therapeutic food to improve their nutrition.

At the ICRC's urging, the justice ministry engaged Keysaney Hospital in providing training for Mogadishu central prison infirmary staff. Penitentiary authorities in Puntland sought the ICRC's advice for setting up mechanisms to detect illnesses among detainees more promptly. In Somaliland, penitentiary authorities and the health/justice ministries strengthened their coordination, notably during ICRC-facilitated meetings.

Detainees enjoy more hygienic/sanitary conditions

More than 4,000 detainees in 18 places of detention across Somalia, including Puntland and Somaliland, were less at risk of disease owing to hygiene-promotion activities and distribution of hygiene items. Inmates had better living conditions after detention authorities, with ICRC support, rehabilitated water/sanitation facilities in three places of detention (two in Mogadishu and one police station in Puntland) and trained maintenance staff.

WOUNDED AND SICK

Weapon-wounded people and other patients obtain medical care

Over 17,700 patients, around 4,500 of them weapon-wounded, received ICRC-supported treatment, mainly at four hospitals – two in Mogadishu (Keysaney and Medina) and one each in Baidoa and

Kismayo – which received comprehensive ICRC support, including for training medical staff.

Through ICRC training, surgical teams at the Baidoa and Kismayo hospitals became more capable of controlling and preventing infections; they also familiarized themselves with the use of their operating theatres, which had been newly renovated by the ICRC. As assistance provided by other organizations to the maternity and paediatric services at both hospitals drew to an end, the ICRC held meetings with other humanitarian agencies to mobilize actors to fill the gaps; it provided ad hoc support pending a long-term solution. Maintenance teams at the Baidoa hospital rehabilitated lavatories, with tools and guidance from the ICRC.

The Somali Red Crescent, the Norwegian Red Cross and the ICRC discussed the provision of support for expanding surgical services at Keysaney Hospital; the Norwegian Red Cross began rehabilitation/extension work there.

Other medical facilities – in Galgadud, Hiran and Lower Shabelle – treated people wounded in the conflict with the help of ad hoc donations of medical supplies from the ICRC.

With ICRC support, the National Society conducted first-aid training for 20 community volunteers. It worked with the ICRC to develop a training curriculum for first aid and the management of human remains, in preparation for implementing its national strategy in these two areas.

ACTORS OF INFLUENCE

Aided by the ICRC's expertise, Somalia ratified the Convention on Cluster Munitions and the UN Convention on the Rights of the Child. Somali government officials and ICRC delegates discussed the importance of ratifying the Arms Trade Treaty.

Weapon bearers learn more about their responsibilities under IHL

Dissemination sessions for and meetings with the authorities, the Somali armed forces, AMISOM troops and other weapon bearers focused on their obligations under IHL to safeguard people not or no longer taking part in hostilities and to facilitate their access to medical or other humanitarian aid. Regular dialogue with all

PEOPLE DEPRIVED OF THEIR FREEDOM	Puntland	Somaliland	Southern and Central Somalia
ICRC visits			
Detainees visited	978	1,408	1,889
of whom women	35	10	32
of whom minors	2	209	2
Detainees visited and monitored individually			48
of whom women			4
of whom girls			1
of whom boys			3
Detainees newly registered	12	11	5
of whom women	4		1
of whom girls		1	
of whom boys			1
Number of visits carried out	14	10	15
Number of places of detention visited	8	5	7
Restoring family links			
RCMs collected	8	2	4
RCMs distributed	3	3	1
Phone calls made to families to inform them of the whereabouts of a detained relative	80	9	69
Detainees released and transferred/repatriated by/via the ICRC			3

parties to the conflict helped generate further support for the ICRC's neutral, impartial and independent humanitarian action, including its work on behalf of detainees (see *People deprived of their freedom*). Coordination with other actors also helped to make assistance efforts more broadly effective. For example, other organizations aided people who remained in Guriel during tensions there, while the ICRC focused on providing emergency relief for those forced to flee (see *Civilians*).

Weapon bearers learnt more about IHL and other relevant norms during training sessions. A workshop enabled 50 senior military officers to strengthen their grasp of IHL.

AMISOM troops add to their knowledge of IHL and of norms applicable during arrests

Over 780 officers and non-commissioned officers from Somalia and countries contributing troops to AMISOM learnt more about IHL during ICRC training in Somalia or their country of origin (see, for example, *Ethiopia* and *Nairobi*). More than 2,120 booklets on proper conduct were distributed to troops.

Two workshops enabled 70 civil-military relations officers to familiarize themselves with the ICRC's work. At one seminar, AMISOM police officials and the ICRC discussed the need for training in IHL and international human rights law.

Some 30 participants from AMISOM military/police bodies took part in a workshop on the implementation of their standard procedures for handling detainees during military operations; these procedures had been drafted in 2014 with the ICRC's help. After the workshop, they notified the ICRC, for the first time, of persons arrested and detained by AMISOM.

Through ICRC training, 20 senior officials working at detention facilities in Somaliland added to their knowledge of IHL and of international human rights standards for the treatment of detainees.

Local leaders familiarize themselves with the ICRC's mandate and work

Local authorities, community leaders and civil society representatives in southern and central Somalia learnt more about the ICRC's mandate and work, as well as about the Movement, through dissemination sessions and briefings, and in some cases, during the implementation of assistance activities. The general public had access to information about ICRC activities through the ICRC's website, an online photo library and social-media posts.

RED CROSS AND RED CRESCENT MOVEMENT

The Somali Red Crescent Society remained the ICRC's primary partner in delivering humanitarian services to people affected by conflict/other violence (see *Civilians*). It continued to develop its capacities with the ICRC's assistance, such as for building/refurbishing offices and acquiring additional equipment, and for improving the internet connection in its branches in southern and central Somalia. With ICRC support, the National Society completed a risk analysis, as part of its plan of action for safer access to beneficiaries. The National Society's new leadership – with advice and other assistance from Movement partners – pursued internal reforms, particularly with regard to human resources, financial management and resource mobilization.

Monthly meetings in Nairobi promoted coordination between the National Society and the ICRC, and aligned activities to strategies more closely, particularly in connection with primary health care and disaster management. The National Society and the ICRC continued to discuss, with other Movement partners, operational partnerships in first aid, health and organizational development. Interaction with Movement partners based in Mogadishu continued to be limited by security constraints, but information, as in the past, was exchanged regularly.

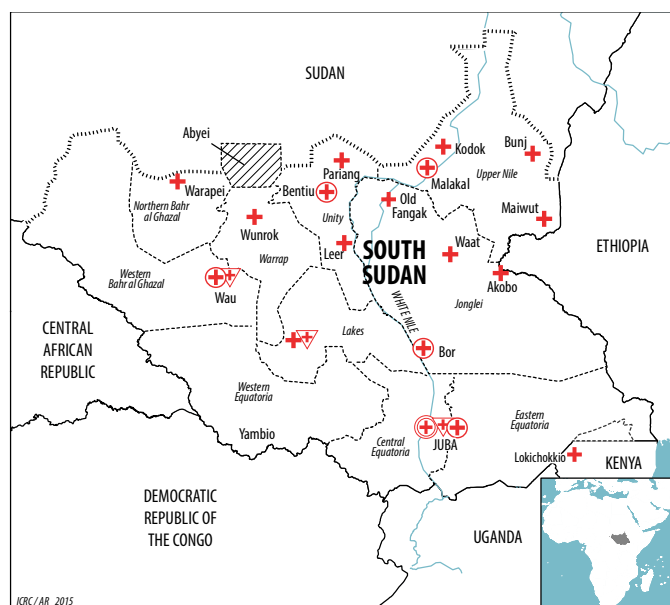
MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
Red Cross messages (RCMs)			UAMs/SC*		
RCMs collected	10,170				
RCMs distributed	13,347				
Phone calls facilitated between family members	38,594				
Names published in the media	7,351				
Names published on the ICRC family-links website	32,696				
Tracing requests, including cases of missing persons		Women	Girls	Boys	
People for whom a tracing request was newly registered	1,115	221	349	287	
<i>including people for whom tracing requests were registered by another delegation</i>	102				
People located (tracing cases closed positively)	243				
<i>including people for whom tracing requests were registered by another delegation</i>	23				
Tracing cases still being handled at the end of the reporting period (people)	1,603	334	468	352	
<i>including people for whom tracing requests were registered by another delegation</i>	162				
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits		Women	Minors		
Detainees visited	4,275	77	213		
		Women	Girls	Boys	
Detainees visited and monitored individually	48	4	1	3	
Detainees newly registered	28	5	1	1	
Number of visits carried out	39				
Number of places of detention visited	20				
Restoring family links					
RCMs collected	14				
RCMs distributed	7				
Phone calls made to families to inform them of the whereabouts of a detained relative	158				
Detainees released and transferred/repatriated by/via the ICRC	3				

*Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security¹ (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	247,445	17%	65%
	<i>of whom IDPs</i>	83,112		
Essential household items	Beneficiaries	187,156	17%	64%
	<i>of whom IDPs</i>	109,815		
Productive inputs	Beneficiaries	836,842	17%	66%
	<i>of whom IDPs</i>	93,358		
Cash	Beneficiaries	38,237	17%	66%
	<i>of whom IDPs</i>	12,048		
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	240,170	25%	60%
Health				
Health centres supported	Structures	32		
Average catchment population		532,000		
Consultations	Patients	473,185		
	<i>of which curative</i>		182,522	199,465
	<i>of which ante/post-natal</i>		61,450	
Immunizations	Doses	193,521		
Referrals to a second level of care	Patients	4,113		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Food commodities	Beneficiaries	5,115		
Essential household items	Beneficiaries	4,838		
Services and training	Beneficiaries	92		
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	4,000		
Health				
Number of visits carried out by health staff		136		
Number of places of detention visited by health staff		3		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	14		
	<i>of which provided data</i>	12		
Admissions	Patients	17,749	7,717	2,664
	<i>of which weapon-wounded</i>	4,507	851	361
	<i>(including by mines or explosive remnants of war)</i>	220		
	<i>of which other surgical cases</i>	5,933		
	<i>of which internal medicine and paediatric cases</i>	2,615		
	<i>of which gynaecological/obstetric cases</i>	4,694		
Operations performed		24,038		
Outpatient consultations	Patients	53,728		
	<i>of which surgical</i>	24,256		
	<i>of which internal medicine and paediatric</i>	20,752		
	<i>of which gynaecological/obstetric</i>	8,720		
First aid				
First-aid posts supported	Structures	12		
	<i>of which provided data</i>	4		
Wounded patients treated	Patients	161		
Water and habitat				
Water and habitat activities	Number of beds	439		

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.

SOUTH SUDAN



ICRC / AR_2015

ICRC-supported prosthetic/orthotic project

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 2015

- ▶ Authorities and weapon bearers were reminded, through representations and dissemination sessions, of their obligations under IHL, notably to protect people who are not/no longer taking part in the hostilities.
- ▶ Dialogue with the parties concerned facilitated the ICRC's access to people in need. Air transport operations enabled it to bring food supplies and staff to isolated communities accessible to few/no other actors.
- ▶ IDPs and residents had food, potable water and essential supplies through ICRC food distributions and other emergency activities. Thousands pursued farming and other livelihood projects with ICRC support.
- ▶ Sick/injured people, including the weapon-wounded and victims of sexual violence, received treatment at hospitals/clinics provided with medical supplies, training, and on-site support from ICRC medical teams.
- ▶ People held by the government and by the opposition, and those temporarily in the custody of the UN Mission in South Sudan, had their treatment and living conditions monitored during ICRC visits.
- ▶ Members of dispersed families, including those who fled abroad, restored or maintained contact through Movement family-links services. Several unaccompanied minors were reunited with their families.

EXPENDITURE IN KCHF

Protection	11,440
Assistance	113,433
Prevention	6,478
Cooperation with National Societies	5,771
General	288
Total	137,411
<i>Of which: Overheads</i>	8,346

IMPLEMENTATION RATE

Expenditure/yearly budget	89%
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PERSONNEL

Mobile staff	180
Resident staff (daily workers not included)	609

Present in Juba since 1980, the ICRC opened a delegation in newly independent South Sudan in mid-2011. It works to ensure that people affected by non-international and international armed conflicts are protected in accordance with IHL, have access to medical/surgical care, physical rehabilitation and safe water, receive emergency relief and livelihood support, and can restore contact with relatives. It visits POWs and other detainees and seeks to increase knowledge of IHL among the authorities, armed forces and other weapon bearers. It works with and supports the South Sudan Red Cross.

YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

HIGH

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	4,383
RCMs distributed	1,341
Phone calls facilitated between family members	19,652
People located (tracing cases closed positively)	316
People reunited with their families	52
<i>of whom unaccompanied minors/separated children</i>	24
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	4,624
Detainees visited and monitored individually	309
Number of visits carried out	82
Number of places of detention visited	27
Restoring family links	
RCMs collected	293
RCMs distributed	86
Phone calls made to families to inform them of the whereabouts of a detained relative	203

ASSISTANCE	2015 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 340,200	410,795
Essential household items	Beneficiaries 120,000	119,440
Productive inputs	Beneficiaries 438,000	667,655
Cash	Beneficiaries	6,960
Services and training	Beneficiaries	282
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries 320,000	392,859
Health		
Health centres supported	Structures 5	8
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures 2	17
Water and habitat		
Water and habitat activities	Number of beds 500	1,378
Physical rehabilitation		
Projects supported	Structures 3	3
Patients receiving services	Patients 2,500	2,409

CONTEXT

Armed clashes and other situations of violence persisted throughout the year with varying intensity. Fighting continued even after the parties to the non-international armed conflict that began in December 2013 signed a peace agreement in August 2015. Ongoing political/administrative reforms contributed to communal tensions.

Indiscriminate attacks, destruction of property, sexual violence and other abuses were allegedly committed by weapon bearers on all sides. Tens of thousands of people were wounded/killed. As at December 2015, some 1.7 million people were reportedly displaced internally, and over 600,000 fled to neighbouring countries. Around 190,000 people stayed in camps and at “protection-of-civilians sites” of the UN Mission in South Sudan (UNMISS). Food shortages and inaccessibility of health care put people at risk of malnutrition and disease. Many households were unable to pursue their livelihoods.

Security and logistical constraints – including attacks on aid/medical workers and infrastructure – limited humanitarian agencies’ ability to assist vulnerable communities.

Tensions persisted between South Sudan and Sudan, notably in connection with the border region of Abyei.

ICRC ACTION AND RESULTS

The ICRC stepped up its response to humanitarian needs in South Sudan, supported by a budget extension appeal launched in June. Together with the South Sudan Red Cross, it employed a multi-disciplinary approach to help vulnerable people meet their basic needs and build their resilience to the effects of the conflict, and to promote respect for their protection under IHL.

Dialogue with all parties to the conflict, and contact with community/civil society leaders, enabled the ICRC to assist people accessible to few/no other humanitarian agencies. While maintaining its neutral, impartial and independent stance, the ICRC reminded all parties to the conflict of their responsibilities under IHL and other applicable norms to protect people who are not/no longer participating in the fighting, facilitate their safe access to essential services and humanitarian aid, and prevent abuses against them. Weapon bearers on all sides learnt more about IHL/the Movement’s work at dissemination sessions.

The ICRC ensured its proximity to vulnerable people by maintaining field sites in seven states. Owing to security/logistical constraints, it adjusted its working methods to be able to provide timely assistance while ensuring the safety of its staff. ICRC teams, for instance, were evacuated from places affected by intense fighting. The ICRC continued to use aircraft to bring staff and supplies to areas that were inaccessible by land because of the fighting and the rains/floods. Supplies that had been airdropped were collected by National Society/ICRC staff at designated places and then distributed; items that could not be airdropped were delivered by smaller aircraft able to land on difficult terrain. A logistics base in Kenya, which closed in November, and a new base in Uganda supported these operations.

Adapting to the situation and people’s needs, the ICRC carried out more one-off food distributions, while continuing to assist certain communities over a prolonged period. As a result, more people

than planned benefited from food assistance (around 410,000 in all) that enabled them to deal with food shortages. Children and pregnant/lactating mothers received nutritional supplements to help them avoid/recover from malnutrition. Distributions of household items helped ease the situation of thousands of people.

The ICRC helped households pursue their livelihoods by providing them with agricultural and fishing supplies/tools and by supporting local veterinary services. More people than planned were reached, as the ICRC extended assistance to more areas, based on needs assessments and changes in the security situation. Water and sanitation facilities installed/renovated with ICRC support ensured people’s access to water and helped prevent the spread of cholera, particularly in urban areas.

Ensuring that people in both government- and opposition-controlled areas could obtain/provide health care safely remained a priority. The ICRC worked with health personnel and local authorities to develop measures for increasing the safety of patients and medical staff; it also continued to support the casualty care chain. People injured during clashes received first aid from ICRC-trained emergency responders; hundreds were evacuated to medical facilities. Six ICRC surgical teams treated critically wounded/ill people at various facilities/areas. Hospitals and clinics provided surgical services and curative/preventive health care with ICRC assistance; some facilities received comprehensive support in the form of supplies, staff training and infrastructure upgrades. People with disabilities obtained services at three ICRC-supported physical rehabilitation centres.

Delegates monitored the treatment and living conditions of people held by the government and by the opposition forces, and of those in UNMISS custody, during visits conducted in accordance with standard ICRC procedures. Detainees benefited from repairs to prison facilities and donations of essential items and supplementary food supplies.

Members of dispersed families, including unaccompanied minors, restored/maintained contact using Movement family-links services.

The National Society received support for strengthening its operational and managerial capacities. The ICRC coordinated its activities with those of Movement partners, UN agencies and other humanitarian actors to maximize effort and avoid duplication.

CIVILIANS

The government issues formal directives enjoining troops to comply with IHL

Civilians reported instances of unlawful conduct by weapon bearers on all sides. Based on documented allegations, and on the observations of its staff, the ICRC reminded the parties to the conflict of their obligations under IHL and other relevant norms. Oral/written representations urged them to: respect and protect people not/no longer participating in the fighting; prevent sexual violence, recruitment of children into fighting forces and other abuses; facilitate access to essential services and humanitarian aid; and protect civilian infrastructure from looting/destruction. In response to concerns raised by the ICRC, the Ministry of Defence and Veterans Affairs and the Sudan People’s Liberation Army (SPLA) issued directives enjoining all troops to conduct their operations in compliance with IHL.

Several people were able to move to safer areas after the ICRC obtained security guarantees for them from the parties concerned.

Residents and displaced people have essential supplies and water amid continued fighting

Because many vulnerable communities were inaccessible by land owing to the fighting/floods/rains, the ICRC transported supplies and staff members by air. It prioritized the delivery of food to isolated areas through airdrops; National Society/ICRC staff members collected the supplies at drop-off points and then distributed them. Supplies that could not be airdropped were delivered by smaller aircraft that could land on difficult terrain. Implementation of a mobile computer-based system for registering beneficiaries was hampered by security constraints.

Over 410,000 people (68,400 households) – mostly IDPs in Jonglei, Northern Bahr al Ghazal, Unity, Upper Nile and Western Equatoria – dealt with food shortages with the help of ICRC food rations. Among them, some 159,200 IDPs (26,500 households) in Leer county and the Waat locality in Nyirol county received rations at least thrice; plans to assist them every four to six weeks were disrupted by logistical/other constraints. Donations of food supplies helped farming households avoid having to consume seed meant for planting. Children and pregnant/lactating mothers avoided/recovered from malnutrition with the help of nutritional supplements. More beneficiaries than planned were reached, as the ICRC carried out more one-off food distributions.

Over 93,000 people (15,500 households) were able to cook food, build shelters and maintain personal hygiene with household essentials from the ICRC. Some 26,000 people similarly benefited from supplies donated by the ICRC to the National Society.

More than 390,000 people had access to clean water following the construction/repair of water and sanitation facilities; this also mitigated the risk to communities of water-borne diseases. Some 47,000 people in Juba, for example, were protected from cholera after the ICRC put up a temporary water-treatment plant that was managed partly by the National Society.

Communities take steps to regain self-sufficiency

Vulnerable households augmented their food supply and recovered/maintained some degree of self-sufficiency by pursuing agricultural activities with ICRC support. More people than planned benefited after the ICRC extended assistance to more locations.

In seven states, and in the contested area of Abyei, some 49,000 households (294,000 people) planted staple and vegetable crops using ICRC-donated seed/tools; ICRC-supported ploughing helped open more land for cultivation. Over 16,200 households (97,300 people) supplemented their diet with fish they had caught using ICRC-provided kits, which they could carry with them if they had to flee for their safety.

Pastoralists (45,000 households; 271,000 people) preserved the quality of their livestock – for consumption or for trade – through animal vaccination/treatment campaigns organized by the agriculture ministry/ICRC. At training sessions, animal health workers learnt more about preventing/treating livestock disease; they received supplies and bicycles to help them reach communities in remote areas.

Some 1,160 people (supporting 6,960 individuals in all) earned cash by building/repairing community infrastructure. Members of over 700 households (some 4,600 people) took part in ICRC-facilitated group discussions to identify/develop means to protect their

livelihoods and themselves; they received supplies to pursue the projects they had identified. During information sessions, beneficiaries shared their concerns and learnt how to make the best use of the assistance they received (see *Actors of influence*).

Victims of sexual violence and other conflict-affected people receive health services

Five clinics in Jonglei and Upper Nile sustained their services with material/technical/financial support from the ICRC, provided per agreements with county health departments. On average, some 2,400 people benefited each week from medical consultations, immunization, obstetric care and other services provided by these clinics. Three other clinics received ad hoc support. Nearly 400 people who required further treatment were referred to suitable facilities.

Victims of sexual violence availed themselves of specialized services at the ICRC-supported clinics, including prophylactic treatment within 72 hours of the incident and psychosocial support; some were referred to other facilities when necessary. At courses/dissemination sessions, midwives showed traditional birth attendants how to assist victims of sexual violence, and clinic staff learnt more about the victims' needs.

Unaccompanied minors are reunited with their families

Members of dispersed families restored/maintained contact through Movement family-links services. People in remote areas and those at “protection-of-civilians sites” sent/received family news via phone calls or RCMs. Some of them searched for and found their relatives through ICRC-produced booklets of photos of people who had become separated from their families. Two of these booklets – with 1,100 pictures published with the consent of the people concerned – were made available throughout South Sudan. Similar efforts were carried out in countries hosting South Sudanese refugees (see *Ethiopia* and *Nairobi*). A new South Sudan page on the ICRC's family-links website (familylinks.icrc.org) also helped relatives reconnect.

Fifty-two people – including 24 unaccompanied minors, some of whom were formerly associated with/held by armed groups – were reunited with their families. Children staying at a transit centre, while waiting to rejoin their families, had better living conditions after the ICRC repaired some of the facilities at the centre.

PEOPLE DEPRIVED OF THEIR FREEDOM

Dialogue with the authorities and weapon bearers continued to focus on explaining the ICRC's mandate and working procedures and on following up allegations of arrest, with a view to gaining access to all persons held in connection with the conflict.

People held by government forces and others receive ICRC visits

Some 4,600 detainees received visits conducted according to the ICRC's standard procedures; 309 of them were met individually. The people visited included: detainees in civilian prisons and military facilities; people held by opposition forces; and people in UNMISS custody or transferred by UNMISS to the South Sudanese authorities. In March, people held by the National Security Service at its headquarters in Juba, and whose whereabouts the ICRC had enquired about, received visits. One of the two POWs monitored individually by the ICRC was released during the year.

During the visits mentioned, ICRC delegates monitored the treatment and living conditions of detainees. Afterwards, they confidentially shared their findings – and where necessary,

recommendations – with the authorities concerned; they drew particular attention to detainees' access to health care and to the need to respect the principle of *non-refoulement*.

Detainees restored/maintained contact with their relatives through RCMs, short oral messages relayed by ICRC delegates and phone calls facilitated by the ICRC with the authorities' consent. Thirty-two foreign detainees had their embassies informed of their situation.

Detainees see some improvements in their living conditions

Over 2,800 detainees had better living conditions after the authorities and the ICRC repaired/upgraded facilities in government-run prisons. Detainees at the Juba central prison had a more sanitary environment following the construction of a septic tank and the establishment, with ICRC support, of a maintenance team. In the Aweil central prison, detainees began to use the health services provided by an ICRC-built/equipped clinic. These projects were complemented by donations of medical supplies and household items.

Detainees and staff in four prisons prevented the spread of cholera through hygiene-promotion sessions and other ICRC-supported measures. Disinfection campaigns helped curb the outbreak of scabies at two prisons; at the Wau prison, detainees affected received emergency care, clothes and bedding/cleaning materials.

Monitoring the nutrition of detainees in four prisons helped the ICRC address the consequences of food shortages, particularly acute malnutrition. Detainees in two prisons received supplementary food supplies for two months; pregnant/lactating women at the Aweil prison received similar assistance, as well as infant formula.

People held by opposition forces benefited from donations of food and household/medical supplies.

WOUNDED AND SICK

Practical measures mitigate the risk of attacks on patients and medical facilities

Local health workers and the ICRC took steps to ensure the safety of patients and medical personnel/facilities. Parties to the conflict were informed of the coordinates of medical facilities and requested to ensure their protection; large red cross emblems helped identify hospitals more clearly. Solar-powered lighting systems installed at two hospitals in Wau and one in Maiwut helped people to find these facilities more easily after dark, and staff members to identify visitors. ICRC-supported facilities enforced a strict "no-weapons" policy. First responders discussed these and other measures during briefings/training sessions conducted by the National Society/ICRC. Patients and their visitors learnt about ways for self-protection from posters distributed by the ICRC.

Casualties from all sides receive treatment

Wounded civilians and fighters received life-saving care from first responders trained by the National Society/ICRC. In some areas, first-aiders included weapon bearers trained and equipped by the ICRC. Over 540 people were evacuated to medical facilities – by air and other means – after the ICRC obtained security guarantees from the parties concerned.

Staff at 17 hospitals in both government- and opposition-controlled areas treated wounded/sick people with various forms of ICRC support. Two of the hospitals – one each in Kodok and Maiwut – strengthened their ability to provide surgical, obstetric, paediatric and other services with comprehensive ICRC support: supplies, staff supervision,

training and on-site assistance from a surgical team assigned to each hospital. Infrastructure at both hospitals, and at two other facilities, was improved. Twelve other hospitals and clinics coped with supply shortages using ICRC-donated medical supplies.

Five ICRC surgical teams helped treat critically wounded/ill patients during the year: two worked at the hospitals in Kodok and Maiwut, one in a major hospital in Juba and two others in various locations, including areas where there were no other medical services. The fifth team was sent out in January, in response to the rising needs. In all, over 1,000 weapon-wounded people benefited from some 5,000 operations performed by these teams. A sixth team was assigned for three months to a hospital in Maridi, Western Equatoria, where it helped treat the casualties of an explosion of a fuel tanker in September.

Persons with disabilities enhance their mobility and independence

Over 2,400 people with physical disabilities received free services at ICRC-supported physical rehabilitation centres in Juba and Rumbek, and at a prosthetic/orthotic clinic in Wau. Their food/accommodation/transportation costs were also covered during their treatment.

The two centres developed their capacities with ICRC material/technical support; staff members received financial incentives. To further improve the quality of rehabilitation services available, the Ministry of Gender, Child and Social Welfare and the ICRC signed an agreement allowing the ICRC to increase its support for optimizing the performance of the centres' staff. Discussions with the authorities also covered the creation of a national board for physical rehabilitation and of a national policy. With ICRC help, three students pursued prosthetics/orthotics courses abroad.

People who had undergone physical rehabilitation worked towards self-sufficiency with ICRC support. One group established a small business at the centre in Rumbek; others were referred to NGOs offering vocational training. A wheelchair-basketball team promoted, with ICRC support, the rights of people with physical disabilities and the services available to them.

ACTORS OF INFLUENCE

Dialogue with all sides facilitates access to people in need

Interaction – through meetings, dissemination sessions and other means – with the authorities, weapon bearers and community/religious/civil society leaders helped foster acceptance for the Movement's work, enabling National Society/ICRC teams to assist vulnerable people accessible to few/no other organizations. Dialogue with weapon bearers promoted compliance with IHL (see *Civilians*) and facilitated medical evacuations (see *Wounded and sick*).

Weapon bearers further their understanding of the basic principles of IHL

Some 2,300 weapon bearers on all sides learnt more about IHL and the ICRC through dissemination sessions that were often combined with first-aid training. These sessions emphasized compliance with IHL and the need to ensure safe access to medical care and to prevent sexual violence and the recruitment of children into fighting forces. Two SPLA officers attended an advanced IHL course in San Remo.

South Sudan acceded to the Convention on the Rights of the Child, and to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment and its Optional Protocol.

Meetings/discussions with UNMISS on issues of pressing humanitarian concern enabled the ICRC to organize assistance activities for people staying in UNMISS compounds. Interaction with members of the humanitarian and diplomatic communities helped further the ICRC's understanding of people's needs and of the various organizations' capacities, which resulted in effective coordination.

Violence-affected people share their concerns and learn more about ICRC activities

At around 1,000 information sessions conducted in connection with livestock vaccinations and food/seed distributions, some 60,000 beneficiaries shared their concerns and learnt how to make the best use of the aid provided to them. For example, families learnt how to prepare the nutritional supplements distributed by the ICRC.

The general public learnt more about the ICRC and the Movement through radio programmes, printed materials in local languages, interviews with ICRC officials and updates on online/social media platforms, and from over 140 information sessions that reached some 43,000 people. These and other public communication initiatives drew attention to various issues of humanitarian concern, such as sexual violence, the challenges faced by humanitarian organizations, and the violence affecting the provision of health care. The National Society backed these efforts and developed its communication capacities with ICRC support.

RED CROSS AND RED CRESCENT MOVEMENT

The National Society encourages community participation in assistance activities

The South Sudanese Red Cross remained the ICRC's main partner in assisting conflict-affected people (see above). With financial/material/logistical/technical ICRC support, it strengthened its ability to: carry out humanitarian activities, such as responding to emergencies and restoring family links; and promote IHL and the Movement. It bolstered its first-aid capacities by training new instructors and, with support from the Norwegian Red Cross, conducting refresher courses for trainers.

The National Society played a key role in mobilizing community members to participate in resilience-building efforts; for example, ICRC-trained volunteers taught residents how to repair water pumps that were used by some 18,500 people on the outskirts of Juba. National Society volunteers helped in addressing the cholera outbreak in Juba; treating the casualties of an explosion of a fuel tanker in Western Equatoria; and managing human remains after a plane crash in November.

The National Society drew on ICRC expertise to strengthen its managerial capacities, and to develop and implement a plan of action for applying the Safer Access Framework, to ensure the safety of its personnel.

Regularly held meetings among Movement partners in South Sudan ensured effective coordination of activities. National Societies working in South Sudan contributed staff and other resources to support the activities of the ICRC, which, in turn, shared its expertise in assessment, communication, logistics and security management. Coordination with UN agencies and other humanitarian actors continued.

MAIN FIGURES AND INDICATORS: PROTECTION	Total			
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)		UAMs/SC*		
RCMs collected	4,383	25		
RCMs distributed	1,341	36		
Phone calls facilitated between family members	19,652			
Names published in the media	1,129			
Names published on the ICRC family-links website	1,129			
Reunifications, transfers and repatriations				
People reunited with their families	52			
<i>including people registered by another delegation</i>	8			
People transferred/repatriated	21			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	699	185	132	96
<i>including people for whom tracing requests were registered by another delegation</i>	310			
People located (tracing cases closed positively)	316			
<i>including people for whom tracing requests were registered by another delegation</i>	154			
Tracing cases still being handled at the end of the reporting period (people)	788	157	132	75
<i>including people for whom tracing requests were registered by another delegation</i>	372			
UAMs/SC*, including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	31	20		3
UAMs/SC reunited with their families by the ICRC/National Society	24	12		2
<i>including UAMs/SC registered by another delegation</i>	8			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	26	15		3
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits		Women	Minors	
Detainees visited	4,624	281	273	
		Women	Girls	Boys
Detainees visited and monitored individually	309	30	2	11
Detainees newly registered	262	28	2	9
Number of visits carried out	82			
Number of places of detention visited	27			
Restoring family links				
RCMs collected	293			
RCMs distributed	86			
Phone calls made to families to inform them of the whereabouts of a detained relative	203			

*Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE			Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)					
Economic security (in some cases provided within a protection or cooperation programme)					
Food commodities	Beneficiaries	410,795	31%	43%	
	of whom IDPs	Beneficiaries	360,969		
Essential household items	Beneficiaries	119,440	29%	47%	
	of whom IDPs	Beneficiaries	90,308		
Productive inputs	Beneficiaries	667,595	27%	49%	
	of whom IDPs	Beneficiaries	211,838		
Cash	Beneficiaries	6,960	21%	62%	
	of whom IDPs	Beneficiaries	6,845		
Services and training	Beneficiaries	282	21%	47%	
	of whom IDPs	Beneficiaries	33		
Water and habitat (in some cases provided within a protection or cooperation programme)					
Water and habitat activities	Beneficiaries	392,859	48%	51%	
	of whom IDPs	Beneficiaries	86,502		
Health					
Health centres supported	Structures	8			
Average catchment population		189,884			
Consultations	Patients	83,730			
	of which curative	Patients		21,927	36,560
	of which ante/post-natal	Patients		6,590	
Immunizations	Doses	11,498			
Referrals to a second level of care	Patients	394			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
Economic security (in some cases provided within a protection programme)					
Food commodities	Beneficiaries	4,823			
Essential household items	Beneficiaries	11,248			
Water and habitat (in some cases provided within a protection or cooperation programme)					
Water and habitat activities	Beneficiaries	2,814			
Health					
Number of visits carried out by health staff		40			
Number of places of detention visited by health staff		9			
Number of health facilities supported in places of detention visited by health staff		7			
WOUNDED AND SICK					
Hospitals					
Hospitals supported	Structures	17			
	of which provided data	Structures	8		
Admissions	Patients	4,132	1,082	1,243	
	of which weapon-wounded	Patients	1,135	42	22
	(including by mines or explosive remnants of war)	Patients	9		
	of which other surgical cases	Patients	664		
	of which internal medicine and paediatric cases	Patients	1,864		
	of which gynaecological/obstetric cases	Patients	469		
Operations performed		4,928			
Outpatient consultations	Patients	67,956			
	of which surgical	Patients	9,098		
	of which internal medicine and paediatric	Patients	54,545		
	of which gynaecological/obstetric	Patients	4,313		
Water and habitat					
Water and habitat activities	Number of beds	1,378			
Physical rehabilitation					
Projects supported	Structures	3			
Patients receiving services	Patients	2,409	468	165	
New patients fitted with prostheses	Patients	176	33	10	
Prostheses delivered	Units	476	94	16	
	of which for victims of mines or explosive remnants of war	Units	17		
New patients fitted with orthoses	Patients	183	41	48	
Orthoses delivered	Units	202	42	92	
	of which for victims of mines or explosive remnants of war	Units	1		
Patients receiving physiotherapy	Patients	388	87	63	
Crutches delivered	Units	1,651			
Wheelchairs delivered	Units	290			

SUDAN



ICRC / AR 2015

ICRC delegation
 ICRC sub-delegation
 ICRC office / presence
 ICRC-supported prosthetic/orthotic project

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 2015

- ▶ The ICRC signed framework agreements with three federal ministries, but it was unable to resume the full range of its operations in Sudan, owing to pending practical arrangements and security/access constraints.
- ▶ After a series of regular meetings, the Sudanese Red Crescent Society and the ICRC signed three project agreements covering family-links services, communication and capacity-building/institutional support.
- ▶ Over 42,000 households in/around Jebel Mara produced their own food using ICRC-provided seed/tools. Donations of essential supplies and repairs to water systems helped people cope with the effects of violence.
- ▶ People with disabilities availed themselves of services at ICRC-supported physical rehabilitation centres; some of them had travel, food and accommodation costs covered by the ICRC.
- ▶ In September, 18 people released by an armed group in Jebel Mara were safely handed over to the Sudanese authorities; the ICRC acted as a neutral intermediary, at the request of the armed group.
- ▶ As it was not able to carry out many of its planned activities, the ICRC downsized its staff and donated, to the National Society and other organizations, the supplies it had in stock but was unable to distribute.

EXPENDITURE IN KCHF

Protection	2,895
Assistance	15,655
Prevention	3,187
Cooperation with National Societies	1,881
General	155
Total	23,773
<i>Of which: Overheads</i>	1,451

IMPLEMENTATION RATE

Expenditure/yearly budget	79%
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PERSONNEL

Mobile staff	28
Resident staff (daily workers not included)	415

The ICRC has been present in Sudan since 1978. It focuses on addressing the consequences of armed conflicts in Darfur and between South Sudan and Sudan. Based on a series of agreements with the authorities, it pursues dialogue with the authorities to fully resume its work addressing needs arising from conflicts in the country – particularly ensuring that conflict-affected people are protected in accordance with IHL and other internationally recognized standards; receive emergency aid, livelihood support and medical care; and can restore family contact. When possible, the ICRC works in close cooperation with and supports the Sudanese Red Crescent Society.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

LOW

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	370
RCMs distributed	26
People located (tracing cases closed positively)	165
People reunited with their families	2
<i>of whom unaccompanied minors/separated children</i>	2
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
RCMs distributed	1

ASSISTANCE	2015 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 255,000	289,031
Essential household items	Beneficiaries 48,000	87,600
Productive inputs	Beneficiaries 360,000	359,197
Cash	Beneficiaries	300
Vouchers	Beneficiaries 36,000	
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries 500,000	106,597
Health		
Health centres supported	Structures 7	
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	6
Water and habitat		
Water and habitat activities	Number of beds	3
Physical rehabilitation		
Projects supported	Structures 8	9
Patients receiving services	Patients 3,400	2,908

CONTEXT

The armed conflicts between government troops and armed groups in Darfur, and in Blue Nile and South Kordofan, continued. Communal violence persisted in other parts of Sudan and in Abyei, an area disputed by South Sudan and Sudan.

According to reports, the conflict in Darfur had displaced over 230,000 people in 2015; approximately 2.1 million others had been displaced for some time. In the government-controlled areas of Blue Nile and South Kordofan, over 112,000 people were said to be newly displaced; among them, 71,000 had either returned to their places of origin or were relocated. Information on the number of IDPs in opposition-held areas was unavailable.

The presence of some 200,000 refugees from South Sudan strained the meagre resources of host communities in Sudan.

International organizations had limited access to conflict-affected people in large parts of Darfur. Access to newly arrived refugees from South Sudan, and to vulnerable people in Blue Nile and South Kordofan, was considerably more restricted. In compliance with government directives, humanitarian assistance was usually channeled through the Sudanese authorities, the Sudanese Red Crescent Society and/or local NGOs.

Sudan supported a coalition, led by Saudi Arabia, that carried out military operations in Yemen (*see Yemen*).

ICRC ACTION AND RESULTS

The ICRC maintained its dialogue with the authorities, with a view to gaining further acceptance for its humanitarian work for people affected by armed conflict in Sudan. Agreements concluded with the government in 2014, and discussions with the authorities throughout 2015, enabled the ICRC to gradually resume its activities, which had been suspended between February and September 2014 in accordance with a government directive. However, the ICRC was still unable to implement the full range of its operations, owing to pending practical arrangements and other constraints.

In March, the Humanitarian Aid Commission and the Ministry of Foreign Affairs approved the ICRC's plan of action for 2015. The ICRC then launched a budget extension appeal to support a planned expansion of its activities. Meetings with government officials, and with the Sudanese Red Crescent, focused on refining the scope and terms of the ICRC's coordination with them, in line with its neutral, impartial and independent approach. Framework cooperation agreements – necessary for implementing the ICRC's plans to improve people's access to water and health care and to support their livelihoods – were discussed with the federal ministries concerned. The agreements with the Ministry of Water and Electricity, the Ministry of Animal Resources and Fisheries and the Ministry of Agriculture and Irrigation were signed in July, but the agreement with the Ministry of Health remained pending. Three project agreements – on family-links services, communication and institutional support – were signed with the National Society, which remained the ICRC's main partner. The National Society received financial/material/technical support for developing its capacities, and some joint activities with it were resumed.

Arrangements for implementing the agreements with the federal ministries, however, remained pending. Owing to this and other

constraints, such as lack of access to conflict-affected communities, several planned activities – for example, veterinary services for pastoralist households and support for primary-health-care centres – were not carried out during the year. The ICRC adjusted its set-up accordingly: it downsized its staff and donated, to the National Society and other organizations, the supplies it was unable to distribute directly to beneficiaries.

While discussions with the authorities were ongoing, the ICRC was able to provide some emergency relief and livelihood support for certain communities in Darfur. Repairs to water-supply systems improved access to clean water for people in rural areas, and distribution of food and household essentials alleviated the situation of vulnerable people, including farmers. Over 42,000 households in Jebel Mara produced their own food using ICRC-donated seed/tools. Some breadwinners with physical disabilities used cash grants to start small businesses to support their families. Wounded/sick people received treatment at hospitals that received medical supplies from the ICRC.

People with physical disabilities availed themselves of services at physical rehabilitation centres run by the National Authority for Prosthetics and Orthotics (NAPO) and at a children's hospital, all of which received ICRC material/technical support.

Some people, including unaccompanied minors repatriated from South Sudan, were able to locate and/or contact their relatives via ICRC family-links services.

Bilateral talks with the authorities were reinforced by dissemination sessions and other events for community members, legal advisers to the government, and members of civil society; these sought to broaden support for the ICRC's mandate and work and to promote respect for IHL. In light of Sudan's involvement in military operations in Yemen, the authorities were reminded of their responsibilities under IHL.

The ICRC continued to seek permission to visit people held in connection with conflict, in order to monitor their treatment and living conditions. It facilitated the safe handover, to the Sudanese authorities, of 18 people released by an armed group in Darfur.

CIVILIANS

After the signing of agreements with the government in 2014, the ICRC continued its discussions with the Sudanese authorities, focused on gaining further acceptance for its activities, with a view to resuming the full range of its operations in Sudan.

In March 2015, the Sudanese government approved the ICRC's plan of action for 2015; the ICRC then launched a budget extension appeal in support of the planned expansion of its operations. Framework agreements for activities concerning livelihood support and improvement of people's access to water were signed with the pertinent ministries in July; an agreement covering health-related activities remained pending (*see ICRC action and results*). However, the arrangements/requirements necessary to implement these agreements – such as authorization for ICRC teams to travel to the field, and administrative procedures for the delivery of goods – remained under discussion. This and security/access constraints, including threats to the safety of aid workers, hampered the delivery of humanitarian assistance, especially in remote areas. As a result, several activities could not be implemented as planned.

Some communities in Darfur receive essential supplies and have better access to water

The issuance of travel permits for mobile staff in late 2014 and further discussions with government officials enabled the ICRC to carry out emergency response activities in certain areas in Darfur. Some 43,800 people (7,300 households), most of them IDPs, received food supplies. Around 34,700 people (some 5,700 households) improved their living conditions with the help of essential household items from the ICRC.

Over 106,000 people had better access to water after local technicians and the ICRC repaired water-supply systems in rural areas. Water board authorities and ICRC-trained community members maintained water facilities using spare parts and other materials donated to them or to the state water authorities in Darfur and Khartoum. People staying in refugee camps in White Nile and in communities in East Darfur accessed water at facilities built by the National Society with ICRC material/financial support.

With limited ICRC livelihood support, some households work towards self-sufficiency

In government-controlled areas and in those held by armed groups in and around Jebel Mara, some 42,500 households (around 255,000 people in all) produced their own food using seed/tools distributed by the ICRC in June and July. Of them, around 39,500 households (237,000 people) also received food supplies that helped cover their needs while they waited for their harvest, and enabled them to avoid consuming seed meant for planting.

In Nyala, 50 breadwinners with physical disabilities (supporting 300 people in all) started small businesses – for example, livestock rearing and water distribution – using ICRC cash grants. These beneficiaries were formerly patients at an ICRC-supported physical rehabilitation centre.

These livelihood-support activities, as well as the emergency-response and water-related initiatives mentioned above, also helped reduce the need for people to travel to unsafe areas in search of food or water, mitigating their exposure to risks.

As it lacked access to the field for most of the latter half of 2015, the ICRC donated the supplies it had in stock – food, household essentials, seed, agricultural tools, and spare parts for water equipment – to local organizations (e.g. an agricultural research centre), the Sudanese Red Crescent and other international humanitarian organizations assisting vulnerable communities in Darfur. The National Society's headquarters in Khartoum and its branches in Darfur, for example, replenished their stocks with ICRC-donated essential household items.

The National Society also received supplies for its primary-health-care centres, and mosquito nets for distribution to children and pregnant women in rural areas in Darfur, where high rates of malaria were reported.

Two unaccompanied minors are reunited with their families

People with relatives separated from them by conflict, including those seeking information on relatives who had allegedly been detained/captured, approached the ICRC for assistance. To help these people find and re-establish contact with their relatives, ICRC teams provided family-links services in areas they could reach; 124 people were located as a result of these efforts. Two

unaccompanied minors were repatriated from South Sudan and were reunited with their families in Sudan.

In June, the National Society and the ICRC signed an agreement to resume cooperation in restoring family links. National Society focal points and volunteers refreshed their skills at ICRC-supported courses, and gradually became active once again in distributing/collecting RCMs and managing tracing cases. Joint National Society/ICRC needs assessments were carried out in certain states. However, the development/improvement of family-links services for South Sudanese refugees in White Nile and other locations remained limited, owing to difficulties for the ICRC in getting approval to travel to these areas to support National Society teams. In December, telephone services were set up at an IDP camp in South Darfur.

PEOPLE DEPRIVED OF THEIR FREEDOM

Dialogue was pursued with the Sudanese authorities and armed groups, with a view to gaining access to people held in relation to the armed conflicts the country, in order to monitor their treatment and living conditions and help them re-establish contact with their relatives. Meetings with officials of the defence ministry officials and members of the national IHL committee helped familiarize them with the ICRC's past activities for detainees in Sudan.

People released by an armed group are handed over safely to the authorities

The ICRC's readiness to serve as a neutral intermediary in the handover of detainees or people held by armed groups was emphasized during discussions with military officials and members of armed groups. In September, 18 people released by an armed group in Jebel Mara were handed over to the Sudanese authorities; the ICRC acted as a neutral intermediary, at the armed group's request. All of the 18 people were previously visited by the ICRC; some of them having received visits in 2008. Following their transfer, they contacted their relatives with help from the ICRC.

Families continued to approach the ICRC with reports of relatives who had been allegedly arrested/captured or who were missing in action. On the basis of these reports, requests for information were submitted to the parties concerned; information obtained about 33 people was shared with their families.

WOUNDED AND SICK

Casualties of armed conflict receive medical treatment

National Society emergency response teams – trained and equipped by the ICRC – provided life-saving care to wounded people in rural areas.

Weapon-wounded/sick people received treatment at six hospitals that were regularly supported with medical supplies. Some 11,000 people were admitted, and over 25,000 availed themselves of consultations at the four hospitals that provided the ICRC with data; three of the hospitals were in Darfur and one was in West Kordofan. The Ministry of Health, and several hospitals in Khartoum, were better equipped to respond to emergencies after receiving ad hoc donations of medical materials, including dressing kits, anaesthetics, disinfectants and other supplies for treating weapon-wounded people.

People with physical disabilities avail themselves of rehabilitative services

Some 2,500 people with physical disabilities received prostheses/orthoses and physiotherapy services at physical rehabilitation centres in Khartoum and Nyala, and at satellite centres in ad

Damazin, Dongola, Gedaref, Kadugli and Kassala. Destitute and other particularly vulnerable people also had their transportation/food/accommodation expenses covered by the ICRC.

The centres were run by NAPO with material, technical and other assistance from the ICRC; despite this support, provision of services at some of them continued to be hampered by shortages of supplies. People with physical disabilities from Darfur and West Kordofan were set to benefit from a newly constructed 20-bed dormitory at the centre in Nyala, to which they were usually referred.

Nearly 400 children with disabilities received good-quality prostheses/orthoses at the Cheshire Home children's hospital in Khartoum; the hospital's workshop benefited from infrastructure improvements, donations of equipment/raw materials and guidance from an ICRC-trained technician. An association of disabled people in al-Fashir also received technical/material support.

The authorities take steps to boost local capacities in physical rehabilitation

The Sudanese government announced that it would pay particular attention to the needs of people with disabilities in 2015. NAPO worked to improve the services available at its centres, drawing on ICRC support for upgrading/renovating facilities, training technicians, clarifying staff member's roles and identifying good management practices. Some of the centres' staff members also learnt how to train their colleagues.

Two NAPO staff members completed a course in spinal orthotics in the United Republic of Tanzania. Two others continued their prosthetics/orthotics course in India; one had completed the course by year-end. Twenty students were selected to attend a three-year diploma course established by NAPO, a local university and the ICRC.

Some people with physical disabilities benefit from livelihood activities

Sudan's Paralympic committee began to promote wheelchair basketball in the country, with the help of the ICRC, which provided it with specially equipped wheelchairs. With ICRC assistance, 50 people who had received services at the rehabilitation centre in Nyala started small businesses to support their families (see *Civilians*).

ACTORS OF INFLUENCE

Full resumption of ICRC operations remains under discussion with the authorities

Dialogue with the authorities, which began in 2014, continued to focus on securing further acceptance for the ICRC's efforts to provide humanitarian assistance to all victims of armed conflict in a neutral, impartial and independent manner (see *Civilians*). In March 2015, the government approved the ICRC's plan of action for the year, and cooperation framework agreements were signed with three federal ministries in July. However, the ICRC was able to carry out only a few of its activities, as discussions of its working methods, the scope of its activities and the practical arrangements necessary for their implementation were still ongoing.

Local authorities, community leaders and military/police commanders in Darfur and West Kordofan were briefed about the ICRC's mandate and informed of its ongoing negotiations with the authorities for the full resumption of its activities. Acknowledging the positive impact of past activities on the beneficiaries, local authorities expressed their willingness to work with the organization again in assisting conflict-affected people.

Through press releases, updates posted on online platforms and other sources of information, the general public learnt more about humanitarian issues in Sudan – for example, the plight of families dispersed by armed conflict – and about the ICRC's efforts to address them. Parliamentarians, journalists and members of civil society familiarized themselves with these topics, and with the basic principles of IHL, during information sessions conducted by the National Society/ICRC. Community members benefited from briefings conducted in connection with assistance activities.

Government officials, university professors and students learn more about IHL

Officials of the Sudanese armed/police forces expressed interest in working with the ICRC again to provide IHL training for military/police personnel. Discussions with them led to the signing, in December, of a new memorandum of understanding with the Ministry of Defence, for the period 2016–18. In light of Sudan's involvement in the Saudi-led military operations in Yemen (see *Yemen*), the authorities were reminded of their obligations under IHL.

Training sessions and seminars held in Sudan or abroad sought to promote support for IHL. Three legal advisers from different government institutions and two university professors furthered their expertise in IHL at courses in Kenya (see *Nairobi*) and Lebanon (see *Lebanon*). At seminars in Khartoum, 100 law students and 70 medical students deepened their knowledge of IHL and the issues covered by the Health Care in Danger project. Plans for broadening awareness of the need to ensure the safety of patients and health workers/facilities were drawn up with the National Society, but their implementation remained pending.

Renewed interaction with the national IHL committee and universities in Darfur and Khartoum provided opportunities to discuss the integration of IHL into domestic legislation and university curricula. Students at various universities had better access to IHL-related information after reference materials/equipment were donated to their libraries.

RED CROSS AND RED CRESCENT MOVEMENT

The Sudanese Red Crescent and the ICRC met regularly to refine their joint plans of action for 2015 and to define their respective roles, with a view to resuming their cooperation, in line with both organizations' objectives. In July, they signed three project agreements covering family-links services, communication, and institutional support/capacity building. With the agreements in place, the National Society received financial/training/material support for sustaining its activities. It covered operating costs at its headquarters and branches with the help of ICRC funding. Staff members and volunteers in conflict-affected/violence-prone areas refreshed their skills – for example, in restoring family links – at ICRC-supported courses; members of emergency actions teams received supplies/equipment.

The National Society also carried out dissemination sessions and strengthened its communication capacities with ICRC support, which included reference materials and training.

The National Society, the International Federation and the ICRC worked closely to draw up a new Movement coordination agreement in Sudan. Coordination with other Movement components and other organizations continued through regular meetings.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
Red Cross messages (RCMs)			UAMs/SC*		
RCMs collected		370	1		
RCMs distributed		26			
Reunifications, transfers and repatriations					
People reunited with their families		2			
<i>including people registered by another delegation</i>		1			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		364	83	56	47
<i>including people for whom tracing requests were registered by another delegation</i>		106			
People located (tracing cases closed positively)		165			
<i>including people for whom tracing requests were registered by another delegation</i>		37			
Tracing cases still being handled at the end of the reporting period (people)		649	75	39	64
<i>including people for whom tracing requests were registered by another delegation</i>		121			
UAMs/SC*, including demobilized child soldiers			Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society		14	8		
UAMs/SC reunited with their families by the ICRC/National Society		2	1		
<i>including UAMs/SC registered by another delegation</i>		1			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		5	4		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
Restoring family links					
RCMs distributed		1			
Detainees released and transferred/repatriated by/via the ICRC		18			
People to whom a detention attestation was issued		24			

*Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	289,031	22%	58%
	<i>of whom IDPs</i>	114,538		
Essential household items	Beneficiaries	87,600	22%	59%
	<i>of whom IDPs</i>	64,259		
Productive inputs	Beneficiaries	359,197	21%	60%
	<i>of whom IDPs</i>	140,528		
Cash	Beneficiaries	300	21%	60%
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	106,597	30%	40%
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	6		
	<i>of which provided data</i>	4		
Admissions	Patients	11,192	4,212	4,791
	<i>of which weapon-wounded</i>	422	92	66
	<i>(including by mines or explosive remnants of war)</i>	26		
	<i>of which other surgical cases</i>	1,625		
	<i>of which internal medicine and paediatric cases</i>	7,375		
	<i>of which gynaecological/obstetric cases</i>	1,770		
Outpatient consultations	Patients	25,417		
	<i>of which surgical</i>	6,271		
	<i>of which internal medicine and paediatric</i>	17,302		
	<i>of which gynaecological/obstetric</i>	1,844		
Water and habitat				
Water and habitat activities	Number of beds	3		
Physical rehabilitation				
Projects supported	Structures	9		
Patients receiving services	Patients	2,908	560	680
New patients fitted with prostheses	Patients	221	43	8
Prostheses delivered	Units	588	113	17
	<i>of which for victims of mines or explosive remnants of war</i>	1		
New patients fitted with orthoses	Patients	441	19	390
Orthoses delivered	Units	920	87	737
	<i>of which for victims of mines or explosive remnants of war</i>	2		
Patients receiving physiotherapy	Patients	979	234	101
Crutches delivered	Units	791		

UGANDA



ICRC / AR, 2015

ICRC delegation

The ICRC has been present in Uganda since 1979. Given the progress towards peace in the north of the country, ICRC assistance activities have been adapted to decreasing humanitarian needs. The ICRC continues to monitor the treatment of detainees and strives to raise awareness of IHL and humanitarian principles among the armed and police forces. Whenever possible, the ICRC supports the Uganda Red Cross Society in its efforts to improve its capacities.

YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS IN 2015

- ▶ Elderly detainees, those seriously ill and those who had been sentenced to death spent time with their families, who visited them in prison with ICRC assistance.
- ▶ Over 700 families of persons missing in connection with past conflict in northern Uganda found comfort amid their grief through psychosocial services provided by ICRC-trained community volunteers.
- ▶ Refugees from violence-affected countries kept in touch with their relatives through RCMs and phone calls; unaccompanied minors, including some formerly associated with armed groups, rejoined their families.
- ▶ Over 6,000 soldiers bound for the African Union Mission in Somalia learnt more about IHL at ICRC briefings during their pre-deployment training, and from reference materials distributed to them.
- ▶ The Uganda Red Cross Society and the ICRC gradually resumed cooperation, starting with the joint delivery of some family-links services and efforts to boost emergency preparedness ahead of the 2016 elections.

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	1,843
RCMs distributed	1,558
Phone calls facilitated between family members	9,398
People located (tracing cases closed positively)	143
People reunited with their families	27
of whom unaccompanied minors/separated children	23
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	15,141
Detainees visited and monitored individually	224
Number of visits carried out	71
Number of places of detention visited	30
Restoring family links	
RCMs collected	146
RCMs distributed	166
Phone calls made to families to inform them of the whereabouts of a detained relative	109

EXPENDITURE IN KCHF

Protection	2,146
Assistance	-
Prevention	744
Cooperation with National Societies	534
General	33
Total	3,458
Of which: Overheads	211

IMPLEMENTATION RATE

Expenditure/yearly budget	82%
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PERSONNEL

Mobile staff	10
Resident staff (daily workers not included)	35

ASSISTANCE	2015 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	18
Essential household items	Beneficiaries	18

CONTEXT

Uganda continued to host hundreds of thousands of refugees who had fled armed conflict and other situations of violence in neighbouring countries, mainly Burundi, the Democratic Republic of the Congo (hereafter DRC), Rwanda and South Sudan. This posed a significant strain on Uganda's resources.

Isolated episodes of violence were reported in the run-up to the 2016 elections. Several people were allegedly arrested in connection with these incidents and with the killings of religious/government officials.

The Uganda People's Defence Force (UPDF) withdrew from South Sudan, but continued to contribute troops to the African Union Mission in Somalia (AMISOM) and to military operations against various armed groups, including the Lord's Resistance Army.

ICRC ACTION AND RESULTS

The ICRC continued its efforts to help ensure the protection and well-being of vulnerable people, particularly refugees, detainees and the families of missing persons. The Movement-wide suspension of cooperation with the Uganda Red Cross Society in October 2014, however, hampered the delivery of family-links services and livelihood assistance to the families of the missing, among other activities.

Thousands of detainees – among them people alleged to be members of armed groups or those held on charges of "terrorism" or armed rebellion – received ICRC visits conducted in accordance with the organization's standard working procedures. Delegates assessed the detainees' treatment and living conditions, and confidentially shared their findings and, where necessary, recommendations with the authorities afterwards. The authorities and the ICRC also discussed ways to improve the management and processing of detainees' cases; the ICRC donated hardware/software to help administrators at the Luzira Upper Prison to improve their information-management system. Detainees used family-links services to contact their families; those who had been sentenced to death and other particularly vulnerable inmates spent time with their families during ICRC-arranged visits. Distribution of hygiene/recreational items and improvements to prison facilities helped ease detainees' conditions.

ICRC family-links services enabled thousands of people, mainly refugees from Burundi, the DRC and South Sudan, to restore contact with relatives from whom they had become separated. The ICRC paid particular attention to unaccompanied minors, including those previously associated with armed groups; several of them were reunited with their families with the ICRC's assistance. Families of persons missing in connection with the 1986–2006 non-international armed conflict in northern Uganda found some comfort amid their grief through a psychosocial-support programme staffed by community-based volunteers.

The ICRC kept up its efforts to foster understanding of and support for IHL and humanitarian principles among the authorities and weapon bearers. Government officials, UPDF officers deployed within the country or abroad and other key figures learnt more about IHL and other norms/standards applicable to their duties at regional/international events and via dissemination sessions held by the ICRC, sometimes in combination with first-aid training. Police officers increased their familiarity with international human

rights law and other rules applicable to law enforcement at an ICRC-conducted training; other sessions planned for the police did not take place, owing to the authorities' other priorities.

University students added to their knowledge of IHL during ICRC presentations and competitions, while lecturers attended regional conferences, helping them hone their capacity to teach IHL. Media coverage of ICRC events helped promote the organization's work among the general public. Activities for religious leaders, civil society figures and others could not be undertaken because of the suspension of cooperation with the National Society.

The ICRC provided technical, material and financial assistance to the Ugandan Red Cross, in support of its efforts to overcome institutional challenges. In May, the two organizations began a process for resuming their operational partnership, starting with family-links services and expanding, in October, to cover emergency preparedness and response in connection with the elections in 2016.

The Uganda delegation set up a warehouse to support ICRC food distributions in South Sudan (see *South Sudan*).

CIVILIANS

Refugees, mainly from the DRC and South Sudan, restore contact with their relatives

People who had fled armed conflict and other situations of violence in Burundi, the DRC and South Sudan (see *Burundi*, *Congo*, *Democratic Republic of the*, and *South Sudan*), among other countries, restored/maintained contact with relatives from whom they had become separated, through phone calls (9,398 made) and RCMs (1,843 collected; 1,558 distributed). Some of these services were provided in partnership with the National Society, with whom the ICRC had gradually resumed cooperation in restoring family links (see *Red Cross and Red Crescent Movement*).

Refugees and other vulnerable foreign nationals also approached the ICRC to express concerns regarding their security or to seek advice on third-country resettlement. They were referred to the appropriate organizations, including providers of psychosocial support, UNHCR and other ICRC delegations.

Unaccompanied minors rejoin their families

Particular attention was paid to unaccompanied minors, including those who were formerly associated with armed groups or had fled violence within the country or abroad. Ugandan officials were apprised of their concerns and urged to address their specific needs. Some of these minors contacted their relatives in Uganda or overseas; 23 were reunited with their families, with help from the ICRC.

Families of missing people cope with their grief through psychosocial support from local volunteers

Hundreds of families remained without news of their relatives who went missing during the 1986–2006 non-international armed conflict in northern Uganda. Over 700 of them had help in handling their situations through psychosocial counselling sessions from locally recruited volunteers under an ICRC-initiated programme. An ICRC-trained psychologist supervised the volunteers and helped them provide care in an appropriate manner. The families shared their stories and difficulties during an ICRC-hosted event marking the International Day of the Disappeared, which was also attended by the general public.

A livelihood-assistance project for the families, to be implemented by several Movement partners, was postponed following the suspension of cooperation with the National Society.

The ICRC maintained dialogue, albeit limited in scope, with the Uganda Police Force (UPF) to ascertain the fate of people missing in connection with tribal clashes in north-western Uganda in 2014.

Authorities learn more about human remains management

The authorities developed their capacity to manage human remains by participating in various events with ICRC help. A forensic pathologist from the UPF, for instance, took part in discussions on best practices at a regional workshop (see *Nairobi*). National Society staff members and representatives from the UPF, the health ministry and other government institutions learnt more about the subject at a three-day session organized by the ICRC.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees' treatment and living conditions are monitored through ICRC visits

Over 15,000 detainees – some of whom were alleged members of armed groups or were held on charges of “terrorism” or armed rebellion – in 30 places of detention received visits conducted in accordance with standard ICRC procedures; 224 detainees were individually monitored. Afterwards, delegates shared their assessment of the detainees' treatment and living conditions with the authorities concerned. They drew particular attention to the need to ensure that detention conditions were in line with internationally recognized standards, as well as to the importance of respecting judicial guarantees and, for foreign detainees, the principle of *non-refoulement*.

The ICRC continued to seek dialogue with the authorities on access to all detainees.

Elderly and other particularly vulnerable inmates are visited by their families

Detainees stayed in touch with their relatives through family-links services. For example, several inmates held at a maximum security prison – including the elderly, the seriously ill and those sentenced to death – spent time with their relatives during ICRC-arranged prison visits. Other detainees sent/received RCMs or had their families informed of their whereabouts by ICRC delegates. Foreign inmates notified their diplomatic representatives or UNHCR of their situation through the ICRC.

Inmates held at three prisons had better access to water following repairs undertaken by the ICRC. Donations of hygiene and recreational items helped ease the circumstances of over 14,000 detainees.

Some newly released detainees had their transport costs home covered by the ICRC; where necessary, they were referred to other organizations for specific support.

Penitentiary officials learn more about managing detainees' case files

The authorities and the ICRC continued to discuss how to manage and process detainees' case files more efficiently, as well as the sort of support the ICRC could provide in this regard. Administrators at the Luzira Upper Prison received donations of hardware and software, to help them improve their information-management system. Two representatives of the Uganda Prisons Service learnt more about managing information related to detainees' cases at a regional seminar (see *Nairobi*).

Several missing case files of detainees, including those of inmates sentenced to death, were located and followed up through the efforts of the ICRC and two NGOs, with a view to helping expedite judicial processes.

ACTORS OF INFLUENCE

UPDF officers further their understanding of IHL and other rules applicable to their duties

Over 6,000 UPDF officers bound for a mission with AMISOM learnt more about IHL and the work of the Movement during pre-deployment briefings with the ICRC, which were sometimes combined with first-aid training sessions. At the request of the UPDF, these officers received copies of an ICRC-produced code of conduct containing basic principles of IHL and first-aid instructions. Eighty UPDF commanders broadened their knowledge of IHL at an ICRC-organized course, while some 400 senior officers from other countries benefited from dissemination sessions on the subject conducted during a military exercise they were attending in Uganda.

Following discussions with the ICRC, the UPDF approved the development of a reference material on international human rights law and internationally recognized standards applicable to law enforcement operations, for distribution to military officers involved in police operations. Some 100 members of the UPF learnt about these matters at a training session conducted by the ICRC; similar sessions, including first-aid simulation activities, did not push through as planned, as the authorities had other priorities.

Defence ministry officials and military students had access to more IHL reference materials at two UPDF libraries that received ICRC-donated publications, which were also handed out during various dissemination sessions.

Authorities work towards incorporating IHL in military education and domestic legislation

Discussions with the UPDF, on the systematic inclusion of IHL in the curricula of its legal advisers, continued. In line with this, some 100 legal advisers attended IHL training sessions at an ICRC-backed training centre. Senior military officers learnt more about incorporating IHL in the military's training, doctrine and operations at workshops and other events abroad, including an advanced course in San Remo; a meeting on the use of explosive weapons in populated areas; and a workshop on the rules governing military operations (see *International law and policy*).

Government authorities also continued to draw on ICRC guidance for the ratification of IHL-related treaties and the incorporation of provisions of IHL and other applicable norms in domestic legislation. For example, two officials – one each from the defence and justice ministries – and two national IHL committee members discussed IHL implementation with their regional counterparts at a workshop in Kenya (see *Nairobi*). A defence ministry official attended a seminar on the Convention on Cluster Munitions at a conference in Zambia (see *Harare*), with ICRC support.

Students demonstrate their grasp of IHL at a moot court competition

University students gained keener insight into IHL through ICRC presentations and dissemination sessions at six universities. Students from five universities tested their proficiency in the subject at a national moot court competition; 14 students joined a regional essay competition on IHL. Lecturers honed their skills in teaching the law at two regional courses for instructors (see *Nairobi* and *Pretoria*).

Media stories about ICRC activities – for example, a family reunification covered by journalists who accompanied the ICRC team – helped raise awareness of the organization's mandate and work.

Planned activities aimed at promoting IHL and the ICRC among religious and community leaders were not carried out, owing to the suspension of cooperation with the National Society (see *Red Cross and Red Crescent Movement*).

RED CROSS AND RED CRESCENT MOVEMENT

The National Society and the ICRC gradually resume their cooperation

The Ugandan Red Cross continued its efforts to implement structural reforms and carry out its activities with integrity. It implemented several changes at its headquarters, including the election of a new governing board. It received material and financial assistance from the ICRC, particularly to enhance its communication/dissemination capacities and help it manage its reputation and reinforce its legal basis.

Resumption of operational cooperation with the National Society – which the ICRC, along with other components of the Movement, had suspended in 2014 – got under way gradually. In May 2015, the National Society and the ICRC began a multi-step process to restart cooperation in restoring family links among vulnerable people, with the ICRC providing the National Society with technical and material assistance. In October, cooperation between the two organizations was expanded to include emergency preparedness, in light of the elections in 2016.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)		UAMs/SC*		
RCMs collected	1,843	104		
RCMs distributed	1,558	64		
Phone calls facilitated between family members	9,398			
Reunifications, transfers and repatriations				
People reunited with their families	27			
<i>including people registered by another delegation</i>	9			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	69	11	15	18
<i>including people for whom tracing requests were registered by another delegation</i>	13			
People located (tracing cases closed positively)	143			
<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)	38	6	6	11
<i>including people for whom tracing requests were registered by another delegation</i>	16			
UAMs/SC*, including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	133	44		
UAMs/SC reunited with their families by the ICRC/National Society	23	4		14
<i>including UAMs/SC registered by another delegation</i>	5			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	182	50		24
Documents				
People to whom travel documents were issued	10			
Official documents relayed between family members across borders/front lines	1			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits		Women	Minors	
Detainees visited	15,141	694	33	
		Women	Girls	Boys
Detainees visited and monitored individually	224	7	3	6
Detainees newly registered	148	7	3	6
Number of visits carried out	71			
Number of places of detention visited	30			
Restoring family links				
RCMs collected	146			
RCMs distributed	166			
Phone calls made to families to inform them of the whereabouts of a detained relative	109			
Detainees visited by their relatives with ICRC/National Society support	55			
Detainees released and transferred/repatriated by/via the ICRC	16			
People to whom a detention attestation was issued	23			

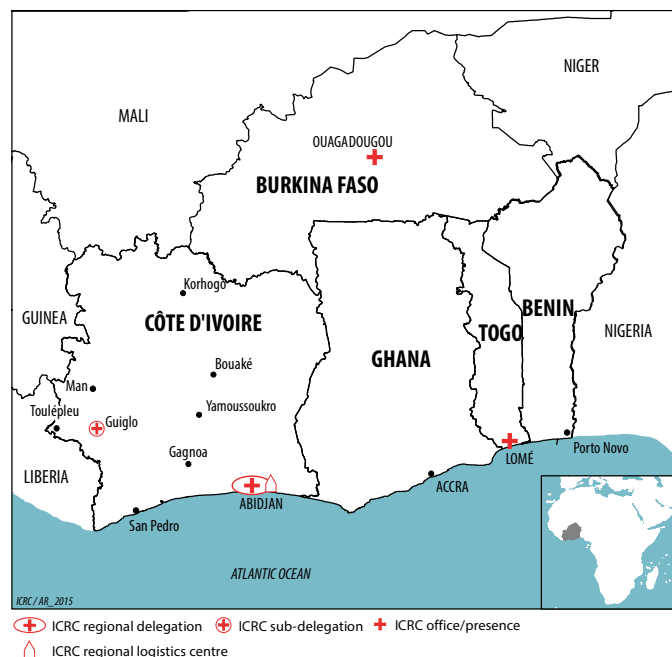
*Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	18		
Essential household items	Beneficiaries	18		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Food commodities	Beneficiaries	19		
Essential household items	Beneficiaries	14,416		
Cash	Beneficiaries	26		
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities ¹	Beneficiaries			

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.

ABIDJAN (regional)

COVERING: Benin, Burkina Faso, Côte d'Ivoire, Ghana, Togo



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

YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2015

- ▶ Security detainees across the region, including those held in relation to the 2015 coup attempt in Burkina Faso, continued to receive ICRC visits to ensure that their treatment complied with applicable norms.
- ▶ Ivorian officials continued to work on improving prison services, notably, by implementing a standard menu and by training prison staff in budget/stock management to ensure adequate nutrition for detainees.
- ▶ Some projects in western Côte d'Ivoire – such as support for people's mental-health and psychosocial needs – were wrapped up. Lessons from this project were shared with the authorities and medical staff.
- ▶ People displaced by conflict or violence met their immediate needs via aid distributions and other interventions conducted with the Burkinabé Red Cross Society and the Red Cross Society of Côte d'Ivoire.
- ▶ Thousands of Beninese, Burkinabé, Ivorian and Togolese military/gendarmerie officers boosted their knowledge of IHL at ICRC information sessions and briefings.

EXPENDITURE IN KCHF

Protection	2,383
Assistance	4,856
Prevention	1,850
Cooperation with National Societies	1,538
General	55
Total	10,683
<i>Of which: Overheads</i>	652

IMPLEMENTATION RATE

Expenditure/yearly budget	83%
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PERSONNEL

Mobile staff	36
Resident staff (daily workers not included)	186

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	388
RCMs distributed	355
Phone calls facilitated between family members	1,104
People located (tracing cases closed positively)	34
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	16,848
Detainees visited and monitored individually	247
Number of visits carried out	127
Number of places of detention visited	48
Restoring family links	
RCMs collected	116
RCMs distributed	42
Phone calls made to families to inform them of the whereabouts of a detained relative	329

ASSISTANCE	2015 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security¹ (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 500	1,710
Essential household items	Beneficiaries 1,000	1,741
Cash	Beneficiaries 900	456
Services and training	Beneficiaries 36,000	6,000
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries 33,500	80,194
Health		
Health centres supported	Structures 4	8
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures 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

In Côte d'Ivoire, the government continued granting provisional releases to detainees, but overcrowding in prisons persisted. In the west, attacks by armed elements and clashes over land tenure caused injury, death and the internal displacement of hundreds; arrests by security forces were also reported. Borders with countries affected by the Ebola epidemic (see *Liberia*) remained closed, but in December, the UNHCR-facilitated voluntary repatriation of Ivorians that had fled to Liberia in connection with the 2011 conflict resumed. In Ghana, thousands of Ivorian refugees remained.

In September, a coup attempt in Burkina Faso led to scores of casualties, a few deaths and several arrests. Thousands of Malian refugees – including the newly displaced (see *Mali*) – remained in UN camps or host communities in the north. The strain on limited resources fueled communal tensions, and the alleged cross-border activities of armed groups further undermined the security situation.

Elections peacefully took place in Benin, Burkina Faso, Côte d'Ivoire and Togo, with few reported casualties.

ICRC ACTION AND RESULTS

In Côte d'Ivoire, Burkina Faso, and Togo, detainees received ICRC visits conducted in accordance with the organization's standard procedures. Security detainees were paid special attention. They included: people arrested in relation to the 2011 conflict and attacks in western Côte d'Ivoire; people detained in relation to the 2014 protests and the 2015 coup attempt in Burkina Faso; and people held in connection with the 2009 coup attempt and 2013 market fires in Togo. After these visits, the authorities received confidential feedback to help them improve detainees' treatment and living conditions.

In Côte d'Ivoire, the penitentiary authorities drew on ICRC advice to continue implementing system-wide reforms to prison services, particularly in terms of nutrition and health care; for example, they worked to implement a standard menu and trained prison staff in budget/stock management. The Ivorian authorities also continued to monitor detainees' health with ICRC material/technical support. Malnourished inmates benefited from supplementary/therapeutic feeding programmes, while sick and injured detainees received care at ICRC-supplied infirmaries. Detainees had better living conditions after the ICRC distributed household essentials and built/improved infirmaries, kitchens and water/sanitation facilities in several prisons. Infrastructure projects also took place in Burkina Faso and Togo.

Health, livelihood, and water infrastructure projects in western Côte d'Ivoire were concluded by year-end. Prior to this, people benefited from the Red Cross Society of Côte d'Ivoire/ICRC's efforts to help them recover from the effects of past conflict. For instance, they obtained preventive/curative care from ICRC-supported facilities, and basic psychosocial care from ICRC-trained staff or peer-support groups managed by ICRC-trained facilitators. Lessons learnt from these projects were shared with the authorities, to ensure people's continued access to such care. People had access to water via ICRC-upgraded/installed facilities, which helped reduce tensions in communities hosting IDPs; they also learnt ways to reduce their risk of sanitation-related/water-borne diseases through National Society/ICRC information sessions. With ICRC support, widows launched small businesses to supplement their income; to help them ensure their business' sustainability, they were provided with information on ways to access micro-credit.

To prevent the recurrence of abuses in western Côte d'Ivoire, allegations reported to the ICRC were shared with the parties concerned. After such representations, people's access to health-care facilities improved.

The ICRC responded to emergencies with the pertinent National Societies, while supporting them in this regard. Displaced people in Burkina Faso and Côte d'Ivoire coped with their situation through National Society/ICRC relief distributions. Herders in northern Burkina Faso maintained their livestock's health through free vaccinations carried out by the authorities and the ICRC. During the coup attempt in Burkina Faso, casualties received first aid/were evacuated and children were reunited with their families by the Burkinabé Red Cross Society with ICRC support.

Dispersed families, including Malian refugees, maintained/restored contact with each other through Movement family-links services. However, reunifications in Côte d'Ivoire were stalled by the closure of the border with Liberia for most of the year. To help it clarify the fate of people missing in connection with the 2011 conflict, the Ivorian medico-legal institute was provided with support, including protective equipment for workers conducting exhumations. The Ivorian authorities, in consultation with the ICRC, continued to work on updating the legal framework applicable to the families of missing persons.

Throughout the region, the ICRC sought to reinforce support for IHL and humanitarian action. During information sessions, thousands of military/security officers learnt more about IHL; Ivorian and Togolese military IHL instructors drew on ICRC advice to update/review their training materials. Government officials worked to ratify/implement IHL-related treaties with ICRC support, as Côte d'Ivoire, Ghana and Togo ratified the Arms Trade Treaty. Academics, journalists and community leaders broadened their understanding of IHL at workshops and other events organized with the National Societies concerned.

To maximize impact and avoid duplication, the ICRC coordinated its activities with government bodies, UN agencies, Movement partners, and other humanitarian organizations.

CIVILIANS

In western Côte d'Ivoire, people reported abuses to the ICRC. These allegations – related to sexual violence, attacks on villages, and military operations, for example – were shared with the parties concerned to prevent their recurrence. Notably, patients had better access to health-care facilities after the ICRC and other humanitarian organizations made representations to the authorities. Regular coordination with UN agencies, NGOs and the Ivorian National Society ensured consistent monitoring of possible humanitarian concerns.

Malian refugees reconnect with their families using Movement family-links services

Through phone calls and RCMs facilitated by the Burkinabé National Society/ICRC, Malian refugees in Burkina Faso maintained or restored contact with their families. In Côte d'Ivoire, some people used family-links services to stay in touch with relatives among the refugees in the region; however, reunifications had to be put on hold because of the closure of the border with Liberia for most of the year (see *Context*). Volunteers from the Burkinabé and Ivorian National Societies trained in providing family-links services (see *Red Cross and Red Crescent Movement*).

To help it clarify the fate of people missing in connection with past conflict, the Ivorian medico-legal institute was provided with support to strengthen its services: its director exchanged views and best practices with his peers at a forensic conference abroad (see *Nairobi*), and its staff used ICRC-provided protective equipment during exhumations. While an in-depth assessment of the needs of families of the missing was cancelled, the Ivorian authorities, in consultation with the ICRC, continued working to update the legal framework applicable to families of missing persons.

People in western Côte d'Ivoire cope with common illnesses and psychological distress

In western Côte d'Ivoire, people recovered from or reduced their risk of contracting illnesses after receiving care from seven ICRC-supported facilities, and a mobile health unit that one of them operated as part of its vaccination campaign. Among these facilities were two hospitals that received medical supplies and technical advice on, *inter alia*, implementing Ebola-prevention measures prescribed by the health ministry. They also included five community health centres – including one that served people in isolated areas of northern Bloléquin – which widened their coverage through ICRC funding. People in some remote areas, including children, were better protected against polio and other contagious diseases through vaccination campaigns. Young children and pregnant women needing secondary care were referred to regional hospitals and had their transport facilitated by the ICRC.

Health staff in these facilities were trained in providing mental-health and psychosocial support, and were advised on integrating these into their work. This helped ensure that patients suffering from emotional distress – particularly, in relation to post-conflict trauma or violence, including sexual violence – were accurately diagnosed and treated; 66 patients received basic psychological care and/or were referred to specialized institutions. In four communities, people shared their experiences at peer-support groups managed by ICRC-trained facilitators, which were set up in 2014. Through door-to-door information sessions, community-based health workers encouraged over 15,000 people to refer prospective patients for further care. In addition, community-based protection mechanisms based on local customs were jointly developed by the health workers and

communities. With a view to ensuring that communities had continued access to psychosocial care, the ICRC regularly met with the authorities and health staff to share its experiences in this regard, including the challenges it faced and the results it achieved.

Some 31,000 people in rural areas of western Côte d'Ivoire, including those displaced from protected forest areas, had better access to clean water via wells and hand pumps upgraded/installed by the ICRC; this also helped reduce tensions in communities hosting IDPs. Through National Society/ICRC information sessions, nearly 39,000 people learnt ways to reduce their vulnerability to sanitation-related and water-borne diseases. In Burkina Faso, almost 1,500 people attended similar sessions.

Using ICRC-provided cash grants and management training, 76 vulnerable Ivorian women – who had lost their husbands in past conflict – established small businesses to help them regain self-sufficiency and support their families (over 450 people in all). To contribute to these businesses' sustainability after the conclusion of this support, the women were provided with information on ways to obtain micro-credit.

Displaced people in Burkina Faso and Côte d'Ivoire obtain access to sanitation facilities

People affected by outbreaks of violence and other emergencies had some of their urgent needs addressed by the pertinent National Societies and the ICRC.

Over 9,200 people in northern Burkina Faso, including Malian refugees, and some 600 people in a temporary IDP camp in Côte d'Ivoire – set up by the Ivorian National Society and other humanitarian organizations – were able to maintain their hygiene using ICRC-constructed water/sanitation infrastructure, including latrines and showers.

Around 300 households (1,700 people) in Burkina Faso and 35 households (200 people) in western Côte d'Ivoire eased their displacement with National Society/ICRC-distributed food and household essentials. In northern Burkina Faso, over 6,000 households (36,000 people in all) including Malian refugees, maintained

CIVILIANS	Burkina Faso	Côte d'Ivoire	Ghana	Togo
Red Cross messages (RCMs)				
RCMs collected	189	192		7
<i>including from UAMs/SC*</i>	1			
RCMs distributed	133	221		1
Phone calls facilitated between family members	1,102	2		
Tracing requests, including cases of missing persons				
People for whom a tracing request was newly registered	1	13	4	3
<i>of whom women</i>		1	1	1
<i>of whom minors at the time of disappearance - girls</i>		2	1	
<i>of whom minors at the time of disappearance - boys</i>		3		
<i>including people for whom tracing requests were registered by another delegation</i>		3		
People located (tracing cases closed positively)	11	21		2
<i>including people for whom tracing requests were registered by another delegation</i>		4		
Tracing cases still being handled at the end of the reporting period (people)	38	141	4	5
<i>of whom women</i>	3	19	1	1
<i>of whom minors at the time of disappearance - girls</i>	3	12	1	
<i>of whom minors at the time of disappearance - boys</i>	1	17		1
<i>including people for whom tracing requests were registered by another delegation</i>		31		
UAMs/SC*, including demobilized child soldiers				
UAM/SC* cases still being handled at the end of the reporting period	10	2	7	1
<i>of whom girls</i>	7	1	2	

*Unaccompanied minors/separated children

the health and productivity of their herds thanks to free vaccinations for 290,000 animals carried out by the authorities/ICRC.

During the coup attempt in Burkina Faso, 90 casualties were treated/evacuated and 18 children were reunited with their families by the Burkinabé National Society with support from the ICRC, which provided medical supplies/equipment and lent vehicles. Patients referred to one hospital were treated with the help of ad hoc material support from the ICRC. In northern Togo, people injured in connection with protests against a nature reserve project received treatment at health facilities that received one-off donations of medical supplies.

PEOPLE DEPRIVED OF THEIR FREEDOM

Security detainees in Côte d'Ivoire, Burkina Faso and Togo receive ICRC visits

Across the region, nearly 17,000 detainees were visited by the ICRC in accordance with its standard procedures, to ensure that their treatment and living conditions complied with applicable international norms; 247 security detainees and other particularly vulnerable inmates were monitored individually. In Côte d'Ivoire, they included: inmates in solitary confinement; people arrested in relation to the 2011 conflict – including detainees extradited from Liberia – and attacks in the west; and detainees held by intelligence services and the armed/security forces, including those under interrogation or in preventive detention. Political figures and people detained in relation to the 2014 protests and the 2015 coup attempt in Burkina Faso, and people held in connection with the 2009 coup attempt and market fires in 2013 in Togo were also visited.

After these visits, the detaining authorities received confidential feedback, which helped them take steps to improve detainees' treatment and living conditions and address chronic problems related to overcrowding.

Detainees restored/maintained contact with their families via ICRC family-links services. Foreign inmates notified their consular representatives of their situation through the ICRC.

Ivorian authorities work with the ICRC to sustain system-wide reforms

In Côte d'Ivoire, the ICRC's findings were shared with the penitentiary authorities every month, to help facilitate their timely

response to emergencies. They also drew on ICRC technical advice in their efforts to sustain reforms related to nutrition and health care in prisons. For example, prison directors strengthened their ability to manage their budgets and penitentiary services at an ICRC seminar. During a workshop co-organized with the health ministry, prison health staff drafted recommendations, which were relayed to the pertinent authorities. Officials were advised on the revision of the penitentiary health information system. To help ensure that detainees had adequate nutrition, the authorities worked to implement a standard menu – developed in 2014 – in all prisons, and trained stock managers and kitchen personnel in proper food storage and distribution.

In Ivorian prisons, inmates reduce health risks from malnutrition and hygiene-related ailments

With ICRC material and technical support, the Ivorian authorities continued to monitor detainees' health. More than 1,000 acutely malnourished detainees were treated through therapeutic/supplementary feeding programmes. In six prisons, over 2,000 inmates benefited from vitamin/mineral supplements to maintain their health, and around 800 detainees with vitamin-deficiency illnesses received appropriate treatment. Detainees recovered from other ailments and from injuries with the help of medicines donated to infirmaries on an ad hoc basis.

Detainees in Côte d'Ivoire, including minors, had better living conditions because of ICRC initiatives; some of them benefited from multiple projects. Over 11,000 inmates received hygiene items, sleeping mats, and other items distributed by the ICRC; those who previously had to hold food using their clothes used ICRC-donated cups and plates, and recreational items enabled some to ease the monotony of incarceration. Infirmaries, kitchens and water/sanitation facilities were also built/improved for 7,700 detainees in nine prisons. However, the construction of a system to produce biogas from waste at one prison was postponed to 2016 because of other priorities. More than 1,400 people had more hygienic surroundings, following fumigation campaigns conducted with the authorities.

In Burkina Faso, nearly 900 detainees had better access to fresh air after a prison yard was renovated. In Togo, around 2,500 inmates in three prisons were at lesser risk of contracting hygiene-related illnesses following improvements to water/sanitation infrastructure.

PEOPLE DEPRIVED OF THEIR FREEDOM		Burkina Faso	Côte d'Ivoire	Togo
ICRC visits				
Detainees visited		2,529	11,967	2,352
	<i>of whom women</i>	60	287	87
	<i>of whom minors</i>	91	301	2
Detainees visited and monitored individually		31	203	13
	<i>of whom women</i>		4	1
	<i>of whom boys</i>		3	
Detainees newly registered		31	93	2
	<i>of whom women</i>		1	1
	<i>of whom boys</i>		2	
Number of visits carried out		8	115	4
Number of places of detention visited		5	41	2
Restoring family links				
RCMs collected			114	2
RCMs distributed			40	2
Phone calls made to families to inform them of the whereabouts of a detained relative		100	228	1
Detainees visited by their relatives with ICRC/National Society support			1	
People to whom a detention attestation was issued			1	

ACTORS OF INFLUENCE

Beninese, Burkinabé, Ivorian and Togolese military/gendarmerie officers bolster their IHL knowledge

In Côte d'Ivoire and Togo, nearly 2,300 *gendarmes* and soldiers learnt more about IHL at ICRC-organized information sessions. Similarly, in Benin, Burkina Faso, Côte d'Ivoire and Togo, over 2,600 members of the military and *gendarmerie* bound for missions abroad broadened their awareness of IHL principles applicable to peacekeeping, and were encouraged to facilitate ICRC activities in their countries of deployment, including Mali and Sudan. In Côte d'Ivoire, troops, particularly those manning roadblocks, were reminded of their responsibility to facilitate access to health care. Through ICRC briefings, 60 police officers from rapid-response units – often the first to respond to incidents of violence – strengthened their understanding of internationally recognized standards for the use of force.

Ivorian and Togolese military instructors began revising IHL manuals and developed case studies with ICRC support, with a view to boosting the quality of their IHL instruction. Beninese and Togolese military instructors attended a train-the-trainer workshop, and senior officers from Côte d'Ivoire, Togo, Burkina Faso and Benin furthered their understanding of IHL through advanced courses in Algeria (see *International law and policy*) and in San Remo, Italy.

Côte d'Ivoire, Ghana and Togo ratify the Arms Trade Treaty

The authorities in the covered countries worked to ratify/implement IHL-related treaties with ICRC support: notably, Côte d'Ivoire, Ghana and Togo ratified the Arms Trade Treaty. Ivorian and Togolese parliamentarians also drew on ICRC expertise to draft a law that incorporated key provisions of arms-related treaties, including a regional convention on small arms, in national legislation. They were also advised on the inclusion of sanctions against IHL violations in their respective penal codes, which were both under review. However, in Côte d'Ivoire, little progress was made in passing a draft bill regarding the protection of the emblem. At an ICRC seminar, Togolese officials learnt more about the Hague Convention on Cultural Property and were encouraged to promote its ratification.

Government officials, academics, journalists and community leaders learn more about IHL

Members of civil society capable of facilitating humanitarian action or encouraging others to do so – notably, journalists and community/religious/youth leaders – gained a better grasp of the Movement's neutral, impartial and independent approach through National Society/ICRC events and briefings. The authorities, health professionals and the ICRC regularly discussed the incorporation of mental-health care in national programmes and the issues covered by the Health Care in Danger project. Students in Benin, Burkina Faso, Côte d'Ivoire and Togo added to their knowledge of IHL and the ICRC's mandate through information sessions. Some Ivorian students participated in national and regional (see *Niger*) moot court competitions.

Islamic scholars from Benin and Burkina Faso discussed the similarities between IHL and Islam at an ICRC conference abroad (see *Niger*).

RED CROSS AND RED CRESCENT MOVEMENT

With ICRC training and support, the National Societies of Burkina Faso, Côte d'Ivoire and Togo reinforced their capacity to assist people affected by conflict/violence and other emergencies. Notably, the Burkinabé and Ivorian National Societies undertook activities with the ICRC (see *Civilians*) and received support for upgrading three offices/branches, while the Togolese Red Cross replenished their supplies for treating wounded people and trained moto-taxi drivers in first aid. At a workshop in Abidjan, National Societies from the wider region strengthened their ability to provide family-links services during emergencies; they also discussed the Movement's strategy in this regard, including in relation to the needs of people separated by migration.

Drawing on recommendations from the International Federation and the ICRC, the Burkinabé National Society strengthened its legal base, while the Ivorian and Beninese National Societies initiated management reforms and elected new officials.

At Movement events, all five National Societies encouraged greater support for neutral, impartial and independent humanitarian action and volunteerism among the general public.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SC*	
RCMs collected	388	1		
RCMs distributed	355			
Phone calls facilitated between family members	1,104			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	21	3	3	3
<i>including people for whom tracing requests were registered by another delegation</i>	3			
People located (tracing cases closed positively)	34			
<i>including people for whom tracing requests were registered by another delegation</i>	4			
Tracing cases still being handled at the end of the reporting period (people)	188	24	16	19
<i>including people for whom tracing requests were registered by another delegation</i>	31			
UAMs/SC*, including demobilized child soldiers		Girls		Demobilized children
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	20	10		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits		Women	Minors	
Detainees visited	16,848	434	394	
		Women	Girls	Boys
Detainees visited and monitored individually	247	5		3
Detainees newly registered	126	2		2
Number of visits carried out	127			
Number of places of detention visited	48			
Restoring family links				
RCMs collected	116			
RCMs distributed	42			
Phone calls made to families to inform them of the whereabouts of a detained relative	329			
Detainees visited by their relatives with ICRC/National Society support	1			
People to whom a detention attestation was issued	1			

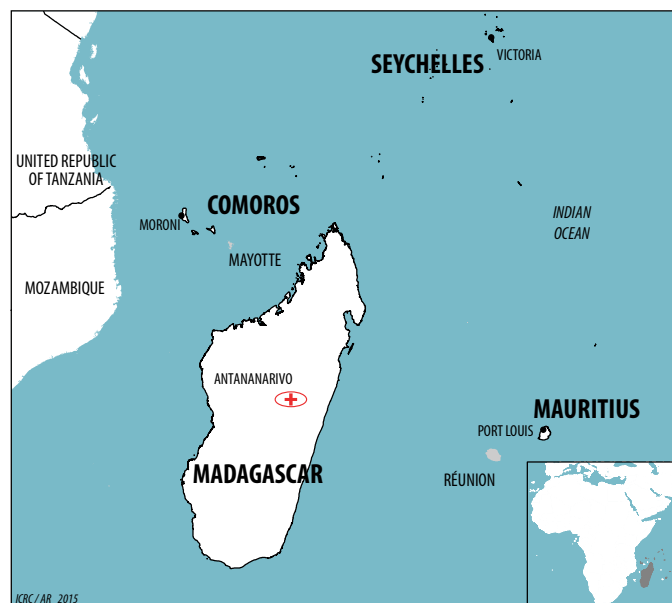
*Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security ¹ (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	1,710	30%	50%
Essential household items	Beneficiaries	1,741	9%	14%
Cash	Beneficiaries	456	50%	25%
Services and training	Beneficiaries	6,000	30%	50%
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	80,194	30%	40%
Health				
Health centres supported	Structures	8		
Average catchment population		245,306		
Consultations	Patients	70,930		
<i>of which curative</i>	Patients		12,973	39,180
<i>of which ante/post-natal</i>	Patients		13,332	
Immunizations	Doses	42,509		
Referrals to a second level of care	Patients	729		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items ¹	Beneficiaries	5,130		
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities ¹	Beneficiaries	14,723		
Health				
Number of visits carried out by health staff		80		
Number of places of detention visited by health staff		19		
Number of health facilities supported in places of detention visited by health staff		12		

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.

ANTANANARIVO (regional)

COVERING: Comoros, Madagascar, Mauritius, Seychelles



 ICRC regional delegation

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

KEY RESULTS/CONSTRAINTS IN 2015

- ▶ Malagasy authorities, aided by the ICRC, looked into various solutions to prison overcrowding and proposed further measures. They followed up pending cases, which led to the release of some inmates.
- ▶ Detainees in the Comoros and Madagascar had better living conditions after detention facilities were constructed/upgraded and prison cells disinfected, with ICRC support.
- ▶ More than 8,000 detainees in Madagascar, some severely malnourished, met their immediate nutritional needs through supplementary meals distributed by a local partner and the ICRC.
- ▶ The Malagasy *gendarmerie* and the ICRC formalized an agreement to bring the former's policies, operating procedures and training into line with international human rights law and humanitarian principles.
- ▶ With encouragement from their national IHL committees/ National Societies and the ICRC: Mauritius and the Seychelles ratified the Arms Trade Treaty; Madagascar declared support for the Montreux Document.
- ▶ Support for the family-links services provided by a branch of the Comoros Red Crescent Society for Comoran returnees was temporarily suspended, pending the resolution of administrative issues.

EXPENDITURE IN KCHF

Protection	1,124
Assistance	1,800
Prevention	403
Cooperation with National Societies	365
General	15
Total	3,707
<i>Of which: Overheads</i>	226

IMPLEMENTATION RATE

Expenditure/yearly budget	93%
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PERSONNEL

Mobile staff	9
Resident staff (daily workers not included)	30

YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

HIGH

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	62
RCMs distributed	143
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	17,013
Detainees visited and monitored individually	131
Number of visits carried out	64
Number of places of detention visited	28
Restoring family links	
RCMs collected	218
RCMs distributed	41
Phone calls made to families to inform them of the whereabouts of a detained relative	270

CONTEXT

In Madagascar, the political situation remained fragile for most of the year. Limited economic growth resulted in budget cuts that aggravated long-term deficiencies in the delivery of basic services, including in prisons. The country was struck by natural disasters at the beginning of the year: flooding in the central regions – which caused the displacement of thousands, including within the capital of Antananarivo – and prolonged drought in the south. Communal and criminal violence occasionally flared up in the south. Demonstrations here and in the Comoros, related to political and/or social issues, sometimes turned violent.

The Comoros prepared for presidential elections in 2016. Comoran migrants continued to be deported from the island of Mayotte.

Mauritius and the Seychelles remained politically stable; presidential elections in the latter concluded peacefully in 2015.

ICRC ACTION AND RESULTS

The ICRC's regional delegation in Antananarivo continued to support the authorities in the Comoros and Madagascar in improving the treatment and living conditions of detainees. It also encouraged respect for norms applicable to the law enforcement practices of both countries and, in the region, fostered understanding of and support for IHL and the Movement. Where possible, it coordinated with other organizations and/or worked with the National Society concerned in order to maximize the impact of its activities.

In the Comoros and Madagascar, the ICRC visited detainees in accordance with its standard procedures, paying special attention to vulnerable inmates, and helped them restore contact with their families. It provided the authorities with confidential feedback based on these visits, supplemented by technical and other support. In Madagascar, the ICRC's dialogue with the authorities centred on ensuring respect for detainees' judicial guarantees and on the effects of overcrowding and resource constraints on detainees' living conditions. To help in the development of long-term solutions, particularly for reducing the prison population, the ICRC supported the authorities in studying alternatives to detention and in improving the management of detainees' cases. At one workshop, Malagasy judicial and penitentiary authorities reviewed previous ICRC recommendations and proposed additional measures, including updates to legislation. Several detainees' cases were expedited after ICRC technical and material assistance made it possible to update prison registries and, thus, to follow up pending cases; some inmates were released after Malagasy authorities acted on individual cases brought to their attention.

ICRC reports apprised the authorities of urgent concerns, particularly after further cuts to the Malagasy prison administration's budget in 2015 led to a sharp rise in the rate of malnutrition – compared to 2014 – among detainees visited; the authorities responded by releasing additional funds to replenish part of the food stocks. In the meantime, supplementary meals distributed with a local partner helped malnourished detainees meet urgent nutritional needs. In the Comoros and Madagascar, coordination with the authorities and/or other organizations working in places of detention, and provision of direct assistance to help address needs not covered by the prison administration's resources – funds for the purchase of essential medicines, for instance – helped detainees benefit from better access to medical care and from upgraded prison facilities and sanitation.

The National Societies in the region and the ICRC worked together to bolster understanding of international norms governing law enforcement, for instance, among security forces personnel in the Comoros and Madagascar. The ICRC and the Malagasy *gendarmerie* agreed to cooperate in bringing the latter's policies, operations and training into line with international human rights law and humanitarian principles. The National Societies/ICRC also supported national IHL committees in the region in highlighting the importance of implementing IHL, which contributed to the ratification of the Arms Trade Treaty by Mauritius and the Seychelles and of the Convention on Cluster Munitions by the former, and to Madagascar's declaration of support for the Montreux Document.

Together with the ICRC, the National Societies in the region held various events to raise awareness of the Movement and the Fundamental Principles among students, journalists and the general public. They also strengthened their emergency response with ICRC support, including through the Indian Ocean Regional Intervention Platform (PIROI). ICRC support for the Comoros Red Crescent Society's family-links services for Comoran migrants returning from Mayotte was, however, suspended until administrative issues at the branch handling these services were resolved.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees in Madagascar held under the authority of the justice ministry and detainees at the Koki and Moroni detention centres in the Comoros were regularly visited by the ICRC, in accordance with the organization's standard procedures. Vulnerable inmates – such as security detainees, women and minors – were given particular attention; those who had no personal belongings were provided with mats, clothes and footwear. Detainees exchanged news with their relatives through RCMs, phone calls or short oral messages relayed via ICRC delegates; upon their release, some detainees travelled home with ICRC assistance. Foreigners requested the ICRC to notify their consular representatives of their situation. Malagasy nationals detained abroad used Movement family-links services to stay in touch with their families.

The ICRC discussed findings from its visits, and recommendations, confidentially with the authorities. It submitted reports to inform them of urgent concerns (see below) and to help them develop long-term solutions. In Madagascar, dialogue centred on ensuring respect for detainees' judicial guarantees and on the effects of overcrowding/resource constraints on detainees' living conditions. Judicial and penitentiary officials studied the causes and consequences of overcrowding at a workshop jointly organized by the justice ministry, the French embassy and the ICRC. They also reviewed the ICRC's recommendations for reducing the prison population – such as the creation of a service specifically for managing probation orders – and proposed additional measures, including updates to legislation.

Malagasy authorities expedite the resolution of several pending cases

Legal offices in Comoran and Malagasy prisons updated their registries and managed detainees' case files more efficiently with ICRC material/technical assistance. In the Comoros, this, together with dialogue on issues related to pre-trial detention and the right of detainees to be judged within a reasonable period of time, contributed to a decline in the number of people held in the Moroni prison, from over 200 to about 110 detainees by year's end. In Madagascar, court administration services at 15 prisons managed

some 8,920 detainees' cases more effectively with ICRC training and donations of office equipment/supplies: 95 cases of temporary detention were followed up, resulting in 17 detainees being charged formally; 8 inmates were released after the authorities acted on individual cases brought to their attention. The Malagasy technical committee on respect for judicial guarantees continued to work with judicial and penitentiary authorities to streamline the management of detainees' cases and/or develop alternatives to detention, with a view to easing prison overcrowding.

The administrators of nine Malagasy prisons reviewed their rules and regulations, with the ICRC's help, to ensure that detainees were treated in compliance with domestic law and other applicable norms. During training sessions held at the national prison administration school and in prisons in Madagascar, some 380 students and 240 prison staff learnt more about detainees' rights, internationally recognized detention standards and the ICRC's activities for detainees.

Severely malnourished detainees in Madagascar receive emergency food rations

Further cuts to the Malagasy prison administration's budget (see *Context*) led to reduced food rations for detainees in most prisons; an ICRC report in March alerted the authorities to an increase in the incidence of malnutrition – compared to 2014 – in prisons visited by the organization; the authorities responded by releasing, in September, additional funds for replenishing part of prisons' food stocks.

In the meantime, more than 8,000 inmates, at 19 Malagasy prisons where malnutrition rates were particularly high, met their urgent nutritional needs with supplementary meals distributed by a local partner and the ICRC; severely malnourished inmates were also provided with high-energy food supplements. Donations of plates, spoons and ladles helped ensure standardized rations; fuel-efficient kitchens were built in four prisons where lack of firewood and poor cooking facilities had hampered the preparation of meals. Prison staff also received the equipment necessary to closely monitor inmates' health, for instance to measure their body mass index. Training and hands-on experience helped the ICRC's local partner strengthen its ability to carry out similar programmes independently. These efforts contributed to keeping the rate of mortality due to malnutrition low, according to data provided by the authorities and obtained in part through the national nutritional monitoring system, covering 42 central prisons, maintained with ICRC technical support.

With a view to improving the management of food stocks, the ICRC recommended that the supply chain be more closely supervised, particularly after a justice ministry/ICRC study on the impact of prison farms revealed that – even with an increase in productivity – the farms' output would not ensure an adequate supply of food, given the recurrence of food/malnutrition crises.

Detainees receive suitable medical care

Detainees in Madagascar had better access to medical care, through the ICRC's direct support for and coordination with the authorities, at times with the help of other organizations working in places of detention. For example, penitentiary authorities used ICRC financial/material support to overcome a shortage of essential medicines for some 12,000 detainees in 34 Malagasy prisons; prison clinics were also given medical supplies and equipment. Detainees who required specialized care were referred to civilian health facilities, through ICRC-facilitated coordination between local health and penitentiary authorities. Thus, over 120 detainees received suitable treatment; 30 of them were individually followed up by ICRC health staff and some had their treatment costs covered by the ICRC.

In the Comoros, penitentiary authorities and the Red Crescent Society of the Islamic Republic of Iran, with encouragement from the ICRC, initiated cooperation in medical activities in specific instances.

Prison health personnel in both the Comoros and Madagascar reinforced their capacity to manage health issues through joint visits to detention facilities with ICRC health staff and/or coaching from them. At a regional seminar organized by the ICRC (see *Rwanda*), one Malagasy penitentiary official added to his knowledge of best practices for handling health-related issues in detention.

A technical committee on detainee health in Madagascar continued to work on improving detainees' access to medical care, with the ICRC facilitating discussions between the health and penitentiary authorities. This contributed to improvement in the handling of communicable diseases – malaria, HIV infections and TB, for example – in 22 prisons. The committee also continued to follow up the implementation of the national prison health charter by seeking to have its policies and guidelines approved by the health and justice ministries.

PEOPLE DEPRIVED OF THEIR FREEDOM		Comoros	Madagascar
ICRC visits			
Detainees visited		267	16,746
	<i>of whom women</i>	8	748
	<i>of whom minors</i>	31	598
Detainees visited and monitored individually		17	114
	<i>of whom women</i>		6
	<i>of whom girls</i>		2
	<i>of whom boys</i>	1	8
Detainees newly registered		9	90
	<i>of whom women</i>		6
	<i>of whom girls</i>		2
	<i>of whom boys</i>	1	5
Number of visits carried out		3	61
Number of places of detention visited		2	26
Restoring family links			
RCMs collected		13	205
RCMs distributed		1	40
Phone calls made to families to inform them of the whereabouts of a detained relative		11	259

Detained minors at one Malagasy prison have quarters that separate them from adult inmates

Detainees at 10 places of detention in the Comoros and Madagascar had better living conditions after water/sanitation systems, sleeping quarters and other facilities were constructed/upgraded by the ICRC with, in some instances, the authorities and/or the National Society concerned. At the Mahajanga prison in Madagascar, newly constructed quarters enabled up to 54 minors to be housed separately from adults, reducing their vulnerability to abuse. Projects to lower expenses and free up resources for other needs were also undertaken: a newly constructed biogas production system helped reduce fuel costs at the Tsiafahy prison; work on chlorine-production projects at other prisons was in progress. In the Comoros, the ICRC stood ready to provide the authorities with technical advice for the planned construction of a new prison in Moroni.

Over 7,400 inmates in 14 prisons avoided the spread of disease with ICRC-supplied soap/cleaning materials and good hygiene practices learnt at awareness-raising sessions and/or promoted by hygiene committees. Health hazards were further reduced by the disinfection of prison cells during vector-control campaigns conducted by the authorities with support from the ICRC and the Pasteur Institute in Madagascar, and the National Society in the Comoros. Some 20 Malagasy prison personnel honed their ability to effectively conduct these campaigns through training.

ACTORS OF INFLUENCE

Malagasy *gendarmerie* takes steps to incorporate humanitarian principles in training and operations

Members of the Comoran and Malagasy security forces furthered their understanding of international norms and standards applicable to law enforcement, through a series of workshops organized by the ICRC with their respective National Societies and, in the Comoros, the National Human Rights Commission. Senior officers of the Malagasy armed and security forces, and several civil servants, learnt more about these matters during an ICRC presentation at a seminar in Antananarivo.

The Malagasy *gendarmerie* and the ICRC agreed to cooperate in bringing the former's policies, operating procedures and training into line with international human rights law and humanitarian principles. This agreement was patterned after a similar agreement signed with the interior security ministry in 2013, concerning the national police. Although the progress of the sub-committees tasked with reviewing the doctrine and training of the national police continued to be hampered by the reassignment of officers on the committees and other factors, discussions were ongoing and the ICRC maintained its provision of technical and other support.

A Malagasy military officer reinforced his understanding of IHL at an advanced course in San Remo.

Mauritius and the Seychelles ratify the Arms Trade Treaty

In Madagascar, the national IHL committee and the Malagasy Red Cross Society drew on ICRC financial and technical support to hold a workshop for drafting a law ensuring respect for and regulating the use of the emblems protected under IHL. The draft bill was deposited in the parliament.

Members of national IHL committees in the region and their peers discussed the challenges to implementing IHL during a seminar abroad (see *Pretoria*), and drafted a regional pledge on compliance with IHL that was signed at the 32nd International Conference.

The importance of implementing IHL was emphasized at other events/discussions organized by the national IHL committees and the National Societies/ICRC; this contributed to the ratification of the Arms Trade Treaty by Mauritius and the Seychelles and of the Convention on Cluster Munitions by the former, and to Madagascar's declaration of support for the Montreux Document.

Journalists help to draw attention to issues of urgent humanitarian concern in the region

Students, journalists and the general public throughout the region learnt about the Movement, the Fundamental Principles and the basic principles of IHL through dissemination sessions and other events held by the National Societies/ICRC. Notably, 10 journalists in Madagascar learnt more about reporting on humanitarian issues at a National Society/ICRC-organized workshop. Media coverage of these events – and, in Madagascar, ICRC activities for detainees – helped to highlight issues of urgent humanitarian concern in the region.

A university in the Comoros and another in Madagascar had more references on IHL after the ICRC donated publications for the library of their law department. In Mauritius, the national IHL committee continued to promote its travelling photo exhibit, with a view to raising awareness throughout the country of the importance of respecting IHL.

RED CROSS AND RED CRESCENT MOVEMENT

National Societies in the Comoros and the Seychelles learn to operate safely during emergencies

With ICRC support, including through the PIROI, National Societies in the region continued to strengthen their capacities, particularly in emergency preparedness/response. Such support helped Malagasy National Society teams assist local authorities in relief operations for flood victims, and helped the Comoran National Society and Seychelles Red Cross Society update their contingency plans in preparation for elections in their countries (see *Context*). The Comoran and Seychellois National Societies trained their staff and volunteers to provide first-aid and family-links services and to apply the Safer Access Framework. ICRC support for the Comoros Red Crescent's family-links services for Comoran migrants returning from Mayotte was, however, suspended until administrative issues, at the branch handling these services, were resolved. The Seychellois National Society also received training in financial management.

In Madagascar, an ICRC assessment of existing services in managing human remains was undertaken to find ways the Movement could supplement local expertise.

National Societies in the region also drew on ICRC support to broaden acceptance of the Movement among communities (see *Actors of influence*), and to take an active part in Movement workshops and statutory meetings, thereby strengthening coordination among the latter's components.

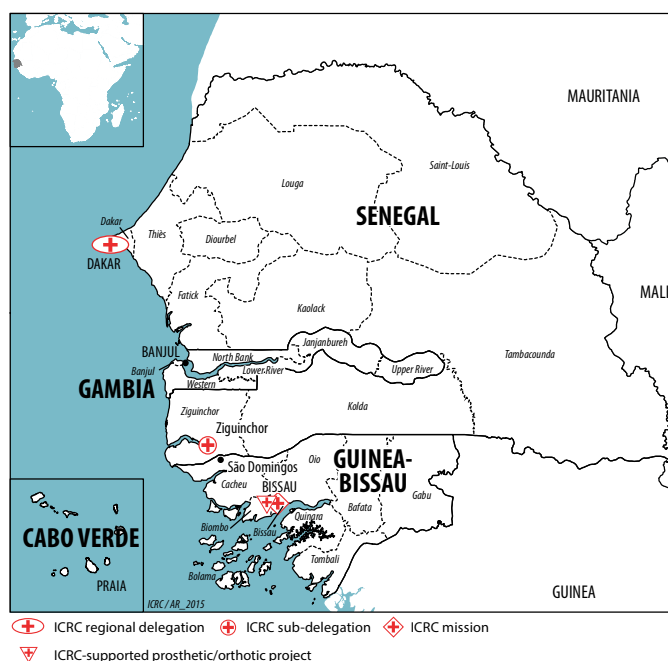
MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)		UAMs/SC*		
RCMs collected	62	1		
RCMs distributed	143	1		
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	20	3	8	2
<i>including people for whom tracing requests were registered by another delegation</i>	9			
Tracing cases still being handled at the end of the reporting period (people)	24	3	10	
<i>including people for whom tracing requests were registered by another delegation</i>	10			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits		Women	Minors	
Detainees visited	17,013	756	629	
		Women	Girls	Boys
Detainees visited and monitored individually	131	6	2	9
Detainees newly registered	99	6	2	6
Number of visits carried out	64			
Number of places of detention visited	28			
Restoring family links				
RCMs collected	218			
RCMs distributed	41			
Phone calls made to families to inform them of the whereabouts of a detained relative	270			

*Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme) ¹				
Food commodities	Beneficiaries	1,212		
Essential household items	Beneficiaries	2,655		
Productive inputs	Beneficiaries	2,149		
Cash	Beneficiaries	4,143		
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	9,030		
Health				
Number of visits carried out by health staff		30		
Number of places of detention visited by health staff		23		
Number of health facilities supported in places of detention visited by health staff		9		

DAKAR (regional)

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



KEY RESULTS/CONSTRAINTS IN 2015

- ▶ People in Casamance, Senegal reported IHL violations and mine-related incidents to the ICRC; these allegations were relayed to the pertinent parties, with a view to preventing their recurrence.
- ▶ With ICRC support, women in Casamance mitigated their risk of sexual violence via livelihood projects that reduced their need to leave their villages, and returnees rebuilt their homes and livelihoods.
- ▶ Relatives of missing Senegalese migrants filed tracing requests with the Movement's family-links network. Some of them coped with their situation via peer-support meetings and commemorative events.
- ▶ At events attended/held by the ICRC, representatives of governments and multilateral/international organizations learnt more about IHL and issues related to migration, sexual violence, and access to health care.

EXPENDITURE IN KCHF

Protection	1,370
Assistance	2,990
Prevention	1,919
Cooperation with National Societies	990
General	128
Total	7,397
<i>Of which: Overheads</i>	451

IMPLEMENTATION RATE

Expenditure/yearly budget	83%
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PERSONNEL

Mobile staff	17
Resident staff (daily workers not included)	130

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

YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action	HIGH
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PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	5
RCMs distributed	18
Phone calls facilitated between family members	1,478
People located (tracing cases closed positively)	5
People reunited with their families	1
<i>of whom unaccompanied minors/separated children</i>	1
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	659
Detainees visited and monitored individually	20
Number of visits carried out	5
Number of places of detention visited	4
Restoring family links	
RCMs collected	29
RCMs distributed	3
Phone calls made to families to inform them of the whereabouts of a detained relative	14

ASSISTANCE	2015 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security¹ (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 700	3,300
Essential household items	Beneficiaries 700	15
Productive inputs	Beneficiaries 6,100	20,884
Cash	Beneficiaries 1,800	2,311
Services and training	Beneficiaries 49,500	9,297
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries 13,700	5,321
Health		
Health centres supported	Structures 5	5
WOUNDED AND SICK		
Physical rehabilitation		
Projects supported	Structures 1	1
Patients receiving services	Patients 600	1,929

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 situation in Casamance, Senegal remained relatively calm. However, little progress was made on peace talks between the Mouvement des forces démocratiques de Casamance (MFDC) and the government. Some IDPs and refugees returned to their homes, but certain areas remained inaccessible because of mines – some newly laid – and other security concerns; notably, a clash between an MFDC unit and Senegalese troops was reported in October. Limited humanitarian demining continued, but did not take place in heavily mined areas. Senegal contributed troops to peacekeeping missions abroad.

In Guinea-Bissau, political disputes stalled efforts to improve State services, which were particularly limited in the north-west; people there also felt the effects of the situation in Casamance. International troops in the country had their mandate extended until 2016.

Migrants headed for Europe or elsewhere, including asylum seekers and refugees, traveled through/from Senegal and the other countries covered.

ICRC ACTION AND RESULTS

The regional delegation in Dakar sought to address the needs of conflict-afflicted people in Casamance and underserved communities in Guinea-Bissau. It documented abuses and shared these allegations with the pertinent parties to prevent their recurrence; employing a multidisciplinary approach, it also incorporated these concerns in its assistance activities, mitigating people's exposure to sexual violence, mines/explosive remnants of war (ERW) and other risks by reducing the need for people to leave their villages for livelihood activities. Dialogue with the Senegalese army and MFDC units facilitated access to conflict-affected communities for Senegalese Red Cross Society volunteers and State health workers.

Returnees, IDPs and other people in Casamance, and to a lesser extent, in Guinea-Bissau, met some of their needs through activities conducted with the pertinent National Societies; communities accessible only to the ICRC were prioritized. Returnees rebuilt their homes and livelihoods using ICRC-donated materials, and earned money through cash-for-work projects. With material/technical support from the ICRC, female heads of households cultivated market gardens; others were able to hull grain more easily or to farm rice using ICRC-donated cereal mills and seed, respectively. Free vaccination and deworming services enabled herders to improve the health and productivity/market value of their livestock. Support for constructing or upgrading wells, dikes and other structures helped ensure that people had enough water for personal consumption and agro-pastoral activities. People had access to preventive/curative care of government-approved standard at primary-health-care centres that received ICRC backing until the authorities completely took over by December.

Detainees in Casamance received ICRC visits to monitor their treatment and living conditions. After these visits, feedback was confidentially shared with the pertinent parties, particularly, regarding overcrowding and detainees' judicial guarantees. In Gambia, dialogue on resuming visits to detainees remained stalled.

In Guinea-Bissau, people received physical rehabilitation services at the ICRC-supported Centro de Reabilitação Motora (CRM). Specialized training for its staff enabled it to start treating children

with clubfoot. Following an agreement between the Senegalese national mine action centre and the ICRC, some patients from Casamance were also treated at the CRM.

Families dispersed by conflict, detention or migration reconnected through Movement family-links services; National Societies received support in this regard, and the Senegalese Red Cross continued to assume full responsibility for some activities. In Senegal, families of missing migrants also sought their relatives through tracing requests. In the meantime, they received psychosocial support through ICRC-supported associations of such families, and learnt about ways to deal with legal challenges through ICRC information sessions/material.

With ICRC support, the region's National Societies strengthened their ability to respond to emergencies in line with the Safer Access Framework; their organizational development; and their coordination with other Movement components.

Senegalese armed/security forces and some MFDC units reinforced their knowledge of IHL and human rights principles through information sessions; most sessions for Senegalese officers were led by ICRC-trained military instructors. The Senegalese army also began revising its IHL manual, though progress was slow.

In Casamance, radio programmes helped raise awareness of National Society/ICRC activities and proper use of the red cross emblem, and encouraged weapon bearers to facilitate access to health care and humanitarian aid.

At events that the ICRC participated in or held – such as an international forum in Gambia for governments and multi-lateral/international organizations, and an ICRC workshop for journalists – stakeholders from the region furthered their understanding of IHL; the ICRC and its work; and humanitarian concerns, such as issues related to access to health care, migration and sexual violence. The ICRC's IHL documentation centre in Dakar was closed, owing to limited use by the public. Senegalese students continued to learn about IHL through ICRC events and publications.

Regionwide, the authorities worked on ratifying/implementing IHL treaties with ICRC support; officials in Senegal also reviewed domestic legislation governing the use of arms. The creation of an IHL sub-committee within Senegal's national human rights committee awaited government approval.

The regional training unit and regional production centre in Dakar provided ICRC delegations with training and communication support, respectively.

CIVILIANS

People in Casamance reported IHL violations, sexual violence and mine/ERW-related incidents to the ICRC. These allegations were documented and shared with the parties concerned, with a view to preventing their recurrence. In line with the ICRC's multidisciplinary approach, these protection concerns were integrated in the ICRC's assistance activities (see below).

Contact with weapon bearers facilitates health workers' access to conflict-affected communities

Dialogue with all MFDC factions and other pertinent parties facilitated access to some conflict-affected communities for Senegalese Red Cross/ICRC teams, and State health workers accompanied

by ICRC staff. Health workers also continued to receive logistical support for reaching these communities, which helped them conduct immunization campaigns and other activities.

Over 18,000 people in Casamance had access to preventive/curative care of government-approved standard and to family-planning services at five centres that received ICRC support, such as repairs to the solar panels of two facilities. Backing for these centres was gradually reduced, with the authorities taking over by December.

Women in Casamance reduce their exposure to sexual violence and other risks

Returnees, IDPs and other conflict-affected people in Casamance, and to a lesser extent, in north-western Guinea-Bissau, met some of their needs through assistance activities conducted by the National Societies/ICRC; communities that were accessible only to the ICRC were prioritized. In some cases, these activities mitigated people's exposure to sexual violence, mines/ERW and other risks by reducing the need for them to leave their villages for livelihood activities. Many of them benefited from multiple forms of support.

Over 8,100 people in Casamance benefited from cereal mills donated to three villages, which enabled them to hull grain more easily. With ICRC training and other support, some 280 female heads of households started market gardens and cultivated crops for consumption/sale, which benefited 2,520 people overall. About 200 women that had started such gardens in 2014 were able to continue supporting their households (1,800 people in all) after the ICRC repaired a fence and installed two solar pumps. These women also received technical advice during regular ICRC visits.

Over 200 households (some 1,800 people) resumed their livelihoods using seed, agricultural equipment, goats/sheep, and training from the ICRC; they also received three months' worth of food from an organization mobilized by the ICRC. Three villages (total population: 2,315) that had been affected by illegal logging were given support for replanting two hectares of forest and starting three tree nurseries, with a view to helping them restore their livelihoods. However, plans to provide them with cash/food for working on the project did not push through, as the ICRC's prospective partner for this had other priorities.

In Ziguinchor, 55 households (511 people in all) earned money via small businesses that they had set up with the help of ICRC grants and guidance/training. As they were unable to return to their homes, this helped them cope with their prolonged displacement.

Fifteen people that had been affected by a fire in one village received household essentials from the National Society/ICRC.

Herders and farmers in Casamance and Guinea-Bissau resume or continue their livelihoods

Some 3,600 households (32,400 people) in Casamance and 800 households in underserved areas of northern Guinea-Bissau (5,600 people) improved the health and the productivity/market value of their livestock with the help of free vaccination/deworming services and technical advice from animal health workers supported by the ICRC with supplies, equipment and training.

Over 1,575 people in Casamance and 800 in northern Guinea-Bissau had more water for personal consumption and for agro-pastoral activities after wells, dikes and other structures were constructed/improved with ICRC support. Among them were

people who cultivated rice or other crops with help from the ICRC (see above). For working on these projects, some 700 people in Senegal received cash, and 1,400 people in Guinea-Bissau received food. Local committees and technicians were also trained to maintain water facilities.

Around 2,900 returnees (264 households) in Casamance improved their shelters using ICRC-donated materials.

Relatives of missing Senegalese migrants receive help for coping with their situation

With a view to obtaining news of their kin, relatives of missing Senegalese migrants made 93 tracing requests, via the National Society/ICRC; 72 of these were forwarded to other countries through the Movement's worldwide family-links network (see *Paris*), and previous requests were followed up on.

Minimal progress was made regarding the creation of a national support mechanism for families of the missing. In the meantime, the families were aided in coping with their situation through peer-support meetings and commemorative events organized by ICRC-supported associations of such families. Community leaders and the families of missing persons learnt about the legal aspects of disappearance through ICRC dissemination sessions and leaflets, which aimed to help the families deal with/avoid legal obstacles. Following an assessment in 2014, 12 families were selected to receive National Society/ICRC support for starting small businesses.

Members of families dispersed by conflict, detention, migration or other circumstances reconnected with each other through Movement family-links services. A few students at Senegalese religious schools phoned their families via the National Society/ICRC.

The region's National Societies also received support (see *Red Cross and Red Crescent Movement*) to strengthen their family-links capacities; the Senegalese Red Cross continued to gradually assume full responsibility for some activities. For example, they helped several hundred children and vulnerable people contact relatives separated from them during crowded festivals in Senegal; during pilgrimages, thousands of children wore National Society-issued wristbands with their contact details, which helped prevent separation and facilitated/expedited reunification where necessary.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees in Casamance were visited by the ICRC according to the organization's standard procedures. A detainee in Guinea-Bissau – who was released by year-end – also received an ICRC visit. Dialogue on resuming visits to detainees in Gambia remained stalled.

After these visits, the pertinent parties were provided with confidential feedback to help them improve detainees' treatment and living conditions. Personnel from a national mechanism for monitoring inmates' well-being received advice for drafting/planning their strategy and their activities. A workshop was organized with the justice ministry, the national monitoring mechanism and other stakeholders, to follow up on recommendations made at a 2013 round-table regarding issues related to judicial guarantees and overcrowding in prisons; existing legal provisions were discussed, and suggestions from the workshop were published in a report for submission to the National Assembly.

In one of two prisons that had attempted to start a market garden in 2014 with ICRC support, detainees were advised on ways to

increase their crop yields. The other prison was unsuccessful; security-related concerns were reported.

Detainees in one prison coped with their living conditions using household essentials donated on an ad hoc basis. The authorities received concrete recommendations to help remedy the situation, and other actors were mobilized to assist them in case of future emergencies.

Through family-links services, detainees informed their families of their situation, and the consular representatives of foreign detainees were notified of their detention. Plans for the Senegalese Red Cross to take over these activities encountered administrative delays.

WOUNDED AND SICK

At the CRM, Guinea-Bissau's only physical rehabilitation centre, over 1,900 people benefited from various services. They included people fitted with customized assistive devices, and about 40 children with clubfoot, who received specialized treatment at a weekly clinic that was started by CRM staff after undergoing ICRC training.

The physical rehabilitation centre in Ziguinchor had difficulty in meeting the demand for orthotic devices. Thus, the ICRC signed an agreement with the Senegalese national mine-action authority regarding treatment for people from Senegal. The first five patients were sent to Guinea-Bissau in December.

To ensure the quality of its services, the CRM continued to draw on ICRC financial/technical/material support. Notably, the cost of devices was reimbursed, and two ICRC technicians provided on-the-job training and technical/management advice to CRM staff. By the end of 2015, all four technicians who had pursued ICRC-financed training abroad were working at the CRM, which allowed the centre to significantly increase its production of orthoses. Physiotherapy professionals, including from other institutions, practised working with polypropylene technology at the centre in Guinea-Bissau.

Field visits coordinated with the Guinea-Bissau Red Cross, associations of disabled persons and other stakeholders raised awareness of disabled people's needs and helped ensure that as many people as possible benefited from physiotherapy services; potential patients were referred to the CRM, and others received crutches and wheelchairs.

ACTORS OF INFLUENCE

Dialogue with the pertinent parties tackled the situation in Casamance – including the ICRC's role as a neutral intermediary and the possible expansion of ICRC access in areas under MFDC control – and the needs of families of missing migrants (see *Civilians*). In Casamance, radio programmes helped inform people about Senegalese Red Cross/ICRC activities for them; raised awareness of proper use of the emblem; and encouraged weapon bearers to facilitate people's access to health care and humanitarian aid. During information sessions, local officials and community leaders were briefed on the Movement's work.

Senegalese troops learn more about IHL from ICRC-trained army instructors

At workshops in Senegal, over 5,700 weapon bearers – including military troops to be deployed abroad or stationed in Casamance, and 16 people from an MFDC unit – learnt more about IHL, particularly the need to respect and protect people seeking/

providing health care; most sessions were led by army instructors who had attended train-the-trainer courses in 2014.

Military officers from various departments worked on developing an IHL instruction manual for the army, though progress was slow. Two senior officers attended specialized IHL training in Algeria (see *International law and policy*) and San Remo, Italy.

During ICRC information sessions and National Society/ICRC first-aid training, nearly 400 police/*gendarmerie* personnel – half of whom were posted in Casamance – improved their knowledge of internationally recognized standards for the use of force, especially during arrests.

Representatives of governments and international organizations further their understanding of IHL

At events attended/held by the ICRC, stakeholders from the region furthered their understanding of IHL; the ICRC and its work in Casamance and elsewhere; and humanitarian concerns, such as issues related to access to health care, migration and sexual violence.

For instance, representatives of governments and multilateral/international organizations furthered their understanding of the distinction and complementarity between IHL and international human rights law – particularly, in connection with displacement and sexual violence – through an ICRC presentation at the 57th session of the African Commission on Human and Peoples' Rights, held in Gambia. At an ICRC-organized regional seminar, experts discussed IHL in relation to the proliferation of small arms and light weapons in West Africa, while a conference on the humanitarian consequences of anti-vehicle mines was postponed to 2016. Through a workshop on conflict reporting, journalists from West and Central Africa strengthened their ability to relay key humanitarian messages.

The ICRC's IHL documentation centre in Dakar was closed, owing to limited use by the public; online IHL resources were promoted instead. Photos of Casamance were also publicized online to encourage other organizations to begin activities in remote/underserved communities. Meanwhile, Senegalese students continued to learn more about IHL and the ICRC through seminars at universities, ICRC-donated publications, and participation in national and regional (see *Niger*) moot court competitions. In Casamance, religious leaders and academics learnt of ICRC action through briefings held for them.

Authorities in the region take steps to regulate arms

Regional efforts to ratify/implement arms-related treaties and the African Union Convention on IDPs continued, with ICRC technical support. Notably, the Senegalese arms regulation commission reviewed domestic legislation pertaining to the use of biological weapons, and began drafting legislation to implement the Arms Trade Treaty. A decree for the creation of an IHL sub-committee within Senegal's national human rights committee awaited government approval.

At a conference abroad (see *Nigeria*), representatives from Cabo Verde, Guinea-Bissau and Senegal discussed obstacles to IHL implementation. Members of Cabo Verde's national human rights commission learnt about IHL and issues covered by the Health Care in Danger project at a workshop organized with the Red Cross of Cape Verde, with a view to helping the commission fulfil its role in implementing IHL. A Senegalese official contributed to the Strengthening IHL process (see *International law and policy*).

RED CROSS AND RED CRESCENT MOVEMENT

The Senegalese and Bissau-Guinean National Societies undertook activities with the ICRC (see *Civilians*). All the National Societies in the countries covered bolstered their operational capacities with ICRC support. For instance, in Cabo Verde, Guinea-Bissau and Senegal, National Society first-aid instructors were trained in incorporating elements of the Safer Access Framework in their work. National Societies also enhanced people's knowledge of first aid through radio programmes in Casamance and Guinea-Bissau, and training for security forces in Cabo Verde, Gambia and Senegal.

With Movement support, the four National Societies strengthened their ability to promote IHL and their organizational development. Their representatives participated in statutory meetings and other events abroad, and National Society personnel from Cabo Verde, Gambia and Senegal received training on governance and management. Furthermore, the Bissau-Guinean and Gambian National Societies drew on ICRC support for financial reviews by external auditors, and the Cabo Verdean and Gambian National Societies, for revising their legal bases and national laws on the use of the red cross emblem.

Movement components met regularly to coordinate their activities; notably, the Senegalese and Bissau-Guinean National Societies took part in a cross-border simulation exercise with the Senegalese civilian and military authorities.

Ahead of the 32nd International Conference, the Senegalese Red Cross and the ICRC organized two workshops in Dakar, where Movement components from the region discussed the strengthening of coordination and cooperation within the Movement, and ways to overcome challenges in implementing the Fundamental Principles during field activities. During a Movement seminar on family-links services (see *Abidjan*), the Senegalese Red Cross provided its input on, *inter alia*, the needs of people separated by migration.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
Red Cross messages (RCMs)			UAMs/SC*		
RCMs collected	5				
RCMs distributed	18				
Phone calls facilitated between family members	1,478				
Reunifications, transfers and repatriations					
People reunited with their families	1				
<i>including people registered by another delegation</i>	1				
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered	111	4	2	5	
People located (tracing cases closed positively)	5				
Tracing cases still being handled at the end of the reporting period (people)	343	8	2	15	
<i>including people for whom tracing requests were registered by another delegation</i>	1				
UAMs/SC*, including demobilized child soldiers			Girls		Demobilized children
UAMs/SC reunited with their families by the ICRC/National Society	1				
<i>including UAMs/SC registered by another delegation</i>	1				
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	1				
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited	659	26	13		
			Women	Girls	Boys
Detainees visited and monitored individually	20	1			
Detainees newly registered	18	1			
Number of visits carried out	5				
Number of places of detention visited	4				
Restoring family links					
RCMs collected	29				
RCMs distributed	3				
Phone calls made to families to inform them of the whereabouts of a detained relative	14				

*Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security¹ (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	3,300	35%	37%
Essential household items	Beneficiaries	15	6%	6%
Productive inputs	Beneficiaries	20,884	35%	38%
	<i>of whom IDPs</i>	462		
Cash	Beneficiaries	2,311	33%	36%
	<i>of whom IDPs</i>	55		
Services and training	Beneficiaries	9,297	39%	33%
	<i>of whom IDPs</i>	55		
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	5,321	30%	30%
Health				
Health centres supported	Structures	5		
Average catchment population		19,182		
Consultations	Patients	17,716		
	<i>of which curative</i>		4,527	7,712
	<i>of which ante/post-natal</i>		1,545	
Immunizations	Doses	9,630		
Referrals to a second level of care	Patients	103		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	375		
WOUNDED AND SICK				
Physical rehabilitation				
Projects supported	Structures	1		
Patients receiving services	Patients	1,929	675	379
New patients fitted with prostheses	Patients	54	9	7
Prostheses delivered	Units	54	8	9
	<i>of which for victims of mines or explosive remnants of war</i>	6		
New patients fitted with orthoses	Patients	83	13	57
Orthoses delivered	Units	117	18	85
Patients receiving physiotherapy	Patients	1,834	635	368
Crutches delivered	Units	157		
Wheelchairs delivered	Units	27		

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

HARARE (regional)

COVERING: Malawi, Mozambique, Namibia, Zambia, Zimbabwe



ICRC regional delegation ICRC presence

The Harare regional delegation has existed in its current form since 1981, although the ICRC has been present in some of the countries for much longer. It visits detainees in the region, working closely with Zimbabwe's authorities to improve detainees' conditions. It supports Zimbabwe's Mine Action Centre in strengthening its capacities. In Mozambique, it monitors the situation of people in tension-prone/affected areas. Regionwide, it helps separated relatives, including refugees, restore contact; raises awareness of IHL and international human rights law among the authorities and armed/security forces, and helps National Societies develop their operational capacities.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2015

- Thousands of detainees in Zimbabwe supplemented their diet with prison-farm produce and, during a shortage, ICRC-donated rations. Malnourished detainees received supplementary/therapeutic food regularly.
- Detainees had more orderly and hygienic living conditions after the Zimbabwe Prison and Correctional Services, backed by the ICRC, repaired/upgraded or constructed key facilities.
- People saw their mine-related risks reduced as the Zimbabwe Mine Action Centre undertook demining activities with more teams and at a better pace than before, using ICRC-provided training/equipment.
- Relatives separated by detention, violence or other causes reconnected using Movement family-links services. The National Societies in the region drew on the ICRC's input to enhance their delivery of these.
- The National Societies of the countries covered took steps to build their capacities to safely and effectively assist vulnerable people, including during emergencies, through ICRC-facilitated training and other means.

EXPENDITURE IN KCHF

Protection	1,736
Assistance	3,503
Prevention	1,250
Cooperation with National Societies	927
General	33
Total	7,448
<i>Of which: Overheads</i>	455

IMPLEMENTATION RATE

Expenditure/yearly budget	90%
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PERSONNEL

Mobile staff	9
Resident staff (daily workers not included)	70

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	570
RCMs distributed	327
People located (tracing cases closed positively)	16
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	18,944
Detainees visited and monitored individually	173
Number of visits carried out	46
Number of places of detention visited	28
Restoring family links	
RCMs collected	24
RCMs distributed	2
Phone calls made to families to inform them of the whereabouts of a detained relative	218

CONTEXT

Economic difficulties in the region were exacerbated by adverse climatic conditions. In Zimbabwe, particularly, people grappled with the unavailability of essential services; detainees endured conditions below internationally recognized standards. Zimbabweans in areas bordering Mozambique continued to be exposed to the risks of mines/explosive remnants of war (ERW); demining operations progressed.

Some of the people displaced by 2014 clashes between the armed forces of Mozambique and the Mozambican National Resistance (RENAMO), the country's main opposition party, remained in an IDP camp. Sporadic confrontations between these parties in 2015 led some people to seek safety in Malawi.

Refugees from the wider region lived in camps in the countries covered. When attacks against foreigners in South Africa took place in April, hundreds of people fled for Malawi, Mozambique and Zimbabwe.

In Zambia, some people arrested in 2014, on security charges linked to longstanding social and political tensions, remained in detention.

ICRC ACTION AND RESULTS

The ICRC worked with the authorities and National Societies in the countries covered to meet the needs of vulnerable people, notably detainees, and to bolster the National Societies' capacities in such areas as: emergency preparedness/response; restoration of family links; and public communication.

According to its standard procedures, the ICRC conducted visits to detainees to monitor their treatment and living conditions: those held in Zimbabwe by the Zimbabwe Prisons and Correctional Services (ZPCS); those detained in Namibia, in connection with the 1999 Zambezi region (formerly the Caprivi Strip) uprising; and those held on security-related charges in Zambia (see *Context*). Afterwards, the ICRC shared its confidential feedback, including, when necessary, recommendations for improvement, with the authorities.

The ICRC supported the ZPCS as it worked to fulfil its responsibilities in ensuring detainees' food supply. The ZPCS took steps to streamline its management of prison farms, thus boosting production capacities and distributing harvests more efficiently. Detainees supplemented their diets with fresh or dried vegetables from these farms. The ICRC helped the ZPCS address food shortages by covering food-transport costs, facilitating more frequent deliveries and donating rations. It also backed the ZPCS in regularly monitoring detainees' health status; this enabled malnourished detainees to be diagnosed and regularly receive supplementary or therapeutic food. Detainees continued to have health-care access at prison clinics and, when necessary, referral hospitals.

Following repairs/upgrades and construction projects by the ZPCS and the ICRC, which sought to maximize the use of available resources, detainees had more orderly living conditions. The biogas-energy system in one major prison was reactivated; in another, the construction of such a system was completed. Prisons had improved water systems and better cooking facilities. Through pilot projects involving the production of chlorine and cleaning materials, detainees contributed to achieving more sanitary surroundings for themselves. In Namibia and Zimbabwe,

detainees eased their confinement with the help of donated household essentials.

Towards helping mitigate the consequences of widespread mine/ERW contamination in the country, the ICRC continued supporting the Zimbabwe Mine Action Centre (ZIMAC). Pursuant to a cooperation agreement with the authorities, the ICRC provided the ZIMAC with basic equipment and conducted refresher courses for key staff, enabling the ZIMAC to increase the number of its demining teams and the pace at which these worked.

Whenever possible, the ICRC partnered with the Malawi Red Cross Society, the Mozambique Red Cross Society, the Namibia Red Cross, the Zambia Red Cross Society and the Zimbabwe Red Cross Society to assist vulnerable people. People separated from their relatives, such as unaccompanied minors, drew on family-links services provided with/through the pertinent National Society. The five National Societies also increased their ability to carry out their activities more safely and effectively.

The ICRC, at times with the region's National Societies, reinforced relations with the authorities, weapon bearers, members of the international community, and civil society representatives throughout the region, through such means as bilateral dialogue, dissemination sessions and public-communication initiatives. These also helped to foster acceptance for humanitarian principles, IHL, other pertinent norms/standards and the Movement.

Movement partners continued to meet regularly, enhancing cooperation and coordination between them.

CIVILIANS

Zimbabweans see their mine/ERW-related risks reduced

The ZIMAC's mine-clearance unit received basic protective/other equipment and, before the start of its 2015 operations, 15 team leaders and instructors joined refresher courses on their roles. The unit increased the number of its demining teams and the pace at which these worked, in connection with such ICRC backing.

The ZIMAC continued to coordinate and monitor demining activities in the country to ensure their conformity with domestic mine-action standards. It remained housed within military premises, owing to budgetary constraints. ZIMAC continued to receive ICRC support, in line with a 2012 agreement between the Zimbabwean government and the ICRC, which was extended to end-2015.

During an evaluation of mine-risk awareness in one district by the armed forces and the ICRC, government representatives and senior police officers learnt more about the ICRC, particularly its work in the field of humanitarian demining.

Dispersed relatives reconnect using Movement family-links services

Unaccompanied minors in Malawi and Zimbabwe – 40 and 62, respectively – were identified, registered and had their cases followed up by the pertinent National Society, jointly with the ICRC. Refugees in Malawi, Namibia and Zambia, and people who fled South Africa (see *Context*), lodged tracing requests or exchanged news with their relatives through RCMs.

To help ensure that a greater number of people separated by violence, migration or other causes could restore/maintain contact,

the National Societies in the countries covered received the ICRC's encouragement/support to incorporate family-links services into their emergency response and to enhance their coordination of such services. The Malawian and Zimbabwean National Societies, for instance, received technical/financial input to improve their monitoring of unaccompanied minors (see above). Personnel of all five National Societies, including managers, furthered their knowledge in restoring family links, among other areas, during workshops (see *Actors of influence*).

Mozambican actors are encouraged to ensure vulnerable people's welfare

In Mozambique, people remaining in an IDP camp had their circumstances monitored by the National Society and, particularly through its Maputo office, the ICRC. Those who fled for Malawi likewise received close attention (see *Context*).

The Mozambican authorities and RENAMO representatives were encouraged by the ICRC to safeguard the welfare of these displaced and other potentially vulnerable people and to facilitate humanitarian access to them, when necessary.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees had their treatment and living conditions monitored during visits by the ICRC, conducted according to its standard procedures. Among the people visited were: those held in Zimbabwe by the ZPCS, including inmates of a maximum-security prison; those detained in Namibia in connection with the 1999 Zambezi region uprising; and some people held in Zambia (see *Context*). Following these visits, the authorities received confidential feedback, encompassing, when necessary, recommendations for improvement, particularly with regard to applicable law enforcement standards (see also *Actors of influence*).

ZPCS officials, amid resource constraints, regularly addressed the points raised by the ICRC (see below). Dialogue with the Zimbabwean justice ministry, concerning its interest in updating detention-related laws, was maintained.

Several detainees used Movement family-links services to reconnect with their relatives. Those in Namibia received National Society/ICRC-facilitated visits from their families; the situation of some 30 detainees released in September was monitored by the ICRC. About 150 foreign detainees in Zimbabwe returned home after their release, with support from their families.

Detainees gain from measures to address food-supply gaps

The ZPCS sustained efforts to fulfil its responsibilities in providing sufficient food to detainees, with support from the ICRC. The ZPCS consistently monitored the food supply and inmates' nutritional status, enabling it to take appropriate action, including for malnourished detainees (see below). Detainees in all prisons visited by the ICRC underwent assessment in this regard upon their arrival and every month thereafter.

To address a slight decline in detainees' nutritional status during the first three months of 2015, the authorities increased the frequency of food deliveries; the ICRC covered additional transport costs. Some 17,500 detainees also benefited from rations donated by the ICRC to make up for the shortfall.

In parallel, the ZPCS strove to implement longer-term solutions to ensure detainees' food supply. In line with the recommendations of a

2013 study, the ZPCS took steps to streamline its management of its prison farms, thus boosting production capacities and distributing harvests more efficiently. Although adverse climatic conditions and inadequate irrigation affected the yields of fresh produce, over 18,000 detainees were able to consume vegetables previously preserved in several prisons equipped with drying facilities. The ZPCS used ICRC-provided agricultural inputs for tracts of arable land – totalling over 200 hectares – identified by the ICRC.

Detainees access suitable health services

A monthly average of 355 inmates with moderate acute malnutrition obtained supplementary rations through a programme of the ZPCS and the ICRC covering 25 prisons; a total of 245 detainees with severe acute malnutrition received therapeutic food directly from the ICRC. Their health status was checked weekly. In one place of detention, the programme was co-implemented by ZPCS and health ministry representatives, who were encouraged to further develop their cooperation.

The health needs of all detainees were regularly monitored by ZPCS health supervisors during joint field trips with the ICRC. These trips provided on-site training opportunities for prison health workers, who also learnt more, at workshops, about diagnosing and treating malnutrition among detainees.

Detainees continued to have health-care access through prison clinics – which used ICRC-donated medical essentials and office equipment/supplies – and were transferred to referral hospitals, when necessary.

Detainees have more orderly and hygienic living conditions

Around 7,200 detainees in Zimbabwe benefited from repairs/upgrades and construction projects by the ZPCS and the ICRC, which sought to maximize the use of available resources. The biogas-energy system in one major prison was reactivated; in another, the construction of such a system was completed. Four prisons had a more reliable supply of clean water. In four others, the installation of foot-powered pumps enabled untreated water to be used for irrigation, thus saving on potable water. Ten kitchens were refurbished. Through pilot projects, prisoners produced chlorine and cleaning materials, facilitating their participation in achieving more sanitary surroundings for themselves.

The ZPCS and the ICRC completed a training plan for kitchen workers, to help ensure the long-term functionality of the renovated facilities. Members of the ZPCS construction unit worked to develop guidelines on infrastructural operation/maintenance for prisons countrywide. They also studied the allocation of space in 45 prisons, towards increasing the efficiency of such allocation. A draft protocol on delousing campaigns, drafted by the ZPCS with ICRC support, awaited approval from the health ministry.

Several thousand detainees, including those visited in Namibia, eased their confinement with the help of donated toiletries, underwear and linens.

Former detainees' experience suggest need for more nuanced support

In Namibia, 44 former detainees who obtained agricultural equipment and training from the National Society and the ICRC in 2014 received follow-up visits. These revealed that while the beneficiaries appreciated the assistance, the results were compromised by the poor climate and the need for the support to be better aligned with the beneficiaries' skills.

ACTORS OF INFLUENCE

In the countries covered, the authorities, weapon bearers, members of the international community and civil society representatives were engaged by the ICRC through dialogue/networking and events, at times with the National Societies (see below). These fostered acceptance for humanitarian principles, IHL, other pertinent norms/standards and the Movement, and helped facilitate activities for vulnerable people (see *Civilians* and *People deprived of their freedom*).

Armed/security forces enhance their knowledge of IHL and other applicable norms

Before their deployment to field exercises or peace-support operations, some 2,000 security officers from Malawi and Zimbabwe attended briefings, many of which were conducted with the National Society concerned. Namibian and Zambian troops working in their own countries joined dissemination sessions. These events covered humanitarian principles and the Movement. Contact with the Mozambican armed/police forces was maintained.

Around 350 military and police officers gained sharper insight into the norms and standards pertinent to armed conflict and law enforcement operations, including arrest and detention, while attending courses at the South African Development Community (SADC) training centre in Zimbabwe, or at other institutions in Namibia or Zimbabwe. The SADC centre entered into an agreement on incorporating IHL into its programmes with the ICRC; this also facilitated dialogue on subjects of mutual interest.

During a seminar in Zimbabwe, experts from SADC member States discussed best practices for addressing the challenges faced by health workers during peace-support operations; recommendations were later shared with the authorities of the countries concerned.

Authorities continue to draw on ICRC advice regarding IHL integration

In Namibia, justice ministry officials renewed a memorandum of understanding with the ICRC, first signed in 2012, on the organization's support for domestic IHL implementation. Parliamentarians advanced their understanding of IHL using a handbook produced by the National Society, with ICRC technical support.

The Zimbabwean national IHL committee maintained its work, albeit constrained by the government's other legislative priorities. Malawian and Zambian officials sought ICRC input on reinvigorating their own such committees, which had been inactive in past years.

At a regional IHL seminar, nine officials from the countries covered helped draft a pledge in support of the Strengthening IHL process (see *Pretoria*). Twenty State representatives joined a round-table co-hosted by Zambia and the ICRC to promote, and foster exchanges on, the ratification and implementation of the Convention on Cluster Munitions, contributing to some of the participants' preparations for international conferences on the treaty (see *International law and policy*).

Future decision-makers hone their IHL competence

In Namibia, law students furthered their knowledge through dissemination sessions by the National Society/ICRC; National Society staff trained in delivering these autonomously. University students from such fields as law and political science learnt more during ICRC-facilitated lectures in Malawi, Zambia and

Zimbabwe. Students from Malawi and Zimbabwe joined moot court competitions, either locally or abroad (see *Washington*). Malawian students at a security-studies institute developed research papers. A Zambian university discussed the curricular integration of IHL with the ICRC.

Journalists, especially in Mozambique and Zimbabwe, continued to be encouraged to cover humanitarian issues. Aside from media reports, members of the international community and civil society had access to National Society/ICRC-produced/distributed print and digital materials, and public events, such as the celebrations marking World Red Cross and Red Crescent Day (8 May).

All five National Societies participated in workshops to strengthen their strategies/activities in public communication and other areas. Notably, Zambia Red Cross staff/volunteers honed their skills in interacting with local community members and media actors.

RED CROSS AND RED CRESCENT MOVEMENT

Some of the region's National Societies worked jointly with the ICRC; all five drew on its technical and financial support to develop strategic plans and bolster their capacities in emergency preparedness/response, notably by applying the Safer Access Framework, and other areas (see *Civilians* and *Actors of influence*). The Zambia Red Cross conducted train-the-trainer seminars for its first-aiders.

Each National Society sustained efforts to reinforce its legal base and organizational structure, backed by the ICRC and other Movement partners. The Namibia Red Cross continued working on revisions to its status law. The Malawian and Namibian National Societies elected new leaders and trained staff/volunteers in financial management. All the National Societies endeavoured to strengthen their human resource management – for instance, the Mozambique Red Cross and the Zambia Red Cross pursued disciplinary/legal action against some personnel.

Regular interaction between the National Societies and other Movement components – such as at a regional meeting (see *Pretoria*) and at the 32nd International Conference – helped enhance cooperation and coordination.

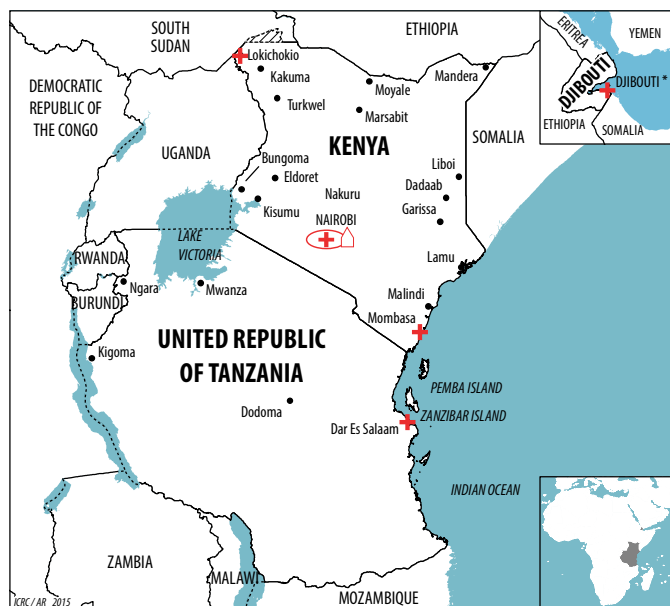
MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)		UAMs/SC*		
RCMs collected	570	30		
RCMs distributed	327	2		
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	67	15	14	13
<i>including people for whom tracing requests were registered by another delegation</i>	14			
People located (tracing cases closed positively)	16			
<i>including people for whom tracing requests were registered by another delegation</i>	2			
Tracing cases still being handled at the end of the reporting period (people)	146	32	29	35
<i>including people for whom tracing requests were registered by another delegation</i>	24			
UAMs/SC*, including unaccompanied demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	10	6		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	112	54		
Documents				
People to whom travel documents were issued	6			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits		Women	Minors	
Detainees visited	18,944	383	120	
		Women	Girls	Boys
Detainees visited and monitored individually	173		2	59
Detainees newly registered	99		2	59
Number of visits carried out	46			
Number of places of detention visited	28			
Restoring family links				
RCMs collected	24			
RCMs distributed	2			
Phone calls made to families to inform them of the whereabouts of a detained relative	218			
Detainees visited by their relatives with ICRC/National Society support	72			

*Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat (in some cases provided within a protection programme)				
Food commodities	Beneficiaries	17,452		
Essential household items	Beneficiaries	15,118		
Productive inputs	Beneficiaries	15,612		
Water and habitat (in some cases provided within a protection programme)				
Water and habitat activities	Beneficiaries	7,226		
Health				
Number of visits carried out by health staff		50		
Number of places of detention visited by health staff		25		
Number of health facilities supported in places of detention visited by health staff		20		

NAIROBI (regional)

COVERING: Djibouti, Kenya, United Republic of Tanzania



ICRC regional delegation ICRC office ICRC regional logistics centre

*Map shows structures supporting ICRC operations in Yemen

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

KEY RESULTS/CONSTRAINTS IN 2015

- ▶ Refugees who had fled Burundi for the United Republic of Tanzania, and Yemen for Djibouti, benefited from family-links services and first aid provided by the pertinent National Societies with ICRC support.
- ▶ For the first time since 2005, detainees in Zanzibar received ICRC visits to monitor their treatment and living conditions. In Kenya, however, the ICRC was unable to obtain permission for such visits.
- ▶ Kenyan and Tanzanian police officers boosted their knowledge of internationally recognized standards applicable to their duties, through ICRC dissemination sessions.
- ▶ At an ICRC-conducted regional seminar, officials discussed their countries' plans for and progress in IHL implementation, and current IHL-related issues. Djibouti set up a national IHL committee.

The ICRC's regional delegation in Nairobi was set up in 1974 and has a dual purpose: first, to promote IHL and carry out operations in the countries covered, namely restoring contact between refugees and their families, protecting and assisting people injured, displaced or otherwise affected by armed conflict or other situations of violence, visiting detainees falling within its mandate, and supporting the development of the National Societies; and second, to provide relief supplies and other support services for ICRC operations in neighbouring countries in the Horn of Africa and Great Lakes regions, and further afield.

YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	13,724
RCMs distributed	12,748
Phone calls facilitated between family members	232,137
People located (tracing cases closed positively)	140
People reunited with their families	3
<i>of whom unaccompanied minors/separated children</i>	3
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	985
Detainees visited and monitored individually	50
Number of visits carried out	17
Number of places of detention visited	6
Restoring family links	
RCMs collected	50
RCMs distributed	55
Phone calls made to families to inform them of the whereabouts of a detained relative	1

EXPENDITURE IN KCHF	
Protection	2,901
Assistance	605
Prevention	2,059
Cooperation with National Societies	1,652
General	340
Total	7,558
<i>Of which: Overheads</i>	461

IMPLEMENTATION RATE	
Expenditure/yearly budget	94%
PERSONNEL	
Mobile staff	40
Resident staff (daily workers not included)	330

ASSISTANCE	2015 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Essential household items	Beneficiaries	12,000
Cash ¹	Beneficiaries	600
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	30,000

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

Djibouti, Kenya and the United Republic of Tanzania (hereafter Tanzania) hosted migrants, including refugees and asylum-seekers, from Somalia and other nearby countries; the Kenyan and Somali governments and UNHCR began implementing the voluntary repatriation of refugees from the Dadaab camp in Kenya. Reportedly, tens of thousands of people fled Burundi for Tanzania, and thousands fled Yemen for Djibouti, following developments in those countries.

Djibouti and Kenya participated in military operations conducted by the African Union Mission in Somalia (AMISOM) against the Harakat al-Shabaab al-Mujahideen (better known as al-Shabaab).

The security situation in Kenya deteriorated, particularly in areas bordering Somalia and Ethiopia, and in coastal communities. Attacks and bombings occurred, some of them reportedly conducted by groups affiliated with al-Shabaab; dozens were killed during an attack on Garissa University. The authorities carried out security operations, leading to several arrests.

Relations between Djibouti and Eritrea remained strained because of a border dispute. Political tensions between the Djiboutian government and opposition persisted.

Tanzania held general elections in October. However, those in Zanzibar were annulled, and a political resolution was not reached by year-end. A constitutional referendum was postponed for administrative reasons.

People sentenced by the International Criminal Tribunal for Rwanda were held by the Mechanism for International Criminal Tribunals (MICT) at the UN detention facility in Arusha, Tanzania.

ICRC ACTION AND RESULTS

In 2015, the Nairobi regional delegation helped National Societies in the region respond to emergencies in their countries. People who had fled Burundi for Tanzania, and Yemen for Djibouti, benefited from family-links services and first aid provided by the pertinent National Societies with ICRC support. Following the attack on Garissa University, the Kenya Red Cross Society managed human remains with ICRC assistance.

The three National Societies and the ICRC maintained family-links activities that predated the emergencies; this helped migrants, including refugees and asylum-seekers, restore/maintain contact with their relatives. In Djibouti and in Kenya, the ICRC continued its efforts to help families ascertain the fate/whereabouts of people missing in connection with past conflicts and past violence, respectively, but no progress was made.

Detainees received visits – conducted according to the ICRC's standard procedures – to ensure that their treatment and living conditions complied with IHL or internationally recognized standards, as applicable. In Djibouti, they included POWs from Eritrea; in Tanzania, they included detainees in Zanzibar – who were visited by the ICRC for the first time since 2005 – and people within the MICT's jurisdiction. They kept in touch with relatives through phone calls or RCMs, and in Zanzibar, ICRC-facilitated family visits for security detainees. Detainees in Zanzibari prisons also benefited from improvements to prison infrastructure. In Kenya, dialogue with the authorities regarding possible visits to detainees

continued, but permission for such visits was not obtained. At an ICRC-organized workshop, senior penitentiary officials from East Africa added to their knowledge of prison management.

Dialogue with the authorities, weapon bearers and civil society actors sought to promote respect for IHL and other applicable norms, and to safeguard people's access to humanitarian aid/health care. The ICRC conducted dissemination sessions for Kenyan and Tanzanian security personnel on internationally recognized standards for law enforcement. It also held IHL briefings for representatives of governments and armed/security forces in the region, and Kenyan peacekeepers to be sent abroad. Support for media coverage of Movement activities for refugees from Burundi and Yemen, and regular contact with political leaders in Tanzania, helped raise awareness of/support for the Movement and its work.

To reinforce its position as a key source of reference on IHL in the region, the ICRC conducted a course on the subject for decision-makers from NGOs and governments. Academic interest in IHL was encouraged through essay-writing and moot-court contests for students, and round-tables for lecturers. At a regional seminar, representatives discussed their countries' plans for and progress in IHL implementation. Djibouti formed a national IHL committee with ICRC support.

In preparation for emergencies, the ICRC conducted training for Kenyan and Tanzanian medical staff; in Kenya, courses were conducted with the National Society. With ICRC support, the Kenyan health ministry organized a round-table, where parties in human remains management discussed lessons learnt from the response to the attack on Garissa University.

The region's National Societies drew on comprehensive ICRC support to strengthen their operational capacities, their ability to promote IHL, and their governance/management. People in violence-affected coastal communities began to improve their livelihood opportunities after a Kenyan Red Cross/ICRC project commenced.

ICRC delegations in and beyond the region continued to receive supplies procured/delivered through the ICRC's Nairobi-based logistics centre, and advice/training/field support from the regional training and assistance units. In 2015, the Djibouti office began hosting staff that were newly assigned to provide administrative/logistical support to ICRC operations in Yemen. The Lokichokio logistics office, which supported ICRC operations in South Sudan, was closed in November.

CIVILIANS

Refugees from Burundi and Yemen benefit from National Society/ICRC family-links services

The ICRC – in coordination with the authorities, UN agencies, international NGOs and Movement partners – helped the authorities in Tanzania and Djibouti cope with sudden influxes of people from Burundi and Yemen, respectively. People who had fled those countries availed themselves of family-links services provided in refugee camps by the Tanzania Red Cross Society and the Red Crescent Society of Djibouti with ICRC financial, material and technical support. They also received medical attention (see *Wounded and sick*) where necessary.

Family-links activities that predated these emergencies continued. Migrants, including refugees and asylum seekers, re-established/maintained contact with their relatives through

family-links services provided by the Djiboutian, Kenyan and Tanzanian National Societies and the ICRC. Overall, they sent nearly 12,800 RCMs and received some 13,700; they also made over 232,000 phone calls with the help of 30 ICRC-trained volunteers. Through photos published in booklets made available in Kenya and other countries (see *Ethiopia and South Sudan*), some 137 South Sudanese refugees in Kenya identified relatives who had fled to Ethiopia, enabling them to reconnect. Three people, including two children from Rwanda, were reunited with their families.

During coordination meetings with other organizations, the ICRC and the three National Societies worked to reaffirm the Movement's leading role in restoring family links across the region, including through cross-border activities.

The three National Societies bolstered their family-links capacities with ICRC support (see *Red Cross and Red Crescent Movement*).

African forensic professionals draw on the ICRC's expertise in human remains management

At an event held by the African Society of Forensic Medicine, representatives of the Kenyan Red Cross and the Kenyan health ministry discussed best practices for managing human remains, and their experiences in this regard, with other stakeholders from the region. The ICRC also conducted a workshop on the subject during the event.

Following the attack on Garissa University, the Kenyan Red Cross and health ministry managed human remains with technical and

material support from the ICRC. A round-table was co-organized with the health ministry, which enabled organizations involved in human remains management to discuss lessons learnt from the incident. They also learnt more about the topic during the ICRC training session that followed.

Families in Djibouti and Kenya remain without news of missing relatives

The families of Djiboutian soldiers reported as missing after the 2008 Djibouti-Eritrea conflict remained without news of their relatives. Despite efforts to follow-up with the authorities concerned, no progress was made on helping families in Kenya to ascertain the fate/whereabouts of relatives missing in relation to past violence in the Mt. Elgon region and in relation to the 2007–08 post-election violence.

Vulnerable people in Kenya benefit from conditional cash grants and training

After working procedures were agreed on, the Kenyan Red Cross and the ICRC began, in the last quarter of 2015, to implement activities to help people in violence-affected communities cope with their situation. In Lamu, around 40 people began to receive support for maritime training to improve their employment prospects; this helped some of them find work. In Mpeketoni, 74 widows began to receive conditional cash grants for small businesses.

Some 30,000 people in a refugee camp in Tanzania had better access to water and sanitation with the help of supplies donated to Oxfam, which helped fill a gap in the international humanitarian response to the influx of refugees from Burundi.

CIVILIANS	Djibouti	Kenya	The United Republic of Tanzania
Red Cross messages (RCMs)			
RCMs collected	385	11,335	2,004
including from UAMs/SC*			80
RCMs distributed	371	10,498	1,879
including from UAMs/SC*			3
Phone calls facilitated between family members	48,739	95,458	87,940
Reunifications, transfers and repatriations			
People reunited with their families		2	1
including people registered by another delegation		2	
Tracing requests, including cases of missing persons			
People for whom a tracing request was newly registered	8	859	138
of whom women	3	171	30
of whom minors at the time of disappearance - girls		263	43
of whom minors at the time of disappearance - boys	3	12	18
including people for whom tracing requests were registered by another delegation		83	
People located (tracing cases closed positively)	6	116	18
including people for whom tracing requests were registered by another delegation		26	
Tracing cases still being handled at the end of the reporting period (people)	19	1,144	131
of whom women	1	220	28
of whom minors at the time of disappearance - girls		331	40
of whom minors at the time of disappearance - boys		23	22
including people for whom tracing requests were registered by another delegation		129	
UAMs/SC*, including demobilized child soldiers			
UAMs/SC* newly registered by the ICRC/National Society		13	91
of whom girls		7	33
UAMs/SC* reunited with their families by the ICRC/National Society		2	1
of whom girls			1
including UAMs/SC registered by another delegation		2	
UAM/SC* cases still being handled at the end of the reporting period		57	105
of whom girls		13	40

* Unaccompanied minors/separated children

PEOPLE DEPRIVED OF FREEDOM

To ensure that the treatment and living conditions of people held in relation to armed conflict or other situations of violence complied with IHL or internationally recognized standards, detainees received ICRC visits conducted according to its standard procedures. In Djibouti, they included 19 POWs from Eritrea, and detainees in the central prison. In Tanzania, they included detainees in Zanzibar – who were visited by the ICRC for the first time since 2005 – and 13 people under the MICT's jurisdiction. In Kenya, dialogue with the authorities regarding possible visits to detainees continued, but the ICRC did not obtain permission for such visits.

During meetings, the detaining authorities and ICRC delegates confidentially discussed the delegates' findings and recommendations, notably, regarding respect for judicial guarantees and the principle of *non-refoulement*. The Djiboutian authorities were also reminded of their obligations under the Third Geneva Convention. At an ICRC-organized workshop in Naivasha, Tanzania, senior penitentiary officials from East Africa added to their knowledge of prison management.

Foreign detainees kept in touch with relatives through phone calls or RCMs. In Zanzibar, some detainees affiliated with the opposition group, Uamsho, reconnected with their families through ICRC-facilitated visits.

In Zanzibar, nearly 350 people had better living conditions after the ICRC renovated kitchens and water systems in two prisons.

WOUNDED AND SICK

Where necessary, people that had fled Burundi and Yemen were provided with first aid by volunteers from the Tanzanian Red Cross and from the Djibouti Red Crescent, respectively. The volunteers received training, supplies and financial incentives from the ICRC; in Tanzania, they also used ICRC-donated protective equipment, and drew on advice from an ICRC specialist.

In Kenya, training initiatives for medical staff aimed to help them cope with emergencies. At a Health Emergencies in Large Populations (HELP) course organized by the National Society/ICRC, 15 health professionals, mainly from Kenya, refined their ability to manage medical activities during armed conflicts and other situations of violence. At courses organized in cooperation with the health ministry and the National Society, 70 doctors strengthened their capacities in emergency trauma care and weapon-wound management; the training was conducted by Kenyan instructors with ICRC supervision.

Prior to the elections in Tanzania, 39 doctors enhanced their skills at an emergency room trauma-management course, and key hospitals drew on ICRC recommendations to prepare contingency plans.

ACTORS OF INFLUENCE

Kenyan and Tanzanian police learn about internationally recognized standards related to their duties

Over 340 Kenyan officers in eight police training institutions and 180 Tanzanian police personnel in Zanzibar and other violence-prone areas added to their knowledge of internationally recognized standards for law enforcement – including on detention and the proper use of force – at ICRC dissemination sessions. At a train-the-trainer workshop, 20 Tanzanian officers strengthened their ability to train others in these topics.

At ICRC lectures delivered during courses organized by the International Peace Support Training Centre in Kenya, some 200 people from the region, including representatives of armed/security forces, governments and civil society, furthered their understanding of IHL. Through ICRC briefings, around 200 Kenyan peacekeepers learnt more about IHL before being deployed to South Sudan and Somalia, and 50 people from the East Africa Standby Force were trained in the IHL-related aspects of peace-support operations. Senior army officers from Kenya and Tanzania attended advanced training abroad (see *International law and policy*).

Decision-makers and academics discuss IHL implementation at regional events

During a seminar in Kenya, representatives from Djibouti, Ethiopia, Kenya, Somalia, South Africa, Tanzania and Uganda discussed their countries' plans for domestic IHL implementation, their progress in this regard, and ways to provide each other with technical support; they also exchanged views on current IHL-related issues. At a conference co-organized with the authorities, the Regional Centre on Small Arms and Light Weapons, and the Norwegian Red Cross, Kenyan government officials discussed the importance of the Arms Trade Treaty and ways to facilitate the country's accession to it. Djibouti formed a national IHL committee with ICRC support.

To reinforce its position as a key source of reference on IHL, the ICRC conducted a course in Kenya for decision-makers and policy-makers from the region and beyond; representatives of 16 humanitarian organizations and 11 governments learnt more about IHL, its relationship with other legal frameworks, and current challenges to humanitarian action in an increasingly

PEOPLE DEPRIVED OF THEIR FREEDOM	Djibouti	MICT	The United Republic of Tanzania
ICRC visits			
Detainees visited	636	13	336
of whom women	45	1	4
of whom minors	29		5
Detainees visited and monitored individually	37	13	
of whom women	1	1	
Detainees newly registered	6		
of whom women	1		1
Number of visits carried out	11	1	5
Number of places of detention visited	3	1	2
Restoring family links			
RCMs collected	8		42
RCMs distributed			55
Phone calls made to families to inform them of the whereabouts of a detained relative			1

complex operational environment. An exhibit at the Humanitarian Partnership Conference in Kenya, hosted by the Inter Agency Working Group, helped attendees strengthen their understanding of the ICRC's work.

University students demonstrate their knowledge of IHL

Academic interest in IHL was fostered through a regional essay-writing contest for students; national and regional moot-court competitions in Kenya and Tanzania; and regional round-tables for IHL lecturers on IHL and its implementation. Representatives were also sent to IHL-related events in Pretoria, South Africa (see *Pretoria*) and Canberra, Australia (see *Suva*).

The general public learnt more about Movement activities, including family-links services for refugees from Burundi and Yemen (see *Civilians*), through radio/television programmes and online coverage produced with the help of ICRC communication material. In Tanzania, 45 political leaders broadened their awareness of the Movement's activities and its role in the country through a National Society/ICRC dissemination session.

During seminars organized with the pertinent National Societies, members of the Kenyan and Tanzanian media learnt more about conflict reporting and the Movement, including its emblems and Fundamental Principles.

The ICRC's documentation centre in Nairobi continued to provide reference materials on IHL for public use.

RED CROSS AND RED CRESCENT MOVEMENT

Independently or alongside the ICRC, the region's National Societies prepared for/responded to emergencies (see *Civilians* and *Wounded and sick*), helped restore family links, and promoted understanding of and support for IHL and the Movement and its Fundamental Principles (see *Actors of influence*). Their running costs, including the salaries of key personnel, were partially covered by the ICRC.

Financial, material and technical support from the ICRC also helped the National Societies strengthen their operational capabilities. For example, personnel from the Kenyan and Tanzanian National Societies were trained in the Safer Access Framework to help them carry out their work securely, and Djibouti Red Crescent volunteers received training in responding to water-related emergencies. As part of a joint project to improve waste management and livelihood opportunities at a refugee camp, the Kenyan Red Cross was assisted in procuring a machine for recycling plastic. It also distributed relief in flood/drought-affected communities with the help of 10 trucks leased from the ICRC, and drew on ICRC technical advice to develop a standardized training curriculum for its emergency response teams.

National Society staff from the wider region added to their knowledge of governance/leadership through a course conducted by the Kenyan Red Cross with help from the ICRC. In addition, National Society personnel's participation in regional/international meetings was supported, with a view to improving their management capacities and strengthening Movement coordination. Djiboutian, Kenyan and Tanzanian representatives joined an annual meeting of National Society legal advisers, and delegates from Djibouti and Tanzania attended a Movement statutory meeting. Kenyan staff also went to an IHL conference in Canberra (see *Suva*), and to meetings in Switzerland on the Health Care in Danger project and on the rapid deployment of Movement staff during emergencies.

Movement components regularly discussed their activities at local and regional levels.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SC*	
RCMs collected		13,724	80	
RCMs distributed		12,748	3	
Phone calls facilitated between family members		232,137		
Reunifications, transfers and repatriations				
People reunited with their families		3		
<i>including people registered by another delegation</i>		2		
Tracing requests, including cases of missing persons			Women	Girls
People for whom a tracing request was newly registered		1,005	204	306
<i>including people for whom tracing requests were registered by another delegation</i>		83		
People located (tracing cases closed positively)		140		
<i>including people for whom tracing requests were registered by another delegation</i>		26		
Tracing cases still being handled at the end of the reporting period (people)		1,294	249	371
<i>including people for whom tracing requests were registered by another delegation</i>		129		
UAMs/SC*, including demobilized child soldiers			Girls	Demobilized children
UAMs/SC newly registered by the ICRC/National Society		104	40	
UAMs/SC reunited with their families by the ICRC/National Society		3	1	
<i>including UAMs/SC registered by another delegation</i>		2		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		162	53	
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Detainees visited		985	50	34
			Women	Girls
Detainees visited and monitored individually		50	2	
Detainees newly registered		6	2	
Number of visits carried out		17		
Number of places of detention visited		6		
Restoring family links				
RCMs collected		50		
RCMs distributed		55		
Phone calls made to families to inform them of the whereabouts of a detained relative		1		

*Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Cash ¹	Beneficiaries			
Services and training ¹	Beneficiaries			
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	30,000	35%	50%
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities ¹	Beneficiaries			

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

PRETORIA (regional)

COVERING: Botswana, Lesotho, South Africa, Swaziland



ICRC / AR, 2015

ICRC regional delegation

The ICRC has worked in South Africa since the early 1960s, opening a regional delegation in Pretoria in 1978. It visits detainees of particular concern in Lesotho, South Africa and Swaziland, monitoring their conditions, and helps refugees, asylum seekers and other migrants restore contact with relatives. It also works with local actors to address urban violence among South African youth. It promotes IHL treaty ratification and national implementation and supports the incorporation of IHL into military training and university curricula, particularly in South Africa, given its regional influence. The ICRC supports the region's National Societies in building their capacities.

KEY RESULTS/CONSTRAINTS IN 2015

- ▶ Migrants restored/maintained contact with their relatives through phone calls, RCMs and other National Society/ICRC family-links services.
- ▶ Detainees, including migrants, in some places of detention in Lesotho, South Africa and Swaziland had their treatment and living conditions monitored during ICRC visits.
- ▶ Peacekeeping troops, South African border control officers and Swazi police enhanced their understanding of IHL, international human rights law and other pertinent norms during briefings/workshops.
- ▶ South Africa ratified the Convention on Cluster Munitions and the Second Protocol to the Hague Convention on Cultural Property.
- ▶ The Southern African Development Community and the ICRC signed a memorandum of understanding, committing themselves to jointly promoting IHL and addressing humanitarian issues.

EXPENDITURE IN KCHF

Protection	635
Assistance	-
Prevention	698
Cooperation with National Societies	420
General	24
Total	1,778
<i>Of which: Overheads</i>	108

IMPLEMENTATION RATE

Expenditure/yearly budget	68%
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PERSONNEL

Mobile staff	6
Resident staff (daily workers not included)	23

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	282
RCMs distributed	277
Phone calls facilitated between family members	5,991
People located (tracing cases closed positively)	44
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	7,557
Detainees visited and monitored individually	19
Number of visits carried out	14
Number of places of detention visited	9
Restoring family links	
RCMs collected	7
RCMs distributed	2
Phone calls made to families to inform them of the whereabouts of a detained relative	18

CONTEXT

South Africa remained influential, politically and economically, within the region and throughout Africa. It participated in diplomatic initiatives regularly and contributed troops to peacekeeping missions abroad. It continued to host regional organizations, such as the Pan-African Parliament, the regional offices of several humanitarian agencies, an extensive diplomatic community, think-tanks and major media agencies.

Socio-economic issues persisted in the countries covered. There was an increase in violence directed towards migrants in South Africa. In Swaziland, protests against government policies and limited public services occurred, accompanied by the presence of police/military personnel and reports of pre-emptive arrests.

Lesotho held national elections two years ahead of schedule, with the support of the Southern African Development Community (SADC); however, political instability persisted.

Botswana generally remained stable.

ICRC ACTION AND RESULTS

The regional delegation in Pretoria focused its efforts on promoting a broader understanding of humanitarian issues, in particular the protection of vulnerable migrants; it also continued to reinforce the ICRC's position as a reference organization on IHL for political/military authorities and other influential actors in the region. The delegation provided family-links services and essential household items to migrants, and visited detainees in selected places of detention.

The ICRC pursued dialogue with the authorities on issues of humanitarian concern, including those related to migration. It helped migrants throughout the region restore/maintain contact with their families via phone calls and other family-links services. In South Africa, it also worked with the South African Red Cross Society to provide migrants affected by violence (see *Context*) with essential household items. Having shifted its priorities to focus on promoting the protection of vulnerable migrants, the ICRC did not pursue initial plans to continue supporting local efforts to mitigate urban violence in South Africa.

Migrants held at the only retention facility in South Africa, and detainees in selected places of detention in Lesotho and Swaziland, were visited by the ICRC. During these visits, conducted in accordance with the organization's standard procedures, delegates monitored the treatment and living conditions of these migrants/detainees. Afterwards, they shared their findings and if applicable, their recommendations confidentially with the authorities. In Swaziland, the ICRC also supported the authorities' efforts to improve the management of prisons: two officials from the country's correctional services learnt more about prison management at an ICRC course abroad and, based on ICRC assessments/recommendations, the authorities took steps to boost the productivity of farms in three prisons.

Efforts to promote respect for IHL and foster support for neutral, impartial and independent humanitarian action across the region continued. South African National Defence Force (SANDF) personnel bound for peacekeeping missions abroad were reminded of IHL/international human rights norms during predeployment briefings conducted by the ICRC. During regional peacekeeping

exercises, the ICRC provided technical guidance and made presentations on IHL, international human rights law and other applicable norms, with a view to advancing the incorporation of these principles into peacekeepers' training and operations. At a seminar hosted by the SADC/ICRC, experts from throughout the region discussed best practices for ensuring access to health care during peace-support missions.

The ICRC pursued dialogue with the SANDF and the South African Police Service (SAPS) on incorporating IHL/international human rights law in their training programmes and on issues related to migration. It organized briefings for Swazi police officers on international human rights norms applicable to their work.

The ICRC continued to promote the incorporation of IHL in domestic legislation, and lent its expertise to the authorities and national IHL committees. South Africa ratified the Convention on Cluster Munitions and the Second Protocol to the Hague Convention on Cultural Property. Representatives of 16 African governments discussed IHL implementation at an annual seminar hosted by South Africa's Department of International Relations and Cooperation (DIRCO) and the ICRC; they drafted a pledge that was deposited at the 32nd International Conference.

Meetings/events with/for national authorities, members of civil society, diplomatic representatives and regional/international organizations facilitated discussions on IHL and various humanitarian issues. The ICRC and the SADC signed a memorandum of understanding, committing to continue their coordination and cooperation on promoting IHL and addressing humanitarian issues. Students/lecturers added to their knowledge of IHL in courses and competitions organized with local partners.

With ICRC technical and financial support, the region's National Societies continued to bolster their capacities, particularly in emergency response, restoration of family links and organizational development. The ICRC continued to coordinate its activities with National Societies and other Movement partners.

CIVILIANS

The ICRC pursued dialogue with authorities across the region on various issues of humanitarian concern, including the difficulties faced by migrants, the use of force in law enforcement operations and humanitarian principles in general (see *Actors of Influence*).

Migrants reconnect with their relatives using family-links services

Migrants in the region re-established/maintained contact with their families through family-links services provided by the National Societies/ICRC. In Swaziland, migrants at the Malindza refugee camp made phone calls to their relatives in their countries of origin or elsewhere. Migrants in the east coast of South Africa, staying in temporary shelters after being displaced by violence arising from communal tensions, also contacted their families through phone calls; hygiene items and clothing distributed by the South African Red Cross Society, with ICRC support, helped ease their conditions.

The region's National Societies pursued efforts to improve their family-links services. In five districts of Swaziland, from where people frequently migrated to South Africa, needs for family-links services were assessed by the Baphalali Swaziland Red Cross Society with ICRC support; the findings helped the Swazi National Society plan a more effective response.

Ninety-four people were able to resettle elsewhere or rejoin their families thanks to travel documents issued by the ICRC in coordination with UNHCR.

Plans to pursue further engagement in addressing urban violence in South Africa – following the completion in 2014 of a project with a local NGO to mitigate young people's exposure to violence – were put on hold, as the ICRC shifted its focus to helping assist and protect vulnerable migrants.

Discussions were pursued, for example, with a network of South African experts in medico-legal and forensic sciences to explore the possibility of developing a regional forensic training hub and addressing the obstacles to identifying the remains of deceased migrants.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees receive ICRC visits to monitor their treatment and living conditions

People held in selected places of detention in Lesotho, South Africa and Swaziland received ICRC visits conducted in accordance with the organization's standard procedures, during which their treatment and living conditions were monitored. They included security detainees in Swaziland and people of various nationalities detained at the only holding facility for migrants in South Africa; the latter were interviewed about their migration routes and about specific issues of humanitarian concern.

After these visits, detaining authorities received feedback and, if necessary, recommendations during confidential discussions with ICRC delegates. Dialogue was pursued with the authorities in Lesotho, with a view to visiting, in accordance with standard ICRC procedures, soldiers detained by the armed forces on suspicion of mutiny.

The migrants detained in South Africa restored/maintained contact with their relatives using ICRC family-links services. Detainees in Lesotho stayed in touch with their families through phone calls provided by the Lesotho Red Cross Society and the ICRC. Migrants detained in Lesotho improved their sanitation with the help of ad hoc distributions of hygiene items.

Swazi prison authorities take steps to improve food production for detainees

In Swaziland, the authorities pursued measures to improve the living conditions of detainees, with ICRC support. Two correctional officials learnt more about prison management at an ICRC-organized course in Switzerland. Some prisons alleviated the effects of overcrowding with the help of ICRC-donated bunk beds.

At three correctional centres that were set up as farms, the authorities drew on the findings/recommendations of an ICRC assessment and took steps to improve the productivity of the farms, with a view to increasing detainees' food supply and to reduce or eliminate their dependence on government funding. Their efforts were bolstered by donations of seed and tools from the ICRC; training for the farm managers was discussed.

The Correctional Services Bill, which was drafted with ICRC input, was submitted to the office of the attorney general for discussion in parliament.

ACTORS OF INFLUENCE

Peacekeepers learn more about IHL and other pertinent norms

At predeployment briefings, some 1,700 SANDF peacekeepers bound for missions abroad strengthened their grasp of IHL, international human rights law and related matters, such as the importance of protecting health-care providers and preventing sexual violence.

Peacekeeping forces learnt more about these topics at ICRC-supported regional exercises, which helped strengthen the incorporation of IHL and other norms in their training/operations. Officers and troops from various countries furthered their understanding of applicable law and humanitarian considerations for peacekeeping operations at the Combined Joint African Exercise held in Botswana; during preparations for this event, trainers from the Botswana Staff College and the SANDF drew on ICRC expertise and guidance, particularly on such topics as ensuring the protection of civilians. Officers taking part in a regional exercise aimed at developing the capacity of the African Standby Force also benefited from ICRC expertise/guidance.

The SADC Regional Peacekeeping Training Centre continued to receive support from the ICRC; at a Health Care in Danger workshop organized by the SADC, military health-care professionals from 11 countries discussed best practices for ensuring access to health care during peace-support operations.

Dialogue with South African security forces includes migration-related issues

Efforts were pursued to strengthen the dialogue with South Africa's military, particularly its Joint Operations Division, and police forces. In line with the ICRC's increased focus on assisting vulnerable migrants, relations with the SAPS were reinforced through meetings with senior officers of its Border Control Operational Coordination Committee and a visit to a border post.

Twenty-five SANDF senior officers, and troops attending courses at the SANDF training centre, enhanced their knowledge of IHL, internationally recognized standards applicable to law enforcement and the Movement's work at ICRC-organized workshops/presentations. Some 50 Swazi officers learnt more about these matters at briefings conducted by the Swazi Red Cross/ICRC at a police training centre.

South Africa ratifies IHL-related treaties

National authorities throughout the region were encouraged – through meetings, provision of informational materials and other means – to incorporate IHL into domestic law and ratify related treaties. National IHL committees continued to draw on ICRC expertise in this regard; they also drew on its support to prepare for the 32nd International Conference. South Africa ratified the Convention on Cluster Munitions and the Second Protocol to the Hague Convention on Cultural Property.

Representatives from 16 African countries discussed the implementation of IHL and compliance with it, as well as their preparations for the 32nd International Conference, at an annual seminar hosted by the DIRCO and the ICRC. They drafted a regional pledge for further cooperation, which was deposited at the International Conference.

The SADC and the ICRC agree to strengthen cooperation in promoting IHL

The SADC and the ICRC signed a memorandum of understanding aimed at improving coordination and strengthening their relationship, particularly through regular meetings on humanitarian issues and cooperation on activities to promote IHL.

Dialogue between the Pan-African Parliament and the ICRC continued, including at a round-table where they discussed developing their partnership further.

National authorities and members of civil society in the countries covered, and the diplomatic community in Pretoria, discussed pressing humanitarian issues and developments in IHL during meetings with the ICRC and at workshops/other events organized/attended by the ICRC. The discussions covered such topics as the humanitarian consequences of nuclear weapons, the protection of health-care services during conflict and the Arms Trade Treaty. Dialogue on protracted conflicts and post-conflict recovery was initiated with the Policy, Research and Analysis Unit of the DIRCO.

Academics bolster their ability to teach IHL at a regional meeting

University students/lecturers furthered their understanding of IHL with the help of ICRC-produced newsletters and other reference materials. Post-graduate students and academics from 13 countries added to their knowledge of IHL, and strengthened their ability to teach it, at an annual course hosted by the University of South Africa and the ICRC.

At an annual meeting, lecturers from the region discussed the teaching of IHL and familiarized themselves with ICRC activities. Three university students demonstrated their knowledge of IHL at a regional moot court competition (see *Nairobi*).

The delegation's engagement with the media was limited as a result of internal restructuring.

RED CROSS AND RED CRESCENT MOVEMENT

National Societies in the region bolstered their operational capacities and pursued organizational development with technical and financial support from ICRC. The Lesotho Red Cross Society, for example, deployed emergency response teams during the elections in February. The Swazi Red Cross carried out communication activities with ICRC support; a bill granting it formal recognition was submitted to the government for comment.

Both National Societies carried out assessments of their capacities to restore family links and respond to disasters, which helped them identify ways to strengthen these. The South African Red Cross Society continued, with the support of the ICRC, to reorganize itself in order to better comply with domestic legislation on non-profit organizations. The National Societies prepared for the 32nd International Conference with support from the International Federation and the ICRC; the South African and Swazi National Societies helped their governments prepare for the event.

The ICRC continued to coordinate its activities with those of Movement partners and other humanitarian actors, to maximize impact and avoid duplication of effort.

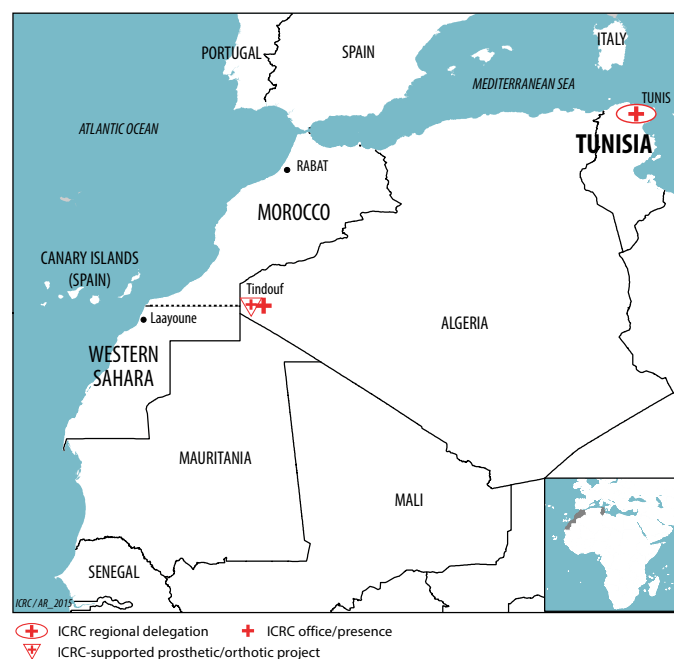
MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)		UAMs/SC*		
RCMs collected	282	3		
RCMs distributed	277			
Phone calls facilitated between family members	5,991			
Names published in the media	20			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	50	17	9	4
People located (tracing cases closed positively)	44			
Tracing cases still being handled at the end of the reporting period (people)	121	19	28	8
<i>including people for whom tracing requests were registered by another delegation</i>	10			
Documents				
People to whom travel documents were issued	94			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits		Women	Minors	
Detainees visited	7,557	84	351	
		Women	Girls	Boys
Detainees visited and monitored individually	19			
Detainees newly registered	5			
Number of visits carried out	14			
Number of places of detention visited	9			
Restoring family links				
RCMs collected	7			
RCMs distributed	2			
Phone calls made to families to inform them of the whereabouts of a detained relative	18			

*Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Food commodities	Beneficiaries	8		
Essential household items	Beneficiaries	906		
Cash	Beneficiaries	4		

TUNIS (regional)

COVERING: Tunisia, Western Sahara



The regional delegation based in Tunis, which has been operating since 1987, visits people deprived of their freedom in Tunisia, monitoring their treatment and conditions of detention. It promotes awareness of IHL among the authorities, armed forces and armed groups, as well as implementation of that law. The ICRC supports the Tunisian Red Crescent in building its capacities. With the Polisario Front and Sahrawi organizations, it works to address issues of humanitarian concern arising from the aftermath of the Western Sahara conflict.

YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS IN 2015

- ▶ Detainees in Tunisia benefited from ICRC visits and the detaining authorities' initiatives – carried out with ICRC support – to reinforce health care and treatment protocols and to reduce overcrowding.
- ▶ The Tunisian authorities and the ICRC pursued a partnership for conducting IHL-related training, for example, in law enforcement norms for security officers and in medical ethics for military medical staff.
- ▶ Families dispersed by armed conflict or detention, and migrants – notably people rescued off the Tunisian coast – kept in touch with relatives through Tunisian Red Crescent/ICRC family-links services.
- ▶ The Tunisian authorities and the National Society learnt more effective methods of managing the remains of migrants that were recovered on the Tunisian coast.
- ▶ Near Tindouf, Algeria, disabled Sahrawi refugees, including mine victims, regained some mobility through services and assistive devices provided at an ICRC-supported physical rehabilitation centre.

EXPENDITURE IN KCHF

Protection	1,648
Assistance	2,009
Prevention	864
Cooperation with National Societies	207
General	25
Total	4,754
<i>Of which: Overheads</i>	290

IMPLEMENTATION RATE

Expenditure/yearly budget	87%
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PERSONNEL

Mobile staff	17
Resident staff (daily workers not included)	35

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	27
RCMs distributed	55
Phone calls facilitated between family members	783
People located (tracing cases closed positively)	3
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	17,145
Detainees visited and monitored individually	305
Number of visits carried out	48
Number of places of detention visited	15
Restoring family links	
RCMs collected	133
RCMs distributed	69
Phone calls made to families to inform them of the whereabouts of a detained relative	323

ASSISTANCE	2015 Targets (up to)	Achieved
WOUNDED AND SICK		
Physical rehabilitation		
Projects supported Structures	1	1
Patients receiving services Patients	500	733

CONTEXT

The new Tunisian government, which took office in early 2015, was confronted by a number of serious social and security issues. Attacks by gunmen at the Bardo National Museum in March and on a beach in Sousse in June, and a bombing in Tunis in November, resulted in the deaths of scores of foreign tourists and members of the presidential guard and injuries to many others. Hundreds of arrests were made following these incidents; the Tunisian parliament adopted an anti-terrorism law in July. State forces continued to conduct operations – particularly along Tunisia's borders with Algeria and Libya – against armed groups reportedly operating in the region and within the country.

Thousands of people fleeing armed conflict or instability in the region sought refuge in Tunisia or passage to their home countries or Europe.

Western Sahara continued to be the subject of dispute between Morocco and the Polisario Front. Families there remained at risk from mines and explosive remnants of war; thousands continued to wait for news of relatives missing since the 1975–91 Western Sahara conflict. Hundreds of thousands of Sahrawis lived in refugee camps near Tindouf, Algeria; the camps sustained severe damage during heavy floods in October. The UN Mission for the Referendum in Western Sahara (MINURSO) was extended to 2016.

ICRC ACTION AND RESULTS

The ICRC's regional delegation in Tunis focused on meeting the needs of people deprived of their freedom in Tunisia, and of vulnerable people separated from their families, in cooperation with State actors and Movement partners in the region.

In Tunisia, the ICRC visited thousands of detainees in accordance with its standard procedures; special attention was paid to people held in relation to State security or in places of temporary detention, and foreigners. Confidential feedback based on these visits, technical advice from the ICRC, and insights gleaned from pilot health projects helped justice ministry officials and penitentiary authorities improve detainees' treatment and living conditions.

Detaining authorities took steps to update policies on medical care and file management, and on documenting ill-treatment. For instance, they encouraged health/medical personnel to restrict access to detainees' medical files, and to include in them an illustration of the human body so that victims could more easily report physical abuse. The ICRC helped the health/justice ministries improve health care for detainees: in the two prisons that were sites of pilot health projects, detainees were treated for illnesses at ICRC-supported clinics, and policies for hiring, retaining and training staff were developed. At the same time, infrastructural upgrades to kitchens and waste-management systems lowered the risk of detainees contracting hygiene-related illnesses. With the ICRC's assistance, the authorities built an accommodation facility for detained minors, with a view to improving the minors' situation by permitting them to reintegrate into society while serving their sentence.

Authorities/weapon bearers in the region, and others capable of facilitating humanitarian activities for vulnerable people and detainees, learnt more about IHL and the ICRC's mandate through dialogue, information sessions and courses abroad. Tunisian authorities, trainee security officers and journalists furthered their understanding of international human rights law and/or the

ICRC's activities for detainees; a representative from the Polisario Front attended an IHL course in San Remo. Tunisian military medical officers discussed medical ethics at ICRC-organized events. Polisario Front officials and Sahrawi journalists were briefed on ICRC-supported physical rehabilitation services for disabled Sahrawis.

Disabled Sahrawi refugees living near Tindouf, Algeria, including mine victims, regained a measure of mobility through treatment and prosthetic/orthotic devices provided to them by the ICRC-supported physical rehabilitation centre there. The centre moved to the Rabouni hospital in 2014; more people made use of its services in 2015 than in the previous year. To promote the centre's services and to assist patients unable to travel easily, outreach visits were conducted in refugee camps. To help ensure that wounded people could receive adequate treatment, the ICRC assisted Tunisian military/civilian doctors to expand their war-surgery skills, and Tunisian Red Crescent and "Sahrawi Red Crescent" volunteers to strengthen their capacities in first aid.

Members of families dispersed by armed conflict, detention or migration restored/maintained contact through Movement family-links services. Regular contact with the ICRC enabled the Tunisian authorities to realize that in order to notify the families concerned in a timely manner, it was necessary to improve management of the remains of migrants recovered on the Tunisian coast. Polisario Front authorities, and organizations such as the "Sahrawi Red Crescent" and the Moroccan and Sahrawi human rights committees had discussions with the ICRC on the subject of maintaining a neutral, impartial and independent humanitarian approach to ascertaining the fate of people missing since the past conflict.

CIVILIANS

Families stay in touch with relatives who have migrated or are detained abroad

In Tunisia and in the wider region, members of families dispersed by conflict or migration maintained or restored contact with the help of Tunisian Red Crescent/ICRC family-links services. Migrants who had left Libya by boat and were rescued by the Tunisian coast guard contacted their families through National Society/ICRC-facilitated phone calls. Families in Tunisia also used these services to re-establish or maintain contact with relatives detained/interned abroad, including those transferred from the US internment facility at Guantanamo Bay Naval Station in Cuba or at the Parwan detention facility in Afghanistan.

Tunisian families requested the ICRC to help them find their relatives who were reportedly involved in the conflict in the Syrian Arab Republic; similar requests were received from the families of migrants from Libya. Families whose relatives went missing in Lebanon continued to receive legal advice from the delegation.

Some refugees received ICRC assistance for getting/sending documents from/to the UNHCR.

The Tunisian authorities/National Society learn ways to improve human remains management

Through regular exchanges with the ICRC, the Tunisian authorities, mainly officials from the interior, social affairs and health ministries, learnt how to improve management of the remains of migrants recovered on the Tunisian coast, so that the families concerned could be informed in a timely and appropriate manner. Twenty-four interior ministry personnel developed their skills in

managing human remains at a training session organized by the ICRC. Selected National Society volunteers were also briefed on the subject, notably on strengthening coordination with the authorities.

Local bodies make limited progress in ascertaining the fate of people missing since past conflict

Polisario Front authorities, and organizations such as the “Sahrawi Red Crescent” and the Moroccan and Sahrawi human rights committees, had discussions with the ICRC on the subject of maintaining a neutral, impartial and independent humanitarian approach to clarifying the fate of people missing since the past conflict (see also *Morocco*). The ICRC reminded all parties of its readiness to serve as a neutral intermediary.

Refugees in Tindouf recovered after heavy floods had damaged the camps they were living in, with the assistance of various humanitarian agencies, including the ICRC, which helped them repair their dwellings and restored the supply of water.

PEOPLE DEPRIVED OF THEIR FREEDOM

In Tunisia, over 16,500 detainees held by the justice ministry and approximately 600 by the interior ministry received visits from the ICRC, conducted according to the organization’s standard procedures. Special attention was paid to security detainees, people held in places of temporary detention, and foreigners: 305 inmates were followed up individually. Findings from these visits shared confidentially, recommendations/suggestions – for example, from five workshops co-organized by the ICRC – and information gathered from pilot projects (see below) helped detaining authorities improve penitentiary services.

Detention authorities in Tunisia move to address overcrowding and the situation of detained minors

The penitentiary authorities took measures to tackle overcrowding; for instance, they created a multi-sectoral working group with the support of the ICRC. The Sousse probation office (for which the ICRC ended direct support in 2014) sentenced 135 people to community service, and placed 347 on conditional release, instead of adding to the growing prison population. The authorities expressed interest in maintaining the office; the justice ministry, with ICRC technical advice, continued working to establish a legal status for the office, particularly in light of efforts by the European Union/Tunisian authorities to set up more structures of this kind.

The authorities took steps to improve the situation of minors in conflict with the law by permitting them to reintegrate into society while serving their sentence. To this end, with ICRC support, the authorities built a special facility at the Mourouj centre to house minors. Along with other parties concerned, the authorities drew on the ICRC for advice on managing the reintegration programme and on other issues of humanitarian concern related to juvenile justice.

Detainees benefit from health initiatives, such as those updating procedures to monitor health/treatment

Police/*gendarmérie* commands, the ministries concerned and the ICRC discussed the situation of people in temporary/permanent detention and the internationally recognized standards regulating their treatment. At ICRC-organized events, medical and non-medical interior ministry staff were reminded of their role in improving the living conditions of detainees; representatives from 16 public hospitals and 9 prisons discussed guidelines for dealing with detainees on hunger strike. In line with agreements made in 2014, penitentiary authorities worked on updating their health-related procedures,

including those for monitoring detainees’ health, organizing specialist consultations inside and outside prisons, and managing medical documentation. For instance, they urged health/medical personnel to restrict access to detainees’ medical files, and to include in them an illustration of the human body – as prescribed in internationally recognized guidelines for documenting ill-treatment – so that physical abuse suffered by detainees could be recorded more easily.

Joint health ministry/ICRC pilot health projects continued at the Borj El Amri and Mornaguia prisons: 8,500 detainees were treated for illnesses, such as scabies, at prison clinics supported by the ICRC with medical supplies and technical advice. The health/justice ministries worked with the ICRC to develop policies for hiring and retaining staff, and training them (for example, by creating modules for training nurses on legal frameworks/guidelines for working in detention).

Five doctors joined their peers to discuss issues pertaining to the provision of health care in detention at courses in Jordan and Switzerland.

Detainees have more hygienic living conditions after upgrades to sanitation and kitchen infrastructure

Some 1,600 detainees at the Borj El Amri prison stood to benefit from better waste management, following repairs to the sewer network; and the 1,500 inmates of the Mahdia prison benefited from ICRC-sponsored upgrades to their kitchen. At the ICRC’s recommendations, the authorities organized technical committees to oversee construction/rehabilitation projects.

Female detainees without the means to purchase hygiene items, and unable to acquire them through their families, maintained their personal hygiene with assistance from the ICRC. Plans to initiate vocational training activities could not be put into practice, as the authorities were yet to repair prison workshops.

A number of detainees, particularly foreigners and security detainees, maintained contact with their relatives through Movement family-links services.

WOUNDED AND SICK

Tunisian officers expand their war-surgery skills and strengthen their grasp of medical ethics

Military health authorities and the ICRC discussed the humanitarian consequences of armed clashes in the north-west and issues covered by the Health Care in Danger project, such as the right of wounded fighters to health/medical care. Two Tunisian medical officers discussed IHL and medical ethics with their peers at a forum in Switzerland. To increase the likelihood of wounded people receiving adequate treatment, medical officers expanded their war-surgery skills with ICRC help: several, including 50 doctors affiliated with the health ministry, attended war-surgery seminars supported/organized by the ICRC; one officer attended an advanced course in Switzerland.

Polisario Front health/social affairs authorities and “Sahrawi Red Crescent” volunteers prepared to administer first aid at public events, with some ICRC support.

Disabled Sahrawis obtain ICRC-supported physical rehabilitation services at the Rabouni hospital

Over 730 disabled people, including mine victims, living near Tindouf regained some mobility through treatment and prostheses/

orthoses provided to them by the physical rehabilitation centre at the Rabouni hospital; this was a 40% increase over the number of patients treated in 2014. Children and women made up half of the beneficiaries. Of the 728 persons who benefited from physiotherapy, 117 were mine victims. Some 165 devices were repaired. Close to 60 people were able to participate in social activities in the camp after receiving wheelchairs; at information sessions, they, along with their families and communities, learnt ways to promote social inclusion of disabled people.

The families of some children suffering cerebral palsy were briefed on their children's specific vulnerabilities, helping to ensure that their needs were met; they were also offered solutions to help improve the children's condition.

With the ICRC's support, the centre maintained the quality of its services despite staffing constraints. Local staff, apprentices and volunteers from the health authorities developed their skills in prosthetics/orthotics and physiotherapy through on-site coaching and at training sessions organized by ICRC technicians.

Around 50 midwives learnt how to prevent birth disabilities at an ICRC training session; the interaction with the midwives also served to reinforce the referral system helping patients to obtain treatment at the centre. To promote the centre's services and to assist patients unable to travel easily, seven outreach visits were conducted in five refugee camps, during which some people availed themselves of various services. People familiarized themselves with the centre's services at public events, such as those held to mark the International Day of Persons with Disabilities, and through media campaigns.

ACTORS OF INFLUENCE

Authorities/weapon bearers in the region, and other actors capable of facilitating humanitarian activities for vulnerable people and detainees, or of persuading others to do so, furthered their understanding of IHL and Movement action through ICRC publications/information sessions and discussions with delegates.

Tunisian officials, magistrates and trainee security officers learn more about IHL and human rights law

Though occupied with the post-election transition, the new authorities pursued dialogue with the ICRC on IHL/human rights issues and training for people involved in the implementation of IHL. At ICRC-organized events: 80 magistrates refreshed their knowledge of IHL and the ICRC's mandate; trainee officers at a national training institution for security forces strengthened their understanding of international human rights law applicable to police practice; and government officials, senior military officers and a law professor – a dozen people in total – learnt more about recommended practices for incorporating IHL in domestic legislation, military training/operations and academic curricula, respectively (see *Lebanon*). Although progress in this connection was also hampered by the exigencies of the transition period, the interior ministry continued to draw on the ICRC for adopting best practices and drafting standard operational procedures to improve the treatment of persons in police custody (see *People deprived of their freedom*).

Around 150 law students discussed IHL-related issues, such as the protection of cultural property and the legal protection due to displaced persons, at conferences organized by the ICRC and various law faculties. Two academics furthered their understanding of the relationship between IHL and Islam at an ICRC-organized colloquium abroad (see *Niger*).

Polisario Front officials and Sahrawi journalists add to their knowledge of ICRC activities

Various events served to increase awareness of the needs of vulnerable Sahrawis – and foster support for ICRC activities addressing them, such as restoration of family links – among Polisario Front officials and Sahrawi civil society (see also *Civilians and Wounded and sick*). Around 40 health/judicial/military/social affairs officials of the Polisario Front became more familiar with ICRC-supported rehabilitation services for disabled Sahrawis. A representative of the Polisario Front learnt more about IHL at a course in San Remo.

After attending ICRC-organized information sessions, some 20 Tunisian and 15 Sahrawi journalists were better equipped to report on humanitarian matters such as ICRC activities for detainees and for disabled Sahrawis, respectively. They were also briefed on the protection afforded to them by IHL during armed conflict.

RED CROSS AND RED CRESCENT MOVEMENT

The Tunisian Red Crescent continued to develop its capacities with financial/material/technical assistance from the Movement. It strengthened its first-aid services by sending volunteers to a regional workshop in Senegal and by taking steps to update its working procedures in situations of violence. It reviewed its response to the major security incidents of 2015 and developed/adopted measures to improve it. With ICRC help, National Society branches on the migration route or in tension-prone areas enhanced their family-links services, furthered their volunteers/members' understanding of the Movement's work and strengthened their grasp of the Safer Access Framework, recruited staff, and advanced the authorities' understanding of the National Society's role and secured their support for its activities. The National Society also fostered support for Movement action and volunteerism: a countrywide video-making competition promoted understanding of the Fundamental Principles.

The Tunisian military, the National Society and the ICRC discussed the proper use of the red crescent emblem to ensure uniformity of current practice.

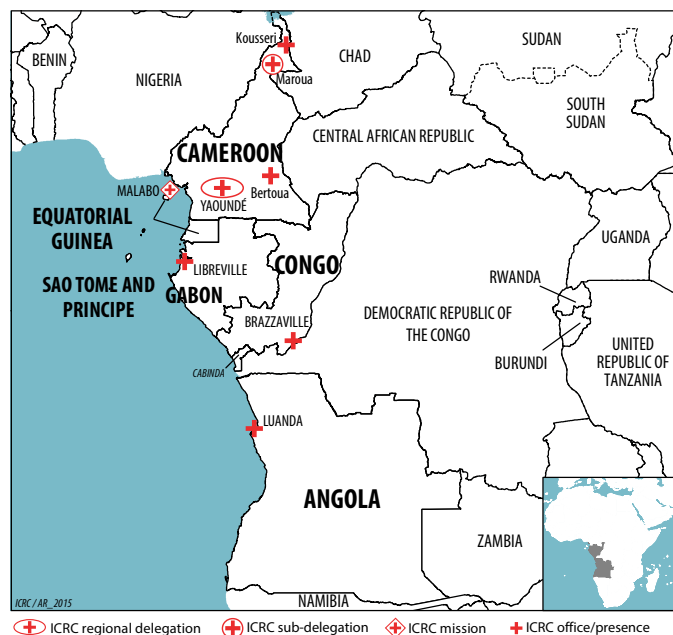
MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SC*	
RCMs collected		27		
RCMs distributed		55		
Phone calls facilitated between family members		783		
Tracing requests, including cases of missing persons			Women	Girls
People for whom a tracing request was newly registered		15	3	2
People located (tracing cases closed positively)		3		
Tracing cases still being handled at the end of the reporting period (people)		152	12	12
<i>including people for whom tracing requests were registered by another delegation</i>		55		6
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Detainees visited		17,145	675	37
			Women	Girls
Detainees visited and monitored individually		305	19	1
Detainees newly registered		167	9	1
Number of visits carried out		48		
Number of places of detention visited		15		
Restoring family links				
RCMs collected		133		
RCMs distributed		69		
Phone calls made to families to inform them of the whereabouts of a detained relative		323		

*Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	3,165		
Health				
Number of visits carried out by health staff		23		
Number of places of detention visited by health staff		5		
Number of health facilities supported in places of detention visited by health staff		2		
WOUNDED AND SICK				
Physical rehabilitation				
Projects supported	Structures	1		
Patients receiving services	Patients	733	182	180
New patients fitted with prostheses	Patients	9	1	1
Prostheses delivered	Units	25	2	1
<i>of which for victims of mines or explosive remnants of war</i>	Units	16		
New patients fitted with orthoses	Patients	49	16	12
Orthoses delivered	Units	94	21	16
<i>of which for victims of mines or explosive remnants of war</i>	Units	17		
Patients receiving physiotherapy	Patients	728	180	180
Crutches delivered	Units	102		
Wheelchairs delivered	Units	59		

YAOUNDÉ (regional)

COVERING: Angola, Cameroon, Congo, Equatorial Guinea, Gabon, Sao Tome and Principe



KEY RESULTS/CONSTRAINTS IN 2015

- ▶ IDPs and their hosts in northern Cameroon better coped with their situation with the help of ICRC-distributed food, household essentials and agricultural support for staple food production.
- ▶ Owing to uncertain security conditions and administrative constraints, water and habitat projects in northern Cameroon were delayed. Nevertheless, some people benefited from the repair of water points.
- ▶ Refugees from the Central African Republic and Nigeria contacted their relatives through the Movement's family-links services. Some unaccompanied/separated minors were reunited with their families.
- ▶ Detainees, including those linked to armed groups, received ICRC visits, with varying access in Congo and Equatorial Guinea. Inmates in Cameroon and Gabon improved their health with ICRC support.
- ▶ The region's security forces, notably in northern Cameroon, learnt more about IHL/other applicable norms owing to ICRC efforts. Cameroon's military included sanctions for war crimes in its justice code.
- ▶ The National Societies in the region promoted IHL and the Movement and strengthened their emergency response capacities, particularly in first aid, restoration of family links and communication.

EXPENDITURE IN KCHF

Protection	2,851
Assistance	7,613
Prevention	2,237
Cooperation with National Societies	1,608
General	15
Total	14,324
<i>Of which: Overheads</i>	874

IMPLEMENTATION RATE

Expenditure/yearly budget	94%
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PERSONNEL

Mobile staff	23
Resident staff (daily workers not included)	93

The ICRC set up its Yaoundé regional delegation in 1992 but has been working in the region since 1972. It monitors the domestic situation in the countries covered, responds to the emergency assistance and protection needs of refugees and IDPs in northern Cameroon, visits security detainees, and helps restore contact between refugees, migrants and their families. It pursues longstanding programmes to spread knowledge of IHL among the authorities, armed forces and civil society, and supports the development of the region's National Societies.

YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

HIGH

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	1,052
RCMs distributed	334
Phone calls facilitated between family members	42
People located (tracing cases closed positively)	411
People reunited with their families	19
<i>of whom unaccompanied minors/separated children</i>	17
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	8,987
Detainees visited and monitored individually	395
Number of visits carried out	52
Number of places of detention visited	24
Restoring family links	
RCMs collected	27
RCMs distributed	5
Phone calls made to families to inform them of the whereabouts of a detained relative	6

ASSISTANCE		2015 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security (in some cases provided within a protection or cooperation programme)			
Food commodities	Beneficiaries	68,500	104,959
Essential household items	Beneficiaries	54,800	57,281
Productive inputs	Beneficiaries	45,000	39,881
Services and training	Beneficiaries	15	
Water and habitat (in some cases provided within a protection or cooperation programme)			
Water and habitat activities	Beneficiaries	12,000	2,000

CONTEXT

The conflict in connection with the activities of the Nigeria-based armed group that calls itself Islamic State's West Africa Province (also known as Jama'atu Ahlis Sunna Lidda'awati wal-Jihad or Boko Haram), intensified throughout the Lake Chad region. This prompted Cameroon, along with its neighbours Chad and Niger, to send troops to combat the armed group (see *African Union*). Efforts towards a coordinated security response were carried out alongside those of the Cameroonian military, *gendarmerie* and the Rapid Intervention Battalion. The spillover from this conflict brought Nigerian refugees into northern Cameroon, and displaced residents. A food shortage, caused by the poor harvest in 2014, compounded humanitarian needs. The Cameroonian government expelled Nigerians who lacked the necessary papers or were not registered as refugees.

The situation in the Central African Republic (hereafter CAR) led to the continued influxes of refugees into eastern Cameroon and north-eastern Congo.

Occasional tensions persisted between the Angolan armed forces and alleged members of the Front for the Liberation of the Enclave of Cabinda (FLEC).

Socio-economic concerns and upcoming elections in 2016 were sources of tension in most countries in the region; in Congo, a constitutional referendum led to sporadic outbreaks of violence.

ICRC ACTION AND RESULTS

The Yaoundé delegation revised its set-up and programmes as it strove to respond to rising humanitarian needs in Cameroon. The ICRC established its presence in Bertoua, in eastern Cameroon, which enabled refugees from the CAR to restore/maintain contact with their relatives, with the help of Cameroon Red Cross Society volunteers. The ICRC's office in Maroua was upgraded to a sub-delegation, with a view to building up its capacity to meet the growing needs of IDPs and residents. Conflict-affected people coped with the help of National Society/ICRC-distributed food, household essentials and livelihood support in the form of supplies/equipment. The ICRC launched a budget extension appeal in April to cover the expansion of its activities in Cameroon and other countries affected by the Lake Chad conflict (see also *Chad, Niger and Nigeria*).

The delegation continued to visit detainees in Angola, Cameroon, Congo, Equatorial Guinea and Gabon with a view to monitoring and helping improve their treatment and living conditions. After these visits, delegates submitted their findings confidentially to the detaining authorities. Various issues were covered, such as the need to respect international norms and principles applicable to arrests and detention. Dialogue with detaining authorities in the region aimed to secure/improve/maintain access to detainees – especially security detainees in Cameroon, Congo and Equatorial Guinea – and to ensure that visits could be conducted in accordance with the ICRC's standard procedures. In Cameroon, the increase in the number of people detained in relation to the Lake Chad armed conflict put additional pressure on already-strained detention facilities and services. The ICRC stepped in with nutritional and health support at Bertoua and Maroua central prisons, water-trucking and rehabilitation of water infrastructure. The ICRC continued its advisory role to Gabonese detaining authorities – particularly in the first half of the year – and encouraged

them to better respond to detainees' health needs. ICRC activities at the Libreville prison, implemented in coordination with the health and justice ministries, helped improve detainees' hygiene, nutrition and access to health care; responsibility for the health programme in prisons was gradually handed over to the authorities over the course of the year.

The ICRC maintained its dialogue on IHL and other applicable norms with military/police forces throughout the region; it focused on personnel in northern Cameroon as an increasing number of operational troops were deployed to fight Boko Haram. Security forces were trained in IHL and encouraged to incorporate it in their doctrine, training curricula and operations. With ICRC encouragement and support, Cameroon's armed forces integrated sanctions for war crimes and military commanders' responsibilities in their justice code. During seminars/workshops, military officers from the region learnt more about the ICRC's work, the Health Care in Danger project and sexual violence in armed conflict.

Regular contact with national/regional authorities and members of civil society – including religious/traditional leaders, academic circles and the media – helped further their understanding of and support for humanitarian principles, IHL and the Movement. The ICRC continued to encourage the region's governments to ratify/implement IHL-related treaties. In January, Cameroon became party to the Central African Convention for the Control of Small Arms and Light Weapons (also known as the Kinshasa Convention).

In light of the situation in northern and eastern Cameroon, and tensions/violence related to the upcoming presidential elections in Congo, Gabon and Equatorial Guinea, the ICRC strengthened its partnership with the National Societies in the region. It also provided them with support to ensure that they could carry out their activities safely. ICRC training and material support helped the National Societies to strengthen their capacities in communication, first aid, emergency response and restoration of family links. Movement components met regularly to coordinate their activities.

CIVILIANS

Despite security curtailing the ICRC's access to some areas, the ICRC pursued dialogue, including on the protection of civilians, with the authorities in the countries covered by the regional delegation. This was especially the case in northern Cameroon, where people continued to endure the effects of the Lake Chad conflict.

The ICRC and the region's authorities also discussed security forces' compliance with international rules governing the use of force and crowd control, for example, following referendum-related violence in Congo.

Refugees and IDPs in Cameroon and Congo restore family links thanks to Movement efforts

In light of the influx of refugees from the CAR and Nigeria, and the displacement of people in northern Cameroon, the relevant National Societies and the ICRC helped members of dispersed families – including Nigerians sent back to their country from Cameroon (see *Context*) – restore/maintain contact with their relatives through telephone calls, RCMs and tracing requests. Some 330 unaccompanied minors and separated children were newly registered and helped to locate their relatives. A total of 18 children were reunited with their families in Cameroon; others were reunited with their families in neighbouring countries, in

particular the CAR, Chad and Nigeria. The Congolese Red Cross/ICRC helped one unaccompanied minor rejoin his relatives in Rwanda. Members of families dispersed by other circumstances, such as detention, kept in touch via RCMs. Volunteers and/or focal points from the region's National Societies participated in an ICRC-organized workshop for improving family-links services in emergencies.

National Societies in the region – notably those responding to humanitarian needs in northern and eastern Cameroon and referendum-related violence in Congo – strengthened their emergency response/first-aid capacities through ICRC training and with the help of ICRC-donated materials. Volunteers from the Congolese National Society also received training in the management of human remains. To facilitate its access to people in need, the Cameroonian National Society, with ICRC support, conducted a workshop for medical authorities/personnel on the proper use of the red cross emblem; at disseminations sessions run by trained volunteers, community members learnt more about the emblems protected under IHL.

Conflict-affected people in Cameroon cover their basic needs IDPs and their host communities benefited from National Society/ICRC assistance activities that began in the second half of the year, backed by a budget extension issued in April (see also *Chad, Niger and Nigeria*). Fewer rounds of food distribution than planned were carried out because of poor security conditions and logistical constraints. Nevertheless, over 100,000 people (14,000 households), more than half of whom were IDPs, in northern Cameroon – Mayo Sava, Mayo Tsanaga and Logone Chari, specifically – coped with their situation with the help of National Society/

ICRC-distributed food. A total of 6,948 households (around 57,150 people, mostly IDPs) also received household essentials. About 5,100 host households (around 40,000 people) in Mayo Sava and Mayo Tsanaga grew staple crops using ICRC-donated seed and fertilizer, which helped to increase their food supply.

Initial lack of direct access to the affected communities and administrative constraints delayed the implementation of water and habitat projects in northern Cameroon. Nevertheless, 2,000 people benefited from the repair of some water points in Mayo Tsanaga; other such projects were ongoing at the end of the reporting period.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees in Angola, Cameroon, Congo, Equatorial Guinea and Gabon received visits from ICRC delegates, who monitored their treatment and living conditions. Following visits, the ICRC shared its findings and recommendations – including those related to international norms and principles applicable to arrests and detention – confidentially to the authorities concerned.

Dialogue with the detaining authorities also aimed to secure/improve/maintain the ICRC's access to detainees and to ensure that visits could be conducted in accordance with its standard procedures. Such dialogue facilitated the ICRC to conduct visits in line with its standard procedures; discussions to improve access to security detainees in Cameroon, Congo and Equatorial Guinea were ongoing at the end of the reporting period.

Detainees in some facilities restored/maintained contact with relatives via RCMs.

CIVILIANS	Angola	Cameroon	Congo	Equatorial Guinea	Gabon
Red Cross messages (RCMs)					
RCMs collected	1	794	255	2	
<i>including from UAMs/SC*</i>	1	175	1		
RCMs distributed		94	237	2	1
<i>including from UAMs/SC*</i>		23			
Phone calls facilitated between family members		38	4		
Reunifications, transfers and repatriations					
People reunited with their families		18	1		
<i>including people registered by another delegation</i>		14			
Tracing requests, including cases of missing persons					
People for whom a tracing request was newly registered		1,593	20		
<i>of whom women</i>		326	4		
<i>of whom minors at the time of disappearance - girls</i>		292	9		
<i>of whom minors at the time of disappearance - boys</i>		184	4		
<i>including people for whom tracing requests were registered by another delegation</i>		320	1		
People located (tracing cases closed positively)		394	17		
<i>including people for whom tracing requests were registered by another delegation</i>		40	2		
Tracing cases still being handled at the end of the reporting period (people)	2	3,416	227		
<i>of whom women</i>		618	81		
<i>of whom minors at the time of disappearance - girls</i>		724	43		
<i>of whom minors at the time of disappearance - boys</i>		232	20		
<i>including people for whom tracing requests were registered by another delegation</i>		421	17		
UAMs/SC*, including demobilized child soldiers					
UAMs/SC* newly registered by the ICRC/National Society	1	322	3		
<i>of whom girls</i>		107	2		
UAMs/SC* reunited with their families by the ICRC/National Society		16	1		
<i>of whom girls</i>		6	1		
<i>of whom demobilized children</i>		2			
<i>including UAMs/SC registered by another delegation</i>		12			
UAM/SC* cases still being handled at the end of the reporting period	1	370	21		
<i>of whom girls</i>		121	12		

* Unaccompanied minors/separated children

Inmates in Cameroon see some improvements in their living conditions

In Cameroon, people continued to be arrested in growing numbers as the conflict in the Lake Chad region intensified. This put additional pressure on already-strained prison facilities/services and affected the living conditions of inmates. Malnourished inmates in the Bertoua and Maroua central prisons received nutritional supplements, enabling most of them to improve their health. People in both prisons – some 2,200 detainees – had better access to clean water thanks to ICRC infrastructure upgrades/repairs, and daily water-trucking for several months for inmates in Maroua prison. In parallel, discussions with the water board and prison authorities centred on making water accessible to detainees in a sustainable manner. Prison and health authorities and the ICRC strengthened their dialogue on improving detainees' access to health services. Justice ministry officials, with ICRC support, participated in a regional seminar on the subject (see *Rwanda*).

Gabon's detaining authorities were encouraged to better respond to detainees' health needs. Some detainees in the Libreville prison benefited from modest improvements in their hygiene, nutrition and access to health services, owing to a pilot project supported by the ICRC since 2013. The project consisted of the following: training courses for prison staff; coordination with pertinent authorities to facilitate detainees' access to health care; hygiene promotion among staff and inmates; and pest-control activities implemented in coordination with the health and justice ministries. Prison authorities gradually assumed greater responsibility for the project, as the ICRC phased out its support in 2015. The same project could not be implemented in the Oyem prison as planned, owing to administrative constraints and the shifting priorities of the delegation in light of the situation in northern Cameroon.

Over 1,700 detainees held in detention facilities in Angola and Congo received ad hoc assistance, including hygiene items, which helped ameliorate their living conditions.

WOUNDED AND SICK

The delegation carried out an in-depth assessment of the medical needs in northern Cameroon as it scaled up its organizational

capacities (see *ICRC action and results*); plans to launch a health programme were set for early 2016. In addition, during an ICRC-organized dissemination session in Cameroon, some 80 health workers familiarized themselves with the ICRC, its mandate and activities, and the Health Care in Danger project. They were also reminded of their rights and obligations, in their capacity as medical personnel, while assisting people during conflict.

ACTORS OF INFLUENCE

Cameroonian armed forces incorporate sanctions for war crimes in justice code

In light of the general situation in the region – especially the conflict in the Lake Chad region, by which Cameroon was particularly affected, and tensions in Congo – the ICRC intensified its dialogue with national/regional authorities and weapon bearers. This helped strengthen their understanding of and support for humanitarian principles, IHL/other norms applicable to their duties and the ICRC's role and mandate.

Through dissemination sessions, operational troops in Cameroon – including those of the multinational force, the Rapid Intervention Battalion and *gendarmerie* – learnt more about the applicability of IHL and/or human rights norms to the conduct of hostilities, law enforcement operations and command responsibility (see *Context*). Similar sessions were conducted for the police and troops at the International School for Security Forces, which conducts peacekeeping courses mainly for officers from member countries of the Economic Community of Central African States. At ICRC seminars/workshops, officers and officers-in-training from the armed and security forces of Cameroon, Congo, Equatorial Guinea and Gabon learnt more about the protection afforded to civilians and received other key messages on the Health Care in Danger project and sexual violence in armed conflict. Military magistrates in Cameroon attended training sessions in IHL, which also furthered their understanding of the ICRC's work.

Dialogue with the region's armed forces continued to promote the incorporation of IHL in their doctrine, training and operations. With ICRC encouragement, Cameroon's armed forces integrated sanctions for war crimes and the responsibilities of military commanders in their justice code.

PEOPLE DEPRIVED OF THEIR FREEDOM	Angola	Cameroon	Congo	Equatorial Guinea	Gabon
ICRC visits					
Detainees visited	1,899	5,114	969	1,005	
<i>of whom women</i>	19	76	41	31	
<i>of whom minors</i>		115	27	4	
Detainees visited and monitored individually	39	288	62	6	
<i>of whom women</i>		9			
<i>of whom girls</i>		2			
<i>of whom boys</i>		12	2		
Detainees newly registered	23	280	43	2	
<i>of whom women</i>		9			
<i>of whom girls</i>		2			
<i>of whom boys</i>		11	2		
Number of visits carried out	6	27	8	11	
Number of places of detention visited	4	8	5	7	
Restoring family links					
RCMs collected		11	16		
RCMs distributed		1	4		
Phone calls made to families to inform them of the whereabouts of a detained relative			3	3	

Cameroonian and Congolese civil society increase their awareness of humanitarian issues

Increased engagement with the region's civil society – the media, academe and religious/traditional leaders – helped broaden their awareness of humanitarian concerns, IHL and the ICRC's humanitarian activities (see *Civilians* and *People deprived of their freedom*), and sought to facilitate access for National Societies/the ICRC to people in need.

Religious leaders, with ICRC support, attended a regional conference where they strengthened their understanding of the similarities between Islam and IHL. During meetings with the ICRC, members of the Cameroonian media learnt more about their roles and responsibilities while covering armed conflict, and of the protection afforded to them by IHL. Cameroonian and Congolese journalists also added to their knowledge of these matters at seminars held locally and abroad. In Cameroon, press events and radio programmes broadened awareness of the ICRC among the general public.

Cameroonian and Congolese students learnt more about IHL, the Movement and the ICRC's mandate and activities at National Society/ICRC-organized events (see *Red Cross and Red Crescent Movement*). Some of them demonstrated their knowledge at national/regional moot court competitions, with ICRC sponsorship.

Sustained contact with authorities leads to Cameroon's ratification of an IHL-related treaty

Governments in the region and the ICRC discussed the ratification and implementation of IHL-related treaties, in particular the African Union Convention on IDPs, the Arms Trade Treaty and the Central African Convention for the Control of Small Arms and Light Weapons (Kinshasa Convention). Ministers/parliamentarians in Cameroon and Congo learnt more about these treaties during ICRC workshops. Sustained contact with key stakeholders yielded some results: Cameroon became party to the Kinshasa Convention in January 2015. With help from the ICRC's legal experts, Gabonese authorities produced a draft law ensuring respect for the emblems protected under IHL; it was submitted to higher authorities for their approval.

The ICRC continued to encourage, and stood ready to support, the region's authorities in the establishment of national IHL committees.

RED CROSS AND RED CRESCENT MOVEMENT

National Societies in the region strengthen their family-links and first-aid capacities

As political tensions increased in view of upcoming elections in many of the countries covered by the delegation (see *Context*), the National Societies boosted their emergency response capacities through first-aid training/refreshers courses and sessions on the Safer Access Framework. These sessions led the Cameroonian and Congolese National Societies to create committees to implement the Safer Access Framework, with ICRC technical help. With ICRC support, the Congolese National Society also learnt to draft contingency plans. This was to ensure the safety of its activities' implementation.

In light of the humanitarian needs in northern and eastern Cameroon (see *Context*), the Cameroonian National Society, the International Federation and the ICRC strengthened their operational partnership, especially in the restoration of family links and in activities linked to economic security and communication (see *Civilians*); a Movement coordination mechanism helped ensure a cohesive response. Volunteers were trained and, later, integrated into ICRC teams. The National Society also benefited from ICRC-supported renovation of one of its branch offices.

Representatives from all six National Societies attended regional meetings on strengthening Movement coordination and promoting the Fundamental Principles. These meetings led them to undertake various activities, such as: a national dissemination campaign in Congo; publications and television spots in Gabon; and in Cameroon, a lecture for National Society volunteers and members of the media, and a forum and first-aid demonstrations for students.

Movement components met regularly to coordinate their activities and avoid duplication of effort.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SC*	
RCMs collected		1,052	177	
RCMs distributed		334	23	
Phone calls facilitated between family members		42		
Reunifications, transfers and repatriations				
People reunited with their families		19		
<i>including people registered by another delegation</i>		14		
Tracing requests, including cases of missing persons			Women	Girls
People for whom a tracing request was newly registered		1,613	330	301
<i>including people for whom tracing requests were registered by another delegation</i>		321		
People located (tracing cases closed positively)		411		
<i>including people for whom tracing requests were registered by another delegation</i>		42		
Tracing cases still being handled at the end of the reporting period (people)		3,645	699	767
<i>including people for whom tracing requests were registered by another delegation</i>		438		
UAMs/SC*, including demobilized child soldiers			Girls	Demobilized children
UAMs/SC newly registered by the ICRC/National Society		326	109	
UAMs/SC reunited with their families by the ICRC/National Society		17	7	2
<i>including UAMs/SC registered by another delegation</i>		12		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		392	133	
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Detainees visited		8,987	167	146
			Women	Girls
Detainees visited and monitored individually		395	9	2
Detainees newly registered		348	9	2
Number of visits carried out		52		
Number of places of detention visited		24		
Restoring family links				
RCMs collected		27		
RCMs distributed		5		
Phone calls made to families to inform them of the whereabouts of a detained relative		6		

*Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	104,959	19%	59%
<i>of whom IDPs</i>	Beneficiaries	86,491		
Essential household items	Beneficiaries	57,281	20%	61%
<i>of whom IDPs</i>	Beneficiaries	57,159		
Productive inputs	Beneficiaries	39,881	20%	64%
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	2,000	21%	15%
Health				
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	10,448		
Essential household items	Beneficiaries	1,704		
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	2,200		
Health				
Number of visits carried out by health staff		2		
Number of places of detention visited by health staff		4		

AMERICAS

KEY RESULTS/CONSTRAINTS IN 2015

- Complementing the government's efforts, the ICRC, with the Colombian Red Cross, assisted conflict-affected people in Colombia. IDPs and vulnerable residents eased their situation with emergency relief and livelihood support.
- Patients suffering from weapon wounds, emotional trauma and/or disabilities received appropriate care from health staff and National Society first-aiders who had honed their skills and accessed volatile areas with ICRC help.
- Families separated by conflict, violence and other circumstances reconnected using Movement family-links services. At National Society facilities along the migration route, migrants called their families and received emergency aid.
- Detainees, including migrants, received visits from the ICRC. Penitentiary authorities were supported in improving the treatment of detainees, respect for judicial guarantees, and access to health care, water and other prison services.
- Military/security forces reinforced their understanding of IHL and/or international norms governing the use of force in law enforcement, partly through briefings, specialized courses and training organized/supported by the ICRC.
- States ratified IHL-related treaties, such as those on weapons control, and drafted/amended laws, for example on the red cross emblem, the use of force, and missing persons, drawing on national IHL committees' and the ICRC's advice.

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	86
RCMs distributed	87
Phone calls facilitated between family members	35,918
People located (tracing cases closed positively)	133
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	186,817
Detainees visited and monitored individually	930
Number of visits carried out	439
Number of places of detention visited	162
Restoring family links	
RCMs collected	1,485
RCMs distributed	992
Phone calls made to families to inform them of the whereabouts of a detained relative	49

ASSISTANCE	2015 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 14,000	18,296
Essential household items	Beneficiaries 12,000	23,950
Productive inputs	Beneficiaries 9,100	27,828
Cash	Beneficiaries 5,440	92,236
Vouchers	Beneficiaries	19
Services and training	Beneficiaries 480	78,740
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries 79,450	90,229
Health		
Health centres supported	Structures	16
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	17
Water and habitat		
Water and habitat activities	Number of beds	99
Physical rehabilitation		
Projects supported	Structures 13	16
Patients receiving services	Patients 12,520	23,452

EXPENDITURE IN KCHF	
Protection	22,977
Assistance	24,520
Prevention	17,582
Cooperation with National Societies	6,851
General	792
Total	72,723
<i>Of which: Overheads</i>	4,438

IMPLEMENTATION RATE	
Expenditure/yearly budget	88%
PERSONNEL	
Mobile staff	142
Resident staff (daily workers not included)	630




THE AMERICAS DELEGATIONS

Colombia
Haiti

**THE AMERICAS
REGIONAL DELEGATIONS**

Brasilia
Caracas
Lima
Mexico City
Washington
New York

 ICRC delegation  ICRC regional delegation  ICRC mission



La Paz Penal Centre, Marcala, Honduras. An ICRC employee speaks privately with detainees.

In 2015, the ICRC, in close partnership with the region's National Societies, worked to protect and assist people experiencing the effects of the non-international armed conflict in Colombia, and situations of violence in the region. It focused on helping vulnerable migrants, IDPs, people deprived of their freedom, families of missing persons and communities affected by organized armed violence.

In Colombia, the armed conflict between the Colombian government and the Revolutionary Armed Forces of Colombia – People's Army continued, although ceasefire negotiations between these parties saw reduced fighting; situations of violence involving other armed groups persisted. Thus, the ICRC's operations in Colombia remained its largest in the Americas, despite fewer people requiring aid than in past years. The ICRC continued efforts to reinforce respect for IHL and other applicable norms among the parties to the conflict, through briefings, training and dialogue on documented abuses. To help vulnerable people meet their needs, they were informed of and referred to available State assistance; when there were gaps, the ICRC and the Colombian Red Cross assisted them directly. For example, IDPs and residents faced with security concerns received food rations and household essentials, and accessed clean water from upgraded infrastructure. Heads of households supplemented their sources of food and income with the help of different forms of livelihood support, including agricultural/fishing equipment, cash grants, or short-term employment in private companies. In Medellín, measures for reducing safety risks were promoted among women and young people, and victims of sexual violence were referred to the appropriate services.

Across the region, the ICRC continued efforts to help ensure that conflict/violence-affected patients – including those suffering from weapon wounds and psychological trauma, victims of sexual violence, and amputees/disabled persons – could access appropriate/life-saving care. In line with the Health Care in Danger project, health/medical personnel and National Society first-aiders were helped to develop and apply measures/tools for working safely in violence-affected

areas. In Colombia, in its role as neutral intermediary, the ICRC accompanied Colombian State personnel in conflict-affected communities. The casualty care chain was strengthened through the provision of material and technical assistance to health facilities/personnel, including training, for example: courses on first aid and, to a lesser extent, psychosocial care, with/for National Society volunteers and for thousands of potential first responders; and specialized events in Colombia and Mexico on treating weapon wounds, for surgeons and other doctors. Physical rehabilitation professionals practiced caring for amputees and producing assistive devices, at courses/seminars in El Salvador and Honduras. ICRC-supported services provided: health care to Colombian migrants, including refugees, in Venezuela, and to violence-affected communities in Honduras and Panama; and, primarily in Central America and Colombia, medical treatment and physical rehabilitation to weapon-wounded people, disabled patients and migrants.

In Mexico and across Central America, migrants, including unaccompanied minors, travelling northward to the United States of America (hereafter US) reported their concerns to ICRC delegates. These were shared with the authorities concerned to encourage/help them to improve these people's situation; US government agencies and the ICRC discussed matters relating to deportation and the principle of *non-refoulement*. In the meantime, migrants eased their difficult journey in facilities along the migration route; these facilities benefited from the provision of supplies and upgrades to infrastructure, which were carried out by the ICRC. In National Society-run structures, they consumed clean drinking water and food rations, were apprised of available assistance points, and were advised on reducing their safety risks. In Mexico, migrants stayed and received basic health care at ICRC-supported facilities.

Family members separated by armed conflict/violence, migration, detention and other circumstances maintained/restored contact through family-links services offered by National Societies and the ICRC. Migrants called their families at National Society

facilities along the migration route (see above) and travelled home with financial assistance from the ICRC. Colombian migrants, including refugees, in Venezuela maintained contact with relatives, as did flood-affected families in Chile. In Central America, Brazil, Mexico and Peru, National Societies, forensic agencies and NGOs concerned enhanced their capacities to handle human remains and collect ante/post-mortem data with the help of training, advice and equipment/software from the ICRC. This increased the likelihood of families receiving news of missing relatives. In relation to past conflict in Guatemala and Peru, some families used ICRC cash assistance to rejoin family members separated from them as children and hold dignified burials for deceased relatives. Detainees contacted their families through RCMs, and spent time with them during ICRC-organized visits.

Across the region, detainees received visits from the ICRC. These visits were conducted according to the organization's standard procedures. Among those visited were security detainees, migrants, people held in relation to armed violence and internees in the US internment facility at Guantanamo Bay Naval Station in Cuba. Confidential feedback based on these visits and technical input helped detaining authorities improve detainees' living conditions and treatment. In relation to overcrowding, Peruvian justice/penitentiary officials, encouraged by the ICRC, formed a working group to tackle the issue, and, in Haiti, the justice ministry launched an initiative to expedite the legal proceedings of people in prolonged pre-trial detention. In Colombia, under the ICRC's auspices, 21 people were released by armed groups and handed over to their families.

The authorities drew on ICRC expertise to improve penitentiary services; for instance, Colombian and Honduran State agencies working on penitentiary reform were advised on redefining minimum detention standards. Health/justice/penitentiary/security staff participated in briefings and advanced courses; for example, Ecuadorian officials earned diplomas in prison studies. Such training helped them apply international norms governing their work. Health and penitentiary authorities in El Salvador, Haiti and Honduras created coordination mechanisms for providing health care to inmates, and Colombian penitentiary authorities improved medical screening of new detainees. In Haiti, sick/malnourished inmates were treated with ICRC-provided medicines and therapeutic food. In some prisons in Bolivia, El Salvador, Honduras and Paraguay, detainees had improved living conditions after the penitentiary authorities and the ICRC had provided them with blankets, mattresses, hygiene items and other essentials and upgraded water, sanitation and ventilation infrastructure. Female detainees in Peru pursued livelihood activities, with a view to easing their reintegration into society upon their release.

People coped with the effects of armed violence with ICRC help. Rural communities with poor access to basic services, such as farmers in northern Paraguay, people in Peru's Apurímac-Ene y Mantaro Valley and along Ecuador's border with Colombia – were provided with some emergency relief and/or livelihood support, and had their water infrastructure upgraded. The ICRC partnered with or supported National Societies and health and educational authorities in providing psychosocial care and spreading knowledge of techniques for avoiding violence and/or mitigating its effects, notably, among schoolchildren in Mexico, indigenous communities in Chile, residents of Medellín, Colombia (see above) and young people in El Salvador and Jamaica. The authorities took over some of these activities; in Brazil, the health and education authorities of Rio de Janeiro state, with ICRC support, continued to implement

activities for ensuring that *favela* residents can more safely access health services and more easily avoid/cope with violence, developed as part of the organization's 2009–13 "Rio Project", and to spread it to other municipalities.

The ICRC engaged State weapon bearers in dialogue on international norms and laws applicable to their duties, the respect due to health/medical services, including those bearing the red cross emblem, and documented violations. Defence and security ministries drew on ICRC support to reinforce understanding of and respect for international law enforcement norms. In relation to IHL, military forces and peacekeepers deploying abroad attended ICRC briefings and regional training/events in Cuba, El Salvador, Guatemala, Mexico and Peru; the Venezuelan defence ministry and the ICRC resumed cooperation on these matters. Forces in charge of maintaining order – including armed forces involved in police operations, mixed police/military units in Paraguay and specialized urban policing forces in Brazil – were briefed, notably, on international norms governing the use of force. The Mexican police and Rio de Janeiro's military police drew on ICRC expertise to enhance their human rights training programmes.

Governments advanced IHL implementation – Barbados, Belize and Dominica ratified the Arms Trade Treaty, and Colombia ratified the Convention on Cluster Munitions – with help from the region's national IHL committees and the ICRC. Some governments also contributed to the Strengthening IHL process and the ICRC's study of customary IHL. Briefings and advanced courses fostered support for and knowledge of IHL among those involved in implementing it, such as State prosecutors in Colombia, legislators, judges and academics. The authorities drafted/amended legislation, for example, on: the protection of the red cross emblem, in Venezuela; the use of force, in Honduras and Peru; and the needs of missing people and their families, in Mexico. Canadian and US authorities were engaged in dialogue on IHL and other norms applicable to their military operations in the Middle East, and for the latter, in Afghanistan. At the UN headquarters in New York, the ICRC addressed UN bodies, including the General Assembly and the Security Council, on matters pertaining to IHL implementation, weapons control and peacekeeping, and the humanitarian situation in the Horn of Africa, the Lake Chad region and the Middle East.

States, international/regional organizations and actors of influence were briefed on the humanitarian situation in the Americas region and abroad, and themes of particular concern for the ICRC/Movement, such as those covered by the Health Care in Danger project, and the prevention of sexual violence, with a view to gaining their support for Movement action worldwide. The 32nd International Conference and visits by the ICRC president to States in the Americas also served as platforms for in-depth dialogue. Members of civil society, particularly journalists, were briefed on IHL and humanitarian concerns; they helped spread awareness of them among a wider public.

With the International Federation, the ICRC helped National Societies working in the region build their capacities to respond to emergencies, assist victims of violence/conflict, and promote IHL. In particular, volunteers enhanced their skills in administering first aid, responding to emergencies and providing family-links services at specialized training events such as a Health Emergencies in Large Populations course in Cuba. Regular meetings between Movement components, including statutory meetings in Switzerland, and with UN agencies and other humanitarian players helped coordinate activities, resulting in a more efficient humanitarian action.

PROTECTION MAIN FIGURES AND INDICATORS

PROTECTION

	CIVILIANS											
	RCMs collected	RCMs distributed	Phone calls facilitated between family members	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	of whom women
Brasilia (regional)			1,525					12,422	739	98	99	8
Caracas (regional)						3						
Colombia	50	34		21	11	130		85,175	6,150	1,468	517	19
Haiti	22							11,455	519	353		
Lima (regional)		2	106					30,915	1,545	3,164	164	14
Mexico City (regional)	2	48	33,731					46,728	5,348	556	45	3
Washington (regional)	12	3	556				1	122			105	
Total	86	87	35,918	21	11	133	1	186,817	14,301	5,639	930	44

PEOPLE DEPRIVED OF THEIR FREEDOM														
	<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	People to whom a detention attestation was issued	
	1	1	19		1	1	39	21				36		Brasilia (regional)
														Caracas (regional)
	6	33	185	8	6	30	132	50	19	5				Colombia
							70	20	46	22	17			Haiti
			38	2			54	24	2		2	137	3	Lima (regional)
			3				139	46	47	19	1	9	1	Mexico City (regional)
							5	1	1,371	946	29		4	Washington (regional)
	7	34	245	10	7	31	439	162	1,485	992	49	182	4	Total

ASSISTANCE MAIN FIGURES AND INDICATORS

ASSISTANCE

	CIVILIANS										
	CIVILIANS - BENEFICIARIES							HEALTH CENTRES			
	Food commodities	Essential household items	Productive inputs	Cash	Vouchers	Services and training	Water and habitat activities	Health centres supported	Catchment population (monthly average)	Consultations (patients)	Immunizations (doses)
Colombia	6,799	5,840	27,116	90,379		78,740	17,887				
Haiti											
Brasilia (regional)			712								
Lima (regional)	112	6,637		566	19		2,732				
Mexico City (regional)	11,385	11,473		1,291			69,610	16	90,746	27,880	1,181
Total	18,296	23,950	27,828	92,236	19	78,740	90,229	16	90,746	27,880	1,181
of whom women	25%	16%	28%	33%	63%	30%	6%				
of whom children	27%	34%	45%	38%	32%	34%	8%				
of whom IDPs	14%	13%	18%	92%	42%	97%	2%				

PEOPLE DEPRIVED OF THEIR FREEDOM		WOUNDED AND SICK									
		FIRST AID	HOSPITAL	PHYSICAL REHABILITATION							
Essential household items	Water and habitat activities	First-aid posts supported	Hospitals supported	Projects supported	Patients receiving services	New patients fitted with prostheses	New patients fitted with orthoses	Prostheses delivered	Orthoses delivered	Patients receiving physiotherapy	
	4	1	17	9	12,551	332	3,855	675	5,789	7,161	Colombia
	11,305										Haiti
											Brasilia (regional)
3,428	2,150										Lima (regional)
3,423	25,558			7	10,901	132	806	247	1,091	4,610	Mexico City (regional)
6,851	39,017	1	17	16	23,452	464	4,661	922	6,880	11,771	Total
					33%	22%	19%	21%	22%		of whom women
					17%	9%	59%	9%	55%		of whom children
		of which for victims of mine or explosive remnants of war						12%	0%		of whom IDPs

COLOMBIA



KEY RESULTS/CONSTRAINTS IN 2015

- ▶ Through ICRC-provided job referrals, microeconomic initiatives and supplies/equipment, heads of IDP, returnee and resident households earned money, enabling some to cover their family's daily food needs.
- ▶ Victims of sexual violence and the families of missing persons coped with their situation with the help of psychological or psychosocial assistance from ICRC-trained health-care providers.
- ▶ Under a project by the penitentiary authorities/ICRC, some inmates in Colombia's largest prison had improved medical check-ups on arrival, and staff received support to improve/maintain facilities.
- ▶ The armed forces produced a practical guide to apply IHL and other relevant laws in its operations, and distributed it among its field instructors.
- ▶ Colombia ratified the Convention on Cluster Munitions, and the government issued a decree aimed at assisting the families of missing persons, for instance, by organizing commemorative events.
- ▶ Some 16,000 people learnt more about the basic provisions of IHL by completing an online course on the website of the Colombian Red Cross.

EXPENDITURE IN KCHF

Protection	8,487
Assistance	13,880
Prevention	3,094
Cooperation with National Societies	1,408
General	571
Total	27,441
<i>Of which: Overheads</i>	1,675

IMPLEMENTATION RATE

Expenditure/yearly budget	82%
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PERSONNEL

Mobile staff	65
Resident staff (daily workers not included)	303

In Colombia since 1969, the ICRC strives to protect and assist victims of the armed conflict and situations of violence, secure greater compliance with IHL by all weapon bearers, and promote integration of IHL and international human rights norms into the security forces' doctrine, training and operations. The ICRC visits security detainees. For IDPs and residents in rural and urban areas, it provides relief, helps ensure access to health care, and carries out small-scale repairs to infrastructure. It runs a comprehensive mine-action programme. It works closely with the Colombian Red Cross and other Movement components active in Colombia.

YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

HIGH

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	50
RCMs distributed	34
People located (tracing cases closed positively)	132
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	85,175
Detainees visited and monitored individually	517
Number of visits carried out	132
Number of places of detention visited	50
Restoring family links	
RCMs collected	19
RCMs distributed	5

ASSISTANCE	2015 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities Beneficiaries	14,000	6,799
Essential household items Beneficiaries	12,000	5,840
Productive inputs Beneficiaries	8,000	27,116
Cash Beneficiaries	5,440	90,379
Services and training Beneficiaries	480	78,740
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities Beneficiaries	14,500	17,887
WOUNDED AND SICK		
Hospitals		
Hospitals supported Structures		17
Physical rehabilitation		
Projects supported Structures	6	9
Patients receiving services Patients	12,000	12,551

CONTEXT

Hostilities between the Colombian government and the Revolutionary Armed Forces of Colombia – People's Army (FARC-EP) abated, owing to the FARC-EP's unilateral ceasefire declaration in July. This led to the government suspending aerial bombings against the armed group, although ground operations continued. At the same time, negotiations to end the armed conflict progressed: the two parties concluded agreements on four of the six points on the agenda, including transitional justice, and on addressing specific humanitarian concerns related to demining and to the families of missing persons; they jointly implemented humanitarian demining activities in two departments of Colombia.

Exploratory talks continued between the government and the National Liberation Army (ELN) on a peace process.

In certain parts of Colombia, other armed groups continued to fight with security forces or among themselves for control of land, natural resources and trade routes.

Communities continued to suffer the effects of conflict/violence, especially with regard to weapon contamination, sexual violence and restricted access to livelihood opportunities.

ICRC ACTION AND RESULTS

In Colombia, the ICRC secured acceptance for its role as a neutral intermediary among parties to the conflict and other weapon bearers, through confidential dialogue and its operational presence in rural and urban areas affected by conflict/violence. As a result, the ICRC was able to facilitate the release of people held by armed groups and the transfer of human remains for identification and burial, and safely reach and assist communities affected by fighting.

To strengthen respect for IHL and/or other relevant norms among parties concerned, the ICRC reminded them of their obligations under IHL and other applicable laws, on the basis of documented allegations of IHL violations; it also provided technical guidance/training for the authorities and the military/police. Such support contributed to the publication of a military guide to the application of IHL and other relevant norms in their operations, the creation of a military/police protocol to prevent sexual violence during armed conflict, and the issuance of a governmental decree to assist the families of missing persons. Partnerships with the media, and a basic course in IHL on the Colombian Red Cross website, fostered public awareness of IHL and issues of humanitarian concern.

Regular cooperation in addressing humanitarian needs expanded the capabilities of both the National Society and the ICRC. Through ICRC-facilitated training, the National Society developed the skills of its volunteers and staff, particularly in responding to emergencies and restoring family links.

With ICRC support, State and local institutions continued to strengthen their ability to respond to the needs of people affected by conflict/violence, although they faced some challenges in this regard, mostly linked to the volume of requests for assistance. Therefore, the ICRC, usually with the National Society, provided direct assistance to the communities affected in order to fill the gaps in the State's response; however, fewer people than planned needed help because the fighting between the government and the

FARC-EP had decreased (see *Context*). Food and household essentials covered IDPs' immediate needs, and livelihood support enabled heads of vulnerable households, including women, to earn money.

The ICRC helped wounded/sick people and victims of sexual violence obtain suitable health-care services; it also organized training courses, designed specifically for emergency responders and medical personnel. Disabled persons benefited from rehabilitative care at more ICRC-supported centres than in the previous year. Medical workers learnt more about their rights and duties and, along with health facilities, received markers bearing the red cross emblem.

The National Society/ICRC organized workshops at which community members learnt to protect themselves from mines/explosive remnants of war (ERW). They also built/improved community infrastructure to make daily activities safer for residents, including schoolchildren.

The authorities and other parties concerned continued to receive ICRC support for enhancing their management of human remains. The ICRC and its partners helped the families of missing persons cope by providing psychosocial support and/or facilitating their access to legal and administrative services.

Delegates visited detainees in accordance with standard ICRC procedures, and reported their findings confidentially to the authorities. The pertinent authorities, with technical guidance from the ICRC, took steps to ensure that detainees' treatment and living conditions conformed to internationally recognized standards. For example, they developed training programmes to facilitate the application of laws protecting minors and to hone the capacities of prison-health staff. The ICRC and the penitentiary authorities launched a multi-disciplinary project in the country's largest prison. As a result, some new inmates benefited from improved medical examinations, and the staff received support for maintaining/improving infrastructure; efforts to help ensure detainees' judicial guarantees ceased, owing to the State's limited resources.

CIVILIANS

Parties to the conflict and the ICRC confidentially discussed various issues of humanitarian concern: protection for civilians and health services, cases of missing persons and the release of minors associated with armed groups. Written/oral representations on documented allegations of IHL violations reminded weapon bearers of their obligations under IHL and other applicable laws; the armed forces later informed the ICRC of the actions they had taken after investigating these allegations. Parties affirmed their understanding of and acceptance for the ICRC's role as a neutral intermediary, particularly in the context of the peace talks and humanitarian demining.

In violence-affected urban areas, ICRC efforts to strengthen dialogue with weapon bearers, on humanitarian issues, continued. With ICRC support, youth and women's networks in Medellín promoted measures to protect people from violence and directed victims of sexual violence to the services available. As planned, these and other ICRC activities to assist communities in Medellín wrapped up by year's end.

IDPs maintain or improve their pre-displacement diet

With ICRC technical and material input, the State's victim assistance unit and other institutions continued to bolster their ability to assist conflict/violence-affected people. However, it was difficult for the State

unit to register and respond to the needs of IDPs and other victims in a timely manner, partly because of budgetary constraints and the number of victims needing assistance. By itself or with the National Society, the ICRC contributed to filling the gaps in State coverage.

At ICRC orientation sessions, victims of mines/ERW learnt more about administrative procedures for obtaining free medical care and financial compensation; others applied for these benefits thanks to the ICRC covering their transportation/administrative costs.

Through regular or ad hoc ICRC support, tens of thousands of IDPs and residents in rural and urban neighbourhoods became more resilient to the consequences of conflict/violence. They covered their daily household needs and worked towards self-sufficiency; others relocated/evacuated temporarily, or covered funeral costs for relatives. Owing to the decrease in hostilities between the government and the FARC-EP, fewer conflict-affected people than targeted required ICRC assistance.

Over 3,200 IDPs (800 households) met their immediate needs with the help of household essentials; 2,516 of them (624 households) also benefited from two-month food rations that allowed them to maintain/improve their pre-displacement diet. Another 5,999 IDPs (1,640 households) acquired basic necessities with the help of cash grants.

Conflict/violence-affected households increase their income-earning or food-producing capacities

To boost their job prospects and alleviate the financial impact of their displacement, 1,515 heads of IDP households (benefiting 8,658 people) enrolled in vocational training courses and/or obtained short-term employment at private companies, during which the ICRC covered a percentage of their salaries. Nearly 120 heads of resident households (515 people) in Medellín benefited from job referrals and vocational training. Microeconomic initiatives and cash-for-work projects also helped some 400 households (1,734 people) start/resume income-generating activities. In this way, some households added to their revenue and managed to cover their daily dietary requirements.

Using ICRC-supplied agricultural/fishing tools or livestock, approximately 280 heads of returnee households (1,048 people), and 1,580 breadwinners (6,504 people) from rural areas, restored their food production, increased it by 25% and/or diversified their diet. This support also eased returnees' reintegration into their communities. An association of female victims of conflict developed a livelihood project with ICRC assistance; 18 heads of households (93 people) benefited.

Infrastructure improvements gave 2,187 IDPs, and nearly 15,800 residents from rural communities, including those affected by weapon contamination (see below), access to improved water/sanitation, shelter and other facilities; hygiene-promotion sessions helped residents decrease their risk of disease/illness. Three health centres enhanced their services with ad hoc ICRC rehabilitation works.

Health professionals strengthen their ability to provide care for victims of sexual violence

With support from the National Society/ICRC, around 6,300 people, mostly health personnel, learnt more about their rights and duties; some 4,500 health staff and 160 facilities and vehicles received markers bearing the red cross emblem.

About 170 victims of sexual violence coped with their situation with the help of psychological care. Through training, almost 350 health professionals from various institutions serving around 1,000 people in 43 municipalities strengthened their ability to provide mental-health care and psychosocial support, particularly for victims of sexual violence.

By attending school, children become less exposed to the consequences of conflict/violence

During National Society/ICRC workshops on weapon contamination, nearly 18,200 people – members of the community, local authorities and people from academic institutions – learnt more about safe practices and victims' rights. Construction/rehabilitation of aqueducts and other infrastructure close to their homes helped around 5,200 people mitigate the threat of mines/ERW to them. Repairs/upgrades to 12 educational facilities in rural communities gave 2,519 children incentive to go to school, in turn minimizing their vulnerability to the consequences of conflict/violence.

Families perform burials for formerly missing relatives

People separated from their families, including minors formerly associated with armed groups, restored contact with their relatives through the Movement's family-links services.

ICRC support helped local institutions facilitate their management and identification of human remains. This included the collection of biological samples from the families of missing persons, training for nearly 170 emergency responders and cemetery workers, and the construction of vaults in one cemetery. Forensic experts/institutions and the judicial authorities incorporated the ICRC's recommendations in their forensic procedures, which included a protocol for managing dismembered bodies.

At the request of the families of missing persons, the authorities received 10 sets of human remains recovered by the ICRC for identification. Sixteen families who had already ascertained their relatives' fate performed dignified burials for them, with ICRC assistance.

Relatives of missing persons cope with their situation through psychosocial support

Some 150 families of missing persons eased their suffering with psychosocial care, either provided directly by health-care personnel or through ICRC-trained local partners. A National Society focal point in one town facilitated the creation of a support group for relatives of 20 missing persons; this enabled members of the group to provide psychosocial support for each other and gave them a venue where they could discuss their legal and economic needs. An ICRC handbook helped raise awareness of the rights of missing persons' families among the authorities and the families.

Inter-institutional events on missing persons strengthened coordination among stakeholders. Over 96 public/military prosecutors, investigators and forensic experts convened at ICRC-organized seminars to discuss the need for a multidisciplinary approach to the issue of missing persons, notably in relation to forensics and to legal/psychosocial assistance for the families concerned.

PEOPLE DEPRIVED OF THEIR FREEDOM

Penitentiary instructors train to teach international human rights law to their colleagues

Nearly 85,200 detainees, among them 6,150 women and 1,468 minors, received ICRC visits according to the organization's standard

procedures, aimed at monitoring their treatment, living conditions and access to health care. The authorities received confidential oral/written feedback based on these visits, including on the need to detain people close to their homes, as well as technical support; these inputs helped the authorities ensure that detainees' treatment and living conditions conformed with internationally recognized standards.

The justice ministry and the penitentiary authorities reviewed or began to revise their manuals, such as one on the use of force in detention. A draft of the national minimum standards for prison design was submitted to the ICRC for comment, particularly in connection with the detention conditions of women and minors. The health ministry set up an inter-sectoral working group for training prison health staff.

Police/ICRC-trained instructors from penitentiary facilities developed their capacity to teach to their colleagues international human rights law and international standards on the use of force in law enforcement, primarily with regard to detention. A training module, designed by the ICRC and stakeholders of the juvenile penal system, sought to develop the latter's capacity to apply laws protecting minors associated with armed groups.

Some new arrivals at one prison receive improved medical check-ups

The penitentiary authorities and the ICRC launched a project to address issues related to judicial guarantees, health and infrastructure, faced by inmates in the country's largest prison. As a result, some inmates benefited from improved medical examinations on their arrival, and the staff received a monitoring system to help them maintain various facilities at the prison and ensure their long-term functioning. Efforts to help assure detainees' judicial guarantees ceased, owing to the State's limited human and financial resources.

Detainees communicated with relatives through RCMs. Under the ICRC's auspices, six adolescents formerly associated with an armed group and detained by the government were transferred to a State welfare institution, and 21 people held by armed groups were released and handed over to their families.

WOUNDED AND SICK

Four academic institutions incorporate war-surgery courses in their curricula

Around 2,200 people from communities with an average population of 450,000 strengthened their first-aid skills at training sessions. Similarly, 828 health personnel, including 89 from armed groups, learnt more about weapon-wound management; a survey conducted afterwards showed that 76% of the participants had already applied what they had learnt, and that 83% had passed on their skills to colleagues.

Medical students at university attended war-surgery courses offered by four academic institutions that had incorporated the subject in their curricula. A regional conference organized by the Colombian Surgical Association and the ICRC enabled 216 health personnel to learn more about weapon-wound management from experts.

Some 1,400 wounded/sick people obtained adequate health care with the ICRC's financial assistance.

More physical rehabilitation centres receive ICRC support

More physical rehabilitation centres and wheelchair production facilities than in the previous year benefited from comprehensive

ICRC support, in line with the organization's aim of bringing good-quality rehabilitative care closer to disabled persons. Staff from supported facilities, and from various educational institutions, developed their skills through technical advice/training.

Over 12,500 disabled persons, including 31 detainees, regained their mobility at six partner centres. The most vulnerable had their transport, accommodation and treatment costs covered by the ICRC.

With the ICRC's help, the authorities adopted a resolution to implement good practices among providers of prosthetic/orthotic services. They also received encouragement to include weapon-wounded people and victims of mines/ERW in the national welfare system.

ACTORS OF INFLUENCE

Military produces practical IHL guide for its field instructors

Dialogue between the authorities, weapon bearers and the ICRC continued, with a view to facilitating, for the organization and for health services, safe and unhindered access to communities affected by conflict/violence (see *Civilians*).

In line with an agreement with the ICRC to include provisions of IHL and international human rights law in its new doctrine, the armed forces produced a practical guide to applying IHL and other relevant laws in their operations; the guide was prepared on the basis of operational reviews conducted in 2014 and distributed to field instructors. Military personnel continued to assess the compliance of their operations with IHL, in accordance with a defence ministry directive. A senior official participated in an international workshop on rules governing military operations (see *International law and policy*). The military forces and national police produced a protocol on preventing sexual violence during armed conflict, and among its personnel.

Twenty-six prosecutors, including from Medellín, and military legal advisers and police officers, learnt how to better prepare for IHL-related cases by studying ongoing cases of alleged IHL violations, during a workshop organized by the defence ministry and the prosecutor general with ICRC support.

At ICRC workshops, some 100 military/police officials and 500 policemen in Medellín furthered their understanding of the proper conduct of law enforcement operations.

Government issues decree to assist the families of missing persons

Representatives of national IHL committees in the Americas region, as well as those of other countries and regional organizations, gathered at a conference organized by the Colombian government, the Colombian Red Cross and the ICRC. They discussed several IHL-related topics, including the humanitarian consequences of the use of certain weapons, the Arms Trade Treaty, cooperation among national IHL committees in the region, and States' positions on topics to be covered by the 32nd International Conference. In particular, in preparation for the International Conference, the Colombian authorities and the National Society/ICRC discussed the state of implementation of IHL-related domestic legislation, and the government's support for a resolution on the Health Care in Danger project.

Technical advice and encouragement from the ICRC facilitated the creation or development of national frameworks related to IHL

and other internationally recognized norms (see *People deprived of their freedom*). The authorities issued a decree aimed at strengthening the State's capacity to identify and preserve human remains and at assisting families of the missing through, for example, the organization of commemorative events. Colombia ratified the Convention on Cluster Munitions.

ICRC participation in university courses and events on IHL encouraged academics to promote the subject among their peers and students.

Thousands of people complete a National Society/ICRC online course in basic IHL

Workshops helped more than 120 journalists learn more about the protection afforded to them by IHL. National and international media published key messages on the consequences of conflict/violence, drawing on information from ICRC materials, including articles posted on the delegation's website and other social media accounts. Some 16,000 people learnt the basic principles of IHL by completing an online course, launched by the National Society/ICRC on the National Society's website.

An ICRC campaign celebrating 100 years of the organization's detention activities in Colombia broadened awareness, among the pertinent authorities and other parties concerned, of the need to address humanitarian issues in detention facilities.

Information sessions helped members of the international community stay abreast of the ICRC's activities for communities affected by conflict/violence.

RED CROSS AND RED CRESCENT MOVEMENT

The Colombian Red Cross remained the ICRC's main partner in responding to the needs of people affected by conflict/violence (see *Civilians* and *Wounded and sick*). It bolstered its ability to do so with ICRC technical and financial support; for example, nearly 400 volunteers trained in conducting vulnerability and capacity assessments and in incorporating the Safer Access Framework in their activities.

Efforts to reinforce Movement coordination continued, through the exchange of security/operational information and by other means.

MAIN FIGURES AND INDICATORS: PROTECTION	Total			
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)		UAMs/SC*		
RCMs collected	50	31		
RCMs distributed	34	7		
Reunifications, transfers and repatriations				
People transferred/repatriated	21			
Human remains transferred/repatriated	11			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	359	65	42	70
including people for whom tracing requests were registered by another delegation	7			
People located (tracing cases closed positively)	132			
including people for whom tracing requests were registered by another delegation	2			
Tracing cases still being handled at the end of the reporting period (people)	478	52	41	81
including people for whom tracing requests were registered by another delegation	7			
Documents				
Official documents relayed between family members across borders/front lines	2			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits		Women	Minors	
Detainees visited	85,175	6,150	1,468	
		Women	Girls	Boys
Detainees visited and monitored individually	517	19	6	33
Detainees newly registered	185	8	6	30
Number of visits carried out	132			
Number of places of detention visited	50			
Restoring family links				
RCMs collected	19			
RCMs distributed	5			

*Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	6,799	32%	38%
	<i>of whom IDPs</i>	2,516		
Essential household items	Beneficiaries	5,840	33%	37%
	<i>of whom IDPs</i>	3,224		
Productive inputs	Beneficiaries	27,116	28%	45%
	<i>of whom IDPs</i>	4,402		
Cash	Beneficiaries	90,379	33%	38%
	<i>of whom IDPs</i>	85,197		
Services and training	Beneficiaries	78,740	34%	38%
	<i>of whom IDPs</i>	76,466		
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	17,887	29%	42%
	<i>of whom IDPs</i>	2,187		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	4		
Health				
Number of visits carried out by health staff		12		
Number of places of detention visited by health staff		4		
Number of health facilities supported in places of detention visited by health staff		1		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	17		
Patients whose hospital treatment has been paid for by the ICRC	Patients	1,470		
First aid				
First-aid posts supported	Structures	1		
Water and habitat				
Water and habitat activities	Number of beds	99		
Physical rehabilitation				
Projects supported	Structures	9		
Patients receiving services	Patients	12,551	4,951	3,033
New patients fitted with prostheses	Patients	332	70	25
Prostheses delivered	Units	675	158	55
	<i>of which for victims of mines or explosive remnants of war</i>	71		
New patients fitted with orthoses	Patients	3,855	774	2,116
Orthoses delivered	Units	5,789	1,431	2,838
	<i>of which for victims of mines or explosive remnants of war</i>	8		
Patients receiving physiotherapy	Patients	7,161	3,861	553
Crutches delivered	Units	426		
Wheelchairs delivered	Units	899		



ICRC / AR_2015

ICRC delegation * Dominican Republic is covered by the ICRC delegation in Haiti

The ICRC has been present in Haiti since 1994. It responds to acute humanitarian situations in prisons and supports national authorities in improving conditions of detention and respect for judicial guarantees. While sustaining dialogue with the authorities and weapon bearers on humanitarian concerns, it helps the national security forces disseminate international human rights law, other relevant norms and standards, and humanitarian principles. With other Movement partners, the ICRC helps strengthen the emergency response capacities of the Haitian National Red Cross Society and the Dominican Red Cross.

KEY RESULTS/CONSTRAINTS IN 2015

- ▶ In Haiti, dozens of detainees were released after the justice ministry and penitentiary legal staff, with ICRC support, endeavoured to address prolonged pre-trial detention through improved case management.
- ▶ The Haitian penitentiary authorities took more responsibility for facilitating detainees' access to health care: they established a central pharmacy for prisons and met some of detainees' treatment-related costs.
- ▶ In the absence of official mechanisms for penitentiary reform, such as the sectorial coordination platforms, the ICRC facilitated regular meetings with the pertinent parties on how to address detention-related issues.
- ▶ The Haitian National Red Cross Society and the Dominican Red Cross bolstered their family-links capacities, enabling them to help people dispersed by migration to restore or maintain contact with relatives.

EXPENDITURE IN KCHF

Protection	749
Assistance	1,675
Prevention	369
Cooperation with National Societies	845
General	15
Total	3,653
<i>Of which: Overheads</i>	223

IMPLEMENTATION RATE

Expenditure/yearly budget	75%
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PERSONNEL

Mobile staff	7
Resident staff (daily workers not included)	51

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	22
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	11,455
Number of visits carried out	70
Number of places of detention visited	20
Restoring family links	
RCMs collected	46
RCMs distributed	22
Phone calls made to families to inform them of the whereabouts of a detained relative	17

CONTEXT

In Haiti, the results of the protracted legislative and presidential electoral processes drew controversy, prompting violent protests, preventing the parliament from resuming its functions and increasing political instability.

Difficulties in accessing essential services persisted, including within the penitentiary system. Limited access to clean water, for instance, contributed to cholera outbreaks. The conditions endured by detainees were also compounded by overcrowding, mainly linked to a very high rate of prolonged pre-trial detention. The judicial system remained unable to cope with the increased rate of arrests made by the Haitian National Police (HNP) to curb prevalent organized/gang-related crime, exacerbating the situation in prisons.

The Haitian authorities and their international partners continued to bolster the HNP's capacities. The UN Stabilization Mission in Haiti (MINUSTAH) was undergoing reconfiguration, towards extending more support to the authorities' development initiatives; its troop reduction continued.

Haitians and people of Haitian descent continued returning from the Dominican Republic, voluntarily or otherwise, owing to the Dominican Republic's tightened immigration policies – a source of tension between the two States. Haitian migrants also faced deportation from other countries, particularly the Bahamas.

ICRC ACTION AND RESULTS

The ICRC maintained its focus on helping address detainees' humanitarian needs in Haiti. It monitored the treatment and living conditions of detainees during visits conducted according to its standard procedures. Afterwards, the ICRC shared its findings and recommendations with the Penitentiary Administration Directorate (DAP), the justice ministry and other pertinent authorities, and urged them to take appropriate action. Given the absence of official coordination mechanisms, the ICRC pursued efforts to foster cooperation among the pertinent domestic and international organizations on detention-related issues.

To help tackle prolonged pre-trial detention, the ICRC supported the justice ministry and penitentiary legal assistants in following up the cases of the detainees concerned, leading to the promulgation of court decisions, including for the release of several dozen detainees.

During a cholera outbreak in one prison, the ICRC helped detainees reduce their risk of infection or obtain treatment, either directly or by mobilizing other actors. Partly as a result of ICRC advocacy efforts, the authorities started assuming more responsibility for facilitating detainees' access to health care: they established a central pharmacy, and shouldered the costs of detainees' laboratory examinations and of their treatment at external facilities. The ICRC extended ad hoc medical assistance to some detainees, such as those suffering from malnutrition. The health ministry formed a working group with the DAP, an international organization and the ICRC, towards implementing a prison health policy.

At information sessions conducted by an ICRC mobile team in several prisons, detainees learnt more about lowering their health risks through good hygiene practices; some trained to instruct their

peers accordingly. They saw improvements in their living conditions following infrastructural repairs/upgrades by ICRC-backed local engineers. Amid constraints that contributed to the limited functionality of key equipment/facilities, penitentiary technicians honed their skills in operating/maintaining these. Prison staff enhanced their ability to handle communicable diseases, at ICRC workshops.

The Haitian National Red Cross Society improved its emergency response capacities with ICRC technical/material support. The Haitian Red Cross and the Dominican Red Cross boosted their family-links services, particularly given the influx of returnees to Haiti from the Dominican Republic (see *Context*). In line with a bilateral cooperation agreement, the National Societies expanded an action plan on concerns of common interest. The ICRC worked with the National Societies and other Movement partners to strengthen their coordination.

Through dialogue, training events and public communication, the ICRC fostered acceptance of humanitarian principles, IHL, pertinent internationally recognized standards and the Movement among the authorities, weapon bearers, civil society representatives and international actors. The ICRC kept influential parties updated on its adaptation of activities as it sought to focus on supporting local ownership and sustainability of the response to humanitarian needs.

PEOPLE DEPRIVED OF THEIR FREEDOM

The pertinent authorities received ICRC support to enable them to better fulfil their responsibilities, thus helping ease the adverse situation of detainees in Haiti (see *Context*).

The authorities are urged to undertake coordinated penitentiary-reform efforts

The treatment and living conditions of over 11,400 inmates in 20 places of detention were monitored during ICRC visits, conducted according to the organization's standard procedures. Some detainees obtained support in restoring/maintaining contact with their kin. Particularly vulnerable people, such as women and minors, received close attention as regards respect for their judicial guarantees and their ability to obtain health care. Afterwards, the ICRC shared its findings and recommendations, focusing on detainees' treatment and their access to open air, with the authorities – the DAP, the HNP, the justice and health ministries and the prime minister's office.

Given the continued inactivity of the DAP's sectorial coordination platforms working on penitentiary reform, and the absence of alternative official mechanisms, the ICRC maintained its mobilization and other efforts to foster cooperation among the pertinent domestic and international organizations. These included facilitating regular meetings, where detention-related issues, and ways to keep them on the government's agenda, were discussed.

Eligible detainees are released from overcrowded prisons

In line with the goal of promoting respect for detainees' judicial guarantees, the justice ministry launched an initiative to tackle prolonged pre-trial detention. Its implementation, with ICRC material/technical support, facilitated the release of over 100 detainees from Croix-des-Bouquets prison, Pétion-Ville women's prison and Port-au-Prince civil prison (PCPP). In parallel, penitentiary legal assistants/clerks continued to draw on ICRC input to lobby the judiciary to expedite the resolution

of detainees' cases, especially people held for protracted periods, through individual representations on the detainees' behalf. At two workshops, these personnel strengthened their capacities to handle their caseloads more efficiently. Their efforts led to the promulgation of court decisions, notably for the release of 90 detainees, thus contributing to the alleviation of overcrowding in prisons. The DAP committed to recruiting more legal staff, in line with ICRC recommendations.

At a seminar, some 30 prison guards learnt more about their role in helping to ensure detainees' judicial guarantees and address their needs for food, hygiene, health care and fresh air.

The authorities take more responsibility for facilitating detainees' access to health care

During a cholera outbreak in Les Cayes prison, the DAP worked with the ICRC in establishing a treatment centre, enforcing emergency hygiene measures and mobilizing the health ministry to provide more medical staff. Detainees also benefited from ICRC-provided medical/hygiene items, and the mobilization of WHO to donate oral-rehydration salts to the DAP's pharmacy (see below). To help prevent the further spread of cholera, the health and justice ministries partnered with WHO to vaccinate some 5,000 detainees, thanks in part to ICRC representations to this end. The DAP managed a scabies outbreak in Fort Liberté prison with ICRC support.

The DAP shouldered detainees' laboratory-examination fees and established a central pharmacy to serve prisons countrywide, partly as a result of ICRC advocacy efforts. The pharmacy received ICRC-donated essential drugs for the needs of detainees held in 17 places of permanent detention. The appointment of a new supervisor contributed to improved attendance among DAP medical workers. These workers improved their ability to manage health cases, including making referrals for further care, through an ICRC coaching programme, during which the ICRC covered the costs related to 20 inmates' treatment at external facilities. The authorities assumed such costs afterwards.

Some 400 detainees diagnosed with moderate or severe acute malnutrition improved their health status with the help of ICRC-distributed high-calorie food supplements. Following ICRC-led nutritional assessments of detainees held in six key prisons, the pertinent authorities received recommendations for solving persistent food-supply problems. The DAP developed treatment guidelines for malnutrition; medical staff trained in diagnosing it.

The health ministry formed a working group with the DAP, an international NGO and the ICRC, towards implementing a prison health policy. The health and justice ministries, with ICRC input, continued discussions on strengthening coordination between them.

Detainees lower their health risks and gain from improvements in their living conditions

At various prisons, 9,000 detainees furthered their understanding of good hygiene practices, particularly infection prevention, during information sessions by an ICRC mobile team. They received hygiene kits and cleaning materials so they could apply what they had learnt; some trained to instruct their peers accordingly. Some detainees had reduced health risks following ICRC-led emergency repairs to essential facilities: 4,700 detainees in the PCPP and 780 in Cap-Haïtien prison maintained their access to clean water, and 500 detainees in Jacmel prison benefited from

improvements to a treatment area for sick detainees. Health staff enhanced their ability to handle communicable diseases and logisticians their skills in managing stocks of hygiene/sanitation items, during ICRC-facilitated workshops.

In view of logistical and other constraints that contributed to the limited functionality of infrastructure that the ICRC had supported in the past, the DAP and the ICRC formalized an agreement to help address the issue through training. Thirty-five penitentiary technicians honed their skills in operating/maintaining key equipment and infrastructure during a workshop; afterwards, they participated in ongoing assessments of prison facilities, to enable the authorities to develop a countrywide infrastructure-maintenance plan.

Local engineers continued to receive ICRC backing to finish projects begun in end-2014 and to undertake urgent repairs of fragile/breakdown-prone facilities. In Les Cayes prison, toilets and showers were constructed and septic tanks upgraded, facilitating more sanitary conditions for 690 inmates; a new cell block for minors neared completion. Kitchen renovations in Cap-Haïtien prison boosted cooking capacity in behalf of all 850 inmates there. Repairs to the kitchen, infirmary and courtyard drainage system benefited 73 detainees of Grande Rivière du Nord prison.

In Cap-Haïtien and Les Cayes prisons, the ICRC's systematic follow-up helped ascertain the sustainment of improvements in inmates' access to outdoor areas.

ACTORS OF INFLUENCE

Authorities, weapon bearers, civil society representatives and international actors were engaged by the ICRC through dialogue and IHL-related training; they also had access to radio broadcasts and multimedia resources, including reference materials for university students. These efforts helped promote the protection of vulnerable people, such as detainees (see *People deprived of their freedom*), and facilitate humanitarian activities for them, especially during emergencies (see also *Red Cross and Red Crescent Movement*). Such also fostered their acceptance of humanitarian principles, IHL and the Movement.

The ICRC kept influential parties updated on its adaptation of activities as it sought to focus on supporting local ownership and sustainability of the response to humanitarian needs.

Weapon bearers strengthen their grasp of applicable norms and standards

Members of the Dominican military attended a regional IHL seminar (see *Mexico*); a senior officer took part in an IHL workshop in Algeria (see *International law and policy*). About 150 MINUSTAH military and police officers, briefed by ICRC delegates in their countries of origin prior to their deployment to Haiti to support the HNP's operations, refreshed their understanding of humanitarian principles and the Movement during dissemination sessions. The HNP agreed to proposed ICRC seminars for its officers, on internationally recognized standards on the use of force; these did not push through, owing to scheduling constraints faced by the HNP's academy.

Contact with gang members in Martissant was maintained by the Haitian Red Cross and the ICRC, with a view to facilitating the National Society's activities during emergencies. The Haitian Red Cross drew on ICRC technical/material/financial support for

developing a communication strategy to promote respect for the red cross emblem and safe passage for ambulances.

Haitian civil society representatives discuss new penal code

National IHL committee members of the Dominican Republic participated in a regional conference (see *Colombia*), where they exchanged views on such IHL-related matters as challenges to the domestic implementation of the Arms Trade Treaty, to which the State had acceded in 2014.

In Haiti, the ICRC's efforts to encourage detention-related reform led to some progress: it contributed input for drafting a new penal code, which was discussed among key civil society representatives (see also *People deprived of their freedom*). Political instability (see *Context*) and other government priorities, however, impeded the adoption of IHL-related legislation.

RED CROSS AND RED CRESCENT MOVEMENT

Haitian Red Cross bolsters its emergency response capacities

Amid staffing and other constraints, the Haitian Red Cross enhanced its capacities, including in public communication and the application of the Safer Access Framework (see *Actors of influence*), with ICRC technical/material/financial support. Various National Society branches received supplies for emergencies; the office in the border area of Belladère was refurbished. In the violence-prone area of Martissant, volunteers treated about 3,000 injured people and shared key messages regarding disease prevention and hurricane preparedness with the community. Discussions with the National Society, aimed at promoting the full recognition of the Martissant volunteers and their formal affiliation with a local branch to reinforce the organization's ability to work in Martissant and similar areas, were ongoing.

The Haitian Red Cross continued developing a five-year strategic plan with input from the International Federation and the ICRC. Its newly elected officials learnt more about their duties during ICRC-facilitated information sessions.

Haitian authorities strive to ensure the water supply in Cité Soleil

The water authorities, with ICRC support, completed a plan to mobilize resources – including from within the Movement – that would enable them to maintain the water system in the tension-prone area of Cité Soleil, in Port-au-Prince city. Some repairs were completed; similar work was done by the ICRC in 2013, but renewed backing became necessary after it was found that lack of maintenance prevented people's regular access to water.

National Societies boost their family-links capacities

Both National Societies conducted binational training sessions for volunteers deployed to border areas, with support from the American Red Cross. The Dominican Red Cross hired a coordinator, and the Haitian Red Cross continued to receive ICRC-provided technical/material assistance. All these efforts bolstered the National Societies' ability to facilitate contact between separated relatives, particularly in view of the influx of returnees to Haiti from the Dominican Republic (see *Context*).

In line with a bilateral cooperation agreement, the Haitian Red Cross and the Dominican Red Cross broadened the scope of a joint action plan on migration to include such concerns as disaster-risk reduction/management and public health.

Movement components strengthen their coordination

Periodic contact between the Dominican and Haitian National Societies and the ICRC contributed to common positioning on key issues, particularly during the run-up to the 32nd International Conference.

Discussions towards the formalization of a draft tripartite agreement between the National Society, the International Federation and the ICRC, to help ensure a coordinated Movement response to emergencies in Haiti, were ongoing.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)				
RCMs collected	22			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits		Women	Minors	
Detainees visited	11,455	519	353	
Number of visits carried out	70			
Number of places of detention visited	20			
Restoring family links				
RCMs collected	46			
RCMs distributed	22			
Phone calls made to families to inform them of the whereabouts of a detained relative	17			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security ¹ (in some cases provided within a protection programme)				
Services and training	Beneficiaries	8,821		
Water and habitat (in some cases provided within a protection programme)				
Water and habitat activities	Beneficiaries	11,305		
Health				
Number of visits carried out by health staff		9		
Number of places of detention visited by health staff		6		
Number of health facilities supported in places of detention visited by health staff		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.

BRASILIA (regional)

COVERING: Argentina, Brazil, Chile, Paraguay, Uruguay



The ICRC has been present in the region since 1975. It visits security detainees and responds to situations of violence and social unrest, often with the region's National Societies, which it supports in developing their capacities to act in such situations. It helps authorities identify human remains so as to provide families with information on their missing relatives. The ICRC promotes the incorporation of IHL into national legislation and the doctrine, training and operations of armed forces, and works with police forces to integrate international human rights law applicable to the use of force into theirs.

KEY RESULTS/CONSTRAINTS IN 2015

- Brazilian authorities, with ICRC help, continued an ICRC project to train health workers and teachers to help *favela* residents in Rio de Janeiro cope with violence, and expanded it to other municipalities.
- In northern Paraguay, some communities built their resilience to violence by earning money/obtaining clean water with ICRC help. Some families of detained Mapuches in Chile also received livelihood support.
- State weapon bearers – the military police of Rio de Janeiro state, Chile's *Carabineros* and Paraguay's joint police/military unit – further incorporated pertinent international norms and IHL in their training.
- The region's authorities drew on the ICRC's input to improve treatment/living conditions for detainees. In Paraguay, female detainees benefited from infrastructural upgrades, and produced/sold handicrafts.
- The region's authorities were helped to implement IHL and regional treaties covering the use of/trade in certain weapons. Chile's IHL committee finalized a draft bill that prohibited the use of certain weapons.

EXPENDITURE IN KCHF

Protection	2,223
Assistance	551
Prevention	2,693
Cooperation with National Societies	1,283
General	72
Total	6,823
<i>Of which: Overheads</i>	416

IMPLEMENTATION RATE

Expenditure/yearly budget	91%
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PERSONNEL

Mobile staff	8
Resident staff (daily workers not included)	56

YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

HIGH

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
Phone calls facilitated between family members	1,525
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	12,422
Detainees visited and monitored individually	99
Number of visits carried out	39
Number of places of detention visited	21

ASSISTANCE		2015 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security (in some cases provided within a protection or cooperation programme)			
Productive inputs ¹	Beneficiaries	1,100	712
Water and habitat (in some cases provided within a protection or cooperation programme)			
Water and habitat activities	Beneficiaries	950	

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

In Brazil, economic issues continued to give rise to mass demonstrations, and the incidence of violence in urban areas throughout the country remained high. Authorities in Rio de Janeiro kept up their “pacification” programme, deploying police/military units in large-scale law enforcement operations in several slums, known as *favelas*. Mapuche communities in southern Chile clashed with other groups over issues related to the ownership of land, in which the national police force – the *Carabineros* – sometimes intervened; in several cities, protests for educational reform led to violence. In northern Paraguay, fighting between joint police/security units and armed elements led to deaths and arrests.

Arrests, after the events mentioned above, contributed to the growth of the prison population. Some ex-detainees from the US internment facility at Guantanamo Bay Naval Station in Cuba resettled in Uruguay.

Natural disasters – flash floods and storms in several countries – caused deaths, displaced people and dispersed families.

ICRC ACTION AND RESULTS

The ICRC’s delegation in Brasilia worked to address the various needs of violence-affected people throughout the region and of detainees, and to foster support for IHL/other international norms and ICRC activities.

In Brazil, the ICRC focused on helping the authorities concerned continue the “Rio project”, an initiative that aimed to help people mitigate the effects of armed violence in selected *favelas* of Rio de Janeiro and that had concluded in 2013. Hundreds of health workers were trained to operate in violence-prone areas safely and to provide psychosocial support to vulnerable people. Teachers were given support for promoting safe practices, and for setting up Creating Humanitarian Spaces (CHS) projects, to help students in their schools cope with violence. The authorities replicated these activities in other municipalities/cities; the findings/results of the project were presented to federal/state authorities, and at the 32nd International Conference.

Military/security forces throughout the region had ICRC help for furthering the incorporation of pertinent international norms in their training and doctrine. ICRC expertise helped Brazilian, Chilean and Paraguayan police forces to update their training curricula; Argentinian and Brazilian troops – student officers and peacekeepers – were briefed on IHL; training and other events abroad helped senior officers strengthen their grasp of IHL and other pertinent norms. Authorities in the region were given support for advancing IHL and treaties governing the use of and trade in weapons, through technical advice and training for some officials. Efforts were also pursued to raise support among all actors of influence for Movement/ICRC activities.

The ICRC visited detainees throughout the region and reported its findings, and its recommendations for improving conditions for detainees, to the detaining authorities. The ICRC and the authorities concerned upgraded facilities for cooking/storing food at two prisons in Paraguay. Together with the Paraguayan Red Cross, the ICRC continued to back a livelihood project for female detainees, including women who had already been released, with a view to helping them reintegrate into society. Families of detained Mapuches were given help to boost their incomes.

In northern Paraguay, communities built their resilience to violence with ICRC assistance. Some varied their sources of food/income, and had better access to clean water, following ICRC livelihood support and improvements to water systems. These and other violence-affected communities could obtain care from National Society volunteers trained in first aid and psychosocial care. In Brazil, to increase the likelihood of families receiving news of relatives missing since the period of military rule, the pertinent services developed their skills in forensics and made themselves more adept in easing the distress of the families concerned.

National Societies throughout the region, particularly the Brazilian Red Cross, the Chilean Red Cross, and the Paraguayan Red Cross, responded to natural disasters and worked to benefit violence-affected communities. They expanded their capacity to administer first aid and reach and work in violence-prone areas, and to help members of families separated by natural disasters, migration and other circumstances to reconnect. National Societies were given support for internal restructuring and for coordinating their activities between themselves.

CIVILIANS

Through confidential dialogue with the ICRC, the region’s authorities, military/security forces, community leaders and other key figures were informed of allegations of abuse, with a view to helping them implement measures for preventing recurrence, and for mitigating the effects of violence.

Violence-affected *favela* residents obtain health and psychosocial care

The authorities in Rio de Janeiro maintained the “Rio project” with ICRC support. Some 400 health staff – serving a catchment population of 1 million people – were trained to apply the Safer Access Framework for lowering the risk to their safety in violence-affected areas. Around 700 health professionals learnt more about caring for violence-affected people suffering from mental distress; a module on the link between mental-health issues and violence was included in the curriculum of a school specializing in mental-health care. Initiatives for providing adolescent mothers and their children with medical and psychosocial care were extended: five of the six associations of mental-health workers in the city participated in the project; and some 140 health workers were trained to teach others to deliver such services.

To help students cope with violence, educational authorities in Rio de Janeiro held workshops at which 254 teachers were trained to promote safe practices among students. The state authorities also took steps to set up CHS projects in 25 schools in the city, notably by training 75 educational professionals.

The project was extended to other municipalities of Rio de Janeiro state and elsewhere. Training was held for: 55 health staff of five municipalities and of Florianopolis city, Santa Catarina state, in the Safer Access Framework; and teachers from eight schools in Mesquita municipality, in promoting safe practices. The findings/results of the project were presented to federal/state authorities, to encourage them to replicate the project; they were also shared with other States (see *Actors of influence*).

Violence-affected communities in Chile and Paraguay benefit from aid/psychosocial care

Communities in northern Paraguay strengthened their resilience to violence with livelihood support. For example, 223 households

(1,115 people) varied/supplemented their sources of food and income with produce from vegetable gardens; they were supported by the ICRC/State agencies with seed, tools and training. A total of 318 households (1,590 people) had easier access to clean water, and were safer from waterborne illnesses, following upgrades to their water systems.

Wounded people and those suffering mental distress were more likely to receive adequate care after health/medical services had strengthened their corresponding capacities (see *Red Cross and Red Crescent Movement*). Storm-affected communities in the department of Concepción in Paraguay were counselled by Paraguayan Red Cross volunteers; in Horqueta, 40 students were trained to be first-aiders. In Chile, about 50 Chilean Red Cross staff/volunteers had training in providing psychosocial care, and another 20 in teaching first aid and good hygiene practices. By late-2015, Mapuche communities had already begun to benefit: 12 families had psychosocial support and 22 people attended basic first-aid courses.

In line with the Health Care in Danger project, the difficulties faced by violence-affected communities, and by health workers in Brazil and elsewhere, were highlighted in dialogue with key actors, to encourage their support (see *Actors of influence*). In Chile, the health ministry formed a working group for dealing with the obstacles faced by health workers; the group was helped by the ICRC to create a monitoring tool/mechanism for documenting these problems.

Brazilian authorities draw on ICRC expertise to ascertain the fate of missing people

Brazilian authorities, associations of the families of people who went missing during the country's period of military rule and the ICRC continued to discuss the updating of State procedures. The ICRC began a study of Brazilian law's compatibility with international norms covering the needs of missing people and their families. State personnel developed their skills in exhuming/identifying people buried in unmarked graves: 33 forensic workers were trained in the proper management of human remains, 35 in the collection of ante/post-mortem data, and 18 in the provision of psychosocial care to relatives. Some families commemorated their missing relatives at an event organized on the International Day of the Disappeared, which helped raise awareness of the issue among a wider audience.

In Paraguay, 25 first responders, including firefighters and National Society volunteers, were trained in the management of human remains.

People affected by flash floods in Chile reconnect with relatives

Particularly in Brazil, Chile and Paraguay, families separated by natural disasters, migration and other circumstances reconnected using Movement family-links services; the respective National Societies were supported with funding and training, and urged to form a regional network. The Chilean and Paraguayan National Societies assessed the needs in their countries and their ability to meet them. In Chile, following flash floods in March, around 1,500 people called relatives using the Chilean National Society's services.

In Uruguay, six former detainees of the US internment facility at Guantanamo Bay naval base in Cuba had their situation monitored by the ICRC. One of these people spent time with his family thanks to an ICRC-organized family visit.

PEOPLE DEPRIVED OF THEIR FREEDOM

Over 12,400 detainees in Chile, Paraguay and Uruguay, and a few in Argentina, were visited by ICRC delegates in accordance with the organization's standard procedures. Some detainees were followed up individually: in Chile, Mapuches on hunger strike; in Paraguay and in Argentina, alleged members of Paraguayan armed groups; and in Uruguay, people serving sentences for crimes against humanity. Following these visits, the ICRC shared its findings, and where necessary, its recommendations to the authorities. In Paraguay, authorities benefited from the ICRC's expertise while revising their protocols for dealing with such matters as hunger strikes and deaths in custody. Three Paraguayan and two Chilean prison officials attended an advanced course in prison management, abroad.

In Paraguay, 28 detainees were visited by their families, who also gave them some material support.

Female inmates in Paraguay make and sell handicrafts/textiles

Over 4,000 detainees in two prisons, including Buen Pastor women's prison, accessed food prepared with and stored in ICRC-installed cooking equipment and upgraded infrastructure, respectively.

At the Buen Pastor prison, 50 detainees earned money by selling handicrafts and textiles that they had produced; they were assisted by the Paraguayan National Society and the ICRC. Former detainees continued to be part of this project through a cooperative created in 2014; though the cooperative was not yet fully functioning, some participants obtained financial/legal/technical aid from it. In addition, former inmates used ICRC cash assistance to rent premises for making handicrafts, which helped to improve their prospects and ease their reintegration into society.

In Chile, 4 families of Mapuche detainees (17 people) supplemented their income with the sale of produce from agricultural projects they had undertaken with ICRC support. Some families in northern Paraguay did so as well (see *Civilians*).

ACTORS OF INFLUENCE

Weapon bearers reinforce training in international norms governing the use of force, and IHL

Discussions with the region's military and security authorities/commands focused on furthering the integration of applicable international norms into their respective training programmes and doctrines, and the ICRC's readiness to support them. In Argentina, the security ministry and the ICRC discussed training for law enforcement agencies.

Paraguay's joint police/military unit and Chile's *Carabineros* coordinated training in international human rights law with the ICRC. In Brazil, security authorities/military police in Rio de Janeiro began to assess their training curricula with ICRC help. Brazilian, Chilean and Paraguayan police officers attended a regional meeting on the proper use of force (see *Lima*).

Student officers in Brazilian military academies supplemented their courses in IHL with simulation exercises at workshops. Argentinian and Brazilian soldiers bound for peacekeeping missions in Haiti were given refresher sessions in IHL applicable to peacekeeping operations, and urged to support ICRC activities there; Uruguay's defence ministry continued to draw

on ICRC expertise for briefing Uruguayan peacekeepers. Senior Argentinian, Brazilian and Paraguayan military officers attended an advanced course abroad (see *International law and policy*).

Brazil's defence ministry, aided by ICRC expertise, drafted a directive for the military on applying IHL to its operations.

Chile's national IHL committee finalizes a draft bill on weapons control

The Brazilian, Paraguayan and Uruguayan national IHL committees resumed their duties and consulted the ICRC on various IHL matters. All five committees in the region were represented at a conference abroad (see *Colombia*).

The region's authorities were encouraged/helped by national IHL committees and the ICRC in implementing IHL and regional treaties, notably those governing weapons. In Chile, the national IHL committee drafted a bill on prohibiting certain weapons and prosecuting those who engaged in their trade/use, for approval by national authorities. The foreign ministry was advised by the ICRC in promoting respect for Movement emblems and legislation for protecting cultural property.

At meetings in Switzerland, Argentinian, Brazilian and Chilean officials participated in the Strengthening IHL process. At the 32nd International Conference, government officials reported the progress made by their governments in fulfilling past pledges, and made new ones; Brazilian authorities and the ICRC presented the results of the "Rio project" to other participants.

The wider public learns about humanitarian issues in the region

The ICRC engaged authorities in the region and other influential actors in dialogue on IHL/international human rights law, the plight of migrants and violence-affected communities, and other humanitarian issues, with a view to gaining their support for Movement activities in response. Public communication efforts, including social media campaigns and initiatives with National Societies, helped raise awareness of the issues mentioned above among a wider audience, including potential donors in the private sector.

Two photo exhibits, organized with local partners and the Swiss embassy, highlighted the goals of the Health Care in Danger project and significant events in ICRC history. Shared Movement communication platforms and coverage by the media, which was provided with interviews and updates, helped to promote the ICRC's work, particularly in Brazil, Chile and Paraguay.

Students and lecturers in the region learnt more about IHL by attending seminars at universities and consulting reference materials provided to university libraries. Law students in Argentina and Brazil tested their grasp of IHL at moot court competitions abroad, notably the Jean-Pictet competition (see *International law and policy*). Participants in a course in international law, organized by the Organization of American States, were briefed on IHL.

RED CROSS AND RED CRESCENT MOVEMENT

National Society volunteers develop their ability to assist victims of violence

The National Societies in the region responded to emergencies, offered family-links services and assisted violence-affected people (see *Civilians*). The ICRC and the International Federation helped them develop their capacities: the Argentinian and Paraguayan National Societies each signed tripartite agreements for responding to natural disasters with the two organizations.

Brazilian, Chilean and Paraguayan National Society volunteers drew on ICRC advice, training, and equipment/supplies to administer first aid; in Chile, the National Society treated over 100 people wounded during protests in Santiago and in Bio Bio region. Twenty-five first-aiders of Central and South American National Societies exchanged best practices in working in violent situations, at a conference in Brazil.

At workshops, over 100 staff/volunteers of the Argentine, Brazilian, Chilean and Paraguayan National Societies were helped/encouraged to apply the Safer Access Framework, and manage safety risks and improve acceptance in violence-prone areas. The Brazilian, Chilean and Paraguayan National Societies were supported in their communication efforts.

The Brazilian and Paraguayan National Societies continued organizational/financial restructuring, and the Chilean National Society was advised in raising funds. The Brazilian and Chilean National Societies, and the Uruguayan Red Cross updated their statutes, and over 200 staff/volunteers practiced applying the Fundamental Principles at workshops. Movement components coordinate their activities at regular meetings, including statutory events in Switzerland.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)				
Phone calls facilitated between family members		1,525		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Detainees visited		12,422	739	98
			Women	Girls
				Boys
Detainees visited and monitored individually		99	8	1
Detainees newly registered		19		1
Number of visits carried out		39		
Number of places of detention visited		21		
Restoring family links				
Detainees visited by their relatives with ICRC/National Society support		36		

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Productive inputs ¹	Beneficiaries	712	25%	50%
	<i>of whom IDPs</i> Beneficiaries	712		

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.

CARACAS (regional)

COVERING: Suriname, Bolivarian Republic of Venezuela and the English-speaking countries of the Caribbean Community: Antigua and Barbuda, Bahamas, Barbados, Belize, Dominica, Grenada, Guyana, Jamaica, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Trinidad and Tobago



KRC/AR_2015
ICRC regional delegation

The Caracas regional delegation was established in 1971. It reinforces the capacities of the region's National Societies in the fields of IHL promotion, restoring family links, emergency response and assistance to victims of violence. It seeks to visit detainees in Venezuela and monitors the humanitarian situation along the Venezuelan border with Colombia. It promotes the incorporation of IHL into national legislation and into the operational procedures and training of the region's armed forces, as well as the inclusion of human rights standards in police manuals and training.

KEY RESULTS/CONSTRAINTS IN 2015

- ▶ The Venezuelan defence ministry and the ICRC resumed their cooperation, resulting in the training of military personnel in international policing standards, and military doctors in weapon-wound management.
- ▶ First responders and medical personnel in Venezuelan cities, including people in neighbourhoods under the control of community organizations, trained in providing prompt and adequate life-saving care.
- ▶ People in the Colombia-Venezuela border dealt with the effects of the Colombian conflict and of deportations/returns from Venezuela to Colombia, thanks to health/psychosocial care and family-links services.
- ▶ The military and/or police of 4 Caribbean countries sought to incorporate internationally recognized policing standards in their training/operations through train-the-trainer courses and other means.

YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

EXPENDITURE IN KCHF	
Protection	527
Assistance	-
Prevention	882
Cooperation with National Societies	685
General	-
Total	2,094
<i>Of which: Overheads</i>	128

IMPLEMENTATION RATE	
Expenditure/yearly budget	68%

PERSONNEL	
Mobile staff	4
Resident staff (daily workers not included)	12

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
People located (tracing cases closed positively)	3

CONTEXT

The government of the Bolivarian Republic of Venezuela (hereafter Venezuela) grappled with a deteriorating economy, characterized most notably by shortages of essential goods. Increasing violence in some neighbourhoods prompted the authorities to ramp up law enforcement operations there. Venezuela also had to deal with tensions in areas along its borders with Colombia and Guyana. These tensions along the Colombia-Venezuela boundary compounded the situation faced by communities in Venezuelan border states already hosting people who had fled the internal conflict in Colombia: the Venezuelan government imposed a state of emergency in those areas and allegedly deported 1,000 Colombians to Colombia; approximately 20,000 other Colombians returned to Colombia on their own.

Many urban districts in certain Member States of the Caribbean Community (CARICOM) continued to deal with high rates of crime and gang violence, which resulted in casualties, movement restrictions and limited access to basic services for the local population. In these countries, military personnel usually supported the police in law enforcement operations.

Guyana, Saint Kitts and Nevis, Trinidad and Tobago, and Venezuela held national or parliamentary elections.

ICRC ACTION AND RESULTS

The ICRC continued to support and work with the region's National Societies to help people cope with the effects of violence. It also strove to promote respect for internationally recognized policing standards and IHL among military and police forces in the countries covered and among regional organizations.

The Venezuelan Red Cross and the ICRC focused on boosting local capacities to provide adequate and unhindered health services, in line with the Safer Access Framework. They did this by conducting training sessions in life-saving care for first responders and health personnel, among them doctors from a military hospital and community members in some neighbourhoods. National Society radio spots about the Fundamental Principles and first-aid techniques supplemented these sessions. People in Venezuelan states bordering Colombia, including Colombian migrants and refugees, received first-aid training and basic health services. Psychosocial support and family-links services from the National Society helped them cope with the effects of deportations/voluntary returns.

CARICOM National Societies sought to strengthen their operational and managerial capacities with various forms of support from Movement partners. The Belizean and Jamaican National Societies began to expand their activities for building resilience among youth in violence-prone neighbourhoods; the Jamaican National Society maintained its educational support for schoolchildren. However, the Bahamas Red Cross Society made little progress in developing an action plan to provide family-links services. Regular coordination among Movement partners helped ensure effective implementation of projects.

The ICRC continued to promote respect for internationally recognized policing standards and/or IHL among military and police forces throughout the region. These forces included Venezuelan military personnel who participated in a training course on international norms applicable to law enforcement operations after

the resumption of cooperation between the Venezuelan defence ministry and the ICRC. States drew on ICRC technical support to ratify or implement IHL-related treaties; Barbados, Belize and Dominica ratified the Arms Trade Treaty. The ICRC expanded its contacts with local stakeholders and continued to discuss issues of humanitarian concern with regional/multilateral agencies. Dialogue with the Venezuelan authorities on the resumption of visits to detainees made no headway.

CIVILIANS

Networking/dialogue and monitoring of the situation helped the ICRC gain a clearer understanding of the dynamics of violence in the region. It also enabled the organization to work with local partners to address issues such as ensuring respect for health services during emergencies.

The region's National Societies continued to strengthen their ability to respond effectively to emergencies and to the needs of vulnerable people, with ICRC financial, material and technical support. National Societies concerned prepared contingency plans for dealing with outbreaks of election-related violence; these included pre-positioning emergency response teams in violence-prone areas and/or medical supplies at key branches. Venezuelan Red Cross volunteers were trained in the Safer Access Framework, and the Belizean and Jamaican National Societies developed action plans to more fully implement the framework in their operations.

Doctors from public hospitals and one military facility in Venezuela expand their surgical capacities

In Venezuela, emergency responders and health personnel became more adept at providing life-saving care through ICRC support. National Society staff learnt – during workshops – how to standardize their community-based first-aid activities; after attending a course abroad (see *Mexico City*), two National Society volunteers became better equipped to respond to large-scale emergencies.

At National Society and/or ICRC training sessions, people in urban neighbourhoods under the control of community organizations added to their knowledge of first aid, and doctors from public hospitals in four cities and one military facility developed their skills in weapon-wound management. These activities, together with radio spots (see *Actors of influence*), sought to bolster communities' emergency preparedness and to facilitate safe access for responders to the wounded/sick. With ICRC sponsorship, a representative from the national forensic services participated in a regional meeting on human-remains management.

In Venezuelan states bordering Colombia, the National Society/ICRC partnered local health authorities to help vulnerable people deal with the effects of the fighting in Colombia. Community leaders received training in first aid, and roughly 1,550 people, mainly Colombian migrants and refugees, obtained basic health care. National Society-provided psychosocial support and family-links services helped people cope with the consequences of deportations/voluntary returns (see *Context*).

Violence-affected schoolchildren in Jamaica acquire literacy, numeracy and vocational skills

The Belizean and Jamaican National Societies drew on ICRC expertise to expand their efforts to address the impact of armed violence on the youth; these efforts included facilitating access for young people to psychosocial support and sports-related opportunities. Almost 90 schoolchildren, affected by violence and lacking

access to government services, developed literacy, numeracy and vocational skills at the ICRC-supported Jamaica Red Cross School.

Movement partners continued to encourage the Bahamas Red Cross to strengthen its family-links services, especially for detained migrants; however, the National Society made little progress in developing an action plan for these activities. Officials from the Bahamian and Jamaican National Societies participated in the Movement's regional meeting on family-links services.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees in Venezuela did not receive visits from the ICRC, as dialogue between the authorities and the organization on the resumption of such visits – suspended since December 2012 – made no headway.

ICRC briefings sought to clarify among the parties concerned the nature of the organization's activities in places of detention.

ACTORS OF INFLUENCE

The Venezuelan armed forces and the ICRC resume joint training for military personnel

Cooperation resumed between the Venezuelan defence ministry and the ICRC; this resulted in the organization of training for the armed forces, including sessions on improving medical services (see *Civilians*). During a workshop, over 60 military personnel furthered their understanding of international norms for the use of force in law enforcement operations. A consultation session with the ICRC helped the military make their doctrine more in line with these norms.

In Belize, Jamaica, and Trinidad and Tobago, the military, police, legal officials, academics and the ICRC discussed the incorporation of internationally recognized policing standards in the military/police's training/operations; these talks focused on the need to establish steering committees to facilitate the process. The Trinbagonian military agreed to draft common standard operating procedures, with a view to discussing these with their police counterparts afterwards.

At national round-tables, officers from the Guyanese military and police assessed the extent to which international human rights law and/or IHL had been incorporated in their respective operations/training. At a train-the-trainer course, 24 instructors strengthened their ability to teach their colleagues about law enforcement standards.

Senior Trinbagonian and Venezuelan military officials acquired knowledge of how to better integrate IHL into their operations during IHL courses abroad (see *International law and policy* and *Mexico City*).

ICRC participation in events organized by regional bodies, primarily the CARICOM Implementing Agency for Crime and Security and the Association of Caribbean Commissioners of Police (ACCP), endeavoured to foster awareness among Member States of the need to conduct their operations in line with law enforcement standards. The ACCP published in its annual magazine an article by the ICRC on this subject.

Three countries ratify the Arms Trade Treaty

States in the region, with help from the ICRC, took further measures to ratify or implement IHL-related treaties. Representatives from these countries learnt more about the domestic implementation of IHL during seminars abroad (see *Colombia* and *Suva*). ICRC expertise guided the drafting of a regionwide model law for implementing the Arms Trade Treaty; Barbados, Belize and Dominica ratified the treaty. The Venezuelan government announced the entry into force of a law on the Movement's emblems and another on the creation of a national IHL committee.

Venezuelan radio stations broadcast information about the Fundamental Principles and basic first aid

In Venezuela, the authorities, community/civil society organizations and the wider public learnt more about the Movement's neutral, impartial and independent humanitarian activities through various National Society/ICRC initiatives. In particular, inhabitants of violence-prone neighbourhoods, especially the youth, became more aware of the Fundamental Principles, the Health Care in Danger project and basic first-aid techniques from National Society radio spots broadcast by public and private stations. Contacts between community organizations and the National Society/ICRC enabled the latter to conduct first-aid training in some neighbourhoods (see *Civilians*).

Dialogue continued between regional/multilateral agencies, the authorities in the countries covered, and the ICRC on issues of humanitarian concern.

RED CROSS AND RED CRESCENT MOVEMENT

The region's National Societies continued to receive technical, financial and material support from Movement partners to improve their operational capacities and institutional set-up. An assessment of organizational capacities at branch level, conducted by the International Federation with ICRC support, sought to facilitate the streamlining of the National Societies' management and structure.

The support mentioned above enabled some of these National Societies to work with local actors in responding to emergencies and/or to the effects of violence in urban communities (see *Civilians*).

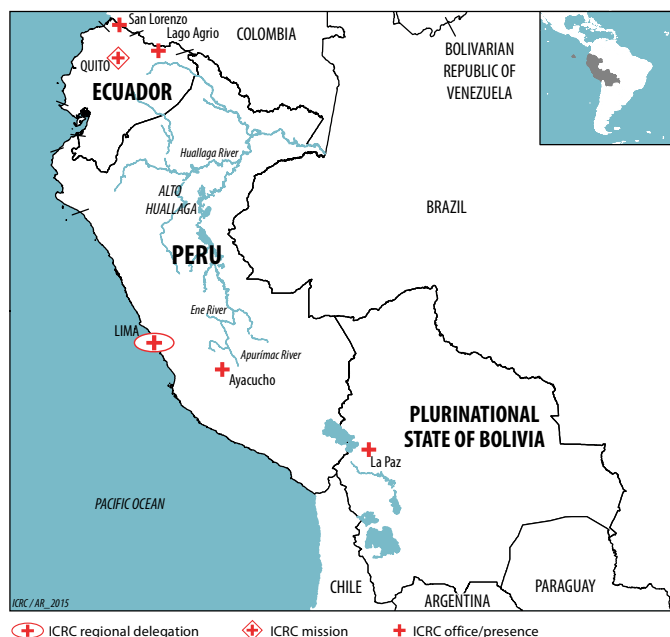
The Venezuelan Red Cross worked with the ICRC to design a media campaign to promote the Movement among the youth (see *Actors of influence*).

Movement partners throughout the region held coordination meetings periodically and carried out joint missions to share experiences and monitor the implementation of projects, respectively. Representatives of the National Societies of Jamaica and Saint Kitts and Nevis attended the 32nd International Conference with ICRC sponsorship.

MAIN FIGURES AND INDICATORS: PROTECTION	Total			
CIVILIANS (residents, IDPs, returnees, etc.)				
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	4	3		
<i>including people for whom tracing requests were registered by another delegation</i>	1			
People located (tracing cases closed positively)	3			
Tracing cases still being handled at the end of the reporting period (people)	2		1	
<i>including people for whom tracing requests were registered by another delegation</i>	1			

LIMA (regional)

COVERING: Plurinational State of Bolivia, Ecuador and Peru



The delegation in Lima opened in 1984, becoming a regional delegation in 2003. The ICRC visits detainees, addresses the issue of missing persons and monitors the humanitarian situation along the Ecuadorean border with Colombia. It seeks to respond to needs arising from armed conflict/other situations of violence and helps the region's National Societies reinforce their capacities to do the same. It assists security forces in integrating human rights norms applicable to the use of force into their doctrine, training and operations, and the armed forces in doing the same with IHL. It promotes the incorporation of IHL into national legislation.

KEY RESULTS/CONSTRAINTS IN 2015

- ▶ The Peruvian armed/security forces operating in the Apurimac-Ene y Mantaro Valley (VRAEM) ceased their occupation of civilian structures in two villages, and increased training in law enforcement norms.
- ▶ Violence-affected communities accessed clean water and other basic services with ICRC aid. In the VRAEM, health staff learnt measures for protecting themselves, ensuring the availability of health care.
- ▶ The region's authorities worked to improve penitentiary services; hundreds of prison staff/police officers underwent training. Peruvian authorities moved to standardize such services as health care for women.
- ▶ Detainees in Bolivia had better living conditions after upgrades to infrastructure and distributions of household/hygiene essentials. Children living with detained parents received educational materials.
- ▶ In Peru, State agencies clarifying the fate of missing people honed their skills in forensics and psychosocial care. Families took part in the clarification process such as by travelling to grave sites/legal offices.

EXPENDITURE IN KCHF

Protection	2,195
Assistance	948
Prevention	2,265
Cooperation with National Societies	825
General	15
Total	6,248
<i>Of which: Overheads</i>	381

IMPLEMENTATION RATE

Expenditure/yearly budget	100%
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PERSONNEL

Mobile staff	5
Resident staff (daily workers not included)	46

YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

HIGH

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs distributed	2
Phone calls facilitated between family members	106
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	30,915
Detainees visited and monitored individually	164
Number of visits carried out	54
Number of places of detention visited	24
Restoring family links	
RCMs collected	2
Phone calls made to families to inform them of the whereabouts of a detained relative	2

ASSISTANCE	2015 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	112
Essential household items	Beneficiaries	6,637
Cash	Beneficiaries	566
Vouchers	Beneficiaries	19
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	2,460
		2,732
Health		
Health centres supported	Structures	
WOUNDED AND SICK		
Physical rehabilitation		
Patients receiving services	Patients	20

CONTEXT

In the Apurímac-Ene y Mantaro Valley (VRAEM) of Peru, clashes between military/security forces and the militarized Communist Party of Peru (PCP-M), and stepped-up anti-drug operations led to casualties, arrests and damage to property. VRAEM residents had limited access to such basic services as water, sanitation, health care and education; people who had left PCP-M camps or been rescued from them required assistance to reintegrate to life outside these camps.

Border communities in northern Ecuador, for example in Esmeraldas and Sucumbios regions, endured the spillover consequences of the armed conflict in Colombia, though these lessened in 2015 (see *Colombia*). Ecuadorean military forces sometimes deployed as law enforcement.

In both countries, protests intermittently turned violent, causing injuries/deaths; in Peru, upcoming elections in 2016 add to tensions.

The three countries covered maintained multilateral relations with other Latin American States through such regional bodies as the Union of South American Nations (UNASUR).

ICRC ACTION AND RESULTS

The ICRC's Lima delegation documented the concerns/needs of violence-affected people in Peru's VRAEM region, and of Ecuadorean border communities experiencing the spillover effects of the Colombian armed conflict. These were discussed with the parties concerned, to help/persuade them to improve these people's situation. In Peru, military personnel ended their occupation of civilian structures in two villages in the VRAEM, and the authorities finalized a draft protocol formalizing assistance for adults and minors who had left PCP-M camps or been rescued from them.

The ICRC, the Ecuadorean Red Cross and the Peruvian Red Cross supported the authorities/local services in assisting violence-affected communities. To increase the likelihood of ailing/injured people receiving suitable care, services concerned – including the Bolivian Institute for Rehabilitation (IBR), National Society first-aiders and health workers – strengthened their capacities. To ensure uninterrupted access to health care for communities in the VRAEM, the Peruvian health ministry continued to help health personnel reduce their safety risks. Some people in Ecuador and the VRAEM obtained basic services, with ICRC help: vulnerable communities benefited from upgraded water/sanitation systems and school infrastructure. In the VRAEM, people affected by violent incidents, or who had left/ been rescued from PCP-M camps, received emergency relief on an ad hoc basis.

Particularly in Peru, families maintained contact with and/or ascertained the fate of relatives separated from them, with ICRC help. People participated in the search for relatives missing in relation to the 1980–2000 conflict, or in the identification of their remains: for example, they used cash assistance to travel to exhumation sites and legal offices, and/or to transport remains and/or coffins. Staff of State agencies, notably the Institute of Legal Medicine (IML), strengthened their ability to help these families, through training in forensics and psychosocial care. A law on searching for missing persons was drafted by the authorities. Some detainees received ICRC-organized visits from their relatives.

In the three countries, detainees received ICRC visits, conducted according to its standard procedures. Feedback from such visits

and technical advice helped/encouraged the authorities' efforts to improve detainee treatment and living conditions. Peruvian penitentiary/judiciary authorities moved to standardize the provision of such services as education/vocational training and health care to detainees, and a working group, formed with ICRC encouragement, drafted proposals on reducing overcrowding. Hundreds of Bolivian, Ecuadorean and Peruvian penitentiary staff – including police officers in Bolivia – boosted their managerial abilities at various training events supported by the ICRC. Thousands of inmates in Bolivian prisons, including minors, had better living conditions following upgrades to prison infrastructure and distributions of blankets/mattresses, hygiene supplies and other items.

Police agents and military personnel in law enforcement roles, notably Peruvian armed forces in the VRAEM, learnt more about international norms governing the use of force at briefings and/or from their instructors. Information sessions and training events abroad helped troops add to their knowledge of IHL. With the national IHL committees in the region, the ICRC worked to advance implementation of IHL treaties by briefing and advising State officials. Peruvian authorities clarified Peru's legal definition of non-international armed conflict to no longer be applicable to protests, and drafted/amended laws governing the use of force. To facilitate the activities mentioned above, the ICRC/National Societies strove to broaden awareness of humanitarian issues among civil society and the authorities.

The region's National Societies strengthened their organizational structure/operational capacities with Movement support. Volunteers were helped/encouraged to apply the Safer Access Framework and promote respect for the red cross emblem, with a view to facilitating their work in violence-prone areas. Movement components coordinated their activities at regular meetings.

CIVILIANS

Peruvian armed forces end occupation of civilian structures in two VRAEM villages

People affected by armed confrontations in Ecuador and Peru, including people from Colombia, reported their concerns/needs to the ICRC; obstacles to obtaining essential services, for example, violent incidents affecting VRAEM health services, were also documented. These were discussed with the parties concerned, to help/persuade them to improve these people's situation.

In Peru, the authorities, military/security commands and the ICRC discussed the plight of VRAEM communities, and their rights. Afterwards, in late 2015, military troops moved out of civilian structures and into newly constructed military camps outside the communities; and military/security forces increased training for their personnel in international norms applicable to their operations in the VRAEM (see *Actors of influence*). The authorities finalized a draft protocol formalizing assistance for adults and minors who had left PCP-M camps or been rescued from them; the ICRC had been providing technical assistance for this process since 2014, when it got under way.

The Peruvian health ministry helps health workers in the VRAEM lower the risk to their safety

The Peruvian health ministry sought to ensure uninterrupted access to health care for communities in the VRAEM communities. To this end, guided by the ICRC and in line with the Health Care in Danger project, it kept up its efforts to help health personnel work safely and to systematize domestic legal norms

granting them the protection due to them. It drafted a manual on managing security risks, and finalized for distribution cards for reminding health personnel of their duties/rights. Measures for self-protection, developed in 2014 with ICRC support, continued to be refined and disseminated; at various workshops, 58 health personnel were trained to apply them. Respect for the red cross emblem was fostered through various means (see *Red Cross and Red Crescent Movement*). Some 100 health-post personnel were trained to develop hygiene-promotion activities for schools.

To increase the likelihood that people receive appropriate/life-saving care, services concerned strengthened their capacities to treat weapon wounds and other injuries. Military surgeons exchanged best practices at a regional conference (see *Colombia*). National Society first-aiders practised their skills and/or trained Peruvian forensic workers and 160 Ecuadorean teachers and students in Esmeraldas; some of the latter established four first-aid brigades. Following protests in Ecuador and Peru (see *Context*), wounded people had on-site care from the Ecuadorean and Peruvian National Societies.

In Bolivia, 16 destitute amputees regained some mobility through treatment and assistive devices provided at the IBR; travel/treatment costs were covered by the ICRC. A total of 80 members of the institute's staff developed their skills at health ministry/ICRC-organized workshops; the ICRC sponsored specialized training abroad for one technician, and for two physiotherapists – one each from the IBR and the health ministry.

In Ecuador and Peru, communities cope with the effects of violence, with ICRC/National Society aid

Sixteen VRAEM communities, totalling over 2,700 people, were advised in establishing water boards for maintaining infrastructure; 1,592 of them directly benefitted from ICRC-upgraded water systems. Schoolchildren continued their education in 11 ICRC-upgraded/repared schools.

In Ecuador, 425 people from violence-affected communities in the Sucumbíos province used sanitation facilities with ICRC-provided building materials. Three communities learnt more about lowering their hygiene-related health risks, at first-aid/waste-management workshops by the National Society. Nearly 5,300 students benefitted from ICRC-provided educational/recreational materials. Monitoring in one community confirmed that a cacao-farming project, supported by the ICRC until 2014 and by the National Society onwards, continued to help 255 households (1,000 people) supplement their income.

Particularly vulnerable people throughout the region, such as families who had lost relatives to violence, met their immediate needs with ad hoc assistance, including food, clothes and other items, or vouchers; wounded people covered treatment costs with cash. In the VRAEM, 67 people from PCP-M camps – mostly women and children – were given rations and food vouchers (6 people); and 19 families resettled in home/host communities with household essentials, such as kitchen sets and agricultural supplies/equipment.

State agencies/NGOs in Peru strengthen their capacities in forensics and psychosocial care

In Peru, 489 people participated in ascertaining the fate of relatives missing in relation to the 1980–2000 conflict: they used cash assistance to travel to exhumation sites and legal offices, and/or to transport remains and/or coffins. The National Society's branch in Ayacucho offered free accommodation for them.

Peruvian State agencies/NGOs enhanced their capacities to help these families, by forming a coordination mechanism and helping staff – for example, 33 public prosecutors and 166 health workers – build skills/knowledge in forensics and psychosocial care, and apply self-care measures in the field. Fifteen IML technicians drew on ICRC expertise to conduct their work, and the public prosecutor's office drafted a guide and procedures for forensic investigations. These efforts helped the authorities and others concerned turn over the remains of 34 people to their families, provide psychosocial care to families receiving the remains of 37 relatives, and hold commemorative activities. One association of families of missing persons refurbished its memorial museum. Dialogue and themed events, briefings for 233 key actors for example, aimed to encourage more support for these families from the authorities/civil society. The authorities, guided by the ICRC, drafted a law covering the search for missing people and the assistance due to their families.

Construction of a mortuary cold chamber at a Bolivian forensics institute helped to enhance its services.

Authorities in the region were urged by National Societies and the ICRC to incorporate family-links services and management of human remains in their disaster response. Ecuadorean authorities used ICRC reports to prepare for the eruption of the Cotopaxi volcano, and in Peru, the IML held training sessions for the armed forces for the same purpose.

PEOPLE DEPRIVED OF THEIR FREEDOM		Bolivia	Ecuador	Peru
ICRC visits				
Detainees visited		11,373	4,769	14,773
	of whom women	515	511	519
	of whom minors	3,164		
Detainees visited and monitored individually		10	6	148
	of whom women		2	12
Detainees newly registered		2	4	32
	of whom women		2	
Number of visits carried out		35	3	16
Number of places of detention visited		13	2	9
Restoring family links				
RCMs collected				2
Phone calls made to families to inform them of the whereabouts of a detained relative		1		1
Detainees visited by their relatives with ICRC/National Society support			5	132
People to whom a detention attestation was issued				3

PEOPLE DEPRIVED OF THEIR FREEDOM

Peru moves to standardize the provision of services such as health care for women

Over 30,000 detainees throughout the region, including people held for reasons related to security, were visited by the ICRC in accordance with its standard procedures. Afterwards, confidential feedback and technical input were shared with the authorities, thereby helping them improve detainee treatment and living conditions.

In Peru, penitentiary/judiciary authorities drafted manuals on the provision of education/vocational training and other services for detainees, and a protocol governing health/medical care for female inmates. The working group on overcrowding in prisons, established at the ICRC's urging, drafted proposals for reducing the number of people in preventive detention, and on alternative sentencing – presidential pardons and the use of electronic shackles, for example – and the minimum benefits that should be available to detainees; these awaited approval by national authorities. Bolivia approved a national plan for penitentiary reform.

Detainees held far from their homes – 132 in Peru and 5 in Ecuador – spent time with their relatives during family visits, and 15 released detainees travelled home with ICRC financial assistance.

Ecuadorean and Peruvian prison officials/staff strengthen their managerial capacities

Around 1,440 Peruvian prison staff, 580 Ecuadorean guards/officers and some Bolivian prison/police officials exchanged best practices at workshops in their countries.

In Ecuador, 18 prison/police personnel earned diplomas in penitentiary studies. Training in international detention norms was enriched: prison authorities were advised in elaborating training tools for prison technicians such as human rights manual and a video on prison security; and, upon request by the justice ministry, 70 participants of a workshop on the prevention of torture were reminded of the relevant provisions in IHL and international human rights law.

The Peruvian authorities sought to check the spread of HIV/AIDS and TB among inmates; 183 health workers from 54 prisons trained, at various workshops, in treating/preventing these diseases. Another 48 were advised on the possibility of using health insurance to defray detainees' treatment costs.

In Bolivia, detainees, including scores of minors, have better living conditions

In six prisons, some 2,150 people, among whom 220 detained minors and children living with detained parents, were able to make themselves more comfortable and access improved services following the upgrade of cells, ventilation systems, facilities for vocational training and education/recreation, kitchens and a prison clinic. Some 2,800 inmates received household/hygiene essentials; minors slept more comfortably on blankets/mattresses, and/or used educational/recreational material provided by the ICRC.

In Peru, 837 detainees borrowed books and 161 received blankets and towels. The ICRC covered treatment costs for one wounded detainee.

ACTORS OF INFLUENCE

Peru revises its definition of armed conflict and other IHL-related legislation

Peruvian authorities, with ICRC help, finished the four-year process of clarifying Peru's legal definition of non-international

armed conflict to no longer be applicable to protests. Regarding the use of force, the authorities amended the law applicable to the military and, after 10 years of sustained technical support by the ICRC, adopted a new law applicable to the police; the drafting of regulations implementing the latter began. Bolivian and Peruvian legislators were advised on implementing the Rome Statute, as were Ecuadorean lawmakers that worked on aligning Ecuador's criminal code with IHL.

The region's national IHL committees, backed by the ICRC, continued promoting the adoption of measures to address the effects of past/ongoing violence, and the ratification of IHL treaties, such as the Arms Trade Treaty, and, in Ecuador, Additional Protocol III. At annual courses, State officials and members of civil society – including 80 prosecutors in the VRAEM – learnt more about IHL and were urged to draw on it where applicable. Government officials were sponsored to attend the 32nd International Conference and other events abroad (see *Colombia* and *Mexico City*); Ecuador and Peru participated in a Strengthening IHL meeting in Switzerland.

Ecuadorean and Peruvian police reinforce agents' respect for law enforcement norms, with ICRC help

Weapon bearers participating in law enforcement operations were reminded of international norms governing the use of force. Among them were: in Peru, 180 police riot-control personnel and 40 military officers assigned to the VRAEM; and in Ecuador, 250 military officers. To advance the incorporation of these norms in the doctrine/training of police forces, Peru hosted a workshop where 60 police instructors developed their teaching skills, and Ecuador held an advanced course for senior officers throughout South America. In Bolivia, the interior ministry consented for the ICRC to contribute to human rights training, and the police command drafted a manual on the maintenance of public order.

Information sessions furthered understanding of IHL among: some 900 Bolivian military troops; and 120 members of Peru's special operations and intelligence division, who were also briefed on provisions of international human rights law applicable to military operations. Military officers from South America attended a regional workshop in Peru organized by the ICRC, UNASUR and the Peruvian military's IHL office. The ICRC helped Ecuador's defence ministry to publish a handbook on IHL. All three countries sent senior officers to an advanced course abroad (see *International law and policy*).

Peruvian media fosters understanding of humanitarian issues relating to violence and missing people

Initiatives with National Societies/local partners – such as social media campaigns and themed events – and meetings with State/regional authorities raised awareness, in Ecuador and Peru, of the plight of vulnerable communities, and of international human rights law/IHL among a wider audience. The media was regularly updated with interviews and press releases, and, in Peru, 40 journalists from Ayacucho and the VRAEM learnt more about accurate reporting on humanitarian issues, at a workshop.

In Peru, events that drew attention to issues concerning missing people and detainees, including one organized by the public prosecutor's office, were covered by the media. During protests, messages calling for respect for health/medical care were broadcast in radio, in coordination with the health ministry. The ICRC also began production of short films in local languages, to help families of missing people more easily learn of State policies applicable to them.

Educational institutions – in Lima and Ayacucho, for instance – hosted IHL-themed events. Ecuadorean and Peruvian students participated in moot court competitions locally and abroad. One Peruvian university established a prize for research in IHL, which stimulated interest in the subject.

RED CROSS AND RED CRESCENT MOVEMENT

National Societies call for safe access for their volunteers and for health workers

The National Societies in the region strengthened their emergency response with Movement support.

The Ecuadorian and Peruvian National Societies, who worked in violence-prone areas (see *Civilians*), were helped to mitigate risks to their volunteers' safety. With ICRC input, they promoted the proper use of the red cross emblem and the creation/strengthening

of legislation to protect the emblem; they also urged volunteers, such as those working in areas along Ecuador's border with Colombia, to apply the Safer Access Framework. The Ecuadorean National Society, through its regional reference centre, urged respect for medical services, in line with the Health Care in Danger project.

National Societies took steps to improve their organizational/financial structure and their management of volunteers. In Esmeraldas, 25 new volunteers decided, after taking first-aid courses in school (see *Civilians*), to establish a National Society branch in San Lorenzo town. The Bolivian Red Cross, amid financial/staffing constraints, began its modernization process.

Regular dialogue – during the Inter-American Red Cross Conference and at statutory meetings in Switzerland, for instance – helped Movement components coordinate their activities.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SC*	
RCMs distributed		2		
Phone calls facilitated between family members		106		
Tracing requests, including cases of missing persons			Women	Girls
People for whom a tracing request was newly registered		119	29	4
Tracing cases still being handled at the end of the reporting period (people)		336	58	11
including people for whom tracing requests were registered by another delegation		1		29
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Detainees visited		30,915	1,545	3,164
			Women	Girls
Detainees visited and monitored individually		164	14	
Detainees newly registered		38	2	
Number of visits carried out		54		
Number of places of detention visited		24		
Restoring family links				
RCMs collected		2		
Phone calls made to families to inform them of the whereabouts of a detained relative		2		
Detainees visited by their relatives with ICRC/National Society support		137		
People to whom a detention attestation was issued		3		

*Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	112	32%	56%
	of whom IDPs	8		
Essential household items	Beneficiaries	6,637	6%	59%
	of whom IDPs	7		
Cash	Beneficiaries	566	49%	6%
	of whom IDPs	5		
Vouchers	Beneficiaries	19	63%	32%
	of whom IDPs	8		
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities		Beneficiaries	2,732	45%
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items		Beneficiaries	3,428	
Cash		Beneficiaries	16	
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities		Beneficiaries	2,150	

MEXICO CITY (regional)

COVERING: Costa Rica, Cuba, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama



KEY RESULTS/CONSTRAINTS IN 2015

- ▶ Nearly 59,000 vulnerable migrants eased their difficult journey at National Society/NGO-run facilities, where some accessed drinking water, food, accommodations and means to contact their families.
- ▶ Disabled people regained some mobility owing partly to physical rehabilitation at ICRC-supported centres. Amputees among migrants and mine victims made use of prosthetic/orthotic devices.
- ▶ Detainees, including migrants and those held in relation to violence, had ICRC visits. In El Salvador and Honduras, feedback/advice helped health and penitentiary authorities jointly enhance health services.
- ▶ In Guatemala's Polochic regions, Honduras' Bajo Aguán and Panama's Darién, violence-affected people benefited from health care provided by National Societies or local health authorities, and other aid.
- ▶ Some 1,000 police/military instructors and officers, and 3,250 military personnel in law enforcement roles strengthened their understanding of international norms on the use of force in law enforcement operations.
- ▶ In Guatemala, people were reunited with relatives separated from them by the past conflict there, and families, with ICRC financial assistance, buried their dead relatives in a dignified manner.

EXPENDITURE IN KCHF

Protection	6,001
Assistance	7,280
Prevention	2,541
Cooperation with National Societies	1,249
General	45
Total	17,116
<i>Of which: Overheads</i>	1,045

IMPLEMENTATION RATE

Expenditure/yearly budget	96%
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PERSONNEL

Mobile staff	39
Resident staff (daily workers not included)	124

The Mexico delegation opened in 1998, becoming a regional delegation in 2002. It helps the region's National Societies strengthen their capacities and works with them to address the most urgent humanitarian needs of persons affected by organized violence and of vulnerable migrants; monitors detainees' conditions; and endeavours to ascertain the fate of missing persons. It helps integrate IHL into armed forces' doctrine and into academic curricula, and human rights norms applicable to the use of force into the doctrine, training and operations of security forces. The delegation hosts the regional advisory service on IHL.

YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

HIGH

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	2
RCMs distributed	48
Phone calls facilitated between family members	33,731
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	46,728
Detainees visited and monitored individually	45
Number of visits carried out	139
Number of places of detention visited	46
Restoring family links	
RCMs collected	47
RCMs distributed	19
Phone calls made to families to inform them of the whereabouts of a detained relative	1

ASSISTANCE	2015 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	11,385
Essential household items	Beneficiaries	11,473
Cash ¹	Beneficiaries	1,291
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	64,000
		69,610
Health		
Health centres supported	Structures	16
WOUNDED AND SICK		
Physical rehabilitation		
Projects supported	Structures	7
		7
Patients receiving services	Patients	500
		10,901

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

Communities throughout the region continued to suffer the effects of persistently high levels of armed violence, which included high rates of homicide and other crimes. Clashes occurred: in Mexico, particularly in Guerrero and Tamaulipas states; and in El Salvador, between armed gangs and the government, with growing frequency after detained gang leaders were transferred to a maximum security prison. Military troops deployed in law enforcement operations along with police forces, though they often lacked specific law enforcement training and equipment. The region's prisons have among the highest incarceration rates worldwide.

The region's forensic services were hard-pressed to process an increased caseload of people missing in relation to the above-mentioned situation, migration and past conflict; many families awaited news of missing relatives.

Migrants heading for/deported from the United States of America (hereafter US) risked abuse and other dangers along their route, particularly in violence-prone areas.

In Honduras' Bajo Aguán and Mosquitia region, bordering Nicaragua, and Guatemala's Polochic region, tensions due to land tenure and socio-economic concerns persisted/worsened. In Panama, State agencies had difficulty maintaining basic services in Darién region, bordering Colombia.

ICRC ACTION AND RESULTS

The regional delegation in Mexico City focused on protecting and assisting communities affected by armed violence, migrants/deportees, as well as the families of missing persons. Parties concerned, were briefed on the humanitarian situation and the needs of people affected by violence, to prevent abuses and raise support for humanitarian activities in their favour.

Thousands of migrants throughout the region found relief from their difficult journey with basic health care, drinking water and hygiene items available at National Society/NGO-run facilities along migration routes; they were given information on safety risks and assistance points. Vulnerable deportees travelled home with financial assistance. Unaccompanied children in Honduras received food, and wounded and/or disabled migrants were referred for suitable care. Thousands of disabled people, including migrants, obtained physiotherapy at ICRC-supported centres; amputees, including migrants and mine victims, made use of assistive devices.

Families separated by armed violence, migration and other circumstances maintained/regained contact through Movement family-links services. Migrants made phone calls to their relatives at the above-mentioned facilities along migration routes. In Guatemala, people reunited with relatives separated from them during past conflict, or arranged/attended the burial of deceased relatives. Helping increase the likelihood of people receiving news of their missing relatives, forensic personnel across the region were supported with training and technical advice; for example, some facilities began using the ICRC's data management software.

Detainees in El Salvador, Honduras, Mexico and Panama – including migrants in retention centres, people held in connection with violence and some inmates in Mexican federal prisons – received visits in accordance with standard ICRC procedures. Provided with confidential feedback from these visits, the detaining authorities

took steps to improve detainees' treatment and living conditions. The Honduran and Salvadorean authorities continued drawing on the ICRC's support to enhance penitentiary services: each created four inter-ministerial working groups on infrastructure, health/sanitation, prison management and judicial guarantees, and established mechanisms for coordinating health services between health and penitentiary authorities. In addition, the penitentiary authorities of both countries worked with the ICRC to upgrade prison infrastructure, easing detention conditions for thousands of inmates.

Violence-affected communities in Honduras, Guatemala and Panama, people better protected themselves against diseases thanks to upgraded water/sanitation infrastructure and primary health care provided with National Societies or the Panamanian health ministry. Weapon-wounded people were more likely to receive appropriate/life-saving care, on-site or in hospitals, after hundreds of medical workers were trained to treat injuries from gunfire and explosives. Medical workers were reminded of their rights and duties in connection with the Health Care in Danger project. Psychosocial support helped migrants, minors, victims of violence and other vulnerable people cope with emotional distress; in Mexico, schoolchildren and teachers received care from psychologists, as part of the "creating humanitarian spaces" (CHS) project. Some initiatives came to an end: the CHS projects in Guerrero and Honduras were taken over by the authorities concerned.

Police/military officers deployed in law enforcement operations learnt more about international norms governing the use of force; instructors were assisted, via training, to spread knowledge of these norms and refine educational programmes. States, helped by their national IHL committees/the ICRC, furthered understanding of IHL among military personnel in the region, through regional events, for instance; they also advanced implementation of IHL and contributed to the Strengthening IHL process. Through meetings, initiatives with the media and other means, actors of influence were urged to support National Society/ICRC activities.

National Societies strengthened their capacities with ICRC support; training in the Safer Access Framework helped volunteers work more safely in violence-prone areas. Meetings in the region and abroad helped Movement components coordinate their activities.

CIVILIANS

The situation of violence-affected communities, migrants/deportees, and families of missing persons was shared by the ICRC with authorities in the countries concerned, to prevent the recurrence of abuses and encourage humanitarian action for victims of violence.

In Mexico, migrants in the north – repatriated/deported from US territory – reported their needs to Mexican Red Cross volunteers equipped with tablets; findings were shared with US agencies (see *Washington*). The interior ministry and two universities, with ICRC support, launched a study, with a view to broadening awareness of migrants' difficulties in obtaining health care; staff at two hospitals were briefed on the afore-mentioned issue. In line with the Health Care in Danger project: briefings were held for 165 health workers, notably medical students bound for social service in violence-affected areas; and a university in Guerrero began updating its medical curriculum.

Vulnerable migrants ease their journey with emergency aid and family-links services

Along migration routes in Guatemala, Honduras and Mexico, some 58,900 migrants obtained drinking water at National Society-run

facilities; some of them received basic health care and hygiene items. Unaccompanied children in Honduras received food, and wounded/disabled migrants had their hospital care paid for or were referred to physical rehabilitation services (see *Wounded and sick*). In Mexico, migrants: purified drinking water with ICRC-provided tablets; sheltered at 12 NGO-run facilities equipped with water heaters and purifiers, hosting up to 1,353 people a day; and/or applied good hygiene practices discussed at briefings.

Migrants were informed of safety risks and available assistance points at the above-mentioned facilities, and through leaflets and radio spots produced with National Societies and a Mexican university. At Guatemalan centres receiving/processing returning deportees, minors could ease their distress with the help of staff trained in psychosocial care and identifying signs of sexual abuse.

Migrants updated their relatives on their situation through over 33,700 phone calls made at the above-mentioned facilities. With financial assistance: 973 deportees returned to Guatemala and Honduras, and 180 families rejoined their unaccompanied children in Guatemalan transit shelters. In Guatemala, migrants/deportees could temporarily stay at a National Society dormitory, constructed by the ICRC.

Families of people missing in relation to migration/past conflict cope with uncertainty with ICRC aid

In Guatemala, in relation to past conflict, people, using ICRC technical/financial assistance, rejoined 51 relatives separated from them as children and arranged/attended 654 burials, held in a dignified manner, for their deceased relatives; 1,125 families were helped to follow the State's progress in processing the cases of missing family-members. NGOs involved in clarifying the fate of missing people continued working with a common database, and added 5,642 cases to it. After a landslide, forensic services and National Society volunteers processed the remains of 280 people, with ICRC material/staffing/technical support.

Guatemalan, Honduran, Mexican and Salvadorean forensic agencies streamlined ante/post-mortem data collection and identification, with staff training and technical support; for example, Mexican agencies – including 32 public prosecutors' offices – and the central morgues in Guatemala and Honduras began using the ICRC's data-management software. In Mexico, five morgues established offices/systems for receiving information from families; data collected on some 1,000 cases helped the authorities identify some remains. Three Guatemalan morgues were upgraded, and, in Honduras, a morgue and 120 burial niches were constructed.

Some forensic personnel had ICRC-funded psychological care, or trained in providing it.

In Mexico, ICRC-facilitated dialogue between associations of missing persons' families and the authorities in Coahuila state contributed to the identification of the remains of five people and the adoption of a state-wide human-remains management strategy. A government working group's assessment of the compatibility of international norms with federal legislation, funded by the ICRC, contributed to a law pertaining to missing people (see *Actors of influence*). Guatemalan and Honduran authorities and NGOs created working groups on missing migrants.

Violence-affected communities obtain primary health care from ICRC-supported services

In Bajo Aguán, Honduras, 3,900 people recovered from/avoided diseases partly through health services from the Honduran Red Cross/ICRC; by November, the National Society was managing this project unassisted. In Polochic, Guatemala, the Guatemalan Red Cross/ICRC provided health care for 2,200 people; some people had better access to food and health care after the authorities, encouraged by the ICRC, had extended assistance programmes to their communities. Four health ministry/ICRC brigades provided health care in seven communities in Darién, Panama; the ICRC opened a health post at year's end, to cover the needs of 600 people in three communities.

People were at less risk of water-borne illnesses following: the renovation of water/sanitation systems; the distribution of mosquito nets, jerrycans and drinking water; and, in Panama, hygiene-promotion sessions by National Society volunteers and teachers.

Violence-affected people and others relieve emotional stress with psychological care

As part of the CHS project in Mexico: students learnt stress-reduction techniques from 76 ICRC-trained teachers in 32 schools in Chihuahua; and 1,918 students and some teachers were counselled by 26 National Society psychologists, and 370 had advanced care; and in Iguala city, psychosocial support from Red Cross youth volunteers and activities commemorating 43 students who disappeared in 2014. In El Salvador, violence-affected youth continued learning vocational skills at two ICRC-supported computer schools, and enjoyed time in music/sports facilities.

In Guatemala, 44 families of missing persons and 60 victims of armed violence, including sexual violence, had counselling from the National Society/ICRC. Three were referred to physical rehabilitation services.

CIVILIANS		Guatemala	Honduras	Mexico	Panama
Economic security					
Food commodities	Beneficiaries	311	11,074		
Essential household items	Beneficiaries	384	11,074	11	
Cash ¹	Beneficiaries	1,276	3	8	
Water and habitat					
Water and habitat activities	Beneficiaries	493	3,951	40,295	2,769
Health					
Health centres supported	Structures			12	4
Average catchment population				31,157	4,609
Consultations	Patients			21,988	5,503
of which curative	Patients			21,988	5,302
of which ante/post-natal	Patients				201
Immunizations	Doses				1,181
Referrals to a second level of care	Patients			165	41

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.

Some psychosocial-support initiatives were concluded, notably, the CHS projects in Guerrero and Honduras, taken over by the authorities concerned.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees across the region, including transferees in Honduras and migrants, receive ICRC visits

Detainees in El Salvador, Honduras, Mexico and Panama received visits conducted according to standard ICRC procedures. People held in connection with violence and foreigners and other vulnerable inmates were paid special attention. Confidential feedback based on visits and direct support helped the detaining authorities improve detainee treatment and living conditions, particularly regarding respect for judicial guarantees and detainee health care.

In Mexico, migrants in seven retention centres run by the National Migration Institute, and minors in three centres run by the Family Development Department, received ICRC visits. Some personnel trained to provide basic psychological care to vulnerable migrants in their care.

The Mexican authorities and the ICRC discussed formalizing the organization's access to detainees in federal prisons.

Detainees made use of Movement family-links services to contact their families.

Honduran and Salvadoran authorities improve prison services with sustained ICRC support

The Honduran and Salvadorean authorities each created four inter-ministerial working groups on infrastructure, health/sanitation, prison management and judicial guarantees. In

Honduras, members of the working groups and the ICRC discussed improvements to the above-mentioned areas, and redefining minimum detention standards. Some ICRC recommendations, notably a new registration system for detainees, were slated for implementation in three prisons.

Mechanisms for coordinating the health services provided by health and penitentiary authorities were established in El Salvador and Honduras. In one Salvadorean prison, detainees accessed care from the ICRC-supported prison clinic. In Panama, penitentiary authorities assessed prison health services and held a workshop for health personnel on best practices and tackling ethical issues. Penitentiary authorities requested and received the ICRC's recommendations regarding their newly built maximum security prison.

Detainees in Honduran and Salvadoran prisons have better living conditions with ICRC support

In Honduras, over 5,300 detainees had better hygiene/living conditions, following repairs to water systems, kitchens and other infrastructure in seven prisons. In one prison, 217 inmates were better protected against fire after alarm/electrical systems were renovated and staff honed fire-fighting skills; inmates slept more comfortably on ICRC-provided beds. Several people throughout the region were given hygiene kits and wheelchairs.

In El Salvador, prison authorities designed water, electrical and ventilation systems for eight prisons housing 11,075 detainees. In some of these prisons, infrastructure was upgraded; 1,500 detainees in one prison benefited from better ventilation and lighting. Some 8,300 inmates had better hygiene conditions following the rehabilitation of waste-management systems. Vocational-training facilities for up to 800 detainees were also upgraded. Thousands of

CIVILIANS	El Salvador	Guatemala	Honduras	Mexico	Panama
Red Cross messages (RCMs)					
RCMs collected				2	
RCMs distributed	4	19	11	14	
Phone calls facilitated between family members		10,442	12,463	10,804	22
Tracing requests, including cases of missing persons					
People for whom a tracing request was newly registered	1			4	
<i>of whom minors at the time of disappearance - boys</i>				2	
Tracing cases still being handled at the end of the reporting period (people)	5	1	4	15	1
<i>of whom women</i>	3		1		
<i>of whom minors at the time of disappearance - girls</i>				1	
<i>of whom minors at the time of disappearance - boys</i>				1	

PEOPLE DEPRIVED OF THEIR FREEDOM	El Salvador	Honduras	Mexico	Panama
ICRC visits				
Detainees visited	23,059	7,878	4,609	11,182
<i>of whom women</i>	3,956	433	959	
<i>of whom minors</i>	34	6	516	
Detainees visited and monitored individually		9	24	12
<i>of whom women</i>			3	
Detainees newly registered		3		
Number of visits carried out	67	37	26	9
Number of places of detention visited	12	9	21	4
Restoring family links				
RCMs collected	4		43	
RCMs distributed	4		15	
Phone calls made to families to inform them of the whereabouts of a detained relative			1	
Detainees visited by their relatives with ICRC/National Society support		2	7	
People to whom a detention attestation was issued		1		

detainees used ICRC-provided books and writing materials for recreational purposes.

WOUNDED AND SICK

Thousands of disabled people, including migrant amputees, regain some mobility

Disabled people across the region – 5,700 in Honduras, 5,000 in Guatemala, and a few migrants in El Salvador and Mexico – accessed care at seven ICRC-supported physical rehabilitation centres; amputees, including migrants and mine victims, received assistive devices. Staff used ICRC-provided supplies and equipment and advanced their skills at workshops on: managing lower-limb amputees, for 14 Guatemalan, 23 Honduran and 5 Salvadorean technicians; using polypropylene technology, for 4 orthotist-prosthetists; and regulating production costs, for 5 managers.

A Salvadorean university agreed to ICRC help in training physiotherapy students; the five above-mentioned Salvadorean technicians trained at this university.

In Honduras, 30 patients reintegrated into their communities more easily with psychosocial support and help in establishing small businesses.

Honduran and Mexican medical workers hone skills to treat people wounded by gunfire/explosives

Medical workers attended ICRC-backed seminars/workshops by local medical faculties/hospitals, and a conference abroad (see *Colombia*). Participants included: from Honduras, 30 medical residents and 450 students and from Mexico, 40 surgeons from Guerrero, and 25 medical residents and 100 students from Chihuahua. Hosting institutions expanded their capacities: Tegucigalpa University Hospital staff trained/worked with three ICRC surgeons, and upgrades to the emergency room were begun; the Mexican Academy of Surgery, one university in Chihuahua, and another in Tegucigalpa, updated their medical curricula. Health workers and National Society first-aiders had ICRC help in accessing violence-prone areas (see *Civilians* and *Red Cross and Red Crescent Movement*).

These efforts contributed to weapon-wounded people receiving appropriate/life-saving care, on-site or at hospitals.

ACTORS OF INFLUENCE

Military/police troops reinforce their grasp of law enforcement norms and IHL

At briefings, some 900 senior officers from the Guatemalan, Honduran, Mexican, Panamanian, and Salvadorean police/militaries, and 3,180 military troops deployed as law enforcement in Guatemala, Honduras, and Mexico were reminded of international norms governing the use of force during arrests and detention. At workshops, instructors from the Mexican navy, and the Honduran, Guatemalan, and Salvadorean militaries trained in spreading knowledge of these norms.

Security forces, advised/encouraged by the ICRC, took steps to improve education on internationally recognized law enforcement standards. The Mexican federal police held training on teaching and updating doctrine/manuals for 39 instructors, and began consolidating the best practices of instructors trained by the ICRC in previous years. The Mexican *gendarmerie* revised the training curriculum for its officers; the Honduran police forces also began to do so.

States, backed by the ICRC, furthered understanding of IHL among the region's militaries: in Guatemala's UN-certified regional peacekeeping centre, 75 troops deploying abroad were briefed on IHL applicable to peacekeeping operations; in El Salvador, officers from nearby countries learnt more about the differences between IHL and international human rights law; and at a regional conference in Cuba, 22 Bolivian, Cuban, Ecuadorean, Nicaraguan and Venezuelan officers discussed the practical application of IHL. Senior officers from Guatemala, Honduras and Mexico attended an advanced workshop abroad (see *International law and policy*).

States work to strengthen IHL-related laws, notably arms control

States in the region and the Inter-American Court on Human Rights contributed technical input to the process of reinforcing

WOUNDED AND SICK		El Salvador ¹	Guatemala	Honduras	Mexico
Physical rehabilitation					
Projects supported	Structures		3	2	2
Patients receiving services	Patients	9	5,099	5,763	30
	of whom women	3	73	2,648	6
	of whom children		487	514	
New patients fitted with prostheses	Patients	1	38	85	8
	of whom women		3	26	1
	of whom children		17	2	
Prostheses delivered	Units	2	86	151	8
	of which for women		6	32	1
	of which for children		20	6	
	of which for victims of mines or explosive remnants of war		36		
New patients fitted with orthoses	Patients		491	315	
	of whom women		27	62	
	of whom children		445	192	
Orthoses delivered	Units		672	419	
	of which for women		27	54	
	of which for children		603	330	
	of which for victims of mines or explosive remnants of war		18		
Patients receiving physiotherapy	Patients		85	4,495	30
Crutches delivered	Units		62	90	3
Wheelchairs delivered	Units		21	11	3

1. Subsidized patients

IHL compliance and legal protection due to detainees, at two Strengthening IHL meetings in Switzerland.

At an international conference in Mexico, government officials from around the world exchanged views on the implementation of the Arms Trade Treaty, and their respective measures for regulating the use/trade of arms. The Honduran National Council of Defence and Security drew on the ICRC's expertise to prepare a draft law on the use of force, as did the Mexican interior ministry to draft a law covering the needs of missing people and their families. Both awaited the approval of their governments.

National IHL committees, with the ICRC's help, continued efforts to foster support for, and advance, the implementation of IHL in their countries. In Mexico, the IHL committee promoted respect for the emblems protected by IHL and ratification of the Hague Convention on Cultural Property. The region's National IHL committees sent representatives to a conference abroad (see *Colombia*). The Panamanian authorities took steps to revive the national IHL committee.

The authorities, beneficiary communities and others learn more about ICRC/Movement activities

Meetings and themed events helped spread awareness of humanitarian issues such as the Health Care in Danger project and of Movement activities. Government officials and senior political figures, including the president of Cuba, met with the ICRC's president during his visits to Cuba and Mexico. Government officials, members of the media, NGO representatives, health/medical workers and others were urged to support National Society/ICRC activities, particularly those undertaken for migrants and people in violence-prone areas. Beneficiaries learnt more about these matters through online platforms and print/audiovisual materials (see *Civilians*).

Academics, including members of think-tanks, learnt more about specialized IHL/humanitarian topics notably through: speeches given by the ICRC's president at universities in Cuba and Mexico, taken up by major media outlets; the *International Review of the Red Cross*, introduced to lecturers and students at launch events in several universities; and academic debates in Costa Rica, Cuba, Mexico and Nicaragua. At the invitation of a Nicaraguan university, an ICRC legal expert served as a judge at a moot court competition.

RED CROSS AND RED CRESCENT MOVEMENT

With Movement/ICRC support, the region's National Societies provided family-links services and assisted migrants/violence-affected people (see *Civilians* and *Wounded and sick*), and strengthened their organizational structure/statutes and capacities.

National Societies had ICRC help to work in violence-prone areas, for example: training in the Safer Access Framework for some 280 volunteers responding to election-related violence in Guatemala, and 1,200 in violence-affected Mexican states; and advice in developing safer-access strategies for the Costa Rica Red Cross and contingency plans for elections for the Mexican and Salvadorean National Societies. Mexican National Society volunteers in Tamaulipas better coped with violence-induced trauma with counselling by ICRC/National Society psychologists/staff.

Representatives of the Nicaraguan Red Cross, Red Cross Society of Panama and Salvadorean Red Cross Society exchanged best practices with Cuban health personnel at the fourth annual Health in Emergencies in Large Populations course, held in Cuba. Mexican National Society first-aiders had ICRC-provided supplies and equipment at hand.

The Costa Rican and Panamanian National Societies assisted Cuban migrants in their countries, drawing on joint assessments with the ICRC.

Regular meetings and regional events such as the Inter-American Red Cross Conference, and the 32nd International Conference, helped Movement components coordinate their activities.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
Red Cross messages (RCMs)			UAMs/SC*		
RCMs collected		2			
RCMs distributed		48			
Phone calls facilitated between family members		33,731			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		5			2
Tracing cases still being handled at the end of the reporting period (people)		26	4	1	1
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		46,728	5,348	556	
			Women	Girls	Boys
Detainees visited and monitored individually		45	3		
Detainees newly registered		3			
Number of visits carried out		139			
Number of places of detention visited		46			
Restoring family links					
RCMs collected		47			
RCMs distributed		19			
Phone calls made to families to inform them of the whereabouts of a detained relative		1			
Detainees visited by their relatives with ICRC/National Society support		9			
People to whom a detention attestation was issued		1			

*Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	11,385	20%	20%
Essential household items	Beneficiaries	11,473	15%	15%
Cash ¹	Beneficiaries	1,291	26%	12%
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	69,610		
Health				
Health centres supported	Structures	16		
Average catchment population		90,746		
Consultations	Patients	27,880		
	<i>of which curative</i>		5,127	4,900
	<i>of which ante/post-natal</i>		201	
Immunizations	Doses	1,181		
Referrals to a second level of care	Patients	207		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	3,423		
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	25,558		
Health				
Number of visits carried out by health staff		30		
Number of places of detention visited by health staff		13		
Number of health facilities supported in places of detention visited by health staff		1		
WOUNDED AND SICK				
Physical rehabilitation				
Projects supported	Structures	7		
Patients receiving services	Patients	10,901	2,730	1,001
New patients fitted with prostheses	Patients	132	30	19
Prostheses delivered	Units	247	39	26
	<i>of which for victims of mines or explosive remnants of war</i>	36		
New patients fitted with orthoses	Patients	806	89	637
Orthoses delivered	Units	1,091	81	933
	<i>of which for victims of mines or explosive remnants of war</i>	18		
Patients receiving physiotherapy	Patients	4,610	2,448	14
Crutches delivered	Units	155		
Wheelchairs delivered	Units	35		

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.

WASHINGTON (regional)

COVERING: Canada, United States of America, Organization of American States (OAS)



Established in 1995, the Washington regional delegation engages in a regular dialogue on IHL and issues of humanitarian concern with government officials and bodies, academic institutions and other interested groups in Canada and the United States of America. The delegation heightens awareness of the ICRC's mandate and priorities within the OAS. It mobilizes political and financial support for ICRC activities and secures support for IHL implementation. It visits people held at the US internment facility at Guantanamo Bay Naval Station in Cuba. It works closely with the American Red Cross and the Canadian Red Cross Society.

KEY RESULTS/CONSTRAINTS IN 2015

- Authorities in Canada and the United States of America (hereafter US) engaged in discussions with the ICRC on the protection of civilians and other related topics, and expressed support for ICRC operations.
- People held at the US internment facility at Guantanamo Bay Naval Station in Cuba received ICRC visits. They kept in touch with their relatives via RCMs, phone calls and video messages.
- US authorities/policy-makers received recommendations for ensuring that conditions at the Guantanamo Bay internment facility were in line with internationally recognized standards.
- US government agencies and the ICRC discussed humanitarian issues linked to the deportation of vulnerable migrants.

YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

HIGH

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	12
RCMs distributed	3
Phone calls facilitated between family members	556
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	122
Detainees visited and monitored individually	105
Number of visits carried out	5
Number of places of detention visited	1
Restoring family links	
RCMs collected	1,371
RCMs distributed	946
Phone calls made to families to inform them of the whereabouts of a detained relative	29

EXPENDITURE IN KCHF

Protection	2,795
Assistance	186
Prevention	3,055
Cooperation with National Societies	556
General	59
Total	6,650
<i>Of which: Overheads</i>	406

IMPLEMENTATION RATE

Expenditure/yearly budget	99%
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PERSONNEL

Mobile staff	12
Resident staff (daily workers not included)	28

CONTEXT

The United States of America (hereafter US) continued to play a major role in global affairs, and was involved in various military operations overseas. It led the international coalition carrying out air strikes and providing military support against the Islamic State group, which remained active in Iraq and the Syrian Arab Republic (hereafter Syria). The US military was also engaged in other contexts, including Somalia and Yemen. Together with NATO, it announced the extension of its technical support for Afghan troops (see *Afghanistan*).

The transfer or repatriation of people held at the US internment facility at Guantanamo Bay Naval Station in Cuba continued. Several of these transfers were in line with decisions of the periodic review board, which continued, per its mandate, to evaluate the status of internees' cases and determine whether the people concerned were to remain in custody or were eligible to be transferred.

In Canada, the Liberal Party won the federal elections in October. The new prime minister made a commitment to end the country's involvement in the US-led air strikes against the Islamic State group, and to increase Canada's humanitarian and development assistance to Iraq, Syria and neighbouring countries.

Migrants from Central America and Mexico continued to cross the Mexico-US border, risking deportation or arrest.

ICRC ACTION AND RESULTS

The ICRC's dialogue with US civilian and military authorities focused on three subjects: the protection of civilians during military operations, the US military's detention policy/practices and the humanitarian situation in contexts of common interest. Operational, legal and humanitarian concerns were also the main themes of the ICRC's interaction with Canadian authorities.

The ICRC continued to lend its expertise to both States as they advanced the incorporation of measures to protect civilians in the planning and execution of military operations. It maintained its dialogue with the US armed forces on their conduct of hostilities and their involvement in multilateral military operations, as well as on the US's responsibilities in connection with its support for and training of other weapon bearers. Briefings and other events for Canadian/US commanders, operational units and students at military academies helped further their understanding of IHL and of the ICRC's mandate and activities.

The ICRC visited people held at the Guantanamo Bay internment facility, to monitor their treatment and living conditions. Afterwards, it shared its findings and recommendations confidentially to the authorities, emphasizing the importance of ensuring regular family contact, respecting medical ethics and providing health-care services in line with internationally recognized standards. The ICRC maintained its dialogue with US policy-makers on the internees' humanitarian and legal concerns, especially with regard to the ongoing review of their cases. It stressed the need to respect the principle of *non-refoulement* when transferring people out of US custody.

Internees and their relatives in various countries kept in touch through RCMs and phone/video calls. Some internees recorded video messages, which their families viewed at ICRC offices near them.

The ICRC, as a key source of reference on IHL, engaged the authorities and members of civil society in Canada and the US in substantive discussions on a wide range of IHL-related issues and humanitarian concerns. Briefings, meetings, seminars and other events – some held in cooperation with the National Societies – tackled topics such as humanitarian access during armed conflict, and the protection due to wounded/sick people and health-care services. The ICRC helped the American Red Cross organize its second national IHL competition. The ICRC's digital communication platforms kept the general public abreast of various issues of humanitarian concern. All these initiatives helped promote IHL and foster support for ICRC operations.

Interaction with representatives of the Organization of American States (OAS) helped enhance their awareness of the ICRC's mandate and its activities for violence-affected people, including vulnerable migrants in the region.

The ICRC maintained its dialogue with the US Department of Homeland Security and other pertinent government agencies on the humanitarian consequences of deporting migrants. The American Red Cross continued to offer phone services to vulnerable migrants at key transit points along the Mexico-US border.

The ICRC sustained its cooperation with the American Red Cross and the Canadian Red Cross Society, with a view to boosting each other's operational/institutional capacities. The ICRC and the Canadian Red Cross strengthened their partnership in assisting conflict-affected people in Iraq, South Sudan, Syria and elsewhere; the American Red Cross supported the ICRC's response to the Ebola crisis in Liberia.

CIVILIANS

Respect for IHL in connection with the conduct of hostilities of US armed forces, including their participation in or support for multilateral military operations, remained a major theme of the ICRC's dialogue with US civilian and military authorities. Meetings with decision-makers and briefings/training sessions for military officers and troops emphasized compliance with IHL (see *Actors of influence*); these sought to help them further their understanding of humanitarian concerns and to persuade them to take these into account while planning and executing their operations.

The scope of dialogue on the US military's activities in the Middle East broadened; it covered conduct of hostilities, detention policies/practices and the US's responsibilities with regard to its training and support for other weapon bearers.

During its discussions with US government and military officials, the ICRC also drew their attention to the violence endangering patients and health-care services during armed conflict, and urged them to support measures to ensure the safe provision of health care.

Canadian officials learnt more about the protection due to civilians during armed conflicts at an interactive training course organized jointly by the Department of Foreign Affairs, Trade and Development and the ICRC with support from the Canadian Red Cross.

Migrants have their concerns relayed to US authorities

Vulnerable migrants in the US, including unaccompanied minors, contacted their relatives through phone stations set up by the American Red Cross at key transit points along the Mexico-US border.

Humanitarian concerns arising from the deportation of migrants from the US to Mexico were communicated to the US Department of Homeland Security and other pertinent agencies through a report based on field missions by the Mexican Red Cross and the ICRC's Mexico City and Washington regional delegations (see *Mexico City*); this built on a 2014 report on the same subject. Follow-up discussions with the authorities focused on the safety of migrants after their return to Mexico, their medical needs before deportation, and the provision of family-links services. US congressional staff members learnt more about humanitarian issues related to migration through an ICRC-facilitated visit to Mexico.

Discussions with the US authorities also covered forensic activities in connection with missing persons, i.e. searching for them and recovering/identifying their remains; the potential for ICRC support in this regard was also discussed.

PEOPLE DEPRIVED OF THEIR FREEDOM

People in US custody at the Guantanamo Bay internment facility received visits from ICRC delegates, conducted according to the organization's standard working procedures, to monitor their treatment and living conditions; 105 were met individually. During private interviews with ICRC delegates, internees discussed their physical and psychological condition and other specific concerns.

The ICRC's findings and recommendations were confidentially shared with the pertinent authorities, to help them improve, where necessary, conditions of internment and ensure compliance with internationally recognized standards.

Some internees have their first direct contact with relatives

Internees and their relatives in various countries kept in touch through RCMs (1,371 collected; 946 distributed) and phone/video calls (556 made). Twelve people held at a high-security area made video calls to their relatives, the first interactive contact they had had with their families since being transferred to the facility. In line with a 2014 memorandum of understanding between the US authorities and the ICRC, some internees were able to record video messages, which their relatives viewed at ICRC offices near them. A total of 58 internees received parcels sent by their families via the ICRC.

Administrators at the facility and other key policy-makers considered the ICRC's suggestions for improving the internees' contact with their families.

Provision of health care – especially in light of the aging internee population and the prevalence of mental-health problems – remained central to dialogue with the authorities, which also emphasized the importance of applying internationally recognized standards for medical ethics, including those applicable to the management of hunger strikes. An ICRC doctor assessed the internees' health-care needs through meetings with medical/psychiatric staff and by reviewing medical records. Findings and, where necessary, recommendations on the provision of health care, including services for those with mental-health or physical rehabilitation needs, were shared with the authorities.

Authorities are apprised of humanitarian concerns related to detainee transfers

Dialogue continued, with the Department of Defense and other units of the executive branch of the federal government, on the legal framework, judicial guarantees and procedural safeguards applicable

to people held at the Guantanamo Bay internment facility, particularly in connection with the review of the status of pending cases (see *Context*). Discussions between these agencies and the ICRC also covered the need to respect the principle of *non-refoulement* when transferring detainees out of US custody and to minimize the consequences of such transfers. Twenty-two internees were transferred/repatriated from the Guantanamo Bay internment facility in 2015; as at 31 December, 107 were still being held there.

The situation of third-country nationals being held at the Parwan detention facility, which was entirely under Afghan control since December 2014, and the US's responsibilities following the detainees' transfer to Afghan custody or repatriation/release elsewhere was also broached with the authorities concerned. In these discussions, the ICRC emphasized the US's residual obligations to monitor the treatment of detainees and to work with Afghan authorities to ensure respect for the principle of *non-refoulement*.

The US Department of Defense confirmed its commitment to notify the ICRC of all detainees under its authority and to facilitate the ICRC's access to them. Confidential dialogue with US and Canadian authorities – on access to other detainees of ICRC concern, in particular people formerly held under the custody of the US Department of Defense and transferred to facilities on Canadian or US soil – continued.

ACTORS OF INFLUENCE

Policy-makers affirm their support for humanitarian action and the ICRC

Discussions with officials from various sections of the US federal government helped foster respect for IHL and support for the ICRC. These interactions – which included meetings with the ICRC's president and US legislators' visits to the ICRC's headquarters in Switzerland – drew attention to the situation of people held at the Guantanamo Bay internment facility (see *People deprived of their freedom*) and to issues of humanitarian concern in Afghanistan, Iraq, Nigeria, Syria, South Sudan, Ukraine and other countries. The importance of confidentiality to the ICRC's working methods was also emphasized.

Dialogue was established with high-ranking officials of Canada's newly elected government (see *Context*). In his meetings with them, the ICRC's president sought to gain the government's support for ICRC operations and raise awareness of the humanitarian situation in various contexts. At briefings and at a seminar, government officials learnt more about the issues faced by civilians during armed conflict, including sexual violence, and about ICRC activities throughout the world.

OAS officials learnt more about implementing IHL and about the ICRC's activities for violence-affected people, including vulnerable migrants, through briefings and events organized or attended by the ICRC, which included a meeting of national IHL committees that was attended by Canadian and US representatives (see *Colombia*). Interaction with police/security forces in the region provided opportunities to promote internationally recognized standards applicable to the use of force in law enforcement operations.

Military officers, troops and future soldiers further their understanding of IHL-related concerns

Dialogue was maintained, at different levels, with various branches of the Canadian and US militaries to promote respect for IHL and

its incorporation in their policies, training and operations. Senior US military officials discussed, during meetings with the ICRC, the humanitarian issues in their areas of operation and the applicable international legal framework. The US military's conduct of hostilities in Afghanistan continued to be an important theme during discussions; dialogue about its operations in the Middle East broadened in scope (see *Civilians*). Interaction with Canadian defence officials focused on the country's military engagements overseas and on the ICRC's activities in contexts of common interest.

During briefings/training exercises attended by the ICRC, or organized/supported by it with technical advice, Canadian and US command staff and troops, including US civil-military operations teams, refreshed their knowledge of IHL and its application at various stages of military operations. Troops bound for missions abroad – for example, US forces leaving for Afghanistan – received briefings on IHL that also described the humanitarian issues and the ICRC's activities in their place of deployment.

Future commanders and operational staff learnt more about IHL, the obstacles to humanitarian action and the ICRC's mandate and activities through ICRC presentations/events at US military educational institutions, including the Joint Forces Staff College, the School of Advanced Military Studies and various service academies. Contacts were developed at the US Special Forces' educational centres, in view of the Special Forces' increasing role in the country's defence strategy. An ICRC-chaired debate at a Canadian military/international law school tackled contemporary IHL-related issues; with ICRC support, the Canadian Red Cross ran a series of IHL briefings for the country's armed forces.

The Washington regional delegation facilitated contact with US-based NATO bodies and the UN Department of Peacekeeping Operations, in support of the ICRC's work with NATO and the UN.

Authorities and civil society members enrich the debate on IHL and humanitarian issues

Canadian and US academics, researchers and other members of civil society contributed actively to IHL debates; the ICRC lent its expertise in legal matters and policy-making and provided input based on its field experience. Discussions covered topics such as: the conduct of hostilities; the rules applicable to the end of hostilities; the situation of people detained in connection with armed conflict; the use of force in non-international armed conflicts; cyber warfare; and new means/methods of warfare, including autonomous weapons. At meetings facilitated by the American Red Cross, the ICRC's director-general and US technology companies/experts discussed how technology could be used to address humanitarian needs more effectively.

Partnerships with leading US universities – for instance, joint events with the law school at American University in Washington DC – helped the ICRC maintain its position as a key source of reference on IHL. Students from 16 law schools and service academies strengthened their grasp of IHL at a competition organized by the American Red Cross with ICRC technical support. Canadian law professors and students benefited from IHL-themed events organized by the Canadian Red Cross/ICRC. Students from different countries participated in the Jean-Pictet competition on IHL held in the US.

Humanitarian workers, UN staff members and US policy-makers discussed humanitarian access during armed conflict and practical

considerations in assisting vulnerable people, at a workshop organized by an umbrella group of US-based humanitarian groups and the ICRC. Cooperation with think-tanks helped relay matters of humanitarian concern to US government officials and civil society.

Media coverage of ICRC activities, interviews of ICRC officials and the organization's digital communication efforts helped broaden awareness of humanitarian issues and the ICRC's work.

RED CROSS AND RED CRESCENT MOVEMENT

In line with their strategic partnership, the Canadian Red Cross and the ICRC strengthened cooperation in field activities and other areas, such as the organization of IHL dissemination sessions (see *Actors of influence*). The Canadian Red Cross provided support for key policies presented by the ICRC at the 32nd International Conference, on addressing sexual/gender-based violence during emergencies, for instance. The two organizations bolstered cooperation in responding to humanitarian needs in Iraq, Lebanon, Mali, Pakistan, South Sudan, Syria and elsewhere; they focused on tackling health-related needs, and on building the capacities of National Societies.

In cooperation with the ICRC, the American Red Cross continued to provide family-links services to vulnerable migrants (see *Civilians*), and kept up its IHL-promotion programmes (see *Actors of influence*). It assigned a staff member to Liberia, to support the ICRC's response to the Ebola crisis there. Dialogue on cooperation in future fundraising efforts continued.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)		UAMs/SC*		
RCMs collected	12			
RCMs distributed	3			
Phone calls facilitated between family members ¹	556			
Documents				
People to whom travel documents were issued	1			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses) ²				
ICRC visits		Women	Minors	
Detainees visited	122			
		Women	Girls	Boys
Detainees visited and monitored individually	105			
Number of visits carried out	5			
Number of places of detention visited	1			
Restoring family links				
RCMs collected	1,371			
RCMs distributed	946			
Phone calls made to families to inform them of the whereabouts of a detained relative	29			
People to whom a detention attestation was issued	4			

*Unaccompanied minors/separated children

1. Phone or video calls facilitated between people held at the Guantanamo internment facility and their families abroad

2. Guantanamo Bay internment facility, Cuba

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Health				
Number of visits carried out by health staff		4		
Number of places of detention visited by health staff		1		

The multiple tasks and activities of the UN often have implications of a humanitarian nature. Operating since 1983, the ICRC delegation to the UN serves as a support and a liaison for ICRC operational and legal initiatives. The delegation conveys the ICRC's viewpoint and keeps updated on trends and developments relating to humanitarian issues and promotes IHL.

KEY RESULTS/CONSTRAINTS IN 2015

- The ICRC addressed the UN General Assembly and the Security Council, emphasizing such matters as the importance of humanitarian access, compliance with IHL and a stricter weapons control regime.
- UN General Assembly resolutions on the safety of humanitarian personnel and on strengthening the coordination of humanitarian assistance highlighted key ICRC concerns, in particular safe health-care delivery.
- UN officials and representatives of Member States learnt more about some ICRC operations, such as those in the Lake Chad region and the Middle East, and the ICRC's analysis of the humanitarian situations there.
- The ICRC kept abreast of developments in the humanitarian field – such as the Sustainable Development Goals – which fed into its institutional decision-making processes, helping strengthen its field activities.

YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

HIGH

EXPENDITURE IN KCHF

Protection	-
Assistance	-
Prevention	2,682
Cooperation with National Societies	-
General	15
Total	2,697
<i>Of which: Overheads</i>	165

IMPLEMENTATION RATE

Expenditure/yearly budget	97%
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PERSONNEL

Mobile staff	3
Resident staff (daily workers not included)	10

CONTEXT

The UN and the wider diplomatic community continued to face an international landscape fraught with conflicts – many of which were protracted, escalating and/or transnational affairs – as in the Central African Republic, the Democratic Republic of the Congo (hereafter DRC), Iraq, Mali, the Syrian Arab Republic and Yemen, as well as throughout the Lake Chad region. While the upheaval was marked by context-specific nuances, many of the broad humanitarian concerns were recurrent: restrictions on humanitarian access or the particular dangers facing women and children, for instance.

The UN continued to have peacekeeping missions deployed in several countries; amid political and security challenges, a number of these forces – such as the UN Organizational Stabilization Mission in the DRC (MONUSCO) and the UN Mission in South Sudan (UNMISS) – were authorized to use force tactically. UNMISS hosted some 150,000 IDPs at “protection-of-civilian” sites in its compounds. At year’s end, the UN was in the process of reviewing its peace operations.

In September, the UN General Assembly adopted the Sustainable Development Goals. The main themes of the 2016 World Humanitarian Summit – humanitarian effectiveness; vulnerabilities and managing risks; transformation through innovation; and serving the needs of people in conflict – and the intersectionality of humanitarian and development goals figured prominently in the discussions taking place at various forums.

ICRC ACTION AND RESULTS

The ICRC’s New York delegation kept frequent contact with UN bodies, Member States and observers, and civil society organizations, to underscore the most critical humanitarian concerns and to call for greater respect for IHL. The organization used its experiences in the field to concretize discussions and to secure these actors’ backing for principled, apolitical humanitarian action. It also expounded on its perspective on specific IHL-related topics and on the situations in particular contexts/regions, during policy debates and other discussions, as well as during the process of drafting UN documents.

As a permanent observer at the UN, the ICRC maintained a regular presence at Security Council and General Assembly events. It served as an expert briefer at the Security Council’s open debate on the protection of civilians and delivered statements to the General Assembly on the need to strengthen IHL compliance, regulations on the use of weapons and responses to the specific issues/vulnerabilities faced by groups such as women, children refugees and IDPs, as well as on the importance of the rule of law and universal jurisdiction.

The ICRC was also on hand to provide Member States with feedback on IHL-related issues. Thus, the ICRC helped shape UN discussions, reports and resolutions, so that these accounted for IHL and other humanitarian issues. Resolutions adopted by the General Assembly contained strong language on the need to address violence against people seeking or providing health/medical care, among other issues of concern to the ICRC.

The ICRC sustained its cooperation with the Department of Peacekeeping Operations (DPKO) and the Office of Legal Affairs (OLA), and provided them with recommendations for guidelines

and procedures for peacekeeping missions. It also contributed input towards the UN’s review of its peace operations. The annual joint ICRC and DPKO workshop allowed both institutions to discuss the impact of peacekeeping missions on the civilian population, and to take stock of their cooperation. During briefings for DPKO staff and State representatives, the ICRC addressed the applicability of IHL to multinational forces.

The ICRC also pursued direct engagement with UN officials and representatives of Member States at regular bilateral/multilateral meetings. These included the high-level events attended by the ICRC president and other senior officials on the sidelines of the General Assembly session, and the ICRC’s monthly meetings with the presidency of the Security Council. ICRC delegates regularly delivered briefings on the organization’s work, such as its operations in the Horn of Africa, the Lake Chad region and the Middle East. The ICRC and the New York University School of Law jointly organized the 32nd Annual Seminar for Diplomats on IHL, which was attended by over 120 State representatives.

Such contacts helped decision-makers at various levels to deepen their understanding of the ICRC’s distinct mandate and approach, while also helping the ICRC to keep abreast of pertinent developments in the humanitarian field and to streamline its own field practices. The ICRC closely followed the work undertaken by the international community to define the Sustainable Development Goals.

The ICRC continued to coordinate with other organizations and UN-affiliated consortia, and with Movement partners in particular. To broaden public awareness of its priorities and activities, the ICRC also maintained its ties to New York-based NGOs and think-tanks and its contacts with academic institutions and UN-accredited media.

ACTORS OF INFLUENCE

Through its regular engagement with the UN and its bodies and Member States, the ICRC helped ensure that IHL and other matters linked to the protection of civilians were duly considered in these entities’ discussions and in decision-making processes of consequence to the humanitarian situation in the field.

UN takes IHL into account while drafting its resolutions and other documents

As an expert briefer during the Security Council’s open debate on the protection of civilians, the ICRC reiterated States’ obligations to: facilitate conflict-affected people’s access to assistance; respect the legal provisions applicable to conflict, particularly with regard to preventing sexual violence and responding to its consequences; and ensure broader respect for IHL.

The ICRC addressed the General Assembly on several occasions – at the latter’s 70th session, it emphasized the harms accruing from insufficient compliance with IHL and the need for more effective humanitarian action; it also called on the international community to consider the manner in which local actors are involved in humanitarian responses and to pay attention to the convergence of humanitarian and development goals. During General Assembly committee events, the ICRC spoke out on the importance of strengthening IHL compliance, regulating the use of weapons and addressing the specific issues faced by such groups as women, children, refugees and IDPs, and on the value of the rule of law and universal jurisdiction.

Member States requested the ICRC's feedback on IHL-related matters. Ahead of the Security Council's adoption of relevant resolutions, the ICRC was consulted on the subjects of the abduction and detention of children and the protections afforded to women by IHL. The General Assembly's resolution on strengthening the coordination of humanitarian emergency assistance referred to the protection of children in armed conflict and the need to ensure safe health-care delivery, directly mentioning the Health Care in Danger project; the latter theme was also reflected in the resolution on the safety and security of humanitarian personnel.

These events served as springboards for the ICRC to discuss, with other influential actors, its work in specific countries and/or expound on key humanitarian issues. On the sidelines of the General Assembly session, the ICRC, represented by its president, and Kuwait co-hosted a high-level event on the principle of humanity.

UN panel uses ICRC feedback for review of its peace operations

The DPKO and the OLA drew on the ICRC's legal advice, using its recommendations, to revise general UN guidelines on the protection of civilians by peacekeeping missions. The UN Security Council resolution extending MONUSCO's mandate contained provisions for training in IHL and standardized procedures for internment.

The annual ICRC and DPKO workshop enabled both institutions to discuss the impact of peacekeeping missions on civilians, and to take stock of their cooperation. During briefings for DPKO staff, State representatives and the General Assembly's committee on peacekeeping forces, the ICRC addressed the applicability of IHL to multinational forces.

The ICRC also contributed input to the UN secretariat and the high-level panel, which were undertaking a review of UN peace operations.

ICRC calls for creation of legally binding framework to prohibit nuclear weapons

The ICRC maintained its commitment to helping reinforce the regulations on the use and trade of weapons and to supporting the development of applicable norms. It contributed to the general discourse on the use of explosive weapons in densely populated areas, nuclear weapons, cyber-warfare and new technologies; for the first time, the ICRC expressed concern over the possibility of the weaponization of outer space. At several events – the Review Conference of the Parties to the Treaty on the Non-Proliferation of Nuclear Weapons, for instance – the ICRC president urged States to establish a time-bound framework for creating a legally binding agreement to prohibit the use of nuclear weapons and to eliminate existing stockpiles.

High-level contact helps foster support for IHL

The organization regularly touched base with UN officials, representatives of Member States, including officials from emerging powers, and regional leaders, to encourage a broader base of support for humanitarian work and for resolutions and policies (see above) that reflect related issues accordingly. For example, the ICRC had monthly meetings with the presidency of the UN Security Council. ICRC delegates regularly briefed State representatives and other policy-makers present in New York on its work in the field, particularly in countries in the Horn of Africa, the Lake Chad region and the Middle East.

At the annual seminar for diplomats, which the ICRC organized with the New York University School of Law, over 120 State representatives discussed weapon-related issues and learnt about the ICRC's standpoint on these matters.

International community works together to define future humanitarian agenda

Meetings of the Humanitarian Liaison Working Group and the UN Inter-Agency Standing Committee facilitated coordination of humanitarian activities and allowed the ICRC to monitor policy developments and other broad issues (e.g. those concerning accountability, early recovery and partnerships), to underline the need for principled humanitarian action and to set out its priorities and concerns. The ICRC followed the international community's efforts to define the Sustainable Development Goals, for example through its attendance at OCHA's annual global humanitarian policy forum, where it expressed its views on policy shifts towards reinforcing national capacities during humanitarian crises.

The ICRC continued to interact closely with Movement partners, NGOs, think-tanks and UN-affiliated humanitarian organizations, and participated in their events, furthering understanding of each other's positions on pertinent issues and of their distinct mandates. Notably, the ICRC participated in a public consultation on forced displacement and migration, where it emphasized the importance of carefully considering migrants' vulnerabilities in the design of protection and assistance mechanisms. Other organizations consulted the ICRC for guidance on specific IHL-related matters. These exchanges fed into the ICRC's own analysis of cross-cutting and context-specific issues and helped it strengthen its field practice.

UN-accredited media covered ICRC activities, aided by the organization's promotional materials. At ICRC events with the academic community, future decision-makers enriched their grasp of IHL. The delegation continued to develop its presence on social media and maintained its targeted communication initiatives.

MISSION

The International Committee of the Red Cross (ICRC) is an impartial, neutral and independent organization whose exclusively humanitarian mission is to protect the lives and dignity of victims of armed conflict and other situations of violence and to provide them with assistance. The ICRC also endeavours to prevent suffering by promoting and strengthening humanitarian law and universal humanitarian principles. Established in 1863, the ICRC is at the origin of the Geneva Conventions and the International Red Cross and Red Crescent Movement. It directs and coordinates the international activities conducted by the Movement in armed conflicts and other situations of violence.



ICRC

VOLUME II

ANNUAL REPORT

2015



ICRC

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

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

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

All figures in this report are in Swiss francs (CHF). In 2015, the average exchange rate was CHF 0.9638 to USD 1, and CHF 1.0745 to EUR 1.

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ASIA AND THE PACIFIC

KEY RESULTS/CONSTRAINTS IN 2015

- ▶ People affected by ongoing or past conflict/violence or natural disasters, notably in Afghanistan, Myanmar and the Philippines, received relief and livelihood assistance to meet their short- and long-term needs.
- ▶ Local actors, the National Societies and the ICRC strengthened their partnerships and adapted their work, especially in areas where the ICRC faced access and acceptance constraints, so as to reach people in need.
- ▶ Wounded and sick people received timely and good-quality first aid, preventive and curative health care and/or physical rehabilitation services from ICRC-supported emergency responders and health facilities.
- ▶ Detainees benefited from ICRC visits and the authorities' ICRC-supported efforts to improve inmates' treatment and living conditions, notably to reduce procedural delays and ensure their access to health care.
- ▶ People separated from their kin by conflict/violence, migration or natural disasters restored/maintained contact via Movement family-links services. Movement partners took steps to improve these services.
- ▶ The authorities, weapon bearers and civil society members learnt more about humanitarian principles, IHL and related topics, and the ICRC's work, through dialogue with the ICRC and at local/regional events.

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	4,454
RCMs distributed	6,793
Phone calls facilitated between family members	9,221
People located (tracing cases closed positively)	677
People reunited with their families	3
<i>of whom unaccompanied minors/separated children</i>	3
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	272,809
Detainees visited and monitored individually	5,232
Number of visits carried out	741
Number of places of detention visited	367
Restoring family links	
RCMs collected	9,055
RCMs distributed	3,980
Phone calls made to families to inform them of the whereabouts of a detained relative	4,075

ASSISTANCE	2015 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 96,950	472,384
Essential household items	Beneficiaries 280,450	398,381
Productive inputs	Beneficiaries 255,950	95,457
Cash	Beneficiaries 179,722	175,465
Vouchers	Beneficiaries	12,624
Services and training	Beneficiaries 6,434	207,203
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries 453,300	692,691
Health		
Health centres supported	Structures 68	96
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures 24	76
Water and habitat		
Water and habitat activities	Number of beds 4,293	1,552
Physical rehabilitation		
Projects supported	Structures 37	53
Patients receiving services	Patients 135,270	207,048

EXPENDITURE IN KCHF	
Protection	38,484
Assistance	127,566
Prevention	31,767
Cooperation with National Societies	14,335
General	1,825
Total	213,977
<i>Of which: Overheads</i>	13,039

IMPLEMENTATION RATE	
Expenditure/yearly budget	99%
PERSONNEL	
Mobile staff	404
Resident staff (daily workers not included)	3,138



DELEGATIONS

Afghanistan
Bangladesh
Myanmar
Nepal
Pakistan
Philippines
Sri Lanka

REGIONAL DELEGATIONS

Bangkok
Beijing
Jakarta
Kuala Lumpur
New Delhi
Suva

 ICRC delegation  ICRC regional delegation  ICRC mission



Northern Kachin State, Putao, Myanmar. The Myanmar Red Cross Society and ICRC distribute household items and cold-weather clothing to families at a camp for displaced persons.

In 2015, the ICRC pursued its efforts to address the humanitarian needs of people who were affected by ongoing or past armed conflicts and other situations of violence, and whose needs were sometimes aggravated by natural disasters, in Asia and the Pacific. It fostered understanding among the authorities and other key actors of its neutral, impartial and independent humanitarian action through regular contact with them. In several areas, the quality of the ICRC's communication and relationships with these influential actors enabled the organization to access communities in need. The ICRC adapted its activities to security constraints, notably by strengthening its partnerships with local organizations and National Societies, especially in Afghanistan, in order to increase its ability to provide assistance for vulnerable communities. The ICRC also responded to needs arising from major disasters that struck the region, such as the earthquakes in Nepal, and Cyclone Komen, which heavily affected Bangladesh, India and Myanmar.

In Afghanistan, the Philippines and other contexts where IHL applied, the ICRC reminded the parties of their obligation to respect those not or no longer taking part in the fighting and the need to allow medical/humanitarian assistance to reach the victims. In Afghanistan, some parties issued directives on the protection of health-care personnel/facilities and the safe transfer of human remains. Meetings and information sessions/campaigns – including those calling for respect for the Movement's emblems and for the free passage of medical services during situations of violence in Bangladesh, Nepal and Papua New Guinea – also sought to facilitate the safe and independent delivery of humanitarian aid.

The ICRC provided tailored responses to the needs of conflict/violence/disaster-affected people. With the National Societies,

it responded to the immediate needs of victims, including IDPs and host communities. During emergencies, for instance in Afghanistan, India, Myanmar and the Philippines, people received food rations and/or essential household items. Water-trucking services and the installation of water and sanitation facilities helped reduce health hazards.

Resident communities, IDPs and returnees affected by ongoing fighting and unrest, as in southern Thailand, and the consequences of past conflict, as in Sri Lanka, recovered from or built their resilience to crises with ICRC assistance. They restored/reinforced their self-sufficiency by starting/resuming agricultural activities or small businesses with the help of ICRC-provided supplies/equipment, training, cash grants or animal-health care and other public services, which were improved with ICRC support. They also participated in cash-for-work projects to construct/rehabilitate community infrastructure. The ICRC helped people ensure their access to water: for instance, in weapon-contaminated areas of the Lao People's Democratic Republic, it worked with the authorities/Lao Red Cross to upgrade water systems so that communities there could fetch water safely. The ICRC completed projects in areas struck by Typhoons Hagupit and Haiyan in the Philippines in 2014; in total, 12,300 people rebuilt their homes with ICRC assistance.

Working alongside National Society staff-on-loan and local health personnel, ICRC health teams sought to improve access to adequate first aid and surgical care for weapon-wounded and other patients. The ICRC provided support for hospitals, such as in Afghanistan, the Democratic People's Republic of Korea, Myanmar, Pakistan and Thailand, which received people wounded along the border

with Myanmar. The ICRC financed and carried out medical evacuations; covered patients' treatment costs; supported ambulance services and first-aid posts; and/or provided training for health/medical professionals, police personnel, community members and National Society staff in first aid or such topics as responding to large-scale emergencies and complex crises. Health agencies and National Societies in Bangladesh, India, Malaysia and Nepal formed/expanded first-aid teams and activities and/or received ICRC encouragement/support for conducting training sessions independently.

Primary-health-care centres and National Society-run fixed/mobile health clinics in seven countries received support, enabling them to provide good-quality preventive and curative health care to vulnerable people. In Pakistan, the presence of ICRC-trained female health workers encouraged more pregnant women to visit clinics for consultations. Malnutrition rates among people who had been displaced for a protracted period in Zamboanga, Philippines decreased, thanks to the efforts of the authorities, the Philippine Red Cross and the ICRC.

Thousands of disabled persons, including amputees and mine victims, benefited from physical rehabilitation services at ICRC-supported centres in 11 countries. With ICRC support, one physical rehabilitation centre in Nepal became financially independent, and a new one opened in Pakistan. In some countries, the National Societies and the ICRC ran outreach programmes enabling vulnerable patients, particularly those from remote areas, to obtain treatment. Disabled persons also received help to boost their economic self-sufficiency and social inclusion. A partnership of several technological, business and government organizations from around the world and the ICRC launched "Enable Makeathon" in India, a contest for developing innovative aids for disabled people. With the ICRC, the National Societies conducted mine-risk education sessions to help prevent further casualties of mines/explosive remnants of war.

Detainees in 13 countries, including those held in relation to armed conflicts and other situations of violence or for reasons of State security, received visits in accordance with the ICRC's standard procedures. Under an agreement with the Bangladeshi government, the ICRC visited prisons and began to help improve detainees' living conditions there; the ICRC also visited hundreds of people detained following political unrest in the Maldives. Following these visits, delegates shared with the authorities confidential reports containing, where necessary, recommendations for improving treatment or living conditions. The ICRC engaged in dialogue with the authorities to further their understanding and recognition of its neutral and independent stance and experience in the field of detention, to encourage cooperation in addressing detainees' humanitarian needs and to secure access to those the ICRC had not yet visited.

The dialogue with, and the technical/material assistance offered to the detaining authorities resulted in some improvements in the treatment and living conditions of detainees, including those in the most problematic facilities. For instance, detainees in Cambodia were allowed to spend more time outside their cells. With ICRC support, the detaining authorities worked to reduce overcrowding and mitigate its consequences, particularly on the detainees' health. Initiatives in Cambodia and the Philippines helped resolve legal procedural delays, leading to the sentencing or release of some individuals. Detention authorities in India improved medical

check-up procedures and introduced mental-health care. The Philippine prison system enhanced its TB screening. In Malaysia, as a result of a previous seminar organized by the prisons department and the ICRC, the department and the health ministry agreed to transfer the responsibility for providing prison health services to the health ministry, which began assigning full-time medical staff to immigration detention centres. ICRC-supported improvements to prison health/water/sanitation facilities and infrastructure benefited over 113,000 detainees, mostly in Afghanistan, Myanmar, Sri Lanka and Thailand. Prison officials discussed ways to enhance detainee health care and other prison-management issues during local/international seminars and study tours.

An incident where boats containing thousands of migrants from Bangladesh and Myanmar were stranded in the Andaman Sea drew attention to the issues of migration and human trafficking in the region. The ICRC discussed the humanitarian needs of vulnerable migrants with the authorities and other stakeholders, and helped them meet these needs. Over 9,000 migrants returning to the Philippines from Malaysia, and passing through government processing centres, received hygiene kits, helping ease their living conditions. ICRC delegates visited migrants detained in Malaysia, Nauru, Papua New Guinea and Thailand and discussed their plight with the authorities/organizations concerned.

In line with the Restoring Family Links Strategy for the Movement, National Societies and ICRC delegations continued to offer services to family members separated by armed conflicts, other situations of violence, detention, migration or natural disasters. They organized RCM, tracing and telephone/videoconference services to help people contact relatives, facilitated family visits for detainees where possible, and issued travel documents allowing asylum seekers to resettle in host countries. Movement partners in the Asia-Pacific region met to review the effectiveness of family-links services during recent disasters and migration-related incidents and identify ways to improve services and enhance their coordination. The concerns of families dispersed since the 1950–53 Korean War were discussed with the relevant authorities; the ICRC provided support for organizing a temporary reunification meeting of several hundred families.

The ICRC continued to support the efforts of governments and local players in Nepal, Papua New Guinea and Sri Lanka to address the issue of persons unaccounted for, adapting its assistance according to existing needs and available mechanisms. The proper handling of human remains helped prevent people from becoming unaccounted for; the ICRC offered its expertise in this area, as well as material/training support, to the authorities concerned in the aftermath of the earthquakes in Nepal. The ICRC continued to act as a neutral intermediary in the handover of the remains of fallen fighters between the parties to the conflict in Afghanistan.

ICRC delegations maintained contact with the authorities, armed/security forces, civil society groups and other key players, such as the Association of Southeast Asian Nations, to gain acceptance and support. These influential players enhanced their understanding of the Movement's work and exchanged views with the ICRC on topics of mutual concern, such as cyber warfare and migration, during meetings and events. A new ICRC office in Hanoi, Viet Nam facilitated dialogue with the authorities there, notably on incorporating IHL in military training.

The ICRC promoted understanding of and respect for humanitarian principles and IHL among key players, especially in contexts with ongoing/past conflicts; for instance, it organized a workshop on the application of IHL at sea for senior naval officers from 14 countries. It also encouraged cooperation with associations addressing the humanitarian needs arising from these conflicts, such as those of the families of missing persons.

The ICRC continued to offer its expertise and technical support in several areas: to governments, on acceding to IHL instruments, enacting national legislation, maintaining or establishing/reviving their national IHL committees and/or fulfilling their pledges in preparation for the 32nd International Conference; to armed/security forces, on incorporating IHL, relevant internationally recognized standards and humanitarian practices into their doctrine, training and operations; and to key universities, on including humanitarian principles and IHL in their curricula. As a result of such efforts, Myanmar ratified the Chemical Weapons Convention, and Tuvalu, the Arms Trade Treaty. Representatives of 16 governments exchanged their views on the Arms Trade Treaty and the Strengthening IHL process during a workshop. The ICRC continued to update its database on customary IHL. ICRC-supported efforts in Pakistan in connection with the Health Care in Danger project resulted in the public launch of two reports detailing the effects of violence on health-care workers and its legal implications.

Using ICRC-provided material and information gleaned from local/regional media conferences, journalists published IHL-related articles for the wider public; the latter also had access to IHL-related exhibitions and audiovisual products, such as a *manga* comic featuring a child soldier's story. The National Societies in Brunei Darussalam and Indonesia obtained training/guidance for teaching humanitarian principles in secondary schools.

The ICRC explored private-sector fundraising with other Movement partners in the region, notably in Hong Kong and Singapore.

The Tuvalu Red Cross Society was recognized as the 190th National Society. The ICRC's partnerships with the region's National Societies enabled it to extend the coverage or effectiveness of its operations, particularly in Afghanistan, Bangladesh, Myanmar, Pakistan and the Philippines. The ICRC continued to provide National Societies with technical, financial and material support to help them develop their profiles and activities and to strengthen their capacities to respond – guided by the Safer Access Framework, and in accordance with the Fundamental Principles – to the needs resulting from emergencies. As in the past, the ICRC coordinated with other Movement partners, UN agencies and other humanitarian players, to maximize impact and avoid gaps or duplication, for instance, in addressing the consequences of Cyclone Komen.

PROTECTION MAIN FIGURES AND INDICATORS

PROTECTION

	CIVILIANS															
	RCWs collected	RCWs distributed	Phone calls facilitated between family members	Names published in the media	Names published on the ICRC family-links website	People reunited with their families	of whom UAMs/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
Afghanistan	1,220	2,052	5,346			1	1		2	2,260	261		27,145	419	207	2,003
Bangladesh	169	120	1,667								4		1,936	51	19	6
Myanmar	1,247	1,898									3		38,119	5,071	575	545
Nepal	58	58	243	1,343	3,956						11	89				
Pakistan	134	175	316			2	2	3	2		40					
Philippines	2	3									175		85,294	5,169	607	1,021
Sri Lanka	8	48	1					17			116	149	17,264	913	83	524
Bangkok (regional)	1,560	2,290	608								3		68,619	4,321	363	504
Jakarta (regional)	10	25	945													
Kuala Lumpur (regional)	44	111	66								3	1	24,845	2,949	1,674	226
New Delhi (regional)	1	9									1	448	5,798	249	30	284
Suva (regional)	1	4	29		107						60		3,789	221	152	119
Total	4,454	6,793	9,221	1,343	4,063	3	3	20	4	2,260	677	687	272,809	19,363	3,710	5,232

*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	
	4	1	54	1,254	3		48	117	31	3,300	1,424	2,679	2,482	1	23	Afghanistan
				6				7	5	4		8				Bangladesh
	52	2	15	387	43	1	9	70	39	3,604	1,397		574			Myanmar
										97	59					Nepal
																Pakistan
	61		5	212	28		3	237	139	2	1		442			Philippines
	27		4	116	12		4	97	38	30	8	61	327	4	202	Sri Lanka
	3		3	236	3		3	107	53	1,913	1,067	671	173			Bangkok (regional)
																Jakarta (regional)
	52	13	13	213	52	13	9	27	15	92	14	655			1	Kuala Lumpur (regional)
			2	82			2	32	22	9	4		71		1	New Delhi (regional)
	7		3	86	2		2	47	25	4	6	1	59		2	Suva (regional)
	206	16	99	2,592	143	14	80	741	367	9,055	3,980	4,075	4,128	5	229	Total

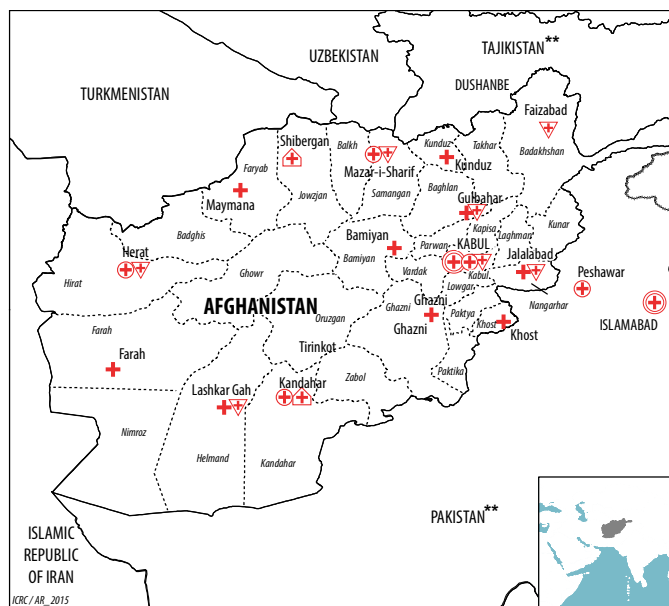
ASSISTANCE MAIN FIGURES AND INDICATORS

ASSISTANCE

	CIVILIANS											PEOPLE DEPRIVED OF THEIR FREEDOM		
	CIVILIANS - BENEFICIARIES							HEALTH CENTRES						
	Food commodities	Essential household items	Productive inputs	Cash	Vouchers	Services and training	Water and habitat activities	Health centres supported	Catchment population (monthly average)	Consultations (patients)	Immunizations (doses)	Food commodities	Essential household items	Water and habitat activities
Afghanistan	211,630	207,593	11,333	34,732		206,704	324,859	48	1,038,529	966,866	502,375		35,889	34,975
Bangladesh		400	3,674	4,425			312	2	497,568	179,290			3,526	5,483
Myanmar	51,426	52,931	12,959	68,812		41	177,183	25					38,119	26,507
Nepal		6,444		3,588										
Pakistan				5				6	67,167	147,097	4,951			
Philippines	209,328	130,911	67,010	55,266		457	99,084	14	80,070	30,207	14,028		18,204	9,745
Sri Lanka				7,712			18,896						12,889	3,585
Bangkok (regional)		102	481				3,872					296	22,060	31,202
Beijing (regional)							8,000							
Jakarta (regional)				280										
Kuala Lumpur (regional)													6,738	
New Delhi (regional)				645	12,624	1	55,320							
Suva (regional)							5,165	1	30,000	7,129	5,406			1,885
Total	472,384	398,381	95,457	175,465	12,624	207,203	692,691	96	1,713,334	1,330,589	526,760	296	137,425	113,382
of whom women	29%	26%	29%	30%	35%	30%	30%							
of whom children	35%	24%	40%	42%	30%	40%	37%							
of whom IDPs	53%	73%	13%	21%	10%		10%							

WOUNDED AND SICK														
FIRST AID			HOSPITALS				PHYSICAL REHABILITATION							
First-aid posts supported	of which provided data	Wounded patients treated	Hospitals supported	of which provided data	Admissions (patients)	of which weapon-wounded	Projects supported	Patients receiving services	New patients fitted with prostheses	New patients fitted with orthoses	Prostheses delivered	Orthoses delivered	Patients receiving physiotherapy	
			17	2	65,157	2,202	8	130,892	1,061	6,029	4,120	14,853	76,358	Afghanistan
							3	810	186	537	210	1,125		Bangladesh
			17	1	1,222	2	3	3,093	197	21	802	39	743	Myanmar
4	4	8,722	12				2	2,196	78	154	117	205	799	Nepal
8			2				21	19,927	2,207	4,465	2,770	8,439	11,921	Pakistan
38			20	12	105,366	414	1	471	151	24	133	20	297	Philippines
														Sri Lanka
							6	11,490	296	418	1,759	1,228	3,092	Bangkok (regional)
			5	1	102		3	945	381	20	761	28	714	Beijing (regional)
														Jakarta (regional)
														Kuala Lumpur (regional)
			3				6	37,224	512	3,968	685	7,049	10,170	New Delhi (regional)
														Suva (regional)
50	4	8,722	76	16	171,847	2,618	53	207,048	5,069	15,636	11,357	32,986	104,094	Total
					47%	9%		19%	13%	17%	11%	15%		of whom women
					25%	18%		29%	8%	49%	8%	56%		of whom children
of which for victims of mine or explosive remnants of war											39%	1%		of whom IDPs

AFGHANISTAN



ICRC delegation (red cross in a circle) ICRC sub-delegation (red cross in a circle) ICRC office/presence (red cross) ICRC-supported hospital (red cross in a circle)
 ICRC regional logistics centre (red triangle) ICRC-supported prosthetic/orthotic centre (red triangle)
 ** Map shows structures supporting ICRC operations in Afghanistan

KEY RESULTS/CONSTRAINTS IN 2015

- ▶ Despite insecurity sometimes hampering the ICRC's access, some conflict-affected people received provisions of food/household essentials. Some made use of livelihood support to restore their self-sufficiency.
- ▶ Weapon-wounded people received life-saving care from emergency responders and were taken to hospital by means of an ICRC-funded transport system, as the number of casualties increased.
- ▶ Disabled people improved their mobility at ICRC-run physical rehabilitation centres, managed by ICRC-trained disabled employees. Some regained a measure of self-sufficiency with ICRC financial assistance.
- ▶ More detainees, held far from their homes following their transfer to the Afghan-run Parwan detention facility, maintained/restored contact with relatives via the Movement's family-links services.
- ▶ Parties to the conflict continued their dialogue with the ICRC amid worsening security conditions. Directives from some of them facilitated the transfer of human remains and safe passage for the wounded/sick.
- ▶ The armed forces assumed greater responsibility for IHL training: they appointed an IHL-training coordinator and created a mobile training team to conduct courses for operational troops.

EXPENDITURE IN KCHF

Protection	12,236
Assistance	61,841
Prevention	4,479
Cooperation with National Societies	1,881
General	560
Total	80,996
<i>Of which: Overheads</i>	4,928

IMPLEMENTATION RATE

Expenditure/yearly budget	101%
---------------------------	------

PERSONNEL

Mobile staff	115
Resident staff (daily workers not included)	1,720

Having assisted victims of the Afghan armed conflict for six years in Pakistan, the ICRC opened a delegation in Kabul in 1987. Its current operations aim at: visiting detainees, monitoring their treatment and living conditions, and helping them keep in contact with their families; monitoring the conduct of hostilities and working to prevent IHL violations; assisting the wounded and the disabled; supporting health and hospital care; improving water and sanitation services; promoting accession to and national implementation of IHL treaties and compliance with IHL by military forces; and helping the Afghan Red Crescent Society strengthen its capacities.

YEARLY RESULTS

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

PROTECTION

CIVILIANS (residents, IDPs, returnees, etc.)

Restoring family links	Total
RCMs collected	1,220
RCMs distributed	2,052
Phone calls facilitated between family members	5,346
People located (tracing cases closed positively)	261
People reunited with their families	3
<i>of whom unaccompanied minors/separated children</i>	3

PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)

ICRC visits

Detainees visited	27,145
Detainees visited and monitored individually	2,003
Number of visits carried out	117
Number of places of detention visited	31

Restoring family links

RCMs collected	3,300
RCMs distributed	1,424
Phone calls made to families to inform them of the whereabouts of a detained relative	2,679

ASSISTANCE

CIVILIANS (residents, IDPs, returnees, etc.)

Economic security¹ (in some cases provided within a protection or cooperation programme)

		2015 Targets (up to)	Achieved
Food commodities	Beneficiaries	54,600	211,630
Essential household items	Beneficiaries	58,100	207,593
Productive inputs	Beneficiaries	212,100	11,333
Cash	Beneficiaries	145,250	34,732
Services and training	Beneficiaries	3,899	206,704

Water and habitat (in some cases provided within a protection or cooperation programme)

Water and habitat activities	Beneficiaries	250,000	324,859
------------------------------	---------------	---------	---------

Health

Health centres supported	Structures	47	48
--------------------------	------------	----	----

WOUNDED AND SICK

Hospitals

Hospitals supported	Structures	2	17
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Water and habitat

Water and habitat activities	Number of beds	834	714
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Physical rehabilitation

Projects supported	Structures	8	8
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Patients receiving services	Patients	95,000	130,892
-----------------------------	----------	--------	---------

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 security situation in Afghanistan worsened as the conflict between NATO-backed Afghan armed forces and armed groups intensified. Civilians bore the brunt of the fighting: many were displaced, wounded or killed. There are said to be over 1 million IDPs in the country. The number of civilian casualties in 2015 was reportedly the highest recorded since the beginning of the conflict in 2001. NATO and the United States of America (hereafter US) announced an extension of their technical support to local troops for at least 2016.

As international stakeholders had left, or were in the process of doing so, some 3,300 security detainees from provincial prisons were transferred to the Parwan detention facility, now entirely under Afghan management. Many of those transferred were far from their homes, affecting their means to contact relatives. Fighters/presumed supporters of armed groups continued to be arrested, adding to the congestion in detention facilities and straining the authorities' capacity to meet detainees' needs.

Parliamentary elections, originally scheduled for the first half of 2015, were postponed to October 2016.

The prolonged political transition, fragmented military landscape and volatile situation further restricted humanitarian access. Attacks on humanitarian/medical workers persisted.

ICRC ACTION AND RESULTS

In 2015, the ICRC strove to address the humanitarian needs arising from the conflict in Afghanistan despite constraints that affected the implementation of some of its planned activities. Deteriorating security conditions and the prolonged political transition made it difficult to sustain dialogue with parties to the conflict, and delayed some activities related to protecting civilians, assisting detainees and providing health care. Nevertheless, the ICRC worked closely with the Afghan Red Crescent Society and other partners to increase assistance for vulnerable communities. The ICRC also supported the development of the National Society's institutional and branch-level capacities.

The delegation focused on maintaining/developing dialogue with all parties to the conflict, with a view to improving humanitarian access to the people affected and furthering the parties' understanding of humanitarian principles, IHL and the Movement. Discussions between these parties and the ICRC brought attention to alleged violations of IHL and to the parties' responsibilities to protect civilians and medical services. The ICRC supplemented these discussions with presentations/materials – some on the Health Care in Danger project – for weapon bearers, the authorities and influential members of civil society. Sustained contact with a number of these actors led to some successes: the armed forces assumed greater responsibility for IHL training by appointing an IHL-training coordinator and creating a mobile IHL-training team; some parties issued directives ordering those under their control to protect health-care personnel/facilities and allow the safe transfer of human remains.

Despite intensified fighting and attacks on medical staff/facilities, the National Society/ICRC continued to support the casualty care chain, in order to help address people's health/medical needs. First-aid training for emergency responders resulted in more effective life-saving care for the weapon-wounded; an ICRC-funded

transport system helped patients reach hospital. Regular support for the health ministry-run Mirwais (in Kandahar) and Shiberghan (in Jowzjan) hospitals, and ad hoc support for others, helped raise the quality of secondary-level care. Services provided by ICRC-run physical rehabilitation centres helped the disabled to regain a measure of self-sufficiency and reintegrate into their communities. Material support/training from Movement partners/the ICRC helped the National Society to improve the services offered at its primary-health-care clinics; the ICRC provided similar support for a community-run health centre.

National Society/ICRC teams distributed household essentials/food rations to help IDPs meet their urgent needs. The ICRC also provided fuel for electric generators at water stations, to help maintain a city's access to water during an emergency. It enlisted community support for rehabilitating infrastructure in exchange for cash; this enabled people to earn money while increasing communal livelihood resources. The ICRC helped communities to resume/protect income-generating and/or food-production activities by supporting animal-health services and providing agricultural supplies/equipment and training. It provided support for repairing/constructing water systems to improve water quality and sanitation in rural and urban areas.

Delegates continued to visit detainees under Afghan authority to monitor their treatment and living conditions. After their visits, conducted in accordance with standard ICRC procedures, they shared their findings and recommendations confidentially with the authorities. The transfer of inmates to the Parwan detention facility led to an increased need for detainees and their families to maintain contact, which the National Society/ICRC addressed through family-links services. The ICRC also enabled foreign detainees/internees to contact their consular representatives, and assisted them while they awaited repatriation. It worked with the authorities concerned to improve the health and living conditions of detainees in overcrowded facilities, by providing medical services and support for repairing essential facilities.

The ICRC met with other humanitarian organizations regularly to ensure maximum coverage of needs and prevent duplication of effort.

CIVILIANS

Influential actors help ensure safe passage for the wounded and transfer of human remains

Parties to the conflict – including armed groups who sometimes imposed restrictions on National Society/ICRC aid delivery – and the ICRC discussed the need to: protect people not/no longer participating in hostilities; allow civilians access to basic services, including by protecting humanitarian/medical workers/facilities; and facilitate the Movement's neutral, impartial and independent activities. Allegations of abuse formed the basis of written/oral representations to weapon bearers, reminding them of their obligations under IHL, with a view to preventing further abuses. These contributed to the issuance of directives to allow the safe transport of human remains and the passage of the wounded/sick to hospitals by some of the parties to the conflict, including the defence ministry.

People separated from their families by the conflict restored/maintained contact with their relatives with the help of Movement family-links services (see *People deprived of their freedom*). Awareness-raising sessions were held to inform people of these services. Families of fallen civilians and fighters buried their

relatives, with the ICRC acting as a neutral intermediary in transporting the remains of over 2,260 people, with help from the National Society/hired service providers.

With ICRC training, National Society staff developed their capacity to manage human remains. Four forensics experts attended courses abroad, furthering their knowledge of the proper management and identification of human remains. Others sharpened their skills at a Forensic Medicine Directorate/ICRC-organized workshop. All this helped develop the sustainability of forensic activities in the country.

IDPs meet their basic needs with ICRC emergency assistance

Poor security conditions sometimes limited humanitarian access, but the ICRC's second supply line, opened in 2014 in southern Afghanistan, continued to prove helpful. It enabled the National Society/ICRC to increase the scale of assistance for vulnerable people. Thus, over 147,000 IDPs (21,008 households) met their basic needs through four-week food rations; over 140,900 of them (20,134 households) also received household essentials. In Badakhshan province, 15 resident households (105 people), who lost their homes during an earthquake in October, were provided temporary shelter.

Vulnerable people built their resilience to the effects of violence through ICRC-supported livelihood activities. People from over 4,560 households supported themselves and their families (31,941 people) by repairing vital infrastructure – irrigation canals and roads – in 151 villages, in exchange for cash. This also enabled the wider community to boost food production. Over 1,100 households (over 9,100 people) took better care of their animals, using ICRC-supplied fodder/basic farming tools and knowledge gained from animal husbandry training. Pastoral farmers/nomadic herders and their families had healthier and more productive livestock owing to deworming/treatment programmes carried out by ICRC-supported veterinary workers. Eighty-nine vulnerable households (623 people), many of them headed by women, continued to earn an income by selling the products of ICRC-provided poultry/sheep. Victims of IHL violations (232 households/2,581 people) received financial assistance for covering their specific needs: to buy food/essentials, pay funeral costs, repair/replace tools/other equipment, etc.

Disabled patients and their families regained a measure of self-sufficiency with ICRC support: some 560 breadwinners (benefiting around 4,000 people) used ICRC microcredit to boost/start livelihood activities; around 229 people attended vocational training; 210 severely disabled children benefited from home tuition, over 850 attended various courses, and many received school stationery. Some 1,700 housebound people with spinal-cord injuries received hygiene/medical items and assistance at home; 757 of them and their families (5,300 people) received food rations.

People obtain health-care services at National Society clinics

Nearly 324,900 people in conflict-affected rural/suburban areas gained access to sufficient water through ICRC water projects, including repair of hand pumps. Communities learnt how to maintain infrastructure through ICRC training, helping ensure the sustainability of water services. During an emergency, Kunduz residents maintained their access to water thanks to ICRC-donated fuel, which powered the generators in the city's water stations.

People benefited from preventive/curative care at 47 National Society clinics – which covered almost all the provinces of Afghanistan – and at one community-run health centre in Korangal, near

Jalalabad. These centres received medical supplies, equipment and technical support from the ICRC. Nearly 967,000 people attended consultations; 502,375 were vaccinated. Follow-up and continuous improvement of care provided at these clinics were challenging for the ICRC owing to the insecurity. The renovation of three National Society warehouses for storing medical supplies – in Jalalabad, Kunduz and Mazar – was completed.

The public health ministry, UNHCR and WHO continued to administer polio vaccinations in the south; the ICRC facilitated access for them.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees restore/maintain contact with their families

Detainees/internees under Afghan authority, including those transferred from provincial prisons to the Parwan detention facility (see *Context*), were visited by the ICRC in accordance with its standard procedures. Particular attention was paid to vulnerable groups, including women, children and foreigners. Afterwards, the delegates discussed their findings – on the treatment and living conditions of detainees, and the authorities' respect for judicial guarantees, including the principle of *non-refoulement* – confidentially with the authorities concerned. Discussions with National Directorate of Security officials covered issues concerning the treatment of people under interrogation, such as mechanisms already in place to prevent ill-treatment.

Nearly 2,680 families ascertained the whereabouts of detained relatives through notices furnished by detaining authorities to the ICRC. Detainees/internees contacted their families using RCMs/phone calls or received family visits facilitated by the National Society/ICRC. In 2015, the Movement facilitated more than twice as many phone calls and family visits as it did in 2014; this was because of the transfer of detainees to the Parwan detention facility (see *Context*). Maintaining/restoring contact with their relatives helped to improve detainees' state of mind; it also enabled some detainees to receive material support from their families.

Foreign detainees/internees contacted their consular representatives through the ICRC. Fourteen foreigners released from detention received ICRC financial support while awaiting repatriation; some were given help to acquire the necessary travel documents.

Some 50 people held by armed groups contacted their families via RCMs, following ICRC dialogue with the weapon bearers.

Inmates in overcrowded prisons reduce health risks through improved facilities

Coordination with all actors concerned continued. The ICRC, however, ran into difficulties when it tried to mobilize international stakeholders for support to improve prison infrastructure, as many of them were already out of the country or in the process of leaving. The rising prison population strained the authorities' capacity to address overcrowding and its consequences.

The public health ministry enhanced its services for inmates with medical supplies/equipment and technical advice from the ICRC, and financial support for covering staff salaries. Thus, detainees at two major prisons – in Herat and Kandahar – had access to better services at their clinics.

Prison authorities and the ICRC undertook initiatives that promoted good health/hygiene and a cleaner environment, which helped limit

disease outbreaks. Around 36,000 people, prison staff included, received hygiene kits; most of them also saw improved living conditions, thanks to repairs to prison facilities – for example, some 4,400 detainees at the Pul-i-Charki prison in Kabul had better access to potable water. The construction or repair of clinics, kitchens, visitor shelters and other facilities – at the Pul-i-Charki prison and at several provincial prisons – was completed; similar repairs in other places of detention were ongoing at the end of the reporting period. In some prisons, such as the ones in Balkh and Herat, prison authorities strengthened their ability to tackle issues related to hygiene/infrastructure with the help of hygiene/maintenance committees.

WOUNDED AND SICK

Weapon-wounded people reach hospital thanks to the expanded ICRC-funded transport system

Sustained dialogue with weapon bearers, on the need to ensure the safe transport of wounded and sick people to hospital, yielded results (see *Civilians*); but intensified fighting and persistent attacks on medical staff/facilities impeded health-care services, resulting in more casualties than in 2014. Despite the security constraints, wounded/sick patients still benefited from various kinds of treatment provided by the ICRC and its partners.

Injured people received life-saving care from National Society/ICRC-trained and -equipped emergency responders, including male and female community-based National Society volunteers, ambulance drivers, hospital staff, and weapon bearers. The training they received incorporated points from the Health Care in Danger project. Over 2,100 weapon-wounded people reached hospital through an ICRC-funded transport system consisting of taxis, National Society ambulances and/or ICRC vehicles.

Hospitals have the capacity to respond to influxes of patients during emergencies

Over 65,100 inpatients and 428,200 outpatients received the care they needed at the health ministry's Mirwais and Shiberghan hospitals. They included some 2,200 weapon-wounded patients, 20,600 patients in need of surgical treatment, and 27,000 women who availed themselves of obstetric/gynaecological care. Patients in need of specialized care were referred to other health facilities. Both hospitals attended to these patients with ICRC material, technical and financial support – including payment of staff salaries – and training.

A seminar on war surgery enabled 35 surgeons to strengthen their capacity to treat weapon-wounded patients. Upgrades to hospital facilities enhanced care for patients; these included the ongoing construction of a paediatric ward and laundry room, and the completion of a blood bank room, at Mirwais Hospital. Some government- or armed group-run hospitals coped with influxes of weapon-wounded people during emergencies with ICRC material support.

Disabled people improve their mobility at ICRC-supported centres

Nearly 130,900 disabled Afghans, including some detainees, received physiotherapy and prosthetic/orthotic devices assembled at seven physical rehabilitation centres run by the ICRC and managed by ICRC-trained disabled employees, using the parts made in one ICRC component factory. Some 2,000 patients received surgical treatment, with ICRC support, at public and private hospitals. Transportation costs were covered for disabled people from remote areas travelling to the centres or elsewhere

for specialized care; when necessary, they were referred to other centres. People with spinal-cord injuries received home visits and other forms of ICRC assistance (see *Civilians*).

Patients, their relatives and the centres' staff benefited/stood to benefit from upgrades to the centres, which included the ongoing construction of a central heating system in the Kabul centre, and of an extension to the existing facility in Lashkar Gah. The new centre in Faizabad opened in June, making physical rehabilitation services available to more disabled persons in Afghanistan.

Sports events, such as international wheelchair basketball tournaments, and livelihood initiatives (see *Civilians*) helped patients cultivate their well-being and regain self-sufficiency. Information sessions informed beneficiaries/the public of the physical rehabilitation services available.

ACTORS OF INFLUENCE

Though sometimes hampered by the protracted political transition and intensified conflict, dialogue with the authorities and weapon bearers – including international forces – on humanitarian issues (see *Civilians*) continued; in some cases, this led the parties to the conflict to address the issues raised by the ICRC.

Members of civil society further their understanding of humanitarian issues and the Movement

Influential community/religious leaders, including elders and *shura* council members, as well as academic scholars and members of the media – some 16,400 individuals in all – furthered their understanding of IHL and the Movement through ICRC presentations. Religious leaders and scholars refined their knowledge of the similarities between Islam and IHL, and learnt about contemporary IHL challenges, during round-tables and at courses abroad. Translations, in local languages, of the Geneva Conventions and their Additional Protocols enabled university students to study IHL. Some of them, together with law professors, participated in conferences on IHL.

The public increased its awareness of humanitarian issues, and the Movement and its activities in the country, through publications/videos translated in Dari and Pashto, and the production of posters with key messages on the Health Care in Danger project adapted for the Afghan context. These efforts were reinforced through social media outlets, including features posted on the ICRC's website. Awareness-raising sessions were held to inform ICRC beneficiaries and the public of services available to them (see *Civilians* and *Wounded and sick*).

Afghan authorities continued to receive ICRC support for incorporating provisions of IHL treaties – Additional Protocols I and II, and the Convention on Cluster Munitions – in domestic legislation, and for establishing a national IHL committee. ICRC support enabled a number of officials to participate in meetings/seminars on the Arms Trade Treaty and on the Hague Convention on Cultural Property. The combined law on the emblem and the National Society awaited ratification.

Afghan armed forces establish a mobile training team to teach IHL

Instructional materials in the Dari and Pashto languages were distributed to the armed forces, and helped them further their understanding of IHL, humanitarian principles and the ICRC. Instructors attended train-the-trainer courses and strengthened

their ability to conduct IHL courses for armed forces personnel independently. Sustained dialogue with the Afghan military contributed to its assuming greater responsibility for IHL training; an army officer was appointed to act as IHL-training coordinator and a mobile training team was established for operational troops.

With ICRC sponsorship, an army officer attended an IHL course in San Remo, while another participated in a workshop abroad on rules governing military operations (see *International law and policy*). These sessions/courses often drew senior military officers, including generals and those likely to hold that rank in the future; they were encouraged to apply what they had learnt. Authorities sought the ICRC's expert opinion on the draft IHL manual produced by the Afghan National Security Council.

Members of the armed/security forces added to their knowledge of IHL during dissemination sessions, which covered such topics as sexual violence, the use of explosive weapons in densely populated areas and protection for the civilian population. Members of armed groups also attended dissemination sessions, which were often supplemented by first-aid training and by donations of first-aid materials to enable them to treat their wounded (see *Wounded and sick*).

RED CROSS AND RED CRESCENT MOVEMENT

National Society strengthens its emergency response capacities

The Afghan Red Crescent Society remained the ICRC's main partner in providing relief and medical care to victims (see *Civilians* and *Wounded and sick*), many of whom were beyond the reach of overstretched/unreliable government services or other humanitarian actors. At times, the National Society required the ICRC's help in facilitating its safe access to people in need.

With Movement support and cooperation, the National Society developed its institutional and branch-level capacities, for example through workshops on communication, management training and the Safer Access Framework. It also participated in meetings with some National Societies in the region, with the aim of sharing learnings on emergency response/preparedness. It improved its ability to monitor its field activities, including those implemented in cooperation with the ICRC – including communication, emergency response, first aid, transport of human remains – and with other organizations and the Afghan government.

National Society representatives participated in a meeting on the Health Care in Danger project in Geneva, Switzerland.

Movement partners met regularly to coordinate activities and avoid the duplication of efforts.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)		UAMs/SC*		
RCMs collected	1,220			
RCMs distributed	2,052			
Phone calls facilitated between family members	5,346			
Reunifications, transfers and repatriations				
People reunited with their families	3			
<i>including people registered by another delegation</i>	2			
People transferred/repatriated	2			
Human remains transferred/repatriated	2,260			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	694	92	94	103
<i>including people for whom tracing requests were registered by another delegation</i>	2			
People located (tracing cases closed positively)	261			
Tracing cases still being handled at the end of the reporting period (people)	416	62	69	65
<i>including people for whom tracing requests were registered by another delegation</i>	4			
UAMs/SC*, including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	1			
UAMs/SC reunited with their families by the ICRC/National Society	3			
<i>including UAMs/SC registered by another delegation</i>	2			
Documents				
Official documents relayed between family members across borders/front lines	25			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits		Women	Minors	
Detainees visited	27,145	419	207	
		Women	Girls	Boys
Detainees visited and monitored individually	2,003	4	1	54
Detainees newly registered	1,254	3		48
Number of visits carried out	117			
Number of places of detention visited	31			
Restoring family links				
RCMs collected	3,300			
RCMs distributed	1,424			
Phone calls made to families to inform them of the whereabouts of a detained relative	2,679			
Detainees visited by their relatives with ICRC/National Society support	2,482			
Detainees released and transferred/repatriated by/via the ICRC	1			
People to whom a detention attestation was issued	23			

*Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security¹ (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	211,630	28%	26%
	<i>of whom IDPs</i>	Beneficiaries	141,096	
Essential household items	Beneficiaries	207,593	24%	22%
	<i>of whom IDPs</i>	Beneficiaries	136,297	
Productive inputs	Beneficiaries	11,333	27%	34%
	<i>of whom IDPs</i>	Beneficiaries	175	
Cash	Beneficiaries	34,732	32%	37%
	<i>of whom IDPs</i>	Beneficiaries	1,185	
Services and training	Beneficiaries	206,704	30%	40%
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	324,859	27%	36%
Health				
Health centres supported	Structures	48		
Average catchment population		1,038,529		
Consultations	Patients	966,866		
	<i>of which curative</i>	Patients	286,214	473,555
	<i>of which ante/post-natal</i>	Patients	65,992	
Immunizations	Doses	502,375		
Referrals to a second level of care	Patients	9,748		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	35,889		
Services and training	Beneficiaries	23		
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	34,975		
Health				
Number of visits carried out by health staff		257		
Number of places of detention visited by health staff		10		
Number of health facilities supported in places of detention visited by health staff		4		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	17		
	<i>of which provided data</i>	Structures	2	
Patients whose hospital treatment has been paid for by the ICRC	Patients	153		
Admissions	Patients	65,157	34,709	15,315
	<i>of which weapon-wounded</i>	Patients	162	425
	<i>(including by mines or explosive remnants of war)</i>	Patients	1,065	
	<i>of which other surgical cases</i>	Patients	16,802	
	<i>of which internal medicine and paediatric cases</i>	Patients	19,179	
	<i>of which gynaecological/obstetric cases</i>	Patients	26,974	
Operations performed		20,607		
Outpatient consultations	Patients	428,259		
	<i>of which surgical</i>	Patients	166,668	
	<i>of which internal medicine and paediatric</i>	Patients	149,709	
	<i>of which gynaecological/obstetric</i>	Patients	111,882	
Water and habitat				
Water and habitat activities	Number of beds	714		
Physical rehabilitation				
Projects supported	Structures	8		
Patients receiving services	Patients	130,892	21,712	43,761
New patients fitted with prostheses	Patients	1,061	99	87
Prostheses delivered	Units	4,120	357	291
	<i>of which for victims of mines or explosive remnants of war</i>	Units	2,475	
New patients fitted with orthoses	Patients	6,029	1,198	2,726
Orthoses delivered	Units	14,853	2,525	7,498
	<i>of which for victims of mines or explosive remnants of war</i>	Units	124	
Patients receiving physiotherapy	Patients	76,358	13,807	34,053
Crutches delivered	Units	17,644		
Wheelchairs delivered	Units	1,493		

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.

BANGLADESH



ICRC / AR_2015

KEY RESULTS/CONSTRAINTS IN 2015

- ▶ National Society-trained teams administered first aid to people injured during political or communal violence. Those requiring a higher level of care were taken to hospitals in ICRC-provided vehicles.
- ▶ The authorities, journalists and members of civil society became more familiar with humanitarian issues through Bangladesh Red Crescent Society/ICRC events.
- ▶ Vulnerable people in Cox's Bazar obtained preventive/curative health care at 2 facilities, which improved their services with the help of National Society/ICRC infrastructure upgrades and other initiatives.
- ▶ Violence-affected people in 2 districts of the Chittagong Hill Tracts worked towards economic self-sufficiency by starting/resuming income-generating activities with National Society/ICRC cash grants.
- ▶ Disabled people received rehabilitative care at 2 ICRC-supported centres and participated in social-inclusion initiatives, including a five-nation cricket tournament and a basketball camp.
- ▶ Following an agreement between the authorities and the ICRC, detainees received ICRC visits; they had improved living conditions after prison infrastructure was renovated with ICRC support.

EXPENDITURE IN KCHF

Protection	1,707
Assistance	3,816
Prevention	1,319
Cooperation with National Societies	604
General	87
Total	7,533
<i>Of which: Overheads</i>	460

IMPLEMENTATION RATE

Expenditure/yearly budget	92%
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PERSONNEL

Mobile staff	21
Resident staff (daily workers not included)	63

Present in Bangladesh since 2006, the ICRC opened a delegation there in 2011. It works to protect and assist people affected by tensions and violence; promotes IHL and its implementation among the authorities, armed and security forces and academic circles; helps improve local capacities to provide physical rehabilitation services for the disabled; and supports the Bangladesh Red Crescent Society in building its capacities. It seeks to visit people deprived of their freedom in the country.

YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

HIGH

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	169
RCMs distributed	120
Phone calls facilitated between family members	1,667
People located (tracing cases closed positively)	4
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	1,936
Detainees visited and monitored individually	6
Number of visits carried out	7
Number of places of detention visited	5
Restoring family links	
RCMs collected	4
Phone calls made to families to inform them of the whereabouts of a detained relative	8

ASSISTANCE		2015 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security (in some cases provided within a protection or cooperation programme)			
Essential household items	Beneficiaries	2,500	400
Productive inputs	Beneficiaries	1,000	3,674
Cash	Beneficiaries	1,500	4,425
Water and habitat (in some cases provided within a protection or cooperation programme)			
Water and habitat activities	Beneficiaries	5,000	312
Health			
Health centres supported	Structures	2	2
WOUNDED AND SICK			
Physical rehabilitation			
Projects supported	Structures	2	3
Patients receiving services	Patients	1,200	810

CONTEXT

In Dhaka and other parts of Bangladesh, there were outbreaks of violence – linked to tensions that persisted between political parties – during general strikes that took place between January and April. Thousands of people were reportedly arrested in connection with these events. Communal tensions continued in parts of the country during the rest of the year.

The violence – as well as floods, Cyclone Komen in July, and other disasters – caused injuries and deaths, and left many communities in a precarious state.

In May, thousands of migrants from Bangladesh and Myanmar crossed the Bay of Bengal and the Andaman Sea; their plight drew the attention of the region and the wider international community.

ICRC ACTION AND RESULTS

The ICRC worked closely with the Bangladesh Red Crescent Society to assist people affected by political or communal violence. It also continued to develop its dialogue and working relations with the authorities, armed/security forces and other parties concerned, with a view to fostering cooperation in promoting humanitarian principles and IHL, and in addressing humanitarian concerns.

As the ICRC's main partner, the National Society received technical/financial assistance for strengthening its operational and institutional capacities. This support helped the National Society expand its first-aid programme: it trained volunteers and formed/equipped local response groups that backed up existing first-aid teams in providing emergency care to people injured during political/communal violence. Imams, teachers/students, journalists, border guards and coast-guard personnel received first-aid training during information sessions.

The ICRC supported the National Society in addressing the longer-term needs of vulnerable people. With ICRC assistance, the National Society implemented a livelihood-support project for violence-affected households in two districts of the Chittagong Hill Tracts, enabling them to start/resume income-generating activities. The ICRC provided backing for a National Society project to improve services at two health-care facilities in the Cox's Bazar district: for example, it helped repair infrastructure and improve sanitation procedures.

Some emergency-affected people met their immediate needs with National Society/ICRC aid. Households affected by floods and Cyclone Komen covered their basic expenses with National Society/ICRC cash grants. Clothes and household items provided by the National Society/ICRC helped people affected by communal tensions in Dinajpur district recover their losses.

Referrals and financial assistance enabled people with physical disabilities to avail themselves of services at the Chittagong and Savar branches of the Centre for the Rehabilitation of the Paralysed (CRP). As part of a social-inclusion initiative for the disabled, the ICRC organized a countrywide camp to assemble a Bangladeshi cricket team of disabled people. In September, the team took part in a five-nation tournament in Dhaka for cricketers with physical disabilities, the first of its kind anywhere in the world. Wheelchair-basketball players participated in a training camp organized for the International Day of Persons with Disabilities.

The two CRP branches continued to improve their services with the help of ICRC training and infrastructure upgrades. Twenty people on ICRC scholarships studied for diplomas in prosthetics/orthotics at a CRP-affiliated school. Four others continued their studies abroad with ICRC backing.

Family members separated by migration or detention kept in touch with Movement family-links services. Regular contact with other pertinent actors helped the National Society/ICRC monitor the situation of Bangladeshi migrants rescued abroad. The National Society worked to develop its capacity to restore family links and to incorporate management of human remains in its disaster response.

The authorities consulted the ICRC on the proper handling of human remains during emergencies; for instance, they drew on ICRC technical guidance for help in drafting guidelines on managing human remains during large-scale disasters. Members of a local organization, and some National Society volunteers, learnt more about managing human remains at an ICRC information session.

The ICRC continued to develop its dialogue with the authorities on cooperation in addressing the humanitarian needs of detainees. Following an agreement with the government, the ICRC visited prisons and began to help improve detainees' living conditions.

Through meetings/events and public communication efforts, the ICRC disseminated information on humanitarian issues, IHL and the Movement's work among key members of civil society. It continued to help government officials, armed/paramilitary/police forces and academics further their knowledge of IHL and its domestic implementation, for instance, by facilitating their participation in local/regional events.

CIVILIANS

Dialogue with the authorities drew attention to the humanitarian needs of people affected by violence (see *Actors of influence*). The ICRC worked to assist vulnerable communities together with the Bangladesh Red Crescent, which received regular ICRC support for developing its capacities.

Vulnerable households boost their livelihoods

Households affected by tensions in the Bandarban and Khagrachari districts of the Chittagong Hill Tracts worked towards economic self-sufficiency by starting/resuming income-generating activities – such as farming, raising livestock and making handicrafts – with cash grants (880 households/4,400 people) or productive inputs (690 households/3,600 people) provided by the National Society/ICRC. Beneficiaries, who were selected according to vulnerability, included people who had few opportunities to earn money, were dependent on natural resources, and/or whose livelihoods were disrupted by communal violence. Households benefiting from such assistance were later found to have increased their income by 36–38%.

Emergency-affected people met their immediate needs with National Society/ICRC assistance. Some 250 households (1,250 people) affected by floods and Cyclone Komen covered their basic expenses with National Society/ICRC cash assistance. Nearly 300 people (50 families) affected by communal violence in Dinajpur district improved their living conditions with clothes, cooking supplies/equipment and other household essentials from the National Society/ICRC.

Vulnerable people benefit from improved health services at two facilities

Vulnerable communities in the Cox's Bazar district received preventive/curative health care at two sub-district health facilities, which had an average catchment population of over 497,000. Both facilities improved their services – particularly emergency, paediatric and gynaecological care – with National Society/ICRC assistance, which included renovation of infrastructure, initiatives to improve sanitation and infection prevention/control, and provision of medicines and other supplies.

Family members dispersed by migration/detention keep in touch

More than 2,400 family members separated by migration – particularly Bangladeshi migrants rescued from Indonesia, Malaysia, Myanmar and Thailand – or by detention, restored/maintained contact through National Society/ICRC family-links services. Several people exchanged news with their relatives detained abroad using RCMs. Migrants arriving at the airport in Dhaka or at the Bangladesh-Myanmar border informed their relatives of their return through phone calls facilitated by the National Society. Around 180 unaccompanied minors returning to Bangladesh were reunited with their families by the National Society; the ICRC provided financial assistance. Regular contact with other pertinent actors helped the National Society/ICRC monitor the situation of Bangladeshi migrants rescued abroad.

In coordination with the ICRC, the National Society sent letters to the pertinent ministries offering its family-links services to the relatives of Bangladeshi pilgrims who were unaccounted for after a stampede in Mecca, Saudi Arabia, in September. Several tracing cases were opened and referred to the ICRC regional delegation in Kuwait for follow-up by the Saudi Arabian Red Crescent Society.

The authorities develop a strategy for managing human remains

The Bangladeshi authorities drew on ICRC technical input in developing a strategy to ensure the proper management of human remains in disasters. With ICRC assistance, the Ministry of Disaster Management and Relief drafted guidelines on managing human remains during large-scale emergencies. At a disaster-response exercise organized by the Bangladeshi armed forces and the United States Pacific Command, participants developed their capacities in the management of remains with expert guidance from the National Society/ICRC.

Forensic capacities at the hospital affiliated to the second-largest medical school in Bangladesh were assessed by the ICRC's regional forensic adviser during a visit. The adviser also met with a representative of the Ministry of Disaster Management and Relief to discuss the new guidelines on managing human remains.

In November, members of a local organization, and some National Society volunteers, learnt more about managing human remains at an ICRC information session.

Using ICRC-provided body bags, the National Society helped manage human remains following small-scale environmental/man-made emergencies.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees benefit from improved living conditions

The authorities estimated that, at the end of December, some 72,000 people were being held in detention facilities in Bangladesh, including people detained in connection with unrest, issues of State

security or the 1971 conflict, and some foreigners held for entering the country illegally. Following discussions with the authorities on cooperation in addressing the humanitarian needs of detainees, and an agreement with the government on activities for detainees, the ICRC visited people held at five facilities supervised by the Prisons Directorate. Some 1,930 detainees received ICRC visits carried out in accordance with the organization's standard procedures. Around 3,500 inmates, including more than 700 foreigners, benefited from ICRC-donated hygiene and recreational items.

More than 4,700 detainees at four facilities had readier access to water following ICRC improvements to their water networks.

The authorities develop their capacities in prison management, with ICRC support

The penitentiary authorities learnt more about internationally recognized standards and best practices applicable to prison management through ICRC-facilitated activities, including study tours to prisons in Malaysia, Myanmar and the Philippines and a course in Geneva, Switzerland. At an ICRC workshop, senior staff from the Prisons Directorate learnt more about identifying and managing risks in prisons.

In preparation for establishing their own training academy, penitentiary officials paid a visit, organized by the ICRC, to a peace-support training institute.

At the authorities' request, prison health staff underwent National Society/ICRC training in first aid.

Foreign detainees contact their relatives/embassies

Foreign detainees got in touch with their relatives, or notified their embassies of their situation, using ICRC-supported National Society family-links services. One minor was repatriated to India, at his request.

WOUNDED AND SICK

Injured people receive immediate treatment

People wounded during political or communal violence obtained first-aid treatment from ICRC-supported National Society teams, which included newly created groups deployed in Chittagong, Dhaka and Rajshahi. Those requiring a higher level of care were taken to hospitals by National Society volunteers in an ICRC-provided ambulance and pick-up truck.

Burn victims were treated at two hospitals in Chittagong and Dhaka, which received medical materials from the ICRC. The public learnt more about dealing with burn injuries from informational materials produced by the National Society/ICRC.

Health-care professionals in Chittagong and Dhaka – including doctors and nurses from the military and from two police hospitals – enhanced their skills in managing trauma and providing life support through two ICRC courses.

Some 100 students affiliated with political parties obtained first-aid training from the National Society/ICRC and were provided with first-aid kits. Imams, teachers/students, journalists, border guards and coast-guard personnel received first-aid training during IHL dissemination sessions (see *Actors of influence*).

The National Society, supported by the ICRC, provided medical consultations to more than 2,200 people during the Bishwa Ijtema,

a congregation of Muslims. Among them were 12 physically disabled people who were referred for rehabilitative care.

Physically disabled people benefit from rehabilitative care and activities promoting social inclusion

With the ICRC covering the cost of their treatment and transportation, 810 people availed themselves of rehabilitative services at two ICRC-supported CRP branches. Hundreds of people were provided with assistive devices. More than 90 people received treatment after obtaining referrals through a National Society/ICRC-developed system; others learnt about the CRP branches' services by means of National Society/ICRC communication activities.

A newly created team of cricketers with physical disabilities, selected through a countrywide camp in March, competed against teams from Afghanistan, India, Pakistan and the United Kingdom in a tournament held in Dhaka in September; the tournament was organized by national sporting authorities/associations and the ICRC. Six local teams received sports equipment.

Wheelchair-basketball players participated in a one-week training camp organized by the Savar branch of the CRP, with ICRC support, to mark the International Day of Persons with Disabilities.

People pursue physical-rehabilitation studies on ICRC scholarships

The two CRP branches worked to improve their services with the help of ICRC training and infrastructure upgrades. Twenty people studied for diplomas in prosthetics/orthotics, on ICRC scholarships, at the school established in 2014 by the CRP-affiliated Bangladesh Health Professions Institute (BHPI); 10 new students were selected to begin training in 2016. Regular discussions with the BHPI helped administrators improve the school's curriculum.

Four other aspiring physical rehabilitation professionals continued their ICRC-funded studies abroad.

ACTORS OF INFLUENCE

Scholars and government officials learn more about humanitarian principles

Authorities and members of civil society became more familiar with humanitarian issues, IHL and other international norms, and the ICRC's work to address humanitarian needs, through meetings with the National Society/ICRC, media reports and public events. Dialogue with the authorities emphasized the humanitarian needs of violence-affected people (see *Civilians*).

Two scholars helped promote IHL by producing, with ICRC support, an article on the proper handling of human remains from the perspective of both Islam and IHL. Some 100 Islamic scholars, government officials, judicial officials, academics and NGO workers learnt more about this subject at a seminar. Imams and teachers/students added to their knowledge of IHL and international human rights law through dissemination sessions.

Around 50 law students, teachers and young professionals learnt about the ICRC's work for migrants, including asylum seekers and refugees, at an information session that was part of a human-rights course arranged by a local organization.

The general public became more familiar with the Movement's work through various events, including a camp and tournament

for cricketers with physical disabilities (see *Wounded and sick*). ICRC communication materials in Bengali and articles published on multimedia platforms gave the public more information. Journalists furthered their understanding of Movement activities through information sessions, and by covering these activities. Two senior reporters learnt more about trends/challenges in media coverage of humanitarian work at a journalists' meeting in India (see *New Delhi*).

National IHL committee takes steps to advance domestic IHL implementation

With ICRC technical assistance, the foreign affairs ministry organized three workshops for drafting national laws to implement the 1949 Geneva Conventions, the 1977 Additional Protocols, the Anti-Personnel Mine Ban Convention and the Biological Weapons Convention.

The national IHL committee held two meetings on domestic implementation of the Geneva Conventions and other pertinent international treaties; the ICRC appointed a legal adviser to provide technical guidance during the meetings. Ten government/legislative/defence officials and religious figures learnt more about IHL implementation at regional events (see *Pakistan* and *Sri Lanka*). Some government officials, personnel from the armed/security forces, and academics took an online IHL course, with ICRC support.

Lecturers from three Bangladeshi universities attended an advanced IHL course in India (see *New Delhi*). At a meeting organized by Dhaka University's law department and the ICRC, deans from over 30 universities discussed the inclusion of IHL and international human rights law in their curricula. University students added to/tested their knowledge of IHL at international moot court competitions (see *Beijing* and *Pakistan*).

Senior armed/paramilitary/police officers learn more about the operational application of IHL

The armed/paramilitary/police forces continued to cooperate with the ICRC in incorporating IHL and applicable internationally recognized standards in their training/operations. Some 40 senior military officers discussed the operational application of IHL during a course at the National Defence College.

More than 1,700 personnel from the various services learnt more about IHL and other applicable norms at ICRC presentations. Among them were members of armed/paramilitary forces assigned to law-enforcement duties in border regions/tension-prone areas, military peacekeepers bound for UN missions, and female police officers. In addition to learning about IHL, border guards and coast-guard personnel received first-aid training.

Military medical personnel learnt more about the goals of the Health Care in Danger project at an IHL dissemination session.

Five police officers who had already undergone ICRC training helped ICRC personnel conduct a train-the-trainer course for law-enforcement officers on international human rights law and best practices for the use of force.

RED CROSS AND RED CRESCENT MOVEMENT

The National Society strengthens its emergency preparedness and response

The Bangladeshi Red Crescent worked with the ICRC to address the needs of people affected by violence and/or disasters, administering first aid to injured people (see *Wounded and sick*) and helping vulnerable people obtain health care, livelihood support and family-links services (see *Civilians*). The National Society sought to strengthen its capacity to restore family links and incorporate human remains management in its family-links services and disaster response. The National Society met regularly with other Movement partners to coordinate their activities with theirs.

National Society staff/volunteers enhanced their ability to deliver humanitarian services through training/coaching in the Safer Access Framework, emergency response and project management. With ICRC technical/financial support, National Society branches assessed their organizational capacities and identified areas for improvement. The salaries of some key personnel were covered by the ICRC. With a view to helping the National Society raise funds by renting out its property, the ICRC renovated National Society facilities in Cox's Bazar and Khagrachari.

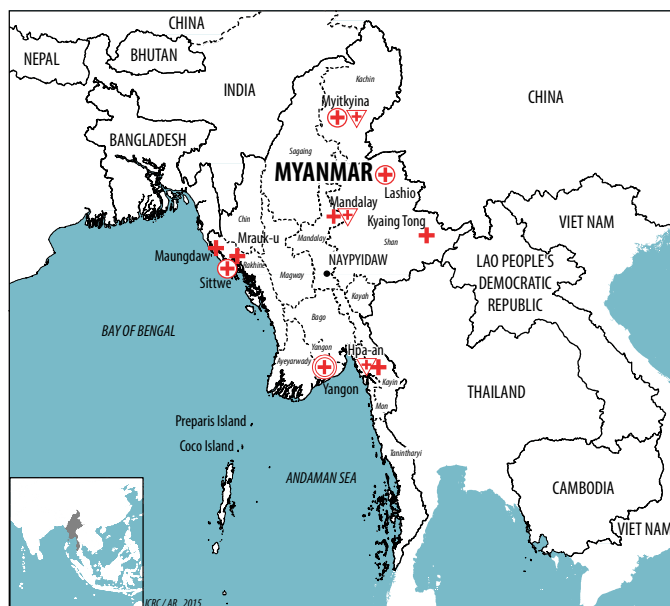
The National Society developed its ability to promote IHL with help from a legal adviser hired by the ICRC, and kept up its related campaigns, including one on protecting the red cross and/or red crescent emblem. It also continued to lobby for a law strengthening its status.

MAIN FIGURES AND INDICATORS: PROTECTION	Total			
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)		UAMs/SC*		
RCMs collected	169	3		
RCMs distributed	120			
Phone calls facilitated between family members	1,667			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	13	3	2	1
People located (tracing cases closed positively)	4			
Tracing cases still being handled at the end of the reporting period (people)	7	3		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits		Women	Minors	
Detainees visited	1,936	51	19	
		Women	Girls	Boys
Detainees visited and monitored individually	6			
Detainees newly registered	6			
Number of visits carried out	7			
Number of places of detention visited	5			
Restoring family links				
RCMs collected	4			
Phone calls made to families to inform them of the whereabouts of a detained relative	8			

*Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Essential household items	Beneficiaries	400	6%	3%
Productive inputs	Beneficiaries	3,674	35%	30%
Cash	Beneficiaries	4,425	36%	30%
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	312	8%	
Health				
Health centres supported	Structures	2		
Average catchment population		497,568		
Consultations	Patients	179,290		
	<i>of which curative</i>		49,628	77,984
	<i>of which ante/post-natal</i>		2,050	
Referrals to a second level of care	Patients	1,285		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	3,526		
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	5,483		
Health				
Number of visits carried out by health staff		4		
Number of places of detention visited by health staff		4		
Number of health facilities supported in places of detention visited by health staff		1		
WOUNDED AND SICK				
Physical rehabilitation				
Projects supported	Structures	3		
Patients receiving services	Patients	810	43	572
New patients fitted with prostheses	Patients	186	20	16
Prostheses delivered	Units	210	22	19
New patients fitted with orthoses	Patients	537	22	480
Orthoses delivered	Units	1,125	33	1,039

MYANMAR



ICRC delegation
 ICRC sub-delegation
 ICRC office
 ICRC-supported prosthetic/orthotic project

KEY RESULTS/CONSTRAINTS IN 2015

- ▶ Victims of Cyclone Komen in Rakhine state and clashes in Kachin and Shan states covered their urgent food, water and household needs with the aid of the Myanmar Red Cross Society and the ICRC.
- ▶ Breadwinners in Kachin and Shan states, and heads of cyclone-affected households in Rakhine state, used conditional cash grants and supplies/equipment to earn money or produce food for their families.
- ▶ Health facilities improved their services with comprehensive ICRC support. Disabled persons obtained rehabilitative care at ICRC-supported centres, a mobile workshop or community-based technicians.
- ▶ With ICRC input, the authorities improved detainees' treatment and living conditions. Over 26,000 inmates benefited from upgrades to water, sanitation and other facilities that helped reduce their health risks.
- ▶ At National Society/ICRC education sessions, around 700 people in Kachin state learnt how to minimize the risks they faced from the presence of mines or explosive remnants of war.
- ▶ The armed forces, police and armed groups deepened their knowledge of the application of IHL or internationally recognized policing standards, during ICRC workshops/training courses.

EXPENDITURE IN KCHF

Protection	4,773
Assistance	17,429
Prevention	2,308
Cooperation with National Societies	1,707
General	179
Total	26,398
<i>Of which: Overheads</i>	1,610

IMPLEMENTATION RATE

Expenditure/yearly budget	92%
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PERSONNEL

Mobile staff	65
Resident staff (daily workers not included)	358

The ICRC began working in Myanmar in 1986. It responds to the needs of IDPs and other people affected by armed clashes and other situations of violence, helping them restore their livelihoods, supporting primary health-care, hospital and physical rehabilitation services, and repairing water, health and prison infrastructure. It conducts protection activities in favour of affected communities, visits detainees in places of permanent detention and provides family-links services. It promotes IHL and other international norms and humanitarian principles. It works with the Myanmar Red Cross Society in many cases and helps it build its operational capacities.

YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

HIGH

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	1,247
RCMs distributed	1,898
People located (tracing cases closed positively)	8
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	38,119
Detainees visited and monitored individually	545
Number of visits carried out	70
Number of places of detention visited	39
Restoring family links	
RCMs collected	3,604
RCMs distributed	1,397

ASSISTANCE	2015 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	51,426
Essential household items	Beneficiaries	32,500
Productive inputs	Beneficiaries	17,500
Cash	Beneficiaries	10,250
Services and training	Beneficiaries	2,535
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	130,000
Health		
Health centres supported	Structures	10
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	10
Water and habitat		
Water and habitat activities	Number of beds	500
Physical rehabilitation		
Projects supported	Structures	4
Patients receiving services	Patients	2,500

CONTEXT

Myanmar's general elections in November concluded with the opposition winning majority of the contested seats.

The government conducted ceasefire negotiations with various armed ethnic groups, which resulted in an agreement with eight of them. However, clashes between government forces and some armed groups in Kachin and Shan states persisted or broke out; the government increased its military presence and declared martial law in northern Shan when fighting intensified there. Clashes in these two north-eastern states displaced tens of thousands of civilians. Mines/explosive remnants of war (ERW) remained a source of concern in a reported 10 out of the country's 14 states/regions.

In Rakhine state, Buddhist and Muslim communities, including around 140,000 IDPs, continued to endure the consequences of the communal violence that had erupted in 2012. Government efforts to help IDPs return to their homes or resettle elsewhere got under way, but progress was slow. In some areas, the persistence of fear and distrust between the two communities hampered people's access to basic services.

Cyclone Komen, which struck Myanmar at the end of July, caused floods in most of the country; Rakhine and three other states/regions were the most affected. Almost 1.7 million people were reportedly displaced and 1.15 million acres of agricultural land damaged.

ICRC ACTION AND RESULTS

The ICRC built on its strengthened relationships with the authorities, armed groups and civil society in Myanmar to expand its activities for victims of armed conflict or other situations of violence in Kachin, Rakhine and Shan, particularly northern and central Shan where fighting erupted during the year.

Whenever possible, it worked with the Myanmar Red Cross Society to provide humanitarian assistance to communities. Various forms of ICRC support also helped the National Society strengthen – in line with the Safer Access Framework – its capacities in emergency response and information dissemination. The ICRC worked with Movement partners and other humanitarian actors to coordinate activities and prevent duplication of efforts, particularly while dealing with the consequences of Cyclone Komen.

It responded to the disaster by increasing its assistance activities in Rakhine during the latter part of the year; this resulted in a higher number of beneficiaries than targeted for 2015, but also in the postponement of some planned assistance activities. The ad hoc response consisted of two phases: emergency relief, which covered people's material and health needs; and early recovery, which enabled heads of households to earn money.

To help households in three states cope with the effects of conflict/violence, the ICRC provided them with in-kind assistance – such as clean drinking water and cooking fuel – and financial support. Breadwinners produced food and/or generated income for their families using conditional cash grants and supplies/equipment.

The ICRC's comprehensive support for health facilities/staff – including such facilities as hospitals in areas controlled by armed groups – sought to ensure that communities had better access to all levels of the health-care system. Training courses strengthened the capacities of auxiliary midwives in mother and

child care, and of emergency responders in first aid. In Sittwe township, Rakhine, people obtained emergency or specialized care at the main hospital, with the help of ICRC-supported transportation/referral schemes. Disabled people, including mine victims, regained their mobility at two ICRC-supported physical rehabilitation centres; a mobile workshop and community-based technicians repaired the devices of people living in remote areas. To help protect them from mines/ERW, the National Society/ICRC conducted risk-education sessions for people in Kachin.

Detainees continued to receive ICRC visits, conducted in accordance with the organization's standard procedures. The prison authorities worked to improve detention conditions and the provision of services, often with the ICRC's technical/material assistance. Construction/rehabilitation of water, sanitation and other facilities helped reduce the risk to detainees' health. Prison health staff became more capable of dealing with health concerns; notably, they conducted a scabies-treatment campaign in one prison. Inmates coped with the effects of incarceration with the help of recreational/educational materials and family-links services provided by the ICRC. The organization also continued to visit people held by an armed group in Kachin.

To promote respect for humanitarian principles, IHL and the Movement, the ICRC held bilateral dialogue with and workshops for the authorities, military/police and armed groups. At seminars organized by the health ministry and the National Society/ICRC, health professionals from government and civilian institutions discussed issues and experiences related to the safe provision of health care during conflict/violence. The public learnt more about the ICRC's activities through an ICRC social media account in the local language and from media articles.

CIVILIANS

In areas affected by conflict/violence, the authorities, armed groups, members of civil society, and the ICRC discussed humanitarian principles and various provisions of IHL, including the need to protect civilians. These discussions helped facilitate the ICRC's access to communities, but the security situation, especially in the north-east, sometimes delayed the organization's delivery of aid.

With ICRC assistance, National Society volunteers developed their capacity to assess and respond to various humanitarian needs. Workshops on the Safer Access Framework prepared some of them to assist vulnerable communities safely and effectively. Construction of a National Society office in Bhamo, Kachin, was ongoing.

Women and children in Rakhine obtain health-care services

Health ministry facilities continued to work with the ICRC to provide basic health care for communities affected by conflict/violence, including those in remote areas. Nearly 200 health staff and auxiliary midwives in Kachin, Shan and Rakhine attended training courses in mother and child care or in the diagnosis and treatment of malaria.

With ICRC financial/logistical support, staff from 197 health ministry facilities provided health care for people in six townships in Rakhine. Twenty-five of these facilities received equipment, such as delivery beds and solar lamps. Buddhist and Muslim community members, among them IDPs, benefited from these services, which included measles/rubella and polio vaccination campaigns for children and ante/post-natal care for women. Medical-waste management at a rural health facility improved after the ICRC renovated infrastructure there; construction of a health sub-centre got under way.

In Sittwe, roughly 1,100 people from both communities – including blood donors and around 400 pregnant women – obtained treatment at the general hospital in a timely and safe manner through the health ministry's ICRC-supported emergency transport system. After the hospital implemented a new outpatient referral scheme, nearly 560 Muslim IDPs with chronic illnesses received specialized treatment, and had the expenses they incurred in travelling from IDP camps to the hospital paid for by the ICRC.

Four released detainees accessed psychosocial care with ICRC financial support.

Over 167,300 people minimized their exposure to health hazards thanks to distributions of potable water and repairs to shelters and water and sanitation facilities. They included victims of the fighting in central and northern Shan – areas previously unreachable by the ICRC – and of Cyclone Komen in Rakhine (see below). In the Mandalay region, over 3,500 IDPs affected by communal violence in 2013 benefited from ICRC-supported National Society activities until March.

Displaced Muslim households in Rakhine lower their cooking expenditures

Nearly 9,100 IDPs (1,694 households) in Kachin, Rakhine and Shan, including those in central and northern Shan, covered their basic needs with National Society/ICRC-provided household essentials. One-off/monthly cash grants enabled 5,629 people (1,054 households) to buy these items themselves.

Approximately 19,200 Muslim IDPs (3,654 households) at four camps in Rakhine met half of their cooking-fuel needs with fuel sticks made of rice husks, regularly distributed by the ICRC; during the four-month-long rainy season, increased ICRC provisions covered up to 75% of their needs. In addition to helping households lower their daily expenditures, the fuel sticks helped mitigate people's risk of facing security incidents when they collected firewood, and the degradation of the environment.

Households in the north-east save money by growing their own vegetables

Conditional cash grants and business skills training helped over 1,300 breadwinners (benefiting 6,750 people) in Rakhine and in government- and armed group-controlled areas in Kachin and northern Shan start or resume income-generating and food-producing activities, such as handicrafts and livestock breeding. Some beneficiaries in Rakhine increased their income and used their savings to buy food and repay debts. In north-eastern states, around 2,100 households (10,375 people) saved money by consuming vegetables they had grown themselves in backyard gardens after receiving seed, fertilizer and tools. Community-based National Society livelihood projects, supported by the ICRC, benefited another 250 households in Kachin.

During training courses run by the Livestock Breeding and Veterinary Department/ICRC, over 40 community-based animal health workers in Kachin and Rakhine learnt to provide veterinary services to livestock breeders, including the ICRC beneficiaries mentioned above.

Cyclone-affected people in Rakhine cover their most pressing needs

The effects of the floods caused by Cyclone Komen on communities in Rakhine prompted the ICRC to increase its assistance

activities in the area. This shift in focus resulted in the ICRC having to postpone certain assistance activities planned for August until December.

Immediately after the floods, roughly 51,400 people (9,858 households) covered their food requirements with the help of two-week food rations. Over 22,400 of them bought household items using cash; others received these items in-kind. The cleaning or rehabilitation of contaminated/damaged water sources, and the distribution of rainwater harvesting kits to communities living far from these sources, enabled nearly 122,000 people to have clean drinking water or regain access to it.

Health ministry mobile clinics, with logistical support from the ICRC, treated 820 people during the two weeks following the disaster; hospitals received ad hoc material assistance (see *Wounded and sick*). Over 1,300 community members learnt about health and hygiene practices from 21 health instructors trained by Movement partners.

To help them recuperate from the cyclone's impact on their livelihoods, nearly 3,500 heads of households (17,373 people) earned money by rehabilitating flood-damaged community infrastructure, including water sources (see above). Nearly 3,000 breadwinners started/resumed income-generating activities with the help of conditional cash grants (benefiting 16,155 people).

Members of dispersed families keep in touch

Members of families dispersed by conflict/violence, detention, natural disasters and migration kept in touch with relatives through the Movement's family-links network. They included casualties of the fighting in northern Shan and Bangladeshi migrants who disembarked in Rakhine after being stranded in the Andaman Sea. A total of 27 people separated from their relatives by Cyclone Komen rejoined their families.

People in weapon-contaminated areas of Kachin learn safe practices

In Kachin, around 700 people living in areas affected by mines/ERW learnt more about methods of self-protection at education sessions conducted by ICRC-trained National Society volunteers and from National Society/ICRC informational materials. Discussions took place between the army, other parties concerned and the ICRC on ways to address weapon contamination, for instance, through support for humanitarian demining.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees in prisons and labour camps under the home affairs ministry received ICRC visits, according to the organization's standard procedures, aimed at monitoring their treatment and living conditions. Confidential discussions between the director-general of the Prisons Department, other prison authorities and ICRC delegates, on the findings of these visits and on such issues as overcrowding in prisons and vocational training for detainees, contributed to improvements in detention conditions and basic services.

Prison officials and staff endeavoured to reinforce these improvements with the help of an ICRC manual on supplementary infrastructure and by participating in various national and regional ICRC events (see *Kuala Lumpur*). The Prisons Department/ICRC organized the 4th Asian Conference of Correctional Facilities Architects and Planners, which served as an opportunity for

managers, engineers and architects from 11 countries to discuss humanitarian issues and internationally recognized standards for prison infrastructure. Discussions began between the Prisons Department and the ICRC on the drafting of guidelines for prison health services and infrastructure.

Detainees become less exposed to health risks

Over 21,200 inmates in 17 places of detention benefited from the construction/rehabilitation of water/sanitation systems, kitchens and medical facilities; upgraded sewerage systems eliminated the need for inmates to manually empty septic tanks on a daily/weekly basis. ICRC donations of construction/cleaning materials helped the authorities at other prisons/labour camps make improvements to facilities serving 5,261 detainees. All these helped reduce detainees' health risks. Approximately 38,100 inmates eased their living conditions or the monotony of their confinement with hygiene, recreational and educational items.

With ICRC material/technical support, prison health staff strengthened their ability to respond to detainees' health concerns; in one prison, they conducted a scabies-treatment campaign. At an ICRC seminar, nearly 30 prison doctors and health/home ministry officials learnt more about internationally recognized best practices for addressing health issues in prisons. The Prison Department's Chief Medical Officer, with guidance from the ICRC, designed a medical entry screening form and introduced it in one prison. The ICRC's TB assessments did not take place owing to financial/staff constraints.

Inmates established/maintained contact with their relatives by sending/receiving over 5,000 RCMs; 574 detainees met with their relatives through ICRC-sponsored family visits.

The ICRC's coverage of their transport costs enabled 803 released detainees to return home. In Rakhine, those released but unable to go home because of movement restrictions used ICRC provisions to meet their needs while waiting for police-provided transportation in IDP camps.

People held in four places of detention in armed group-controlled areas of Kachin also received ICRC visits.

WOUNDED AND SICK

National Society/ICRC-trained instructors conduct first-aid training for schoolchildren in Kachin

Around 150 National Society volunteers and 470 community members in five states/regions strengthened their ability – at National Society and/or ICRC training sessions – to provide, or teach others to provide, life-saving care. In armed group-controlled Laiza, Kachin, nurses and teachers who attended these sessions went on to train nursing students and schoolchildren, and lobbied for the inclusion of first-aid training in the school curriculum. Health personnel elsewhere developed their capacities at a training course in basic trauma care.

Wounded/ailing people had access to improved hospital care at 17 ICRC-supported facilities in Rakhine and north-eastern states – some of which were under the authority of armed groups in Kachin and Shan. The ICRC's support included the rehabilitation of water/sanitation facilities, the provision of medical/surgical equipment, and training for staff in standard treatment guidelines and waste-management techniques. After Cyclone Komen, four of the supported hospitals in Rakhine benefited from ad hoc donations of medical supplies.

Disabled persons have less need to travel long distances for repairs to their assistive devices

At two ICRC-supported physical rehabilitation centres – the Hpa-an Orthopaedic Rehabilitation Centre (HORC), run by the National Society, and a health ministry facility – around 3,100 disabled people regained their mobility with the help of assistive devices and physiotherapy. Mine victims received 44% of the prostheses delivered, while the most vulnerable patients had their transportation and treatment costs covered. ICRC infrastructural upgrades for both centres, and sponsorship of five HORC staff to attend specialized courses abroad, sought to improve the quality and reliability of these centres' services.

Amputees in parts of the country learnt about these centres' services through dissemination sessions and informational materials. National Society/ICRC outreach activities, including a summer programme for children needing prostheses, referred nearly 700 people from the central and north-eastern regions to the closest supported centre or service provider. Over 1,500 disabled persons living far from the HORC had less need to travel to the centre, thanks to foot-and-strap repair services provided by a mobile repair workshop or eight ICRC-trained technicians stationed near their communities.

Two centres in Kachin and Shan were under construction.

Managers of physical rehabilitation facilities participated in leadership courses organized by Management Sciences for Health, the ICRC and a partner foreign university. Discussions between the Ministry of Social Welfare, Relief and Resettlement and the ICRC, on the creation of a national coordinating body for prosthetic and orthotic services, continued. The authorities in Kayin state created a division for disabled persons in the state's commission on sports.

ACTORS OF INFLUENCE

Military IHL instructors and legal advisers add to their practical knowledge of IHL

Twenty-four military officers, most of them IHL instructors and legal advisers, added to their practical knowledge of IHL during an ICRC training course; the development of virtual-reality tools as training materials was under way. At events abroad, three military and navy officials discussed with their counterparts the application of IHL to their duties (see *Bangkok* and *International law and policy*).

During ICRC-facilitated workshops, 240 senior police officers and police trainers, including border guards stationed in Rakhine, enhanced their knowledge of internationally recognized policing standards, such as in relation to arrests and detention; they also acknowledged the ICRC's work in places of detention. A study tour and an international conference in Denmark helped senior police officials further their understanding of the application of these standards. The police received reference materials in the local language.

During information and/or training sessions, representatives of armed groups, including those from Kachin and Shan, learnt more about the application of IHL in their training and operations.

Health professionals discuss the safe provision of health care during emergencies

To bolster their knowledge of IHL, seven government officials and one law professor took part in regional events on the subject (see *Beijing* and *Kuala Lumpur*). Seven other officials enrolled in an online post-graduate diploma course sponsored by the ICRC.

A working group, set up to translate the Geneva Conventions and their Additional Protocols into the local language, commenced its activities. Myanmar acceded to the Chemical Weapons Convention.

At seminars organized by the health ministry and the National Society/ICRC, 322 health professionals from the ministry, the military medical service and civilian health institutions shared their experiences and identified issues related to the safe delivery of health care during conflict/violence.

The general public learns more about ICRC activities through social media

Around 3,200 people – including members of parliament, university professors, medical personnel and National Society volunteers – learnt more about IHL, the Movement and its emblems, the Fundamental Principles and the Health Care in Danger project during dissemination sessions conducted by National Society staff and/or the ICRC; leaflets and newsletters supported these efforts.

Drawing on what they had learnt during ICRC information sessions and regional conferences (see *New Delhi*), and from news releases, field trips and Web clips, journalists wrote about the plight of communities affected by violence and Cyclone Komen, helping broaden public awareness of the issue. A social media account in the local language, featuring the ICRC's activities in Myanmar, helped the organization inform and engage with civil society representatives and the wider public.

RED CROSS AND RED CRESCENT MOVEMENT

The Myanmar Red Cross continued to strengthen its capacity to respond to conflict/violence (see *Civilians* and *Wounded and sick*), and to promote humanitarian principles, IHL and the Movement (see *Actors of influence*). It did this with technical/material/financial support from Movement partners, which included training for 1,100 staff and volunteers.

In August, the parliament approved the revised Red Cross Law that aimed to strengthen the National Society's legal base.

Movement partners held coordination meetings on strategic/operational/technical issues regularly. They worked closely to carry out relief activities for the victims of Cyclone Komen.

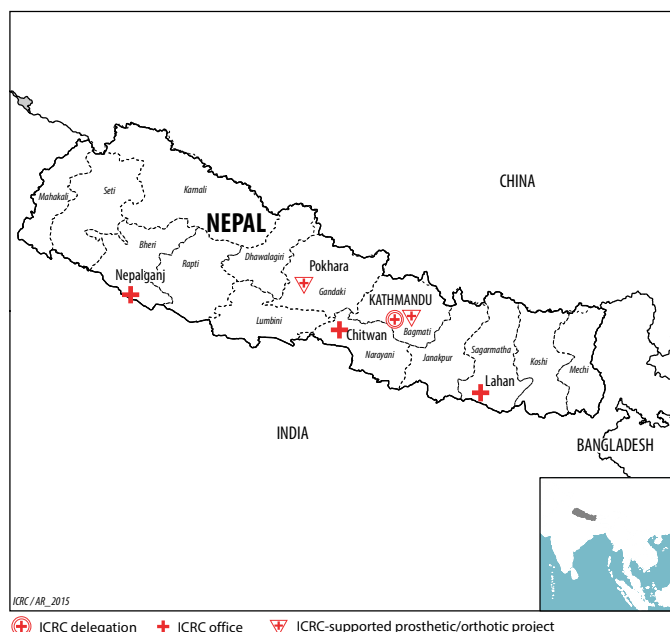
MAIN FIGURES AND INDICATORS: PROTECTION	Total			
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)		UAMs/SC*		
RCMs collected	1,247			
RCMs distributed	1,898			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	8	1	1	
including people for whom tracing requests were registered by another delegation	5			
People located (tracing cases closed positively)	8			
including people for whom tracing requests were registered by another delegation	5			
Tracing cases still being handled at the end of the reporting period (people)	3			1
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits		Women	Minors	
Detainees visited	38,119	5,071	575	
		Women	Girls	Boys
Detainees visited and monitored individually	545	52	2	15
Detainees newly registered	387	43	1	9
Number of visits carried out	70			
Number of places of detention visited	39			
Restoring family links				
RCMs collected	3,604			
RCMs distributed	1,397			
Detainees visited by their relatives with ICRC/National Society support	574			

*Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE			Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)					
Economic security (in some cases provided within a protection or cooperation programme)					
Food commodities	Beneficiaries	51,426	28%	48%	
	<i>of whom IDPs</i>	Beneficiaries	551		
Essential household items	Beneficiaries	52,931	36%	29%	
	<i>of whom IDPs</i>	Beneficiaries	41,825		
Productive inputs	Beneficiaries	12,959	26%	49%	
	<i>of whom IDPs</i>	Beneficiaries	11,770		
Cash	Beneficiaries	68,812	27%	49%	
	<i>of whom IDPs</i>	Beneficiaries	18,978		
Services and training	Beneficiaries	41	27%	49%	
	<i>of whom IDPs</i>	Beneficiaries	6		
Water and habitat (in some cases provided within a protection or cooperation programme)					
Water and habitat activities	Beneficiaries	177,183	40%	30%	
	<i>of whom IDPs</i>	Beneficiaries	8,859		
Health ¹					
Health centres supported	Structures	25			
Referrals to a second level of care	Patients	1,755			
Health education	Sessions	433			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
Economic security (in some cases provided within a protection programme)					
Essential household items	Beneficiaries	38,119			
Cash	Beneficiaries	803			
Water and habitat (in some cases provided within a protection or cooperation programme)					
Water and habitat activities	Beneficiaries	26,507			
Health					
Number of visits carried out by health staff		24			
Number of places of detention visited by health staff		22			
Number of health facilities supported in places of detention visited by health staff		4			
WOUNDED AND SICK					
Hospitals					
Hospitals supported	Structures	17			
	<i>of which provided data</i>	Structures	1		
Admissions	Patients	1,222	618	258	
	<i>of which weapon-wounded</i>	Patients	2		
	<i>(including by mines or explosive remnants of war)</i>	Patients	2		
	<i>of which other surgical cases</i>	Patients	260		
	<i>of which internal medicine and paediatric cases</i>	Patients	557		
	<i>of which gynaecological/obstetric cases</i>	Patients	403		
Operations performed		154			
Outpatient consultations	Patients	13,853			
	<i>of which surgical</i>	Patients	1,110		
	<i>of which internal medicine and paediatric</i>	Patients	11,383		
	<i>of which gynaecological/obstetric</i>	Patients	1,360		
Water and habitat					
Water and habitat activities	Number of beds	313			
Physical rehabilitation					
Projects supported	Structures	3			
Patients receiving services	Patients	3,093	278	160	
New patients fitted with prostheses	Patients	197	28	14	
Prostheses delivered	Units	802	70	77	
	<i>of which for victims of mines or explosive remnants of war</i>	Units	351		
New patients fitted with orthoses	Patients	21	4	5	
Orthoses delivered	Units	39	7	10	
	<i>of which for victims of mines or explosive remnants of war</i>	Units	3		
Patients receiving physiotherapy	Patients	743	73	78	
Crutches delivered	Units	2,064			
Wheelchairs delivered	Units	27			

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.

NEPAL



The ICRC initially worked in Nepal out of its regional delegation in New Delhi, opening a delegation in Kathmandu in 2001. Since the May 2006 agreement between the government and the Communist Party of Nepal-Maoist, which put an end to a 10-year non-international armed conflict, the ICRC has focused on: helping clarify the fate of missing persons and supporting their families; promoting full compliance with IHL; and helping improve local capacities to provide medical care for the wounded and physical rehabilitation services for those in need. It works closely with and helps the Nepal Red Cross Society strengthen its operational capacities, particularly in emergency response.

KEY RESULTS/CONSTRAINTS IN 2015

- ▶ After the earthquakes in April/May, the ICRC assisted dispersed/injured people and provided technical/material support for managing human remains, under a 2013 Movement agreement on disaster response.
- ▶ Thousands of earthquake survivors received first-aid treatment and psychosocial care from ICRC-supported/trained Nepal Red Cross Society staff/volunteers, who also offered family-links services.
- ▶ Disabled people, including earthquake victims, benefited from physical rehabilitation services and assistive devices from ICRC-supported centres, one of which became financially independent.
- ▶ Families of missing persons met some of their psychological/legal/economic needs through an ICRC project implemented with local providers. Some activities for the families were delayed after the earthquakes.
- ▶ The national IHL committee produced, with ICRC support, an IHL reference handbook for parliamentarians, civilian authorities and other policy-makers, with a view to promoting domestic IHL implementation.

EXPENDITURE IN KCHF

Protection	1,031
Assistance	1,999
Prevention	487
Cooperation with National Societies	407
General	51
Total	3,975
<i>Of which: Overheads</i>	242

IMPLEMENTATION RATE

Expenditure/yearly budget	122%
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PERSONNEL

Mobile staff	5
Resident staff (daily workers not included)	55

YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	58
RCMs distributed	58
Phone calls facilitated between family members	243
People located (tracing cases closed positively)	11
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
Restoring family links	
RCMs collected	97
RCMs distributed	59

ASSISTANCE	2015 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Essential household items	Beneficiaries	6,444
Cash	Beneficiaries	2,022 3,588
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	12
Physical rehabilitation		
Projects supported	Structures	2 2
Patients receiving services	Patients	1,300 2,196

CONTEXT

Powerful earthquakes struck the central region of Nepal, including the capital city of Kathmandu and several mountainous areas, in April and May. An estimated 8 million people were affected; many of them lost their homes. Nearly 9,000 people were reported dead, and 22,300 said to be injured; some 150 people remained unaccounted for.

Political protests over constitutional issues took place throughout the year. After a new constitution was promulgated in September, more than 50 people were killed in incidents of violence in the south. Ambulances were attacked. In the last quarter of the year, protests disrupted the delivery of essential supplies to some areas in the south, causing shortages.

The government passed an act establishing separate commissions to address “truth and reconciliation” and disappearances in relation to the past conflict, which ended in 2006. In response to complaints filed by some groups of conflict victims, the act’s provision on general amnesty was declared null by the Supreme Court. The commissions established internal rules and procedures despite various concerns raised by victims’ groups, human-rights associations and other stakeholders. At the end of 2015, the rules and procedures had not been endorsed by the government, and the commissions had yet to begin their work.

Mines and explosive remnants of war (ERW) from the past conflict, and improvised explosive devices (IEDs) linked to criminality, continued to endanger lives.

ICRC ACTION AND RESULTS

Together with the Nepal Red Cross Society, the ICRC responded to emergency needs after the earthquakes in April and May. It continued its efforts to help ascertain the fate of persons missing in relation to the past conflict and to assist their families, but these and other planned activities were delayed as the delegation prioritized emergency response.

Under a 2013 Movement agreement on disaster response, the ICRC supported the Nepalese Red Cross and coordinated with the International Federation in addressing earthquake-related needs within its areas of expertise. The National Society drew on ICRC support to provide family-links services and psychosocial care to thousands of survivors. The Nepalese Red Cross, together with military/police units and the Department of Forensic Medicine (DFM), received guidance from ICRC experts and material support to ensure the proper management of human remains. Two ICRC family-links/forensics specialists were assigned to an International Federation assessment/coordination team for three months. Besides these activities, which took place within the context of the Movement’s response, the ICRC aided vulnerable detainees and assessed the state of heavily damaged jails; afterwards, it made recommendations to the authorities and assisted in the renovation of one prison.

The ICRC worked closely with trained National Society volunteers to update information on missing persons and, where appropriate, submit cases to the parties to the past conflict, with a view to clarifying these persons’ fate/whereabouts. The ICRC maintained its dialogue about the issue with the authorities and established contact with the newly formed Commission on Investigation of Enforced Disappeared Persons.

The relatives of missing persons continued to receive psychosocial/legal/economic support through a project implemented by the National Society, a local NGO and the ICRC. National Society staff/volunteers served as points of contact with the families, keeping them informed of developments and helping them obtain assistance, including financial support from the government.

The ICRC kept up its efforts to help local actors develop their capacities in emergency preparedness/response. It facilitated National Society-led workshops at which Armed Police Force (APF) officers advanced their skills in first-aid and human remains management. The APF, together with the National Society, organized first-aid training for its personnel.

People with disabilities, including casualties of mines/ERW/IEDs, and earthquake victims, received treatment and assistive devices at two physical rehabilitation centres supported by the ICRC. One of the centres became financially independent.

The national IHL committee, in coordination with the National Society and the ICRC, produced an IHL handbook for parliamentarians, civilian authorities and other policy-makers, with a view to promoting domestic implementation of IHL. The ICRC maintained dialogue with the Nepalese armed/security forces on incorporating IHL and other applicable norms in their doctrine, training and operations. The Nepalese authorities learnt more about IHL and related norms at various events/meetings. Media coverage of National Society/ICRC activities helped raise public awareness of humanitarian issues and the Movement’s work, including its response to the earthquakes.

The Nepalese Red Cross continued, with ICRC support, to boost its operational capacities – notably, in helping detainees and disaster victims restore/maintain family links – and to pursue organizational development.

CIVILIANS

Earthquake survivors reconnect with their relatives and receive psychosocial support

The earthquakes severely affected 14 out of the country’s 75 districts. Communication networks resumed operations shortly after the earthquakes struck; nonetheless, people used “safe and well” messages, phone calls and other Nepalese Red Cross/ICRC services to contact their relatives, including those abroad. Embassies were informed of the situation of their detained nationals who had survived the earthquakes or had been reported missing to the National Society. The police were provided with the list of missing persons, enabling them to join the search for these people.

Hundreds of earthquake survivors registered themselves as alive, and thousands of people reported their relatives as missing, on the ICRC’s family-links website (familylinks.icrc.org), which was made available in English and Nepalese. The National Society, with ICRC support, worked on cases of missing persons collected through the family-links website or from families in earthquake-affected areas. With the ICRC’s help, the National Society launched the Family-links Answers case-management system, which added to its capacities in restoring family links. The demand for family-links services in connection with the earthquakes declined after the movement of people had stabilized and the collection of human remains had begun.

In the five districts most heavily affected, 3,817 earthquake survivors, including some 440 children, received psychosocial support from ICRC-trained National Society staff/volunteers, some of whom benefited from such services themselves.

Around 4,000 detainees in 14 damaged prisons benefited from tarpaulins and hygiene items distributed through the National Society, which also received similar materials (for some 2,000 people) to replenish its stocks. Conditions in seven heavily damaged jails were assessed in coordination with the Department of Prison Management. Afterwards, the authorities received recommendations and proposals for ICRC assistance; they requested support for renovating one of the prisons. At year's end, work on that prison was in progress.

Cooperation among Movement partners helped ensure the proper management of human remains after the earthquakes. The National Society, military/police units and the DFM received over 1,000 body bags and other supplies, facilitating their collection of human remains; many of the responders had attended ICRC-supported training sessions in the past.

The DFM bolstered its services with ICRC technical/material support, which included computers equipped with ICRC ante/post-mortem data-management software, and training in the use of this software. The DFM identified 365 of the 430 sets of human remains it received after the earthquakes and handed them over to the families. Refrigeration facilities were installed, increasing the DFM morgue's storage capacity.

Local experts advanced their skills in forensic pathology and other technical areas with help from ICRC-hired advisers. Two specialists learnt more about managing human remains in disasters through a workshop abroad.

Some families receive information on the fate of missing relatives

Families were still seeking 1,338 relatives missing in connection with the past conflict. National Society/ICRC teams continued to collect/verify information on missing persons from/with their families and to cross-check this against publicly available records. Individual cases were submitted to the parties to the past conflict; an updated list of missing persons was published on the ICRC's family-links website. Meetings with other stakeholders often led to information on the location of possible gravesites. Through this process, the fates of four people were established, and one family visited the spot where their missing relative was said to be buried. National Society staff/volunteers visited the families to inform them of developments and to help them obtain government benefits (see below).

Activities for families of missing persons were delayed by the earthquakes and, in the south, by protests.

Relatives of missing persons address their psychosocial and other needs

Some 600 families (4,310 people) in 27 districts, whose relatives were missing, received assistance for meeting their psychosocial/legal/economic needs through a comprehensive project run by the ICRC, with the National Society and a local NGO, both of which received technical/financial assistance. Around 600 people drew on peer support during meetings of people with missing relatives; 151 women organized themselves into new peer groups. Over 180

people consulted with trained counsellors. Six mentally ill people received free consultations/treatment after being referred to government hospitals. Some 1,170 people attended inaugurations for memorials, which brought them some comfort. At training sessions, 158 adolescents learnt how to cope with the absence of family members. Around 620 families (3,560 people) boosted their livelihoods using cash grants. During interviews, beneficiaries confirmed that the project had had a positive effect on their personal welfare and on community life.

At sessions/courses, counsellors and other staff/volunteers – including some relatives of missing persons – strengthened their ability to provide support to the families. Several counsellors/volunteers involved in the project provided psychosocial care to earthquake survivors. The implementation of the project was delayed in some areas as a result of the earthquakes.

An assessment carried out in two districts found unaddressed economic and other needs among people who had suffered sexual violence during the past conflict.

Government bodies receive support for assisting the families of missing persons

With the National Society/ICRC's help, 1,240 of the 1,338 families registered by the ICRC received financial support under the government's interim relief programme. The National Society/ICRC followed up on the applications of 102 families who had not yet received such support.

Dialogue with the authorities focused on the importance of developing frameworks for exhumations and ensuring that the needs of the families of all categories of people missing from the past conflict were covered by the newly formed Commission on Investigation of Enforced Disappeared Persons. The ICRC provided recommendations for establishing mechanisms to handle missing-persons cases in relation to armed conflicts. The ICRC encouraged the commission to ensure, *inter alia*, that information about missing persons was centralized and that families had easy access to the commission and were kept abreast of developments in the search for their relatives. With ICRC assistance, a government archivist attended a training course, and two families registered requests for the exhumation of their relatives' remains.

The ICRC conducted a study of the legal/administrative issues faced by families of the missing. The study's findings and recommendations were shared with the authorities.

Cooperation with the Nepal Society of Families of the Disappeared and Missing (NEFAD) continued. NEFAD representatives met with families of the missing to discuss the families' needs, government procedures related to the issue of missing persons, NEFAD's advocacy strategy, local initiatives/challenges, and the findings of the ICRC study (see above).

Refugees/detainees reconnect with their relatives

Besides earthquake victims, people who were separated from their relatives or had difficulty communicating with them benefited from National Society/ICRC family-links services. In 25 prisons, foreign detainees and others who had no contact with their relatives availed themselves of National Society services. Bhutanese refugees visited relatives detained in Bhutan (see *New Delhi*) with National Society/ICRC help. Families in Nepal talked to relatives detained in Kuwait via ICRC-organized video calls.

Nepalese migrants leaving the country learnt about Movement family-links services through leaflets distributed at the Kathmandu airport by the National Society, in coordination with the Department of Foreign Employment.

National Society volunteers strengthened their ability to conduct family-links activities, particularly during disasters and for detainees, at training sessions.

WOUNDED AND SICK

Injured people receive treatment

Through a jingle broadcast over local radio stations by the Nepalese Red Cross/ICRC, people became more aware of the need to give ambulances free passage during protests.

Thousands of people wounded during disasters/accidents/incidents of violence received first aid from National Society teams, made up of volunteers trained by the ICRC as part of an ongoing partnership to boost the National Society's capacities in emergency preparedness/response. Some 8,700 people from 42 districts, including around 6,100 earthquake survivors, were treated by these teams. People with serious injuries received care at 12 hospitals that the ICRC provided with medical supplies; some of the doctors who treated them drew on what they had learnt at ICRC courses.

Through ICRC courses, 23 doctors from 20 hospitals strengthened their ability to manage mass casualties, and 60 medical interns learnt more about trauma management.

Twenty-one injured persons who had become separated from relatives were given assistance to return home.

APF officers become first-aid instructors

The APF reinforced its capacities in first aid and managing human remains by organizing, with the National Society, six courses for 144 personnel. Twenty-four senior officers developed their skills in first-aid instruction and human remains management at workshops conducted by ICRC-supported National Society trainers.

Some local instructors in emergency-room trauma management added to their knowledge of war surgery and mass-casualty management at courses abroad. Several planned courses with Kathmandu University Hospital instructors had to be cancelled after the earthquakes.

Disabled people regain/improve their mobility

A total of 2,196 disabled people, including mine/ERW/IED victims, improved their mobility with help from physical rehabilitation services at the ICRC-supported Green Pastures Hospital and Yerahity National Rehabilitation Centre. Hundreds of patients were provided with assistive devices; 257 patients received free/subsidized services.

The centres continued to receive material/technical assistance for improving the management/provision of their services; Green Pastures Hospital became financially independent. On the basis of an assessment, the ICRC increased its support for the two centres, to ensure the availability of services for earthquake survivors; patients were helped to travel to the centres, in coordination with the National Society.

To meet emergency needs following the earthquakes, crutches and walking sticks were donated to hospitals and rehabilitation

centres treating injured people. During a four-day outreach camp in Butwal, 123 disabled people – who had benefited from physical rehabilitation services at the two ICRC-supported centres – received follow-up care.

ACTORS OF INFLUENCE

National IHL committee produces IHL reference handbook

Dialogue and cooperation between the authorities and the ICRC continued: humanitarian issues remained the focus, particularly the needs of the families of missing persons (see *Civilians*) and advancing domestic IHL implementation.

The national IHL committee, in coordination with the Nepalese Red Cross and the ICRC, produced a reference handbook on IHL implementation for parliamentarians, civilian authorities and other policy-makers. A draft bill for implementing the 1949 Geneva Conventions – endorsed by the national IHL committee in 2014 – was under review by the defence ministry. With the ICRC's guidance, the National Society continued to work on a draft law to strengthen its legal status.

Representatives of the government, civil society and international organizations learnt about recent developments in IHL and related challenges at an ICRC presentation. The authorities and other stakeholders kept abreast of such developments by attending regional/international ICRC events, such as the annual South Asia Teaching Sessions on IHL (see *New Delhi* and *Pakistan*). A home ministry official attended an experts' meeting on the Strengthening IHL process in Switzerland; other government officials were brought up to date on this process during meetings/briefings with the ICRC. A party to the past conflict contributed to the ICRC's worldwide consultations on the detention practices of armed groups.

Dialogue with the secretariat of the South Asian Association for Regional Cooperation, based in Nepal, continued.

Police and military personnel add to their knowledge of IHL/other norms

Some 50 police/APF officers learnt more about IHL and internationally recognized standards on the use of force at two courses, organized under the rubric of Nepal Police/APF cooperation with the ICRC, in incorporating these norms in their doctrine, training and operations. Other personnel learnt more about these subjects, and the ICRC's mandate/activities, during dissemination/training sessions (see *Wounded and sick*). Some 120 APF peacekeepers attended ICRC presentations during their predeployment briefings.

Military officers learnt about contemporary IHL challenges through ICRC presentations/briefings. Twenty-two officers developed their IHL teaching ability through an advanced course. One officer attended a regional seminar on peacekeeping and IHL (see *New Delhi*). A senior military officer participated in a workshop on the rules governing military operations (see *International law and policy*).

Military/police/APF representatives participated in a National Society course in disaster response (see *Red Cross and Red Crescent Movement*).

The general public learns about Movement activities through the media

University students added to their knowledge of IHL and the ICRC's mandate/activities through presentations and multimedia

materials donated to their libraries. With ICRC support, a law school in Kathmandu began to publish an academic journal on IHL. Law students tested/enriched their knowledge of IHL at national/regional moot court competitions. Two law instructors benefited from attendance at advanced programmes in IHL in India and Switzerland.

Media coverage of National Society/ICRC activities – based on ICRC press releases and other materials – helped raise awareness among the general public of humanitarian principles and the Movement's work. Following the earthquakes, news releases and other forms of public communication drew attention to the Movement's response, particularly its work to restore family links, provide psychosocial care and promote the proper management of human remains. Messages on these subjects were broadcast on the National Society's radio programme and elsewhere on the radio.

The media also gave coverage to the plight of families of the missing and the accompaniment programme, and to the disruption of health-care services caused by attacks on ambulances during protests in the south. Movement partners issued a joint statement calling for the protection of health-care personnel/facilities and for free passage for ambulances, and another on the humanitarian impact of the shortage of essential supplies after the protests.

RED CROSS AND RED CRESCENT MOVEMENT

The Nepalese Red Cross leads the Movement's response to the earthquake

With support from the International Federation, some 30 other National Societies and the ICRC, the Nepalese Red Cross provided – through its countrywide network of volunteers – shelter, water, hygiene items, family-links services, psychosocial care and other aid to thousands of earthquake survivors (see *Civilians*). It pursued these activities despite itself being affected by the earthquakes: three volunteers were killed, and blood banks, offices and other facilities sustained damage.

Movement partners in Nepal coordinated their response on the basis of an agreement signed in 2013, reinforced by a joint statement signed after the April earthquake. Two ICRC family-links/forensic specialists were assigned to an International Federation assessment/coordination team for three months.

Nepalese Red Cross personnel learnt more about the Safer Access Framework through an ICRC-supported workshop. Volunteers attended a disaster-response course with military, police and APP personnel (see *Actors of influence*).

The National Society continued to strive to strengthen its legal status (see *Actors of influence*) and its organizational development, in line with initiatives begun in 2012.

MAIN FIGURES AND INDICATORS: PROTECTION	Total			
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)		UAMs/SC*		
RCMs collected	58			
RCMs distributed	58			
Phone calls facilitated between family members	243			
Names published in the media	1,343			
Names published on the ICRC family-links website	3,956			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	1	1		
People located (tracing cases closed positively)	11			
Tracing cases still being handled at the end of the reporting period (people)	1,340	108	34	109
Documents				
People to whom travel documents were issued	89			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Restoring family links				
RCMs collected	97			
RCMs distributed	59			

*Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Essential household items	Beneficiaries	6,444	21%	
Productive inputs	Beneficiaries	3,588	34%	35%
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	12		
First aid				
First-aid posts supported	Structures	4		
	<i>of which provided data</i> Structures	4		
Wounded patients treated	Patients	8,722		
Physical rehabilitation				
Projects supported	Structures	2		
Patients receiving services	Patients	2,196	713	134
New patients fitted with prostheses	Patients	78	22	10
Prostheses delivered	Units	117	32	16
	<i>of which for victims of mines or explosive remnants of war</i> Units	4		
New patients fitted with orthoses	Patients	154	35	36
Orthoses delivered	Units	205	44	53
Patients receiving physiotherapy	Patients	799	329	25
Crutches delivered	Units	434		
Wheelchairs delivered	Units	130		

PAKISTAN



ICRC / AR_2015

+ ICRC delegation + ICRC sub-delegation ▴ ICRC-supported prosthetic/orthotic project
 ▴ ICRC regional logistics centre

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 2015

- ▶ Disabled people obtained good-quality physical rehabilitation services/assistive devices at ICRC-supported centres. The authorities, local organizations and the ICRC built a new centre in Lahore.
- ▶ A hospital in Peshawar benefited from comprehensive ICRC support; staff from other health facilities participated in ICRC-organized training courses, and strengthened their ability to treat wounded patients.
- ▶ Communities affected by weapon contamination learnt to protect themselves through dissemination sessions and communication materials provided by the Pakistan Red Crescent with ICRC help.
- ▶ Government and civil society representatives from various countries discussed contemporary IHL issues during an IHL training course held in Pakistan and organized jointly by a local institute and the ICRC.

EXPENDITURE IN KCHF

Protection	1,012
Assistance	9,308
Prevention	3,453
Cooperation with National Societies	2,118
General	117

Total 16,008

Of which: Overheads 973

IMPLEMENTATION RATE

Expenditure/yearly budget	98%
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PERSONNEL

Mobile staff	18
Resident staff (daily workers not included)	234

The ICRC began working in Pakistan in 1981 to assist victims of the armed conflict in Afghanistan and continues to support operations there. Its dialogue with the authorities aims to encourage the provision of care for violence-affected people, particularly the weapon-wounded. It fosters discussions on the humanitarian impact of violence and on neutral and independent humanitarian action with the government, religious leaders and academics. It supports rehabilitation services for the disabled and IHL instruction among the armed forces, while working with the Pakistan Red Crescent Society to provide primary health care and family-links services.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	134
RCMs distributed	175
Phone calls facilitated between family members	316
People located (tracing cases closed positively)	46
People reunited with their families	2
<i>of whom unaccompanied minors/separated children</i>	2

ASSISTANCE	2015 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security¹ (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 350	
Essential household items	Beneficiaries 350	
Cash	Beneficiaries	5
Health		
Health centres supported	Structures 6	6
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures 1	2
Physical rehabilitation		
Projects supported	Structures 5	21
Patients receiving services	Patients 20,270	19,927

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 Pakistani authorities implemented a national action plan to address security issues in parts of the country. This entailed the intensification of operations against armed elements in the Federally Administered Tribal Areas (FATA) – specifically North Waziristan – Khyber Pakhtunkhwa (KP) and Balochistan. According to government sources, these operations helped curb attacks by militants in 2015. Tensions remained high along the border with India.

Relief efforts by the government, particularly for the displaced, were in progress; a number of displaced people returned to their places of origin in FATA and KP.

In FATA, KP and Pakistan-administered Kashmir, weapon contamination from past armed conflicts remained a concern, causing injuries and casualties among civilians going about their daily activities.

Some international humanitarian organizations reduced their activities owing to government restrictions and security concerns.

Natural disasters were a common occurrence.

ICRC ACTION AND RESULTS

The ICRC in Pakistan focused on the activities defined in the 1994 headquarters agreement and on others mutually agreed upon with the government, to address the needs of violence-affected communities within the limited humanitarian space in which it was able to operate. It worked closely with the Pakistan Red Crescent and other local actors to carry out family-links services and health-related activities, and to promote IHL, while providing comprehensive support to the National Society. Cooperation with the National Society and other partners increased the ICRC's access to vulnerable people and the impact of its work.

Support for National Society-run health units in Balochistan, FATA and KP helped vulnerable groups – children, women and displaced people – obtain good-quality primary health care. First-responders, journalists and female health workers received first-aid training and kits from the National Society/ICRC, which enhanced their ability to provide life-saving care. Comprehensive ICRC assistance to the Lady Reading Hospital in Peshawar, for treating victims of violence, began; ad hoc material support to health facilities in KP helped staff there care for bombing casualties. Staff from various hospitals in cities affected by fighting benefited from war surgery and emergency-room trauma courses organized by the ICRC.

Disabled people obtained free, good-quality specialized care and assistive devices at ICRC-supported physical rehabilitation centres; some of them received financial assistance for covering their transport/food/accommodation costs. To strengthen the sustainability of these centres, staff members were sponsored for training abroad and given technical guidance. The ICRC formed local partnerships to develop the national physical rehabilitation sector, one of which resulted in the construction of a new centre in Lahore. To promote the social integration of disabled persons, the ICRC supported sporting events for them; it also provided financial support for schooling and corrective surgery for disabled children.

Communities affected by weapon contamination in FATA, KP and Pakistan-administered Kashmir learnt to protect themselves more effectively through risk-education sessions and informational materials provided by the National Society with ICRC support.

Members of families dispersed by fighting, natural disasters and migration – or for other reasons – restored/maintained contact with relatives through National Society/ICRC family-links services. People communicated with relatives held at the US internment facility at Guantanamo Bay Naval Station in Cuba and elsewhere. The ICRC helped people in Pakistan to visit relatives detained/interned abroad.

At ICRC-organized courses, authorities learnt more about the management of human remains during emergencies; institutions involved in human remains management – including a foundation that provided emergency services – received material/technical support.

The authorities, military/police forces, members of civil society and beneficiaries learnt more about IHL and other relevant norms, and about the ICRC, during various dissemination/training activities organized by the ICRC and its local partners. ICRC sponsorship to events abroad enabled some of them to reinforce their knowledge. During a training course, co-organized with the Research Society of International Law (RSIL), government officials and civil society representatives from nine countries in the region discussed contemporary IHL issues. In Karachi, ICRC-supported efforts in connection with the Health Care in Danger project resulted in the public launch of two reports detailing the effects of violence on health-care workers and its related legal implications.

Dialogue on detention-related matters, between the authorities/other parties concerned and the ICRC, did not take place.

CIVILIANS

More women obtain antenatal care from female staff at National Society facilities

Communities affected by fighting benefited from preventive and curative health care at six facilities run by the Pakistan Red Crescent with ICRC support: one in FATA; one in the Bakka Khel camp in Bannu, KP, for people displaced from North Waziristan; and four in Balochistan, one of them a mobile clinic. Support for three clinics in Balochistan concluded at the end of the year.

Over 140,000 people had medical consultations for respiratory infections, diarrhoea, and other illnesses; in the Bakka Khel camp alone, nearly 75,000 people received check-ups. Children were screened for malnutrition at all the health facilities and 1,400 doses of vaccine were administered, mostly to those under the age of five. The presence of female staff at the facilities helped ensure that women and female children availed themselves of health services; consultations for pregnant women increased by nearly 50% from last year: 4,451 received antenatal care. Women also had access to family-planning services.

Communities most affected by weapon contamination learn to protect themselves

The National Society, with ICRC material/technical support, continued to undertake awareness-raising activities and organize events – in connection with the International Day of Mine Awareness and Assistance in Mine Action, for instance – to mitigate risks for communities in weapon-contaminated areas of FATA, KP and Pakistan-administered Kashmir. At National Society/ICRC-organized workshops, journalists and religious scholars learnt more about the dangers of weapon contamination, and also about their role in broadening public awareness of the issue.

Over 317,000 people – including more than 127,000 people returning to their homes after being displaced – learnt how to protect themselves during risk-education sessions; these efforts were supplemented by informational materials such as posters and illustrated booklets. Training sessions and train-the-trainer workshops helped National Society staff to strengthen their ability to provide information/instruction for people in weapon-contaminated areas.

No progress was made in establishing a network, involving NGOs and medical personnel, for gathering data on weapon contamination-related incidents; however, victims of mines/ERW were referred by the National Society to ICRC-supported physical rehabilitation centres for treatment (see *Wounded and sick*).

People restore and maintain contact with their relatives in Pakistan and abroad

Members of families separated from relatives by violence, natural/man-made disasters and migration, or for other reasons, reconnected through National Society/ICRC family-links services, including RCMs and phone/video calls.

Almost 90 families communicated with relatives held at the Guantanamo Bay internment facility, at the Parwan detention facility (see *Afghanistan*), and in Azerbaijan. Four families in Pakistan visited relatives detained in Afghanistan, and one family visited a relative detained in Algeria.

The National Society continued, with ICRC technical/financial assistance, to strengthen its family-links services; additional permanent staff were hired, and staff, volunteers, authorities and first responders received training in the provision of family-links services and/or referrals.

Authorities learn more about the management of human remains

Sixty representatives from the military, the police, medico-legal and emergency management services, and volunteer organizations learnt more about the management of human remains from local experts during two ICRC-organized courses. The courses included discussions on the proper recovery, documentation and identification of remains and on the provision of support for bereaved families, as well as locally developed simulations and field exercises.

Five institutions involved in human remains management – including a foundation that provided emergency services – received technical guidance and embalming materials that helped facilitate families' identification of missing relatives' remains; a morgue in Karachi undertook improvements, upon ICRC encouragement. Owing to limited dialogue with the authorities, no progress was made in the development of national guidelines for human remains management.

PEOPLE DEPRIVED OF THEIR FREEDOM

No discussions took place between the authorities/other stakeholders and the ICRC on detention-related topics, including the possibility of the ICRC visiting detainees.

Five persons previously detained in Afghanistan continued their ICRC-supported medical treatment after they returned to Pakistan, which helped alleviate their post-release situation. Twenty-three vulnerable families of people detained abroad met their basic needs with food, essential items and school supplies provided by the ICRC.

WOUNDED AND SICK

Police officers, ambulance drivers and journalists acquire first-aid skills

Over 670 first responders, such as police officers, female health workers and journalists, learnt to administer life-saving care to weapon-wounded people through National Society/ICRC first-aid training, supplemented by the provision of first-aid kits; they included 119 ambulance drivers from FATA and KP.

In addition, around 4,500 people, including community volunteers and first responders, were trained during an ICRC-supported National Society first-aid programme. The development of the National Society's national first-aid training curriculum, based on a 2014 first-aid policy, was delayed.

Hospital in Peshawar receives comprehensive support

Support to the Lady Reading Hospital in Peshawar, for treating violence-affected people in FATA and KP, began; it consisted of training for health staff, rehabilitation/maintenance of infrastructure, and provision of medical supplies, drugs and equipment.

Some 200 doctors and nurses from hospitals in FATA and KP (including military hospitals), and in Karachi and two other cities, refined their skills at war-surgery seminars and emergency-room trauma courses in Pakistan and abroad. Health facilities in KP treated bomb-blast victims with the help of ad hoc ICRC donations of medical supplies. ICRC assessments for the provision of medical evacuation services were no longer pursued.

Local institutions, together with the ICRC, construct a rehabilitation centre in Lahore

ICRC assistance for physical rehabilitation centres expanded: 19 centres and satellite facilities across four provinces received comprehensive support. Almost 20,000 patients regained their mobility and/or received specialized care at these centres; 4,800 of them, and their attendants, had their transport/food/accommodation costs covered. In Peshawar, 266 people with spinal-cord injuries benefited from follow-up visits made by the Paraplegic Centre Hayatabad's home-care team.

Eighteen ICRC-supported centres produced more than 11,000 prosthetic/orthotic devices using raw materials and equipment provided; patients received them free of charge. To ensure the centres' sustainability, staff enhanced their skills with ICRC-sponsored training abroad, technical guidance and/or mentoring; for instance, 50 technicians and physiotherapists furthered their education with the help of scholarships and short courses.

Partnerships between local organizations and the ICRC sought to strengthen the national physical rehabilitation sector, including its supply chain; for example, the Chal Foundation, the Indus Hospital, the provincial government of Punjab and the ICRC jointly constructed a rehabilitation centre in Lahore, with a view to reaching more people in the province. A private body, slated to take over the distribution of ICRC materials to partner organizations, began to go through the necessary administrative procedures.

Efforts to facilitate the social reintegration of disabled people, primarily children and those living in remote areas, continued. For example, beneficiaries received sponsorship for their education and for corrective surgery, as well as for participation in camps and sporting events; 17 people with spinal-cord injuries competed in a national wheelchair cricket tournament.

ACTORS OF INFLUENCE

Senior military officers strengthen their IHL teaching skills

Partnerships with the authorities and members of civil society, and various activities carried out for/with them, sought to further their understanding/acceptance of IHL and the ICRC's activities.

Army, navy and air force personnel learnt more about IHL and other relevant norms at dissemination sessions; 40 officers participated in a discussion on the applicability of IHL to cyber warfare, which was hosted by the National University of Sciences and Technology Centre for International Peace & Stability (NUST-CIPS) and the ICRC.

Senior military officers attended events abroad, such as a workshop on rules governing military operations (see *International law and policy*), with ICRC support. At a train-the-trainers course, 15 instructors from the Pakistan Marines strengthened their IHL teaching skills. Dialogue on the incorporation of IHL in the training curriculum of the air force and naval colleges continued.

Troops leaving for peacekeeping missions learnt more about the protection of civilians and the prevention of sexual violence in armed conflict. One NUST-CIPS faculty member, sponsored by the ICRC, strengthened his IHL teaching capacities at a training course abroad.

High-level discussions with the police on possible areas of cooperation were maintained. The staff and students of police training institutions, and police officers, learnt more about internationally recognized policing standards and/or first aid through ICRC publications and training (see *Wounded and sick*).

Officials from various countries discuss current IHL issues at a regional training course in Pakistan

During an IHL training course in Islamabad, organized by the RSIL and the ICRC, government officials and academics from nine countries in the region discussed contemporary IHL issues, including detention and internment. Pakistani officials also attended IHL conferences abroad (see, for example, *Sri Lanka*).

Round-tables on IHL for government officials, the translation of the Geneva Conventions into Urdu, and RSIL research papers – on such subjects as detention – helped facilitate domestic implementation of IHL. They also stimulated discussions with various parties concerned, including judicial and security officials, on the relevance of IHL in violence-affected areas.

Officials, health workers and the public in Karachi learn more about the Health Care in Danger project

Academics completed ICRC-supported research on the effects of violence on health-care provision in Karachi, while the RSIL analysed the legal framework governing the issue. These efforts resulted in the publication of two reports, which were intended for health-care workers and government officials, as well as the general public; the media covered the reports' public release. Based on the findings of these reports, stakeholders drafted a training programme on de-escalating violence against health-care workers, made preparations for a media campaign in this connection, and held discussions on lobbying for legislative changes.

Students further their understanding of the links between Islamic law and IHL

Religious leaders, students and professors learnt more about the similarities between Islamic law and IHL, and about the ICRC's activities, at dissemination sessions and courses in the country and abroad (see *Lebanon*). IHL materials for religious and educational institutions – including IHL resource centres for those in Balochistan and KP – supplemented such activities and helped expand their scope of instruction. Law students from South Asian countries demonstrated their grasp of IHL during a regional moot court competition organized by the Lahore University of Management Sciences/ICRC. Students, sponsored by the ICRC, also participated in competitions abroad.

Beneficiaries become more familiar with the Movement

The general public, including beneficiaries, learnt more about the ICRC's work and the Movement through awareness-raising activities and informational materials put together by the National Society/ICRC; these included short documentaries on family-links services, the Health Care in Danger project and physical rehabilitation services. ICRC activities were promoted online in English and Urdu.

At a seminar, journalists learnt more about the role of humanitarian organizations during emergencies.

RED CROSS AND RED CRESCENT MOVEMENT

The Pakistan Red Crescent expanded its presence in two violence-affected areas in FATA. It continued to work together with the ICRC to assist vulnerable communities, conduct first-aid training and promote humanitarian principles and the Movement (see above).

The National Society's FATA and KP branches strengthened their operational capacities through various forms of ICRC support, such as training in financial/project management and first aid, and peer-to-peer exchanges. Such support also helped the National Society deploy emergency response teams: for instance, during the earthquake in October 2015, they distributed shelter construction materials to thousands of victims.

During a meeting of the Movement Reference Group for the Health Care in Danger project in Switzerland, the National Society described its efforts to address the violence affecting health-care services. These included conducting awareness-raising sessions on the topic for key staff at its branches in Pakistan-administered Kashmir, Balochistan and FATA.

The National Society received follow-ups on pledges it made in preparation for the 32nd International Conference from the ICRC.

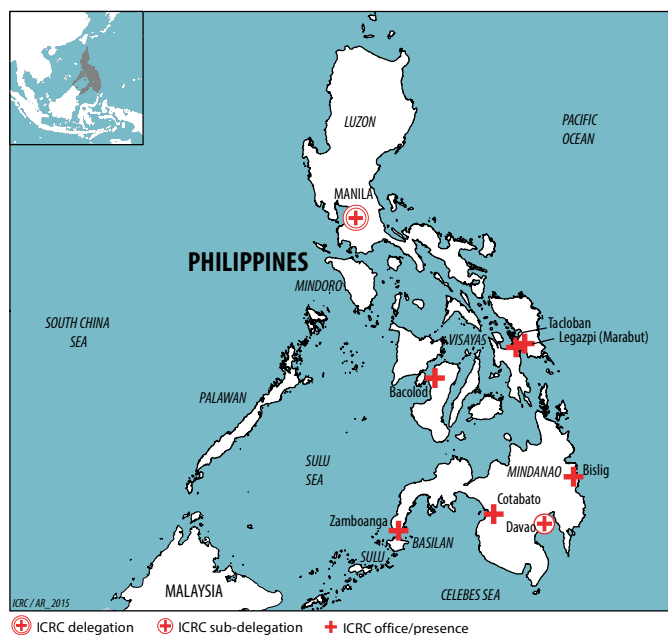
Bilateral meetings with Movement partners continued to take place.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SC*	
RCMs collected	134	4		
RCMs distributed	175			
Phone calls facilitated between family members	316			
Reunifications, transfers and repatriations				
People reunited with their families	2			
People transferred/repatriated	2			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	144	32	41	22
<i>including people for whom tracing requests were registered by another delegation</i>	5			
People located (tracing cases closed positively)	46			
<i>including people for whom tracing requests were registered by another delegation</i>	6			
Tracing cases still being handled at the end of the reporting period (people)	147	31	37	28
<i>including people for whom tracing requests were registered by another delegation</i>	3			
UAMs/SC*, including demobilized child soldiers		Girls		Demobilized children
UAMs/SC newly registered by the ICRC/National Society	5			
UAMs/SC reunited with their families by the ICRC/National Society	2			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	3			
Documents				
Official documents relayed between family members across borders/front lines	2			

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)¹				
Cash	Beneficiaries	5		
Health				
Health centres supported	Structures	6		
Average catchment population		67,167		
Consultations	Patients	147,097		
<i>of which curative</i>	Patients		37,875	77,373
<i>of which ante/post-natal</i>	Patients		4,451	
Immunizations	Doses	4,951		
Referrals to a second level of care	Patients	959		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Cash	Beneficiaries	5		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	2		
First aid				
First-aid posts supported	Structures	8		
Physical rehabilitation				
Projects supported	Structures	21		
Patients receiving services	Patients	19,927	2,141	8,770
New patients fitted with prostheses	Patients	2,207	283	204
Prostheses delivered	Units	2,770	355	293
<i>of which for victims of mines or explosive remnants of war</i>	Units	392		
New patients fitted with orthoses	Patients	4,465	521	2,517
Orthoses delivered	Units	8,439	727	5,638
<i>of which for victims of mines or explosive remnants of war</i>	Units	140		
Patients receiving physiotherapy	Patients	11,921	1,687	4,664
Crutches delivered	Units	2,086		
Wheelchairs delivered	Units	305		

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.

PHILIPPINES



In the Philippines, where the ICRC has worked since 1982, the delegation seeks to protect and assist civilians displaced or otherwise affected by armed clashes and other situations of violence. It reminds all actors with bearing on humanitarian matters of their obligations under IHL or other humanitarian norms. It visits people deprived of their freedom, particularly security detainees, and, with the authorities, aims to improve conditions in prisons through direct interventions and support for prison reform. It works with the Philippine Red Cross to assist displaced people and vulnerable communities and promotes national IHL compliance and implementation.

YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2015

- ▶ Nearly 98,000 people displaced by intensified fighting in central Mindanao dealt with their urgent needs using food, water and household items distributed by the Philippine Red Cross and the ICRC.
- ▶ The weapon-wounded received good-quality treatment at ICRC-supported hospitals in Mindanao. In Zamboanga, malnourished IDPs recovered their health via National Society/ICRC nutrition projects.
- ▶ Conflict-affected households and victims of past typhoons restored/reinforced their livelihoods with ICRC-provided agricultural supplies/equipment, training and cash grants.
- ▶ The authorities sought, with ICRC support, to address the effects of prison overcrowding, notably by introducing annual TB screening for all detainees. Taskforces began work to expedite detainees' cases.
- ▶ Weapon bearers learnt more about their responsibilities under IHL and other applicable bodies of law during dissemination sessions. The national police academy incorporated IHL training in its curriculum.
- ▶ With Movement support, the National Society trained and equipped members of 22 Red Cross Action Teams, boosting their capacities in areas such as restoring family links and first aid.

EXPENDITURE IN KCHF

Protection	3,314
Assistance	13,005
Prevention	2,158
Cooperation with National Societies	1,496
General	135
Total	20,107
<i>Of which: Overheads</i>	1,227

IMPLEMENTATION RATE

Expenditure/yearly budget	110%
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PERSONNEL

Mobile staff	30
Resident staff (daily workers not included)	202

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	2
RCMs distributed	3
People located (tracing cases closed positively)	175
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	85,294
Detainees visited and monitored individually	1,021
Number of visits carried out	237
Number of places of detention visited	139
Restoring family links	
RCMs collected	2
RCMs distributed	1

ASSISTANCE	2015 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	42,000
Essential household items	Beneficiaries	172,000
Productive inputs	Beneficiaries	24,000
Cash	Beneficiaries	12,000
Services and training	Beneficiaries	457
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	34,000
Health		
Health centres supported	Structures	14
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	5
Water and habitat		
Water and habitat activities	Number of beds	25
Physical rehabilitation		
Projects supported	Structures	1
Patients receiving services	Patients	400

CONTEXT

In central Mindanao, fighting between government forces and the Moro Islamic Liberation Front (MILF) and the Bangsamoro Islamic Freedom Fighters (BIFF) in January resulted in the armed forces intensifying their operations against the BIFF; about 120,000 people were displaced. The peace process involving the government and the MILF was disrupted by the clashes and by delays related to deliberations on a draft law on the creation of an autonomous Bangsamoro political entity.

Sporadic clashes between government forces and other armed groups – such as the New People's Army – and among local clans took place in remote areas in Mindanao and the Visayas, and in parts of Luzon. In Zamboanga City, around 17,000 people, uprooted by the 2013 clashes between the army and a faction of the Moro National Liberation Front, remained at transition sites/evacuation centres, where they experienced difficulty accessing essential services and livelihood opportunities.

These clashes, and natural disasters, caused casualties, displaced people and affected communities' livelihoods. Efforts by the government/humanitarian organizations to relocate displaced people and assist communities recovering from past typhoons were ongoing.

Overcrowding levels in detention facilities continued to increase.

Regional tensions over disputed areas in the South China Sea persisted.

ICRC ACTION AND RESULTS

The ICRC, together with the Philippine Red Cross, focused on assisting conflict/violence-affected communities. Thousands of IDPs maintained/improved their living conditions with National Society/ICRC emergency distributions of food, water and household essentials; more assistance was provided than planned, owing to the large number of people displaced by the fighting in central Mindanao. To strengthen the continuity of care for the wounded and sick, particularly in Mindanao, the National Society/ICRC conducted first-aid training for community members; hospitals received medical supplies. Weapon-wounded and disabled people were referred to an ICRC-supported physical rehabilitation centre in Davao.

In Zamboanga, the National Society/ICRC continued to address the effects of prolonged displacement on IDPs' health and livelihoods. Supplementary feeding programmes helped to improve the health of malnourished children and pregnant/lactating women in two evacuation centres. The wider population benefited from various water, hygiene and sanitation projects, some connected to cash-for-work schemes. A newly built health centre made primary health care more accessible to both IDPs and residents.

Conflict-affected communities and typhoon victims strengthened their resilience by protecting/improving their livelihoods with ICRC material/financial/technical support. The ICRC completed projects in areas struck by typhoons, for instance, the installation of latrines for 2014 shelter beneficiaries and repairs to damaged health facilities.

To prepare for emergencies, the ICRC assisted forensic authorities in revising national guidelines concerning human-remains management and missing persons.

The ICRC worked in close partnership with the National Society, which enhanced its capacities through ICRC financial/technical support, to meet the needs of communities affected by conflict, other situations of violence and natural disasters. All Movement partners maintained close coordination between themselves, and with the authorities and other humanitarian actors.

Detainees were visited by delegates in accordance with standard ICRC procedures. The ICRC employed a multidisciplinary approach to address, together with the authorities, the consequences of overcrowding in places of detention. This approach involved dialogue, training, support for and, where necessary, direct participation in decongestion initiatives and health/infrastructure projects.

Cooperation with the Bureau of Jail Management and Penology (BJMP) continued, with the BJMP taking the lead through a strategic working committee. To reduce overcrowding at Manila City Jail, an ICRC-supported taskforce continued to mobilize courts and other parties concerned to expedite the cases of inmates held for more than three years; five other entities joined this effort. The BJMP distributed health cards for inmates to all jails under its purview; it was led to do so by the positive results of a recently concluded BJMP/ICRC project to strengthen the health-monitoring system in seven prisons. The renovation of prison infrastructure improved detainees' living conditions and reduced the risk of cross-infection. TB-control programmes enabled timely detection and treatment of TB cases at two detention facilities; these results led to the Department of Health (DOH) calling for annual TB screenings for all detainees in the country. The BJMP then carried out a mass screening at one prison with minimal ICRC support.

In order to broaden acceptance for humanitarian principles, IHL and the ICRC, and to secure safe access to conflict-affected people, the ICRC maintained contact with the authorities, armed/police forces and other weapon bearers, and members of civil society; dissemination sessions were conducted periodically. With ICRC support, the national police academy incorporated IHL training in its curriculum. Members of the armed forces and the police, including instructors, participated in workshops and other events promoting the incorporation of IHL and/or internationally recognized policing standards in their operations and training.

CIVILIANS

The ICRC monitored the humanitarian situation through its field presence and contact with communities; it responded to various concerns raised by the population, such as requests for information on relatives possibly arrested. The need to protect and respect civilians was discussed with the authorities and weapon bearers. Oral and written representations were made to the parties concerned about alleged IHL violations and other abuses, so that they could take corrective action. The ICRC received feedback from the police on preventive measures they had taken in response to allegations concerning the 2013 events in Zamboanga (see *Context*).

The ICRC provided ad hoc financial assistance and other services for six female-headed families that had lost their breadwinners.

New IDPs reduce their expenses with provisions of food and essential items

Over 102,000 IDPs (some 20,000 households) in Mindanao maintained their nutrition and basic living conditions through

food and household essentials distributed by the National Society/ICRC. These included over 98,600 people (some 18,800 households) displaced by the intensified fighting in central Mindanao (see *Context*); the provisions enabled them to cut their related expenses by 50%. A pilot electronic registration system made the prompt and accurate collection of beneficiaries' data, and efficient relief distributions, possible. Some 34,000 people had a daily supply of potable water from tanks installed at 27 evacuation centres; newly constructed water and sanitation facilities in those areas served over 16,000 residents and stood to benefit IDPs in the future.

Food distributions benefited around 102,000 people (some 20,000 households) living in conflict/violence-prone areas that were affected by typhoons.

Over 9,000 migrants returning from Malaysia, and passing through government processing centres, received hygiene kits provided through the National Society or the migrants centre in Zamboanga.

Malnutrition rates among IDPs in Zamboanga decline

Local authorities, the National Society and the ICRC focused on improving the health of and livelihood opportunities among IDPs in Zamboanga suffering the consequences of protracted displacement. Nearly 700 moderately malnourished children under the age of five and pregnant/lactating women in two evacuation centres benefited from a supplementary feeding programme; their families (3,620 people) received cash incentives and food packages. People beyond the reach of the centres or who were severely malnourished were referred to other treatment providers; the City Health Office (CHO) treated 420 malnourished children using ICRC-supplied nutritional supplements. National Society/ICRC teams offered advice on nutrition and health/hygiene, such as information for mothers on how to improve breastfeeding practices. Data collected during monitoring, and confirmed by other treatment providers, verified that IDP malnutrition rates had declined.

IDPs obtained primary health care at seven ICRC-supported centres or from CHO mobile teams. For instance, over 6,000 people at the Masepla transition site accessed a newly constructed health centre; previously, the nearest centre was several kilometres away. Through National Society/ICRC-supported training, 40 IDPs became CHO community-health workers, extending services to people at 11 sites.

Over 14,100 people at various sites had potable water daily and were less exposed to health hazards owing to National Society/ICRC water-trucking and hygiene/sanitation initiatives. The construction of a permanent water point in Taluksangay village, which served more than 6,500 IDPs and residents, ended the need for emergency services. Some 810 IDP households (4,800 people) supplemented their income by as much as 50% by participating in such projects.

Conflict/typhoon-affected communities maintain their livelihoods

Conflict-affected communities in Mindanao and the Visayas, including IDPs in Zamboanga and communities recovering from past typhoons, strengthened their resilience and improved their living conditions by restoring/reinforcing their livelihoods through National Society/ICRC assistance. With provisions of seed, tools and equipment, 13,402 households (67,010 people) increased their food production; 7,807 other households (42,012 people)

who received cash/took part in cash-for-work projects purchased livestock, started microeconomic ventures, repaired their homes or generated income (see above). Around 85 households (457 people) with livestock benefited from veterinary services and training.

Activities for typhoon-affected communities wrap up

Some 6,000 people affected by Typhoon Hagupit in 2014 rebuilt their homes with help from the National Society, backed by ICRC financial/material support.

In areas affected by Typhoon Haiyan, over 6,300 people – beneficiaries of the 2014 shelter-construction project – lived in more sanitary conditions, owing to the installation of 1,273 latrines in their homes, and learnt from hygiene-promotion sessions. Seven community health centres and two hospitals destroyed by the typhoon were reconstructed (see *Wounded and sick*); six previously renovated health centres provided preventive and curative services, with ad hoc ICRC support.

With its activities for typhoon-affected communities ending, the ICRC closed its Legaspi and Samar offices.

Some 840 families (3,742 people) affected by Typhoon Bopha in 2012, who had been unable to finish constructing their shelters owing to the slow recovery of their livelihoods, received cash to purchase materials necessary to complete their homes.

To prepare for emergencies, forensic authorities revised national guidelines on the management of human remains and missing persons, with ICRC technical advice. Stakeholders, including the National Society and the ICRC, explored possibilities for improving coordination.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees in facilities run by the BJMP, the Bureau of Corrections, the army, the police and provincial authorities were visited in accordance with standard ICRC procedures. Their treatment and living conditions were monitored, with particular attention paid to security detainees and vulnerable people. Following these visits, delegates shared their findings and recommendations confidentially with the authorities concerned. Ad hoc representations to the BJMP and the Supreme Court, on the effects of a sudden increase in overcrowding at one jail, resulted in the transfer of 66 detainees.

Over 440 detainees received family visits facilitated by the National Society/ICRC. Nine released detainees, two with their families (five people), returned home with ICRC financial assistance.

Supreme Court issues circulars to enhance coordination between courts and detention authorities

Multidisciplinary assessments were prioritized and, where necessary, activities were undertaken in the most overcrowded places of detention. For example, the ICRC provided the authorities with medicines, blankets, mats and two large tents to temporarily shelter detainees at a fire-ravaged regional prison.

Issues concerning detainees' judicial guarantees, health and living conditions were addressed jointly by the BJMP and the ICRC through the BJMP-led strategic working committee, which was set up to strengthen the BJMP's capacity and involved its most senior officials; the creation of the committee was one of the outcomes of the Call for Action process. Three technical working groups met to review projects and improve joint planning.

To boost their capabilities, BJMP and/or Bureau of Corrections managers and engineers, with ICRC support, attended local courses and regional conferences on prison management and overcrowding (see *Kuala Lumpur* and *Myanmar*). The Jail National Training Institute and the ICRC worked together to incorporate an international prison-management course in the institute's curriculum. The BJMP expanded its project-management capacities, particularly in developing tools for training paralegals and software for prison decongestion; it conducted a workshop for paralegals, with ICRC technical advice.

The Supreme Court issued circulars that advocated enhanced coordination between courts and the BJMP, and the transfer of critically ill detainees to external health facilities.

Additional taskforces begin work to expedite detainees' cases

The ICRC-backed Taskforce Katarungan at Kalayaan (Justice and Freedom) continued to ensure that Manila City Jail detainees benefited from the judicial guarantees to which they were entitled. It reviewed 904 cases of inmates who had been awaiting trial for excessive periods, and mobilized prosecutors and courts to take appropriate action, which led to certain cases being expedited and some detainees being released or sentenced. Four new taskforces in Manila and a prison decongestion committee in Cebu began doing similar work, aided by ICRC technical support for data management and coordination, and for the drafting of procedural guidelines.

The BJMP launched a national inmate monitoring system to address delays in releasing people due to lost or misplaced records.

Health authorities introduce countrywide annual TB screenings for detainees

Health-monitoring visits, material/technical assistance and mobilization of the authorities helped improve access to health care for detainees in selected facilities; with ICRC emergency support, six critically ill detainees were immediately referred to hospitals for treatment.

Some 12,000 detainees received timely health care following a BJMP/ICRC project aimed at strengthening the health-monitoring system in seven prisons; the project ended in December. Health cards were used regularly to help prison staff keep track of detainees' health-care needs, check-ups and referrals; owing to the positive results observed, the BJMP distributed these cards to 461 jails under its jurisdiction.

Inmates at New Bilibid Prison and Quezon City Jail benefited from ICRC-supported TB-control programmes. Routine TB screenings of all detainees enabled the timely detection of 851 cases; 509 detainees completed their treatment, while transferred/released patients continued their treatment with civilian health-care providers and ICRC support. The DOH issued a revised administrative order calling for annual mass TB screenings throughout the country; it also improved diagnostic systems in places of detention. Subsequently, the BJMP, with minimal ICRC support, tested over 3,200 inmates in Manila City Jail for TB.

BJMP and Bureau of Corrections managers and senior health staff attended training courses to strengthen the health-monitoring system and TB prevention/treatment, with ICRC support.

Energy-saving project in one jail frees up funds for meeting urgent needs

Living conditions improved for almost 10,000 inmates in 11 prisons after the renovation/construction of water-supply,

sanitation, cooking and other facilities. Construction of a new TB-isolation ward and improvements to the ventilation system reduced the risk of cross-infection for 780 inmates in one prison. Over 1,800 inmates benefited from the installation of a solar water-heating system at Davao City Jail, which lessened the health risks associated with the use of firewood for cooking, and also reduced fuel expenses, allowing funds to be reallocated for other purposes.

BJMP engineers/technicians monitored the infrastructure and services in all BJMP jails with a web-based tool; this enabled them to address critical needs and plan projects accordingly. Some 30 BJMP engineers trained in the use of software for designing infrastructure.

Over 16,000 inmates received hygiene and/or recreational items.

WOUNDED AND SICK

People wounded in hostilities receive life-saving care

More than 1,000 community members in conflict-affected areas of Mindanao, including IDPs and health-centre staff, took part in first-aid and/or trauma-care training sessions. The number of sessions, increased owing to the escalation of hostilities, was coordinated by local authorities and the National Society/ICRC.

Over 400 weapon-wounded people received good-quality care at ICRC-supported hospitals in Mindanao; 230 of them received direct financial assistance, follow-up visits and referrals to physical rehabilitation services. Five hospitals received medical supplies regularly; ad hoc provisions, such as tetanus vaccines, helped 15 hospitals and 38 other health facilities to cope with influxes of patients during emergencies. Two emergency-room nurses from one hospital received specialized training.

Two rehabilitated ICRC-supported hospitals, in eastern Samar and Samar, treated around 15,700 patients.

Over 400 disabled people benefited from good-quality services at the Davao Jubilee Foundation physical rehabilitation centre; among them were 61 amputees who received prostheses and physiotherapy. The centre received various forms of ICRC support, such as salaries for key staff. ICRC sponsorship of two prosthetic/orthotic technicians for training abroad, joint activities to strengthen referral networks, and technical advice helped the centre become more self-sufficient. Owing to delays in the construction process, work on the centre's new dormitory was postponed to 2016.

ACTORS OF INFLUENCE

Regular contact was maintained with the authorities, security forces and other weapon bearers and civil society and community members, to further understanding of and acceptance for both IHL and the ICRC, facilitating the organization's safe access to conflict-affected people.

Through dissemination sessions, over 2,600 weapon bearers, including armed forces personnel, familiarized themselves with IHL, human rights norms, humanitarian principles and the ICRC's activities. During meetings and other events, representatives of religious institutions and the ICRC discussed the similarities between Islamic law and IHL. Beneficiaries learnt about the humanitarian assistance provided by the ICRC and how they could avail themselves of it; they expressed their needs through feedback mechanisms, which enabled the ICRC to adjust its response as needed.

The police include IHL training in their curriculum

With ICRC support, the national police academy integrated IHL into its training curriculum; all 40 professors at the academy honed their IHL-instruction skills through lectures. Instructors of police forces involved in counter-insurgency measures participated in a course on IHL and human rights norms.

After attending train-the-trainer courses, 30 military personnel joined the army's mobile training teams in promoting IHL among civilian auxiliary forces in Mindanao, and 30 other officers became IHL instructors.

Military, naval and police officials participated in local and regional IHL/law enforcement-related events on subjects such as the applicability of IHL at sea and the incorporation of humanitarian considerations in decision-making processes (see *Bangkok*).

Dissemination sessions were conducted for 80 military officers bound for a peacekeeping mission.

Two universities in Zamboanga include IHL in their curricula

Movement partners worked together to raise public awareness of humanitarian issues and Movement activities, through a video on the proper use of the emblem, for instance. Through its expanded network of media contacts, stronger online presence, and distribution of communication materials such as operational updates, the ICRC encouraged media coverage of humanitarian issues, particularly with regard to conflict-affected communities and detainees. At various workshops, foreign and local journalists furthered their understanding of the Movement, the ICRC's mandate and the media's role in raising awareness of humanitarian concerns and IHL among a wider audience.

In Zamboanga, forty professors received training in IHL, preparatory to the subject's inclusion in their universities' curricula; two universities included IHL in their curricula. Over 200 judges and prosecutors attended courses/lectures on IHL and/or the ICRC.

Government officials and the National Society's IHL office, with ICRC support, finalized the implementing rules and regulations of the law on the emblem. Other IHL-related legislation remained under consideration.

RED CROSS AND RED CRESCENT MOVEMENT

The Philippine Red Cross worked alongside the ICRC in carrying out activities for conflict- and typhoon-affected communities (see *Civilians* and *Wounded and sick*). With support from Movement partners, it trained and equipped members of Red Cross Action Teams from 22 chapters in violence-prone areas, boosting their capacities in restoring family links, disseminating humanitarian principles (see *Actors of influence*), providing first aid and managing disasters, in line with the Safer Access Framework.

With ICRC financial/technical support, National Society representatives attended regional/international meetings (see, for example, *Kuala Lumpur*) on restoring family links, Movement coordination and the Health Care in Danger project.

Movement partners in the country met regularly to coordinate their activities, including post-typhoon operations and National Society capacity building, and to discuss security-related matters.

MAIN FIGURES AND INDICATORS: PROTECTION	Total			
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)		UAMs/SC*		
RCMs collected	2			
RCMs distributed	3			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	175	23	1	2
People located (tracing cases closed positively)	175			
Tracing cases still being handled at the end of the reporting period (people)	3			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits		Women	Minors	
Detainees visited	85,294	5,169	607	
		Women	Girls	Boys
Detainees visited and monitored individually	1,021	61		5
Detainees newly registered	212	28		3
Number of visits carried out	237			
Number of places of detention visited	139			
Restoring family links				
RCMs collected	2			
RCMs distributed	1			
Detainees visited by their relatives with ICRC/National Society support	442			

*Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	209,328	30%	40%
	<i>of whom IDPs</i>	109,538		
Essential household items	Beneficiaries	130,911	28%	33%
	<i>of whom IDPs</i>	112,931		
Productive inputs	Beneficiaries	67,010	30%	40%
Cash	Beneficiaries	55,266	30%	40%
	<i>of whom IDPs</i>	16,497		
Services and training	Beneficiaries	457	30%	40%
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	99,084	46%	36%
	<i>of whom IDPs</i>	58,474		
Health				
Health centres supported	Structures	14		
Average catchment population		80,070		
Consultations	Patients	30,207		
	<i>of which curative</i>		7,442	13,011
	<i>of which ante/post-natal</i>		4,550	
Immunizations	Doses	14,028		
Referrals to a second level of care	Patients	563		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	18,204		
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	9,745		
Health				
Number of visits carried out by health staff		129		
Number of places of detention visited by health staff		10		
Number of health facilities supported in places of detention visited by health staff		3		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	20		
	<i>of which provided data</i>	12		
Patients whose hospital treatment has been paid for by the ICRC	Patients	230		
Admissions	Patients	105,366	45,415	27,455
	<i>of which weapon-wounded</i>	414	62	37
	<i>(including by mines or explosive remnants of war)</i>	203		
	<i>of which other surgical cases</i>	17,323		
	<i>of which internal medicine and paediatric cases</i>	70,050		
	<i>of which gynaecological/obstetric cases</i>	17,579		
Operations performed		18,493		
Outpatient consultations	Patients	203,382		
	<i>of which surgical</i>	43,536		
	<i>of which internal medicine and paediatric</i>	135,100		
	<i>of which gynaecological/obstetric</i>	24,746		
First aid				
First-aid posts supported	Structures	38		
Water and habitat				
Water and habitat activities	Number of beds	25		
Physical rehabilitation				
Projects supported	Structures	1		
Patients receiving services	Patients	471	79	174
New patients fitted with prostheses	Patients	151	28	16
Prostheses delivered	Units	133	25	25
	<i>of which for victims of mines or explosive remnants of war</i>	6		
New patients fitted with orthoses	Patients	24	6	9
Orthoses delivered	Units	20	4	13
Patients receiving physiotherapy	Patients	297	56	104
Crutches delivered	Units	82		
Wheelchairs delivered	Units	36		

SRI LANKA



The ICRC has worked in Sri Lanka since 1989. Operations focus on: assisting civilians affected by the past armed conflict, in particular working with returnees, former detainees and other especially vulnerable residents to boost their economic security; visiting detainees and aiding the authorities in improving prison management; helping clarify the fate of missing persons and supporting their families; and providing backing for the Sri Lanka Red Cross Society's family-links services. It also supports the armed forces' training in IHL.

YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

HIGH

KEY RESULTS/CONSTRAINTS IN 2015

- Families of the missing in 2 districts better coped with their various needs thanks to ICRC-trained local partners, as part of a programme developed based on findings of an island-wide ICRC needs assessment.
- Detainees benefited from improved living conditions following ICRC upgrades to water and other prison facilities. The authorities created a task force to analyse and address the causes of prison overcrowding.
- Vulnerable households earned money with the help of ICRC micro-economic initiatives, despite delays in the project's implementation caused by the post-election transition.
- Government officials from countries in the region exchanged views on IHL and the Strengthening IHL process at a conference organized by the Sri Lankan government with the ICRC's assistance.

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	8
RCMs distributed	48
Phone calls facilitated between family members	1
People located (tracing cases closed positively)	116
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	17,264
Detainees visited and monitored individually	524
Number of visits carried out	97
Number of places of detention visited	38
Restoring family links	
RCMs collected	30
RCMs distributed	8
Phone calls made to families to inform them of the whereabouts of a detained relative	61

EXPENDITURE IN KCHF

Protection	3,593
Assistance	2,844
Prevention	604
Cooperation with National Societies	330
General	63
Total	7,433
<i>Of which: Overheads</i>	454

IMPLEMENTATION RATE

Expenditure/yearly budget	96%
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PERSONNEL

Mobile staff	21
Resident staff (daily workers not included)	86

ASSISTANCE		2015 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security (in some cases provided within a protection or cooperation programme)			
Cash	Beneficiaries	6,600	7,712
Water and habitat (in some cases provided within a protection or cooperation programme)			
Water and habitat activities	Beneficiaries	12,300	18,896

CONTEXT

In Sri Lanka, presidential and parliamentary elections, in January and August respectively, resulted in the election of a new president and the formation of a new government. The government introduced further measures to address political and other residual issues related to the armed conflict that ended in 2009. These included preparations to review the Sri Lankan constitution and the establishment of a presidential task force on reconciliation, which aimed at proposing measures to assist vulnerable people and communities in conflict-affected provinces. People in these areas continued to grapple with concerns related to restoring livelihoods and access to basic services; others remained without news of relatives who went missing during the fighting.

Following the adoption by the UN Human Rights Council of a resolution calling on the Sri Lankan government to set up an independent enquiry into alleged violations of IHL during the past conflict, the government shifted from its original position on the resolution and committed to create commissions to further address various issues, including those related to missing persons and internal security.

ICRC ACTION AND RESULTS

The ICRC continued to work with and support the authorities in addressing the residual effects of conflict in Sri Lanka, in spite of delays in the implementation of some of its projects caused by the post-election transition, during which the responsibilities of certain ministries changed.

With thousands of persons still missing in relation to the past conflict, the ICRC pursued its dialogue with government officials and other parties concerned on the need to respond to the wide-ranging needs of these persons' families. With technical advice from the ICRC, the government approved the issuance of "certificates of absence" to the families of missing persons, so that they could apply for government assistance. The ICRC completed an island-wide needs assessment, undertaken to better understand these families' needs; it subsequently launched in two districts the pilot phase of a programme designed to address their needs. The justice ministry, with ICRC support, held workshops on legal reforms and procedures/practices relating to death inquests. A consultative workshop for local stakeholders, organized by a local college with help from the ICRC, resulted in these stakeholders' agreement to start a master's programme in forensic anthropology and archaeology.

The ICRC's visits to places of temporary and permanent detention, in accordance with its standard procedures, covered all categories of detainee; some inmates were monitored individually. Following these visits, ICRC delegates shared their findings and recommendations confidentially with the authorities. Through their participation in regional seminars and local training sessions, detention officials learnt more about ways to ensure detainees' proper treatment and living conditions. The ICRC supported and worked with the authorities concerned to address the causes and effects of overcrowding in prisons. As a result, the authorities and other stakeholders established a task force for tackling the causes of the issue, and detainees in some prisons benefited from infrastructure rehabilitation. The ICRC discussed with the authorities its findings and recommendations based on its assessments of health services in seven prisons; it also provided medical supplies to help improve health care for detainees in some facilities.

Vulnerable households in the northern and eastern provinces started/resumed income-generating projects. Beneficiaries included women, relatives of missing persons and rehabilitees – people arrested in relation with the past conflict who had been released after being held in rehabilitation centres. The construction of water and sanitation facilities enabled residents, including schoolchildren, access to safe drinking water.

Through dialogue and events, the ICRC continued to encourage greater understanding of and support for humanitarian principles and IHL in the post-conflict setting among the authorities and members of civil society. Jointly with the government, it organized a regional conference on various topics related to IHL and on the Strengthening IHL process. Workshops and briefings added to the armed and police forces' knowledge of international human rights law, IHL and peace-support operations. Students/lecturers increased their understanding of IHL through workshops and competitions; journalists reported on humanitarian issues using ICRC-provided materials.

The Sri Lanka Red Cross Society and the ICRC continued to offer family-links services, enabling people to restore contact with relatives, including migrants and detainees. The National Society continued to bolster its operational and management capacities with the ICRC's help.

CIVILIANS

People stay in touch with relatives abroad

People, especially the families of migrants in the country or abroad, stayed in contact with relatives using family-links services offered by the National Society and/or the ICRC (see *People deprived of their freedom*). Around 17,000 people slated for foreign employment learnt about these services at dissemination sessions conducted by the National Society.

Nearly 150 people resettled in third countries using ICRC travel documents.

The National Society sought to implement family-links activities in line with the Movement's strategy; to this end, it was given support for strengthening its links with Movement partners, through sponsored attendance at a regional meeting, for instance.

The families of missing persons deal with their psychosocial, economic and legal needs

Regular dialogue continued between the authorities, other stakeholders and the ICRC on humanitarian concerns remaining from the past conflict. These included the need to clarify the fate and whereabouts of missing persons, among them some 16,000 people whose families had lodged tracing requests at National Society branches or with the ICRC, and to attend to the needs of their families. The government – with technical input from the ICRC – approved the issuance of "certificates of absence" that defined the legal status of missing persons and facilitated their families' application for legal, administrative and economic assistance. It also began setting up an office dedicated to addressing the needs of those families.

An island-wide needs assessment of 395 families of missing persons, conducted by the ICRC, helped the organization better understand these families' needs and identify service providers, with a view to conveying findings and recommendations confidentially to the authorities. As part of the pilot phase of a programme based on this assessment, 497 families of missing persons in two

districts dealt with their psychosocial, economic, legal and administrative needs with the help of ICRC-trained local partners.

Justice ministry holds workshops on legal reforms/procedures related to death inquests

Forensic professionals and other stakeholders benefited from ICRC workshops, consultations and technical advice, which helped them enhance their capacities in human-remains management and strengthen related laws and policies, for instance by developing national guidelines for managing human remains after disasters and by drafting standard operating procedures for managing mass graves. The justice ministry, with ICRC support, held consultative workshops with stakeholders on law reforms and procedures and practices relating to inquests. Another workshop, jointly organized by the College of Forensic Pathologists of Sri Lanka and the ICRC, resulted in an agreement to start a master's programme in forensic anthropology and archaeology, aimed at developing national capacities to search for, recover and analyse human remains.

Households headed by women and rehabilitees earn money through micro-economic initiatives

Vulnerable households and communities in the northern and eastern provinces benefited from ICRC assistance activities, which complemented existing government programmes; however, the post-election transition delayed implementation of some of these activities.

In total, 702 heads of households (supporting some 2,000 people) – including women, disabled persons, released rehabilitees and relatives of missing persons – began or resumed income-earning projects through the ICRC's micro-economic initiatives; an additional 104 heads of households (supporting some 1,000 people) received similar assistance, provided in partnership with the National Society. Project monitoring revealed that most of these beneficiaries increased their families' income by up to 45%. Over 1,350 households (some 4,660 people) benefited from a community-based livelihood support programme.

Almost 14,200 schoolchildren had better access to safe drinking water in their schools, and improved sanitation and other facilities as a result of infrastructure improvements. Over 4,700 people had a better supply of potable water after the repair/construction of wells and hand pumps. Local water authorities boosted their capacities to address emergency water needs in training sessions.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detained migrants maintain contact with their families

Close to 17,300 detainees of all categories in places of temporary and permanent detention received ICRC visits in accordance with the organization's standard procedures; 524 were monitored individually. After these visits, the authorities and the ICRC discussed the organization's findings and recommendations, if any, confidentially.

Inmates, among them detained migrants, restored/maintained contact with their relatives through family-links services provided by the National Society and the ICRC. Some 330 security detainees received visits from family members who had their transportation costs to and from prisons covered by the ICRC. Some detainees received ad hoc support to help them return home after their release.

Authorities establish a task force to address the causes of overcrowding in prisons

Prison authorities and staff participated in national and/or international workshops and seminars, helping strengthen their knowledge

in ensuring proper treatment and living conditions for detainees and in managing prison infrastructure (see *Kuala Lumpur* and *Myanmar*). The authorities received technical support from the ICRC for designing and constructing new prisons. A change in the ministry responsible for the prison department after elections led to some delays in the implementation of some activities, particularly those related to the issue of prison overcrowding.

As a result of a round-table convened by the justice ministry, with ICRC support and input, representatives of various government ministries and other parties concerned set up a task force that analysed the legal and judicial causes of overcrowding in prisons and monitored the implementation of projects to address them.

Prison medical staff develop their capacities to provide mental-health care and curb disease outbreaks

At a health ministry/ICRC seminar, 24 prison medical officers learnt more about providing mental-health care and controlling outbreaks of communicable diseases; during a panel discussion, prison doctors and forensic professionals discussed ways to ensure systematic forensic investigation into suspected cases of ill-treatment.

The authorities of concerned ministries, including the ministries of health and justice, and the department of prisons discussed with the ICRC the organization's findings and recommendations based on its assessment of prison health services in 7 places of detention.

In various prisons, over 150 detainees on hunger strike had their medical conditions monitored by the ICRC. The distribution of medical equipment and consumables to some prisons helped augment the health services provided to detainees.

Inmates in overcrowded prisons ease their living conditions with hygiene and recreational items

Fifty prison staff developed their knowledge in repairing and maintaining prison facilities at an ICRC workshop, conducted with technical input from a local university and civil engineering companies. Prison authorities in 13 prisons identified the water and sanitation needs in their facilities, through assessments undertaken with the assistance of the ICRC.

Around 3,550 inmates in five overcrowded prisons benefited from improved water/sanitation facilities and living areas after upgrades/construction of these infrastructures. Over 13,100 detainees in those and other prisons eased their living conditions with ICRC-distributed hygiene and recreational items.

ACTORS OF INFLUENCE

Sri Lankan authorities discuss IHL-related issues with regional counterparts

Various ICRC initiatives helped further – among the authorities, key members of civil society, the media and the general public – understanding of and support for humanitarian principles, IHL, the Movement and the ICRC's activities in post-conflict Sri Lanka.

Some 40 government officials, including security forces personnel, from Sri Lanka and other countries in the region discussed the Strengthening IHL process, cyber warfare, weapon contamination and other topics related to IHL in the South Asia Conference on IHL, organized by the Sri Lankan government and the ICRC. Over 40 foreign service personnel in Sri Lanka, including those from other countries, added to their knowledge of IHL, humanitarian

diplomacy and the ICRC, at briefings organized by the home affairs ministry/ICRC. Other Sri Lankan officials, among them the chairperson of the national IHL committee, attended various seminars and workshops abroad, which deepened their knowledge of IHL and IHL-related treaties (see *Pakistan* and *Suva*). A national round-table on the Health Care in Danger project did not take place as planned, owing to other priorities.

The national IHL committee continued to discuss the ratification of IHL-related treaties, and the development of enabling legislation for treaties which had already been ratified, with the encouragement of the ICRC.

Military commanders learn more about their role in law enforcement operations

Police officers strengthened their understanding of internationally recognized policing standards in training sessions. More than 190 senior police officers deepened their working knowledge of standards pertinent to arrest, the proper use of force, public-order management, and searches in detention.

At briefings and in seminars/workshops, over 100 senior military commanders learnt more about considerations in supporting law enforcement operations in line with international human rights law, and more than 1,300 armed forces personnel and officers, including foreign officers, added to their understanding of humanitarian principles and IHL. During training sessions, over 70 military IHL instructors updated their skills in teaching IHL. An official attended an international course on the rules governing military operations (see *International law and policy*), as part of the effort to incorporate IHL in military doctrine.

Army officers learnt more about the relationship between IHL and peace-support operations during workshops on the topic. Over 1,300 personnel bound for peacekeeping missions abroad participated in predeployment briefings on IHL and the Movement.

Students demonstrate their grasp of IHL at international competitions

Lecturers enhanced their knowledge of IHL during international seminars and training sessions, which helped encourage the inclusion of IHL in school curricula. Students demonstrated their IHL knowledge at international moot court competitions, with the support of the ICRC.

Some journalists who received ICRC updates on issues of humanitarian concern – such as missing persons and overcrowding in prisons – wrote about these matters, helping raise awareness among civil society and the general public. Three journalists from the Japanese media learnt more about how the ICRC operates in a post-conflict setting during an ICRC-sponsored visit to Sri Lanka.

RED CROSS AND RED CRESCENT MOVEMENT

The Sri Lanka Red Cross Society bolstered its operational and management capacities with ICRC financial/technical/material support; notably, it assisted people separated from their families, including migrants and detainees (see *Civilians* and *People deprived of their freedom*). Planned assessment and awareness-raising activities on the Safer Access Framework were delayed owing to administrative issues.

To enhance its first-aid services, the National Society conducted skills examinations for nearly 400 of its volunteers from 15 districts. It also offered first-aid services during district/national-level events. Two branches in disaster-prone areas in the north received stocks of household items.

Information and training sessions on the Fundamental Principles and the Movement were held in 23 districts for authorities, students and other community members, and National Society volunteers. The National Society marked World Red Cross and Red Crescent Day (May 8) by promoting the Fundamental Principles through advertisements in newspapers, and by other means.

The revised statutes of the National Society and a draft Red Cross Act, originally prepared in 2013 with technical support from the ICRC, awaited the approval of the authorities concerned.

Movement components met regularly to exchange information.

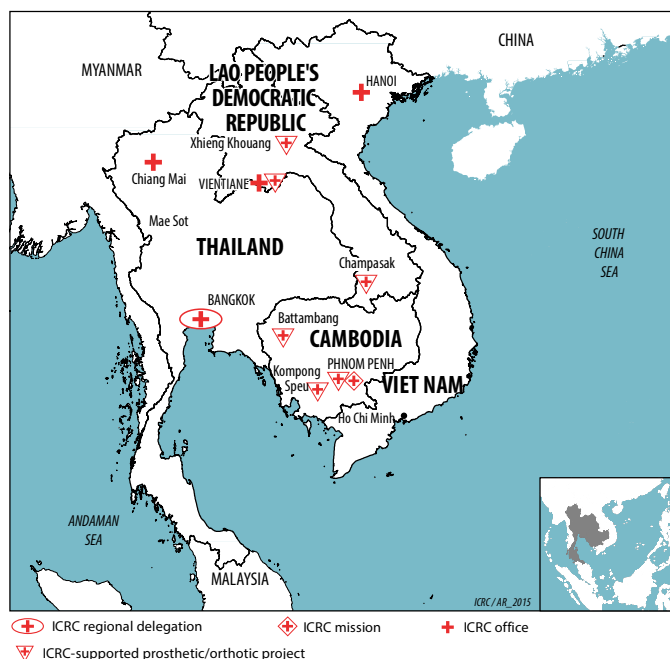
MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)		UAMs/SC*		
RCMs collected	8			
RCMs distributed	48			
Phone calls facilitated between family members	1			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	192	22	8	27
People located (tracing cases closed positively)	116			
Tracing cases still being handled at the end of the reporting period (people)	16,103	809	359	1,199
UAMs/SC*, including demobilized child soldiers		Girls		Demobilized children
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	17	7		
Documents				
People to whom travel documents were issued	149			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits		Women	Minors	
Detainees visited	17,264	913	83	
		Women	Girls	Boys
Detainees visited and monitored individually	524	27		4
Detainees newly registered	116	12		4
Number of visits carried out	97			
Number of places of detention visited	38			
Restoring family links				
RCMs collected	30			
RCMs distributed	8			
Phone calls made to families to inform them of the whereabouts of a detained relative	61			
Detainees visited by their relatives with ICRC/National Society support	327			
Detainees released and transferred/repatriated by/via the ICRC	4			
People to whom a detention attestation was issued	202			

*Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Cash	Beneficiaries	7,712	41%	26%
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	18,896	25%	75%
Health				
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	12,889		
Cash	Beneficiaries	55		
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	3,585		
Health				
Number of visits carried out by health staff		16		
Number of places of detention visited by health staff		11		
Number of health facilities supported in places of detention visited by health staff		4		

BANGKOK (regional)

COVERING: Cambodia, Lao People's Democratic Republic, Thailand, Viet Nam



Having established a presence in Thailand in 1975 to support its operations in Cambodia, the Lao People's Democratic Republic and Viet Nam, the ICRC promotes ratification and implementation of IHL treaties and IHL integration into military training regionwide. It raises awareness of humanitarian issues and supports National Societies in developing their capacities in IHL promotion, family-links services and emergency response. It seeks to protect/assist violence-affected populations in Thailand and visits detainees there and in Cambodia, where it supports the authorities in improving prison management. It helps meet the need for assistive/mobility devices in Cambodia and the Lao People's Democratic Republic.

YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS IN 2015

- ▶ Detainees in Cambodia and Thailand benefited from the authorities' improvements to prison management, following ICRC recommendations/support: more regular access to health care and open air, for example.
- ▶ The authorities, supported by the ICRC, expedited the resolution of some cases pending for several years in Cambodia; 174 detainees thus had their sentences finalized.
- ▶ Vulnerable households in southern Thailand and some disabled people in Cambodia made themselves more self-sufficient by starting small businesses with ICRC livelihood assistance.
- ▶ In Cambodia and the Lao People's Democratic Republic, disabled people received physical rehabilitation services at ICRC-supported centres; support for centres in the latter country began in 2015.
- ▶ Naval officers from 14 countries in the Asia-Pacific region added to their knowledge of the application of IHL in naval warfare at a workshop organized jointly by the Royal Thai Navy and the ICRC.
- ▶ Pending the development of dialogue with the Lao penitentiary authorities, ICRC assistance to one place of detention was put on hold. Dialogue on prison management with Vietnamese authorities was also limited.

EXPENDITURE IN KCHF

Protection	3,628
Assistance	4,789
Prevention	3,242
Cooperation with National Societies	1,016
General	243
Total	12,918
<i>Of which: Overheads</i>	788

IMPLEMENTATION RATE

Expenditure/yearly budget	93%
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PERSONNEL

Mobile staff	46
Resident staff (daily workers not included)	127

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	1,560
RCMs distributed	2,290
Phone calls facilitated between family members	608
People located (tracing cases closed positively)	3
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	68,619
Detainees visited and monitored individually	504
Number of visits carried out	107
Number of places of detention visited	53
Restoring family links	
RCMs collected	1,913
RCMs distributed	1,067
Phone calls made to families to inform them of the whereabouts of a detained relative	671

ASSISTANCE	2015 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Essential household items	Beneficiaries	102
Productive inputs	Beneficiaries	750 481
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	1,000 3,872
WOUNDED AND SICK		
Physical rehabilitation		
Projects supported	Structures	6 6
Patients receiving services	Patients	12,000 11,490

CONTEXT

The Thai government lifted martial law in April 2015, but socio-political tensions persisted. The process of enacting a new constitution stalled, and national elections were re-scheduled for 2017. Peace talks continued between the government and the MARA Patani, an umbrella organization representing some of the groups involved in the fighting in southern Thailand; civilian casualties continued to be reported following violent incidents in that region.

People who fled intermittent clashes in Myanmar (see *Myanmar*) remained in Thailand.

The presence of mines and explosive remnants of war (ERW) – particularly in Cambodia, the Lao People's Democratic Republic (hereafter Lao PDR) and Viet Nam – and irregular migration were among the region's main concerns in 2015. Viet Nam was one of several countries involved in territorial disputes over parts of the South China Sea.

ICRC ACTION AND RESULTS

The ICRC's regional delegation in Bangkok continued to focus on activities for detainees and on supporting authorities in the region in improving prison management. It continued to assist people affected by past and ongoing conflicts/violence, and sought to broaden understanding of humanitarian principles/IHL among the authorities, civil society and weapon bearers, including, in Thailand, members of armed groups from Myanmar.

In Cambodia and Thailand, the ICRC visited detainees – including those held in connection with the violence in southern Thailand, the political situation in both countries and irregular migration – in accordance with its standard procedures. The ICRC sought to conduct such visits to all detainees within its purview in Thailand; to this end, it engaged the Thai authorities in dialogue on its working methods. Dialogue with Lao and Vietnamese authorities on prison management was limited; by mid-year, the ICRC had put on hold its assistance to one place of detention in the Lao PDR, pending developments in this dialogue.

The ICRC's findings and recommendations, shared confidentially with the authorities after its visits, helped prison authorities make improvements, such as increasing access to the open air for inmates and, in some Thai prisons, curtailing the use of restraining devices. In Cambodia, the ICRC supported judicial officials and penitentiary personnel in following up pending cases at provincial courts and expediting their resolution. In selected Cambodian and Thai prisons, the ICRC helped alleviate the effects of overcrowding by upgrading facilities with the authorities and supporting their efforts to improve detainees' access to health-care services. Cambodian health and penitentiary authorities launched a project with the ICRC, aimed at creating a national model for health-care delivery and hygiene promotion in prisons.

Detainees in Thailand restored/maintained contact with their relatives through the Movement's family-links network; detained migrants informed their families of their whereabouts and inmates held far from their homes received ICRC-facilitated family visits. In Cambodia and Thailand, members of dispersed families used their National Societies' RCM and tracing services to reconnect.

The ICRC kept regular contact with the people most affected by the violence in southern Thailand, partly through livelihood assistance activities, to document their needs. In the Lao PDR, the

ICRC, together with the authorities/Lao Red Cross, upgraded water systems in areas contaminated with mines/ERW; this helped to ensure that communities there had safe access to water for their daily needs. Livelihood projects initiated in 2014 in southern Lao PDR were phased out after a comprehensive assessment of their impact; resources were reallocated to support physical rehabilitation services.

The ICRC began to support three physical rehabilitation centres in the Lao PDR, and continued to support two in Cambodia, making good-quality rehabilitative care available to more disabled people in the region. A study on ways to help the national orthopaedic component factory in Phnom Penh, Cambodia, operate independently was discussed with the authorities. ICRC-supported sporting and initial income-generating activities helped advance the socio-economic reintegration of disabled people in Cambodia. The medical expenses of weapon-wounded patients from Myanmar seeking treatment in Thailand continued to be covered.

Regular dialogue with the authorities and other parties concerned kept them abreast of the humanitarian needs in southern Thailand and along the Thai-Myanmar border. At workshops/seminars, members of the Cambodian and Thai armed/security forces learnt more about internationally recognized standards for law enforcement. The new ICRC office in Hanoi facilitated dialogue with Vietnamese authorities on incorporating IHL in soldiers' training. At a workshop co-organized with the Royal Thai Navy, officers from the navies of 14 Asia-Pacific countries learnt more about IHL at sea. Academic institutions supported activities to stimulate interest in IHL, for instance, via students' participation in regional/international competitions. The Thai Red Cross Society created animated infographics to educate the public in the proper use of the red cross emblem.

The region's National Societies drew on ICRC support to strengthen their ability to assist communities affected by mines/ERW, restore family links and promote awareness of humanitarian principles/IHL and the Movement.

CIVILIANS

Violence-affected people in southern Thailand have their concerns relayed to the authorities

People who had fled the armed conflict in Myanmar and were seeking refuge in Thailand (see *Context*) continued to have their situation monitored; the ICRC stood ready to provide assistance, when needed. Dialogue with weapon bearers in the area was maintained, with a view to promoting respect for IHL.

Security forces in southern Thailand had confidential discussions with the ICRC about the conduct of law enforcement operations in line with internationally recognized standards (see *Actors of influence*). The ICRC was also in regular contact with the people most affected by the violence there; it tracked their needs and kept the authorities and other parties concerned abreast of the humanitarian situation. Some 80 vulnerable people started small businesses with ICRC-provided tools/equipment and training; this enabled them to better provide for their families (numbering around 480 people). Ad hoc assistance helped other victims of violence meet their immediate needs; for example, the families of eight casualties defrayed the cost of burial with financial assistance from the ICRC.

With water points built closer to their homes, Lao families reduce their risk of exposure to mines/ERW

In two provinces of southern Lao PDR, approximately 1,800 people had easier access to water for their daily needs from hand pumps

and water networks repaired or installed close to their homes by the National Society/ICRC. This allowed them to avoid walking long distances, making them less at risk from mines/ERW. In Sekong province, as many as 1,780 people could grow crops over a wider area after the Lao agriculture department, National Society and ICRC upgraded the irrigation system. After an evaluation of their impact, livelihood projects initiated in 2014 for households affected by mines/ERW in southern Lao PDR were phased out, and resources reallocated to support physical rehabilitation services (see *Wounded and sick*).

The areas mentioned above were cleared of mines/ERW by the national mine-clearance operator, UXO Lao, partly with funds from the ICRC. Some training activities planned for UXO Lao did not take place, however, owing to administrative constraints.

Around 1,500 people in Cambodia and several in Thailand, including the families of detainees held abroad and Cambodian migrants returning from Thailand, used their National Societies' RCM and/or tracing services to restore contact with their relatives.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees in Cambodia and Thailand were visited regularly, in accordance with the ICRC's standard procedures. They included people arrested in relation to the violence in southern Thailand and to the political situation in both countries; vulnerable inmates – such as women, minors and, in Thailand, irregular migrants – received particular attention. The ICRC sought to visit all detainees within its purview in Thailand; to this end, it engaged the authorities in dialogue on its working methods.

The ICRC provided detaining authorities, including senior security forces personnel, with feedback on the basis of its visits and the results of its assessment of inmates' treatment and living conditions; among the subjects covered was the situation of people during their arrest and in the initial stages of detention. Previous ICRC recommendations have since been implemented. In Thailand, for example, the use of restraining devices in some prisons was reduced. Prisoners in Cambodia were allowed to spend more time outside their cells.

Discussions on the impact of anti-drug policies on prison management in Thailand, however, were postponed to 2016. The ICRC's dialogue with the Lao and Vietnamese detaining authorities

on prison management remained limited. By mid-year, the ICRC put on hold its assistance to one place of detention in the Lao PDR, pending developments in this dialogue.

Nonetheless, Lao and Thai authorities added to their knowledge of prison infrastructure and management standards by participating, with ICRC support, in regional conferences on these topics (see *Kuala Lumpur and Myanmar*).

Some detainees in Cambodia have their sentences finalized, thanks to follow-up by the authorities

Representatives of the General Department of Prisons (GDP) and Appeals Court in Cambodia, accompanied by the ICRC, followed up some cases that had been pending for several years at two provincial courts. As a result, 174 detainees had their sentences finalized.

At an ICRC-facilitated round-table, officials from the interior ministry and other ministries discussed vocational training and post-release opportunities for inmates, to reduce the likelihood of recidivism.

In Thailand, detainees, including foreigners, restored/maintained contact with their families through the Movement's family-links network. Detained migrants made phone calls or sent short oral messages to relatives – for some of them, the first opportunity since their detention to inform their families of their whereabouts. Some inmates held far from their homes received ICRC-facilitated family visits.

Detainees benefit from improvements in the provision of health care

Particularly at certain prisons, authorities in Cambodia and Thailand drew on technical/material support from the ICRC to improve facilities and the provision of health care. Some 16,000 detainees in five Thai prisons had more reliable access to health services, owing to weekly visits from hospital doctors/specialists facilitated by the Department of Corrections and the public health ministry, with ICRC encouragement.

In Cambodia, the health ministry, the GDP and the ICRC continued to work towards standardizing the provision of health-care services to detainees. With a view to creating a national model for primary health-care services and hygiene practices in prison, they launched a pilot project to improve access to health care at a facility housing over 700 female and juvenile inmates.

PEOPLE DEPRIVED OF THEIR FREEDOM		Cambodia	Thailand
ICRC visits			
Detainees visited		10,946	57,673
	<i>of whom women</i>	387	3,934
	<i>of whom minors</i>	157	206
Detainees visited and monitored individually		28	476
	<i>of whom women</i>		3
	<i>of whom boys</i>		3
Detainees newly registered			236
	<i>of whom women</i>		3
	<i>of whom boys</i>		3
Number of visits carried out		27	80
Number of places of detention visited		15	38
Restoring family links			
RCMs collected		1,556	357
RCMs distributed		819	248
Phone calls made to families to inform them of the whereabouts of a detained relative		44	627
Detainees visited by their relatives with ICRC/National Society support			173

Such efforts to ensure the health of detainees were supplemented by distributions of hygiene items, clothes and/or recreational items to some 8,500 detainees and prison guards in Cambodia and around 10,400 detainees in Thailand.

Cambodian and Thai authorities upgrade prison infrastructure

GDP engineers inspecting prison facilities in Cambodia, and technical working groups in Thailand, made use of ICRC expertise to help Cambodian and Thai penitentiary authorities manage infrastructural issues. Some improvements were jointly carried out with the ICRC. These included: in Cambodia, the construction/renovation of living and common areas, water/sanitation facilities and, in one prison, a more secure outdoor area, benefiting around 5,000 detainees in ten prisons; and in Thailand, the upgrading of water storage/filtering systems, which increased the supply of clean drinking water for over 26,000 inmates in 11 prisons. In three of these Thai prisons, detainees also had more sanitary surroundings following improvements in waste management and the installation of mosquito nets. Migrants in one detention facility had more opportunities for physical exercise after the construction of an outdoor recreational area.

WOUNDED AND SICK

Disabled people in Cambodia and the Lao PDR receive quality care from ICRC-supported services

Fifteen weapon-wounded people from Myanmar received treatment in Thai hospitals; their medical costs were covered by the ICRC. There were fewer instances of such people crossing the border into Thailand after the ceasefire between the Myanmar government and armed groups. Several medical professionals honed their skills in emergency surgery at advanced training sessions organized jointly by international NGOs and the ICRC.

Around 11,200 disabled people in Cambodia restored/improved their mobility through quality care at ICRC-supported physical rehabilitation centres in Battambang and Kompong Speu. Some 80 people in Siem Reap province, who were unable to travel to these centres, obtained physical rehabilitation services, including repairs to their mobility devices, through an outreach project implemented by WHO, an NGO and the ICRC. The national orthopaedic component factory in Phnom Penh continued to supply both centres with prostheses/orthoses and walking aids. The preliminary findings of a study on how the factory could be enabled to operate independently were being reviewed with the authorities.

In the Lao PDR, some 270 disabled persons, including victims of mines/ERW, received prostheses/orthoses and/or physiotherapy at three centres that began to receive ICRC support in 2015. Cooperation between the health ministry, a local organization and the ICRC helped ensure the quality and sustainability of these services.

Women's wheelchair basketball teams help raise awareness of the situation of disabled people

In Cambodia, several women improved their physical and psychological well-being, with the help of their involvement in ICRC-supported wheelchair basketball teams; their participation in local/international competitions helped to broaden acceptance for disabled people in their communities. Nine disabled people began to increase their self-sufficiency by engaging in income-generating activities, with ICRC livelihood assistance. One ran a solar-powered mobile coffee stall in cooperation with a local NGO.

ACTORS OF INFLUENCE

Weapon bearers in the region learn more about applying humanitarian principles in their operations

Through various ICRC workshops in Cambodia and Thailand, officers of the armed/security forces enhanced their understanding of international standards for law enforcement and the application of humanitarian principles in their operations. These officers included police personnel from the Bodyguard Headquarters (BHQ) unit for the Cambodian prime minister's protection – the workshop for the BHQ used virtual scenarios as training aids – and members of the police/military involved in law enforcement operations in southern Thailand.

Thai military units stationed along the border with Myanmar, armed groups from Myanmar and Vietnamese army/naval officers familiarized themselves with the basic provisions of IHL at ICRC-conducted training sessions. During briefings, Cambodian troops bound for Lebanon and Mali, and Thai military officers scheduled for deployment as observers to UN peacekeeping missions, learnt more about IHL and the legal framework governing the use of force. A senior official from Cambodia's national body for peacekeeping and mines/ERW clearance supplemented his knowledge of IHL at a regional seminar (see *New Delhi*).

Representatives of two armed groups from Myanmar continued to consult with the ICRC to ensure that the revision of their codes of conduct conformed to principles of IHL (see *Civilians*).

Dialogue was pursued with the Vietnamese authorities on the incorporation of IHL in soldiers' training, through the newly opened ICRC office in Hanoi.

Foreign affairs ministry officials study the ratification of weapon-related treaties

At a course abroad (see *International law and policy*), high-ranking officers from Cambodia, Thailand and Viet Nam shared best practices in incorporating IHL in military operations. At a workshop organized jointly by the Royal Thai Navy and the ICRC, naval officers from 14 countries in the Asia-Pacific region examined the humanitarian rules applicable to warfare at sea; they also discussed the lessons learnt in handling maritime security issues in the region.

In the Lao PDR, Thailand and Viet Nam, foreign affairs ministry officials made use of ICRC expertise in studying the ratification of weapon-related treaties and, where applicable, ratification of/accession to Additional Protocols I, II and III. At an ICRC-organized conference in Malaysia (see *Kuala Lumpur*), government officials and members of National Societies from the three countries furthered their understanding of the Arms Trade Treaty and the Strengthening IHL process. In preparation for the 32nd International Conference, representatives from the Vietnamese foreign affairs ministry attended workshops – in Geneva, Switzerland – on internationally recognized detention standards and compliance with IHL; briefing sessions on the International Conference were also held for Lao and Thai government officials.

Academic institutions support activities to stimulate interest in IHL among their students

University students throughout the region demonstrated their grasp of IHL at national and international competitions (see *Beijing*); one Cambodian university sent a team to the 2015 Jean Pictet

Competition on IHL in the United States of America. Students furthered their understanding of IHL at ICRC seminars/lectures.

The heads of several academic institutions in Viet Nam and the ICRC discussed the implementation of future IHL-related activities, including the translation of an IHL book. In Cambodia, one university set up an IHL course with ICRC support.

The general public learnt more about the Movement's neutral, impartial and independent humanitarian action in the region through regular updates on the delegation's website and Thai language blog, National Society communication campaigns and media coverage of National Society/ICRC events. The Thai National Society created 3-D animated infographics to educate the public in the proper use of the red cross emblem.

RED CROSS AND RED CRESCENT MOVEMENT

National Societies in the region continued to work with the ICRC and to draw on its support for reinforcing their capacities – particularly in restoring family links, assisting communities affected by the presence of mines/ERW and promoting humanitarian principles – for instance, by participating in events abroad, including training. Of note, the Thai National Society trained new trainers on IHL basics and the Movement. The Red Cross of Viet Nam continued to explore possible areas of cooperation with the ICRC, particularly in increasing mine/ERW-risk awareness. Workshops on the Safer Access Framework helped the Cambodian Red Cross Society and Vietnamese National Society strengthen their ability to operate safely during emergencies.

MAIN FIGURES AND INDICATORS: PROTECTION	Total			
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)		UAMs/SC*		
RCMs collected	1,560			
RCMs distributed	2,290	1		
Phone calls facilitated between family members	608			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	27	9	6	
People located (tracing cases closed positively)	3			
Tracing cases still being handled at the end of the reporting period (people)	25	7	8	
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits		Women	Minors	
Detainees visited	68,619	4,321	363	
		Women	Girls	Boys
Detainees visited and monitored individually	504	3		3
Detainees newly registered	236	3		3
Number of visits carried out	107			
Number of places of detention visited	53			
Restoring family links				
RCMs collected	1,913			
RCMs distributed	1,067			
Phone calls made to families to inform them of the whereabouts of a detained relative	671			
Detainees visited by their relatives with ICRC/National Society support	173			

*Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Essential household items	Beneficiaries	102	12%	
Productive inputs	Beneficiaries	481	37%	29%
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	3,872	30%	35%
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Food commodities	Beneficiaries	296		
Essential household items	Beneficiaries	22,060		
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	31,202		
Health				
Number of visits carried out by health staff		22		
Number of places of detention visited by health staff		12		
Number of health facilities supported in places of detention visited by health staff		1		
WOUNDED AND SICK				
Hospitals				
Patients whose hospital treatment has been paid for by the ICRC	Patients	15		
Physical rehabilitation				
Projects supported	Structures	6		
Patients receiving services	Patients	11,490	1,609	1,065
New patients fitted with prostheses	Patients	296	39	14
Prostheses delivered	Units	1,759	191	48
<i>of which for victims of mines or explosive remnants of war</i>	Units	1,224		
New patients fitted with orthoses	Patients	418	89	181
Orthoses delivered	Units	1,228	209	596
<i>of which for victims of mines or explosive remnants of war</i>	Units	1		
Patients receiving physiotherapy	Patients	3,092	461	655
Crutches delivered	Units	1,678		
Wheelchairs delivered	Units	500		

BEIJING (regional)

COVERING: China, Democratic People's Republic of Korea, Mongolia, Republic of Korea



ICRC / AR, 2015
 + ICRC regional delegation ◆ ICRC mission ▲ ICRC-supported prosthetic/orthotic project
 + ICRC presence

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 2015

- ▶ The ICRC intensified its contact with the region's authorities and military/police forces, for instance, through its president's visit to China and its increased presence in the Republic of Korea.
- ▶ During meetings and workshops, government officials and armed/security officers deliberated on IHL and its application at sea, among other topics, with the ICRC and with their counterparts from throughout Asia.
- ▶ China's justice and public security ministries and the ICRC discussed health issues in prisons. Government officials observed best practices for health care in detention during ICRC-hosted study tours abroad.
- ▶ Civil society paid close attention to IHL and humanitarian issues in the region; the ICRC and China's main news agency formalized their partnership, so as to boost media coverage of humanitarian affairs.
- ▶ Patients in 4 hospitals and 1 physical rehabilitation centre in the Democratic People's Republic of Korea benefited from services/facilities improved jointly by hospital authorities and Movement partners.

EXPENDITURE IN KCHF

Protection	747
Assistance	5,066
Prevention	4,818
Cooperation with National Societies	1,266
General	87
Total	11,984
<i>Of which: Overheads</i>	731

IMPLEMENTATION RATE

Expenditure/yearly budget	99%
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PERSONNEL

Mobile staff	22
Resident staff (daily workers not included)	49

Present in the region since 1987, the ICRC moved its regional delegation for East Asia to Beijing in 2005. The delegation fosters support for humanitarian principles, IHL and ICRC activities in the region and worldwide, among governments, experts and National Societies. It promotes the incorporation of IHL into national legislation, military training and academic curricula. It supports the region's National Societies in developing their IHL promotion and tracing activities. In the Democratic People's Republic of Korea, in partnership with the National Society, it supports hospital care and contributes to meeting the need for assistive/mobility devices.

YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action	HIGH
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ASSISTANCE		2015 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security (in some cases provided within a protection or cooperation programme)			
Productive inputs	Beneficiaries	600	
Water and habitat (in some cases provided within a protection or cooperation programme)			
Water and habitat activities	Beneficiaries	7,000	8,000
WOUNDED AND SICK			
Hospitals			
Hospitals supported	Structures	5	5
Water and habitat			
Water and habitat activities	Number of beds	2,959	500
Physical rehabilitation			
Projects supported	Structures	3	3
Patients receiving services	Patients	1,100	945

CONTEXT

The Chinese government continued to seek opportunities to expand its prominence in the international community. In April, it led the establishment of the Asian Infrastructure Investment Bank; however, its economy experienced several shocks, especially in the latter half of the year.

The situation in the region remained volatile, with political and security-related issues keeping relations among the countries erratic. For instance, there were several exchanges of fire between the Democratic People's Republic of Korea (hereafter DPRK) and the Republic of Korea (hereafter ROK); in October 2015, however, the two countries organized a temporary reunification meeting, enabling around 200 families to reconnect. The six-party talks on the DPRK's nuclear programme had yet to resume.

Mongolia declared its intention of pursuing a neutral status in its relations within the region and beyond.

ICRC ACTION AND RESULTS

In 2015, the Beijing regional delegation focused on promoting humanitarian principles and IHL and on securing support for ICRC operations in the region and beyond. In the four countries covered, the ICRC sought to consolidate its interaction with decision-makers, through bilateral meetings, briefings, national/regional workshops, and other events; for instance, the visit of the ICRC president to China allowed for several high-level exchanges on expanding the scope of the ICRC's cooperation with various actors in China.

Building on partnerships forged in previous years, the ICRC maintained and, in some cases, expanded several assistance projects in China and the DPRK, particularly in cooperation with the Red Cross Society of China and the Red Cross Society of the Democratic People's Republic of Korea.

In the DPRK, the ICRC partnered with the ministry of public health and the National Society to help improve the quality of surgical/medical services at four referral hospitals and one physical rehabilitation centre through on-site learning initiatives for staff and infrastructural upgrades to the facilities. During the year, the ICRC renewed its partnership agreements with the authorities, maintaining its support for three of the hospitals and for the physical rehabilitation centre; it pursued efforts to establish a similar form of cooperation with and support for another physical rehabilitation centre. The ICRC also worked with local authorities and the National Society to help improve the availability of drinking water for thousands of people in one urban community.

The ICRC provided the Chinese Red Cross with technical assistance to help it run a physical rehabilitation centre and component-manufacturing workshop in Yunnan province; vulnerable people within reach of the centre, many of them with disabilities, also availed themselves of livelihood assistance provided by the National Society.

The ICRC continued to discuss detention-related issues, particularly detainees' access to health care, with China's justice and public security ministries. The dialogue focused on encouraging further cooperation in this field between the two ministries and other local actors, as well as with the ICRC. During study tours abroad, officials from these ministries gained greater insight into other countries' best practices for improving their prison health-care systems.

The ICRC's increased presence in the ROK enabled it to expand its interaction with the country's government officials, officers of the armed/police forces, members of the Republic of Korea National Red Cross and other influential figures. In particular, its talks centred on the residual humanitarian consequences of past conflict, the importance of deliberately crafting national contingency plans to be in respect of IHL and other humanitarian considerations, and the role the ICRC could play in addressing existing and future humanitarian concerns.

Throughout the region, the ICRC worked with the leadership of military and police forces to help officers build their awareness of IHL and other international norms. For instance, senior officers from the four countries covered attended an international workshop on the application of IHL at sea. The authorities in Mongolia and the ROK indicated their interest in the prospect of ICRC training initiatives on internationally recognized standards for law enforcement operations, following initial ICRC sessions on that subject in both countries.

In China, Mongolia and the ROK, the ICRC built partnerships with think-tanks, education authorities/institutions and the National Societies to persuade academics, civil-society leaders and the wider public to pay heed to humanitarian principles. It helped universities and other local institutions design IHL-themed courses and other events, to inspire interest and expertise in the law among future decision-makers. The ICRC launched a joint research project, on humanitarian action, with a Chinese think-tank.

Whenever necessary and possible, the ICRC coordinated its work with other Movement components present in the region; such contact helped promote the sharing of best practices and reiterated the importance of a coherent approach, in line with the Movement's Fundamental Principles, to humanitarian work.

CIVILIANS

Some disabled people in China benefit from a long-term increase in their incomes

Within the framework of a joint project of the Chinese Red Cross and the ICRC, disabled people and other vulnerable persons within reach of the National Society-run physical rehabilitation centre in Kunming, Yunnan province, (see *Wounded and sick*) began to restore/secure their livelihoods. A total of 152 households – identified in 2014 by National Society/ICRC teams – used cash grants to start income-earning activities based on business plans they designed themselves. Most households that participated in the initiative confirmed that they were still reaping the benefits of the assistance.

With a view to reaching more people, the Chinese Red Cross and the ICRC drafted an agreement to extend the project to other districts in Yunnan in 2016.

Thousands of people gain greater access to clean drinking water

Some 8,000 people in a peri-urban area of Kaesong City in the DPRK had better access to clean water after the ICRC partnered with local authorities and the DPRK Red Cross to rehabilitate/construct a reservoir, pump-house and water-distribution facilities. At year's end, the sanitation systems serving these communities were being upgraded. The local engineers and maintenance personnel responsible for these projects added to their skills during ICRC-supported training courses, which included sessions led by National Society staff.

The ICRC keeps watch on the concerns of vulnerable people

The ICRC continued to monitor the needs of people with specific needs. Whenever possible, their concerns were brought to the attention of the authorities, National Societies, and other relevant parties, with a view to exploring potential responses to these needs and the space for joint responses. For example, the concerns of families dispersed since the 1950–53 Korean War remained on the agenda of the ICRC's meetings with DPRK and ROK officials and the two countries' National Societies. The ICRC provided the DPRK National Society with some support for organizing a family meeting for several hundred splintered families (see *Context*).

PEOPLE DEPRIVED OF THEIR FREEDOM

Chinese authorities and the ICRC pursue dialogue on detention-related issues

The ICRC maintained its dialogue with the justice and public security ministries, focusing on detainees' health conditions; this aimed at improving mutual understanding of each other's work and building momentum for joint action between the two ministries, as well as with the ICRC. The ICRC president's meeting with the Chinese justice minister served as a springboard for further deliberations on a pilot project on TB control and prevention.

During an ICRC workshop, justice ministry officials and other actors concerned discussed the gaps in hepatitis-control measures in prisons. The justice ministry organized a workshop on broad health issues in detention. Ministry officials also went on study tours to Azerbaijan, where they observed the implementation of a TB management programme in prisons, and to Scotland, where they learnt about the steps the authorities took to transfer provision of health care in detention to the purview of their public-health system.

The ICRC began to discuss the issue of prison management with the justice ministry, in a bid to identify further areas of cooperation, particularly with regard to training.

WOUNDED AND SICK

Patients in the DPRK receive treatment at ICRC-supported hospitals

The public health ministry, the DPRK Red Cross and the ICRC continued their cooperation in enhancing the surgical standards/treatment methods, emergency care, orthopaedic surgery and other services at three provincial hospitals – in Hamhung, Pyongsong and Sariwon – and at the city hospital in Kaesong. In mid-2015, they renewed their partnership, extending the work done in Hamhung, Kaesong and Pyongsong, and discontinuing the support for the Sariwon hospital.

The surgical and medical teams at the hospitals in Hamhung and Pyongsong kept up their efforts to improve the quality of treatment and increase the accessibility of these services. They used ICRC-provided supplies/equipment; staff at these facilities added to their competencies with the help of on-site training and some technical advice from the ICRC. Hospital staff continued to demonstrate an increased understanding of physiotherapy. The ICRC provided the Kaesong City hospital with some medical supplies, and prepared to make learning opportunities available to staff there in 2016.

Patients and staff at the four aforementioned hospitals benefited from ongoing improvements to key facilities, such as the operating theatre at the Kaesong City hospital.

Physically disabled people access enhanced services at a DPRK centre

Around 600 people received treatment and services at the Rakrang Physical Rehabilitation Centre; the centre's surgical annex carried out 102 amputations and stump revision procedures for military and civilian amputees, using ICRC-donated materials and with advice from an ICRC surgical team.

With DPRK Red Cross/ICRC support, staff at the rehabilitation centre continued to improve their treatment and technical procedures. Staff at the centre honed their skills and took an increasingly interdisciplinary approach to their work, with the aid of regular in-house training sessions. Two staff members furthered their expertise by pursuing advanced studies abroad.

At year's end, the ICRC was working with the authorities, the DPRK National Society and a local foundation so that they could extend their partnership to cover another physical rehabilitation centre.

Disabled people in China obtain treatment/services at a National Society-run centre

In all, 362 people availed themselves of physiotherapy and other services at a physical rehabilitation centre in Kunming and a component-manufacturing workshop in Malipo (both in Yunnan province), managed by the Chinese Red Cross branch there with technical support from the ICRC. Some disabled people within reach of the centre were among the beneficiaries of a National Society/ICRC livelihood-improvement project (see *Civilians*).

While the ICRC focused its interaction with the health sector in China on health issues in detention (see *People deprived of their freedom*), it initiated discussions with the national health authorities on issues covered by the Health Care in Danger project.

ACTORS OF INFLUENCE

The ICRC sought regular contact with the region's government officials, military representatives and other influential actors, to foster understanding of IHL and humanitarian issues and to expand the space for neutral, impartial and independent humanitarian within the region. Notably, the ICRC president's high-level exchanges with several Chinese officials during his visit to the country confirmed the increased opportunities for cooperation with China in matters with humanitarian implications. Likewise, the ICRC's consolidated presence in the ROK helped it boost its dialogue, with a spate of key figures, on the humanitarian consequences of conflict.

Armed/security forces advance their knowledge of IHL

During an international workshop in Algeria, several high-ranking army officers from China, the DPRK, Mongolia and the ROK deliberated on the rules governing military operations (see *International law and policy*). Military and security personnel from China, the DPRK, Mongolia and the ROK learnt more about IHL and internationally recognized standards applicable to their duties, at other local and international meetings and events. Several of these sessions were customized for officers – armed police officers from China and military personnel from the ROK – bound for peacekeeping missions. The ICRC had talks with the Chinese military on the possibility of conducting similar sessions for its officers leaving for peacekeeping missions.

Naval officers from China and the ROK discussed the application of IHL at sea during an Asia-Pacific workshop (see *Bangkok*). During bilateral meetings, ROK navy/army officials and the ICRC

also went over this topic, as well as the importance of deliberately crafting national contingency plans to be in respect of IHL and other humanitarian principles. The Chinese navy and the ICRC reached an agreement to conduct briefings on IHL at sea for students at a navy command college; even amid the Navy's reform process, the ICRC regularly touched base with them and explored possibilities for future cooperation.

The Mongolian and ROK police forces expressed their interest in further cooperation with the ICRC regarding training courses for police officers on the applicability of international norms to their work, following an ICRC course in each country. In China, the ICRC had limited dialogue with the actors concerned on courses on the standards applicable to law enforcement.

China and Mongolia work on red cross laws

Government officials learnt more about the applicability of IHL in various contexts and its integration into domestic law, throughout the region and elsewhere, at several local and international conferences. These events focused on such subjects as sexual violence, access to health care during armed conflict, and different weapon-related issues, including the Arms Trade Treaty, and other topics within the framework of the Strengthening IHL process (see *Kuala Lumpur*).

In China and Mongolia, the authorities and the National Societies pursued efforts to streamline domestic legal frameworks on the protection of the red cross emblem, for which the ICRC offered some advice.

Academics stoke debate on humanitarian norms

University students and lecturers in China, Mongolia and the ROK built on their understanding of humanitarian issues and IHL through courses, briefings and competitions conducted by their institutions, the country's National Society or other local actors. For example, teams from throughout Asia participated in a moot court competition co-organized by the Hong Kong Red Cross, Branch of the Red Cross Society of China; lecturers from different institutions, including training academies for the police/military, hashed out topics such as the classification of conflict and domestic and international justice systems.

Experts from NGOs and think-tanks conferred with the ICRC on humanitarian issues and cooperation; in China, a workshop with a think-tank kick-started the launch of a joint research project on humanitarian action. General and specialist audiences accessed materials on IHL and ICRC activities, particularly in Africa and in the Middle East, in their own languages through traditional and social media platforms. The ICRC formalized a partnership agreement with China's main news agency, with a view to fostering broader media coverage of the humanitarian consequences of armed conflict. The ICRC continued to back the efforts of the Hong Kong Red Cross, Branch of the Chinese Red Cross, to set up an IHL resource centre.

The ICRC also worked to build linkages with China's private sector to exchange ideas – particularly with companies with an overseas presence – on operating in complex, violence-affected areas. The National Society branch in Hong Kong and the ICRC continued to study the steps needed to develop a joint fund-raising strategy for the private sector.

RED CROSS AND RED CRESCENT MOVEMENT

The ICRC and other Movement components active in the region maintained regular consultations on shared priorities and promoted a coherent approach to humanitarian work, in line with the Fundamental Principles. For instance, the ICRC provided some support for a regional workshop, on the Safer Access Framework, for National Societies. The ICRC worked to reinforce its partnership with the Chinese Red Cross, looking to scale up their joint work in China and potentially in other areas high on the country's agenda.

The Chinese and Mongolian Red Cross Societies endeavoured to improve their delivery of family-links services during urban violence, making use of best practices shared by the ICRC; Mongolian Red Cross volunteers attended a workshop on carrying out these activities in line with the Safer Access Framework. The DPRK National Society received some assistance for its family-links services (see *Civilians*).

The region's National Societies also sought to promote IHL, particularly among the youth (see *Actors of influence*).

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	8,000	47%	24%
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	5		
	of which provided data Structures	1		
Admissions	Patients	102	11	1
	of whom other surgical cases Patients	102		
Water and habitat				
Water and habitat activities	Number of beds	500		
Physical rehabilitation				
Projects supported	Structures	3		
Patients receiving services	Patients	945	132	40
New patients fitted with prostheses	Patients	381	43	8
Prostheses delivered	Units	761	101	24
	of which for victims of mines or explosive remnants of war Units	5		
New patients fitted with orthoses	Patients	20		8
Orthoses delivered	Units	28	1	14
Patients receiving physiotherapy	Patients	714	93	33
Crutches delivered	Units	493		
Wheelchairs delivered	Units	26		

JAKARTA (regional)

COVERING: Indonesia, Timor-Leste, Association of Southeast Asian Nations (ASEAN)



ICRC / AR, 2015

The ICRC established a presence in Indonesia in 1979 and in Timor-Leste following its independence in 2002. It supports the National Societies in boosting their emergency-response capacities. It works with the armed forces (and the police in Indonesia) to encourage the inclusion of IHL and other applicable norms in their training. It maintains dialogue with ASEAN and other regional bodies and conducts activities with universities to further IHL instruction. In Timor-Leste, it supports training for the authorities and other relevant actors in the management of human remains following disasters.

KEY RESULTS/CONSTRAINTS IN 2015

- Members of families dispersed by detention or migration communicated via the Movement's family-links services. No discussions took place between the authorities concerned and the ICRC on missing persons.
- In Indonesia, people in Papua continued to benefit from ophthalmological care provided by the Indonesian Red Cross Society and the ICRC, and people in Maluku began to receive similar services.
- With the ICRC's guidance, Indonesian military and police instructors became more adept in providing advice on IHL compliance and instruction in internationally recognized policing standards, respectively.
- Detainees in Indonesia and Timor-Leste did not receive ICRC visits, as the organization's efforts to contact the pertinent authorities, to secure their support/consent for such visits, did not progress.

YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	10
RCMs distributed	25
Phone calls facilitated between family members	945

EXPENDITURE IN KCHF

Protection	773
Assistance	157
Prevention	2,224
Cooperation with National Societies	742
General	39
Total	3,935
<i>Of which: Overheads</i>	240

IMPLEMENTATION RATE

Expenditure/yearly budget	91%
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PERSONNEL

Mobile staff	8
Resident staff (daily workers not included)	41

ASSISTANCE	2015 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Cash	Beneficiaries	280

CONTEXT

Indonesia's regional elections in December took place without incident. Its government, however, continued to grapple with various internal issues that delayed planned economic and social reforms, and also had to deal with such issues as migration, growing religious tensions and frequent natural disasters. The military's presence throughout the country paralleled that of the police.

Timor-Leste remained generally peaceful, but violent incidents involving the police and political opposition groups took place.

The Indonesia/Timor-Leste Joint Ministerial Commission for Bilateral Cooperation made no progress in addressing the issue of persons missing in connection with the past situation/conflict in East Timor. Exhumations of human remains in relation to these past events, conducted by the Timorese Veteran's Commission, were put on hold.

The Association of Southeast Asian Nations (ASEAN), based in Jakarta, Indonesia, continued to promote regional cooperation in areas such as mine action and disaster management.

ICRC ACTION AND RESULTS

The ICRC's regional delegation in Jakarta sought to develop understanding of and respect for humanitarian principles, IHL and the Movement among the authorities, the armed/police forces and civil society in Indonesia and Timor-Leste.

To this end, it organized various activities, usually in partnership with local institutions. These activities included tailored information sessions and training courses, for instance, field simulation exercises for military and police officials. Such efforts enabled Indonesian military and police instructors to strengthen their ability to provide advice on complying with IHL during military operations and instruction in internationally recognized policing standards, respectively. Universities and secondary schools introduced modules on IHL or humanitarian principles, and religious organizations worked with the ICRC to broaden awareness of the similarities between Islamic law and IHL. The ICRC maintained regular dialogue with ASEAN on issues of common interest; it was given observer status by the ASEAN Association of Chiefs of Police (ASEANAPOL).

ICRC visits to detainees remained on hold in both countries.

Members of families separated by conflict/violence, detention or migration re-established or maintained contact with each other with the help of the Movement's family-links services. During national/regional workshops, emergency responders and forensics experts in both countries, notably Timorese police and government officials, learnt more about the proper management of human remains. There were no discussions between the authorities concerned and the ICRC on the issue of missing persons.

The ICRC continued to provide various forms of support to the Indonesian Red Cross Society and the Timor-Leste Red Cross, particularly to strengthen their ability to provide family-links services and promote humanitarian principles and IHL. The Indonesian Red Cross and the ICRC provided ophthalmological care for more people in need of it, by extending such assistance to more communities.

CIVILIANS

Migrants stranded in Indonesia inform their families of their whereabouts

Members of families separated by conflict/violence, detention, migration or natural disasters re-established/maintained contact through the Movement's family-links services. With ICRC support, the Timorese Red Cross trained its volunteers to provide these services during disasters, and the Indonesian Red Cross drafted a disaster-management framework that included these services and human remains management. However, the Indonesian National Society's family-links services for migrants remained limited or were provided on an ad hoc basis.

Migrants from Bangladesh and Myanmar, who were able to reach Aceh and North Sumatra provinces after being stranded in the Andaman Sea, informed their families of their situation through over 900 telephone calls, facilitated by the Indonesian Red Cross/ICRC. Relatives of Indonesians detained abroad, including at the US internment facility at Guantanamo Bay Naval Station in Cuba, stayed in touch with them via RCMs, video calls, family visits or oral messages relayed by ICRC delegates.

Members of a family meet after being separated for nearly 40 years

ICRC tracing services helped families search for their relatives, such as people who reportedly went missing while passing through Indonesia by boat. After 36 years, one person in Indonesia, separated from his parents in connection with past events involving Indonesia and East Timor, got in touch and visited them in Timor-Leste, with the help of the National Societies concerned. A coalition of Indonesian NGOs drew on ICRC financial support to locate 14 people separated from their relatives during those events as well.

To ensure the identification and proper management of human remains, over 60 members of the police forces and officials from the health and other government ministries in Timor-Leste attended training courses in these subjects. At a regional workshop in Indonesia, organized by the Asia Pacific Medico-Legal Association/ICRC, 45 forensic experts from 18 countries exchanged best practices for managing human remains.

No discussions took place between the authorities concerned and the ICRC on missing persons.

People in the Indonesian provinces of Maluku and Papua receive ophthalmological care

The partnership between the Indonesian Red Cross and the ICRC, for providing eye care in remote communities, expanded to include the Maluku province. Over 900 people there and in Papua benefited from eye examinations and/or had improved eyesight with the help of cataract operations or spectacles provided by a local hospital and the National Society/ICRC.

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC visits to detainees in Indonesia and Timor-Leste continued to be on hold. Efforts to contact the pertinent authorities, to secure their support/consent for prison visits, did not progress; the agreements with the respective authorities remained under their review at year's end.

At a workshop organized by the Indonesian Directorate-General of Corrections and the ICRC, representatives of the Directorate-General

and 32 prison directors discussed measures to mitigate overcrowding in places of detention. Indonesian and Timorese detaining authorities learnt more about prison management at a seminar abroad (see *Kuala Lumpur*); Timorese police officials participated in local training sessions on internationally recognized policing standards for arrests and detention (see *Actors of influence*).

Ten former political detainees in Indonesia, previously visited by the ICRC, received medical care; some of them had better living conditions after ad hoc ICRC rehabilitation work at their nursing home.

ACTORS OF INFLUENCE

The authorities, military/police forces, members of civil society, the National Societies and the ICRC discussed humanitarian principles and issues (see *People deprived of their freedom*), IHL and the Movement during ICRC meetings/events, usually organized with local partners. For instance, during an information session, Indonesian diplomats and officials from the foreign ministry and the National Agency of Disaster Mitigation learnt more about IHL and/or the protection of citizens abroad.

Indonesian and Timorese government officials, including from the justice ministry and the Indonesian IHL committee, continued to draw on ICRC expertise to facilitate the domestic implementation of IHL-related treaties. Some of them participated in local/regional workshops that covered such subjects as the protection of cultural property and the Arms Trade Treaty (see *Beijing* and *Kuala Lumpur*). At one such workshop, the Indonesian law and human rights ministry shared, with the Timorese justice ministry, its experiences in incorporating IHL and human rights treaties in domestic legislation. During the 32nd International Conference, the Indonesian government and National Society pledged to support the adoption of a Red Cross law.

Indonesian military officers strengthen their ability to provide advice on IHL compliance

At an ICRC workshop, 55 senior Indonesian military officials discussed how to take humanitarian norms into account in operational decision-making; one official participated in a similar workshop abroad (see *International law and policy*). Military instructors and legal officers developed their capacity to provide advice on complying with IHL during military operations. To strengthen IHL instruction at military training institutes, the military's Permanent Working Group on IHL and the ICRC organized training activities for teachers.

A total of 62 police instructors in Indonesia underwent training to strengthen their capacity to teach colleagues about internationally recognized policing standards.

Tailored information sessions, field simulation exercises and predeployment briefings helped Indonesian and/or Timorese military/police forces, including personnel bound for peace-keeping missions abroad, learn more about IHL, internationally recognized policing standards, prevention of sexual violence and protection of health services.

An Indonesian university adds an IHL module to its civic education course

Religious universities and secondary schools in Indonesia drew on ICRC support to continue fostering interest in humanitarian principles and IHL among their students.

University lecturers and Islamic school teachers developed their IHL-teaching skills at advanced courses in Indonesia and elsewhere in the region; some of them contributed articles to a new IHL textbook. At one local workshop, lecturers discussed IHL-related matters such as autonomous weapons and cyber warfare, and expressed their intention to share ideas with one another regularly in order to improve the quality of IHL instruction. With Indonesian Red Cross/ICRC support, one university added a module on IHL to its civic education course that was attended by lecturers from other universities. Regional competitions enabled university students to demonstrate their knowledge of IHL (see *Beijing*).

By attending Indonesian Red Cross/ICRC training courses, Red Cross Youth facilitators equipped themselves to teach secondary school students about humanitarian principles and IHL. Several Islamic schools began to use a module on humanitarian principles that had been translated into the local language.

Religious leaders/organizations continued to work with the ICRC to further understanding in their circles of the common ground between Islamic law and IHL and of the continuing relevance of these bodies of law. These efforts resulted in an ICRC publication entitled *Islam and Humanitarian Affairs: Conflict, Peace and Philanthropy*, which drew on the proceedings of a previous regional conference organized by various Islamic institutions in Indonesia and the ICRC.

Indonesians throughout the archipelago obtained information on the ICRC's activities and other humanitarian matters via social media and other web-based platforms in the local language, as well as at the delegation's documentation centre. At national/regional workshops, nearly 80 journalists learnt the finer points of reporting on humanitarian issues during armed conflicts and natural disasters; they also learnt about the protection afforded to them by IHL (see *New Delhi*). An ICRC blog competition sought to raise awareness among the youth of the links between religious values and humanitarian action.

ASEANAPOL grants the ICRC observer status

ASEAN, its member countries and the ICRC expanded the scope of their cooperation; the ASEANAPOL granted the ICRC observer status at its international events. ASEAN and ICRC representatives continued to discuss subjects of common interest, such as disaster management – including forensics – migration, weapon contamination and persons with disabilities.

RED CROSS AND RED CRESCENT MOVEMENT

The Indonesian and Timorese National Societies continued, with ICRC support, to strengthen their ability to respond to humanitarian needs (see *Civilians*) and promote humanitarian principles and IHL (see *Actors of influence*).

Both National Societies, particularly their branches in violence-prone areas, conducted workshops to assess their ability to provide assistance in line with the Safer Access Framework; they used their findings to develop action plans to incorporate the framework in their operational procedures.

Emergency responders from the Indonesian Red Cross strengthened their first-aid capacities at local and regional courses. The National Society also helped the health ministry draft standard operating procedures for the provision of medical services during armed conflict.

Support from the ICRC enabled the Indonesian National Society to lobby for the adoption of a Red Cross law (see *Actors of influence*), and its new governing board to further strengthen the organization's institutional set-up. The National Society drafted a framework that sought to incorporate the Fundamental Principles in all its activities.

Movement partners exchanged views on subjects of common concern, for instance, the Health Care in Danger project during the Movement reference group meeting in Switzerland.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)		UAMs/SC*		
RCMs collected	10			
RCMs distributed	25			
Phone calls facilitated between family members	945			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	20		6	2
<i>including people for whom tracing requests were registered by another delegation</i>	11			
Tracing cases still being handled at the end of the reporting period (people)	77	8	17	6
<i>including people for whom tracing requests were registered by another delegation</i>	51			

*Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Cash	Beneficiaries	280	31%	

KUALA LUMPUR (regional)

COVERING: Brunei Darussalam, Japan, Malaysia, Singapore



Having worked in Malaysia since 1972, the ICRC established the Kuala Lumpur regional delegation in 2001 and an independent mission in Japan in 2012. It works with governments and National Societies – including through the regional resource centre supporting delegations in East and South-East Asia and the Pacific – to promote IHL/humanitarian principles and gain support for the Movement's activities. In Malaysia, it visits detainees, works with authorities to address issues identified during visits, and helps detained migrants contact their families. In Sabah, it works with the Malaysian Red Crescent Society to improve primary health care for vulnerable communities.

YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

KEY RESULTS/CONSTRAINTS IN 2015

- ▶ People in immigration detention centres in Malaysia had better access to health care following ICRC-supported initiatives by authorities to deploy medical staff and establish a clinic on-site.
- ▶ Residents in Sabah, Malaysia, learnt to cope with basic health issues after attending Malaysian Red Crescent Society and/or ICRC sessions on good hygiene practices and first aid.
- ▶ Members of dispersed families contacted relatives through Movement family-links services. Movement partners, responding to recent migration and other events in the region, sought to improve these services.
- ▶ Authorities and other influential actors in Japan drew attention to key humanitarian issues, notably at events on the Arms Trade Treaty and through films and publications.
- ▶ At an ICRC workshop, military officers from Brunei Darussalam, Malaysia, Singapore and 7 other countries learnt more about the norms governing military operations in support of law enforcement.

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	44
RCMs distributed	111
Phone calls facilitated between family members	66
People located (tracing cases closed positively)	3
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	24,845
Detainees visited and monitored individually	226
Number of visits carried out	27
Number of places of detention visited	15
Restoring family links	
RCMs collected	92
RCMs distributed	14
Phone calls made to families to inform them of the whereabouts of a detained relative	655

EXPENDITURE IN KCHF

Protection	1,506
Assistance	719
Prevention	2,284
Cooperation with National Societies	660
General	51
Total	5,219
<i>Of which: Overheads</i>	319

IMPLEMENTATION RATE

Expenditure/yearly budget	89%
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PERSONNEL

Mobile staff	17
Resident staff (daily workers not included)	35

ASSISTANCE	2015 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Health		
Health centres supported	Structures	1

CONTEXT

The issues of migration and human trafficking were once again the focus of discussions in the region, following an incident where boats containing thousands of migrants from Bangladesh and Myanmar were stranded in the Andaman Sea, resulting in numerous deaths, as well as the discovery of burial sites for migrants and “trafficking camps” in the region in mid-2015. There were calls for region-wide action to address these issues.

In Malaysia, the government continued to face public discontent over socio-economic reforms. The authorities strove to deal with migration by detaining or, where possible, repatriating irregular migrants. The parliament passed several laws pertaining to national security, including in response to the alleged recruitment of Malaysians by foreign armed groups. Malaysia contributed troops to peacekeeping operations abroad.

General elections were held in Singapore. The country’s Prevention of Human Trafficking Act took effect in 2015. The International Criminal Police Organization (Interpol) opened an office in the country, with a view to supporting regional law enforcement operations, particularly for curbing cyber crime.

In Japan, the parliament passed bills redefining the role of the Self-Defense Forces. Japan remained influential in regional security concerns and humanitarian affairs, making presentations in international forums on such issues as sexual violence during armed conflict.

The political climate and economy in Brunei Darussalam remained stable.

Malaysia chaired the Association of Southeast Asian Nations (ASEAN) – which continued to promote regional cooperation in such matters as disaster management and migration – and hosted the ASEAN police coordination body’s (ASEANAPOL) headquarters.

ICRC ACTION AND RESULTS

The ICRC pursued initiatives to broaden awareness of and support for humanitarian principles, IHL and the Movement among influential stakeholders throughout the region. In Malaysia, it also strove to address humanitarian issues concerning detainees, dispersed families and vulnerable populations in Sabah.

The ICRC continued to visit detainees held in prisons and immigration detention centres in Malaysia; it also strove to secure regular access to immigration centres in Sabah and to security detainees. After its visits, the ICRC discussed its findings on detainees’ treatment and living conditions confidentially with the authorities concerned; an ICRC regional seminar on the management of correctional facilities supported these discussions. A Prisons Department/ICRC seminar on prison health-care services in 2014 helped facilitate the transfer of responsibility for providing prison health services from private companies to the health ministry. Health authorities in Sabah established a clinic at one immigration detention facility. Soap distributed by the ICRC helped detained migrants minimize the risks to their health; they also benefited from prison staff’s participation in educational sessions on managing communicable diseases.

To help address the health needs of communities living in remote rural areas of Sabah, the Malaysian Red Crescent Society and the

ICRC held first-aid training sessions for villagers/National Society volunteers and health-education sessions for children in primary schools. They also conducted community visits, together with state and district health officials, in order to determine what other activities might be undertaken to address these needs.

Members of families dispersed by migration or detention restored/maintained contact with relatives using the Movement’s family-links services. At regional events and through regular coordination, Movement partners reviewed their family-links activities during recent disasters and discussed how they could be improved.

In all the countries covered, the ICRC continued to work with the authorities, representatives of multilateral organizations and civil society actors – including academic institutions and the media – to promote awareness of humanitarian matters of common interest. It organized or participated in events such as seminars/conferences on the Arms Trade Treaty, humanitarian assistance/disaster relief and cyber warfare (with the Japanese Red Cross Society); together with ASEAN, it organized a basketball match for persons with disabilities. Dialogue with senior officials in Japan was reinforced by the visit of the ICRC’s president, and contacts were made in Malaysia’s Eastern Sabah Security Command (ESSCOM). In Brunei Darussalam, Malaysia and Singapore, security forces personnel learnt more about IHL and/or internationally recognized policing standards at ICRC workshops. University students refined their understanding of IHL at local/regional contests, including a new one patterned after the Jean-Pictet competition. Journalists drew on ICRC materials/events to promote humanitarian principles, notably through a Japanese *manga* and a Malaysian educational magazine featuring IHL-related themes.

Cooperation and mutual support among Movement components in the four countries continued. The Singapore Red Cross Society and the ICRC pursued efforts to explore private-sector fundraising; after the earthquake in Nepal, Movement partners launched a campaign to raise funds for the Movement’s activities. With help from their partners, the National Societies strengthened their ability to respond to emergencies, particularly with regard to restoring family links, and to promote humanitarian principles/IHL.

CIVILIANS

More residents in Sabah learn about basic health care

Access to health-care services remained difficult for communities in remote rural areas of Sabah, many of which host migrants and stateless persons. To help them, over 280 residents and volunteers from organizations serving these communities, along with almost 200 Malaysian Red Crescent volunteers, learnt how to safely stabilize and transport wounded and sick people; they did so through first-aid training sessions conducted by ICRC-trained National Society volunteers and/or ICRC staff. Nearly 600 children in primary schools learnt more about good health and hygiene practices during National Society/ICRC sessions, which helped protect them against illnesses.

State and district health officials – including those responsible for providing primary health care and for managing outbreaks of disease – and the National Society/ICRC conducted joint community visits to gain a deeper understanding of the health needs of vulnerable people. They pursued dialogue to determine what other activities might be undertaken to address these needs, such as opening a clinic. The National Society branch in Sabah continued to receive ICRC advice and support for improving/expanding its health-related activities.

Members of families dispersed by migration or detention restore/maintain contact with each other

In Malaysia, people used the Movement's family-links services to keep in touch with relatives separated from them. The families of four persons held at the US internment facility at Guantanamo Bay Naval Station in Cuba received news of their relatives through RCMs, video calls and oral messages relayed by an ICRC delegate who had visited the internees.

Owing to administrative constraints, a planned assessment of family-links and other related needs of particularly vulnerable migrant communities in peninsular Malaysia was postponed; with ICRC guidance/support, National Society staff continued to prepare for this undertaking and to improve their family-links services.

Movement partners seek ways to strengthen family-links services in relation to disasters/migration

With a view to improving family-links activities throughout the region, over 40 coordinators and specialists from 18 National Societies (including in Japan, Malaysia and Singapore) and ICRC delegations in the Asia-Pacific region met in Kuala Lumpur to exchange information on tools/data protection and recommendations for the timely restoration of family links following natural disasters and in relation to migration. At a refresher course, specialists from the Japanese, Malaysian and three other National Societies, and the ICRC, reviewed family-links services during recent disasters in the region, such as Typhoon Haiyan in 2013 and the 2015 Nepal earthquakes, and identified areas for improvement. The International Federation and the ICRC sought ways to improve coordination of regional action in response to migration, such as during the Andaman Sea incident.

Limited dialogue took place between the Malaysian authorities and the ICRC on resuming cooperation in ensuring the welfare of victims of trafficking housed in government-run shelters.

PEOPLE DEPRIVED OF THEIR FREEDOM

In Malaysia, 24,845 detainees and migrants benefited from 27 visits made by ICRC delegates, in accordance with the organization's standard procedures, to 7 prisons (including juvenile centres) and 7 immigration detention centres, including one in Sabah that the ICRC had last visited in 2013. The ICRC maintained dialogue with detaining authorities to secure permission to resume regular visits to migrants held in centres in Sabah and to security detainees.

Delegates monitored detainees' treatment and living conditions; and afterwards, discussed the findings confidentially with the authorities concerned, focusing on identifying/addressing the needs of migrants, unaccompanied/separated minors, women, victims of human trafficking, the elderly and the ailing. At the detainee's request, certain cases involving minors and other vulnerable detainees were referred to the IOM or UNHCR, or to consular offices – for foreigners – for specific assistance.

Prison/immigration officials and the ICRC maintained their dialogue on the welfare of detainees and the management of detention facilities, and on the support available from the ICRC, for instance for addressing health-related issues (see below). These discussions were supplemented by: workshops where best practices were shared and where the ICRC briefed participants on its work in places of detention; and general information sessions for prison staff assigned to juvenile centres and immigration personnel. One such workshop was held for 13 senior Prisons Department staff,

on the humanitarian challenges in managing Malaysian prisons; another one was organized for 26 depot commandants and officials overseeing migrant centres. The Malaysian Prisons Department and the ICRC enabled 30 prison directors from 12 countries across the region to gather in Malaysia for the second Asia-Pacific Seminar for Correctional Managers, where they discussed and proposed solutions to detention-related issues, notably overcrowding.

People in Malaysian immigration detention centres have better access to health care

Detained migrants in Malaysia stood to benefit from improvements in the provision of health care. Following on from the 2014 Malaysian Prisons Department/ICRC national seminar on health care in detention, the Prisons Department facilitated the transfer of responsibility for prison health services from private companies to the health ministry. The health ministry began assigning full-time medical staff to immigration detention centres. Both measures aimed to ensure that inmates in facilities within the health ministry's purview benefited from the same quality of care the ministry offered elsewhere in the country. With ICRC encouragement, health authorities in Sabah established an on-site clinic at a migrant centre; the clinic began functioning in late 2015. The health and detention authorities, at national and local levels, continued to receive technical advice/support from the ICRC for providing on-site health services and for hygiene promotion and other initiatives to improve health in detention. During an ICRC-organized workshop, they, along with medical professionals working in detention facilities, discussed such issues as women's health, medical ethics and the management of communicable diseases.

Three detainees at immigration detention centres obtained medical assistance with ICRC help: one received cash, and two others were referred to government hospitals for examination. Health-education sessions and distributions of hygiene items (soap for 4,130 detainees and sanitary kits for 80 female detainees) enabled detainees to minimize their health risks and the centres' staff to gain a better understanding of communicable diseases and ways to deal with them. Close to 30 inmates were provided items necessary for caring for their infants. The authorities at one juvenile detention centre received ICRC advice and some financial support for the repair of their water-supply system.

Detainees stayed in touch with their relatives through RCMs, phone calls and "safe and well" messages facilitated by the ICRC, often with the support of the Malaysian Red Crescent, which received ICRC support for resuming/expanding its family-links services at immigration detention centres.

ACTORS OF INFLUENCE

Government officials learnt more about IHL implementation, for instance the role of national IHL committees, through regular contact with the National Society/ICRC and by attending ICRC functions, such as events abroad for governments and academic/research institutions (see *Beijing*) and for Member States of the Commonwealth of Nations (see *Suva*).

Around 70 government officials, experts and Movement representatives from over 20 Asia-Pacific countries gathered in Malaysia for an ICRC conference on acceding to/implementing the Arms Trade Treaty and the Strengthening IHL process (see *International law and policy*). Participants also held discussions on technical matters, in preparation for the 32nd International Conference.

In Japan, despite the ICRC's efforts, there was no progress in the proposal to set up a group of parliamentarians to support the humanitarian agenda. In Malaysia, drafting of an IHL handbook for parliamentarians continued.

Japanese, Malaysian and Singaporean officials were urged to establish legal frameworks for facilitating the National Society/ICRC's work.

Japanese government officials discuss contemporary humanitarian issues

At meetings/briefings in the countries covered, the authorities, civil society representatives, other influential actors, and the National Society/ICRC exchanged views on detention, migration, the Health Care in Danger project and other IHL-related topics. Dialogue between Japanese government officials and the ICRC, notably during the ICRC president's visit to Japan and particularly in Hiroshima, centred on sexual violence in armed conflict and nuclear weapons. Other events – a symposium on the Arms Trade Treaty and a regional round-table on humanitarian assistance, hosted jointly with the Japanese foreign ministry and a Singaporean think-tank, respectively – encouraged further discussion.

The ASEAN departments of the countries covered and the ICRC interacted regularly on subjects of common interest (see *Jakarta*); Malaysia, during its chairmanship of the ASEAN, and the ICRC organized a wheelchair basketball match during the ASEAN Disability Forum, which sought to empower disabled people through sports.

Military officials further their understanding of the military's role in law enforcement operations

Instructors/officers of the region's armed/self-defence forces attending command and staff colleges/warfare training centres, or participating in national/multilateral exercises, enriched their knowledge of IHL and the Movement during ICRC training sessions/presentations and at local/overseas events, such as: an annual seminar at the National Institute for Defense Studies in Japan, a Japanese Red Cross-organized seminar on cyber warfare, and workshops/conferences on IHL at sea (see *Bangkok*) and on humanitarian considerations in military operations (see *International law and policy*). An ICRC course in Brunei Darussalam enabled 30 military officers from Brunei Darussalam, Malaysia, Singapore and seven other countries to further their understanding of the norms governing military operations in support of law enforcement.

In Malaysia, senior ESSCOM officials and police officers assigned to sensitive areas and criminal investigations attended ICRC workshops/briefings on internationally recognized policing standards, including on the use of force and firearms, arrests and detention.

Peacekeepers from Malaysia's armed forces learnt more about IHL and the ICRC at predeployment briefings.

Relationships with the armed/security forces in the region expanded, particularly with the establishment/strengthening of dialogue with senior commanders of Japan's Self-Defense Forces, Malaysia's ESSCOM and Malaysian and Singaporean military policy/legal advisers. The Malaysian armed forces, including the navy, continued to draw on the ICRC's support for revising their IHL training courses.

Dialogue with ASEANAPOL and Interpol, and other armed forces present in the Pacific, also helped increase understanding of IHL and the ICRC's role.

A Japanese *manga* and a Malaysian educational magazine feature IHL-related themes

During ICRC lectures/presentations, students and teachers from Japanese, Malaysian and Singaporean universities strengthened their grasp of the ICRC's mandate and activities and of contemporary IHL-related issues. Their interest in IHL was stimulated further by participation in debates/competitions, in the region (see *Beijing*) and elsewhere; Malaysia hosted a new contest patterned after the Jean-Pictet competition.

Scholars discussed the links between IHL and Islam at a forum organized jointly with an Islamic university in Malaysia.

The media reported on humanitarian issues and Movement activities, aided by ICRC-provided materials in English and local languages, and information obtained from National Society/ICRC-organized activities, for instance field visits for Japanese journalists and a competition for young Malaysian writers. An English-language newspaper in Malaysia published a feature on humanitarian principles and the Movement in its educational supplement for secondary-school students.

Various audiences learnt more about IHL and the Movement via exhibitions and traditional/web-based publications/audiovisual products, such as Japanese-made films and a *manga* comic on the life of a child soldier in the Democratic Republic of the Congo.

Movement partners in the region explored ways to raise funds jointly with the private sector; for instance, they launched a campaign with a private regional transportation company in response to the earthquake in Nepal. The Singaporean Red Cross and the ICRC engaged a local sports company in a small fundraising project; they continued to consult Singapore-based businesses and aid organizations, with a view to refining their joint strategy for raising funds with the private sector.

RED CROSS AND RED CRESCENT MOVEMENT

With support from Movement partners, the region's National Societies strengthened their ability to incorporate the Safer Access Framework in their activities and to respond to humanitarian needs (see *Civilians*). The Malaysian National Society participated in the ASEAN Regional Forum Disaster Relief Exercise; and the Singaporean National Society organized training sessions/events on responding to natural disasters and on health-related activities during emergencies. Skilled Japanese Red Cross staff continued to be seconded to ICRC emergency teams; 36 new international staff members attended Movement-organized training that prepared them for their tasks as delegates.

The National Societies also used such support to strengthen their capacity to raise awareness of humanitarian principles, IHL and the Movement. The Brunei Darussalam Red Crescent Society and the ICRC held a colloquium on teaching humanitarian principles in secondary schools. A seminar helped 43 Japanese Red Cross personnel prepare themselves to serve as IHL focal points.

Guided by the International Federation and the ICRC, internal reforms at the Bruneian National Society continued.

Movement partners in the region continued to coordinate their approach to humanitarian issues. At an event in Malaysia, representatives from 22 National Societies in the Asia-Pacific region discussed ways to streamline their response during complex emergencies, including natural disasters.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
Red Cross messages (RCMs)			UAMs/SC*		
RCMs collected		44			
RCMs distributed		111			
Phone calls facilitated between family members		66			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		12	2	3	2
including people for whom tracing requests were registered by another delegation		3			
People located (tracing cases closed positively)		3			
Tracing cases still being handled at the end of the reporting period (people)		59	12	10	12
including people for whom tracing requests were registered by another delegation		5			
Documents					
People to whom travel documents were issued		1			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		24,845	2,949	1,674	
			Women	Girls	Boys
Detainees visited and monitored individually		226	52	13	13
Detainees newly registered		213	52	13	9
Number of visits carried out		27			
Number of places of detention visited		15			
Restoring family links					
RCMs collected		92			
RCMs distributed		14			
Phone calls made to families to inform them of the whereabouts of a detained relative		655			
People to whom a detention attestation was issued		1			

*Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	6,738		
Cash	Beneficiaries	1		
Health				
Number of visits carried out by health staff		13		
Number of places of detention visited by health staff		11		

NEW DELHI (regional)

COVERING: Bhutan, India, Maldives



ICRC regional 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.

The regional delegation in New Delhi opened in 1982. It works with the armed forces, universities, civil society and the media in the region to promote broader understanding and implementation of IHL and to encourage respect for humanitarian rules and principles. It supports the development of the region's Red Cross and Red Crescent Societies. In India, the ICRC visits people arrested and detained in connection with the situation in Jammu and Kashmir.

KEY RESULTS/CONSTRAINTS IN 2015

- ▶ In Jammu and Kashmir, India, prison/health officials, with ICRC support, sought to improve detainees' health by introducing mental-health care in some prisons and better check-up procedures for new inmates.
- ▶ Following political unrest that led to mass arrests, almost 1,380 detainees in the Maldives received visits, during which their treatment and living conditions were monitored by ICRC delegates.
- ▶ In India, more disabled people than planned received good-quality rehabilitation services, which stood to benefit from a project encouraging innovation; participation in sports promoted their social inclusion.
- ▶ Influential actors and the ICRC sought to encourage discussions on and further understanding of IHL, for instance by publishing a journal on cyber warfare and by organizing a regional seminar on peacekeeping.
- ▶ The Indian Red Cross Society, with ICRC support, provided emergency assistance/family-links services to people in need, such as victims of floods in India and of the earthquake in Nepal.

EXPENDITURE IN KCHF

Protection	2,308
Assistance	5,028
Prevention	2,532
Cooperation with National Societies	880
General	141

Total 10,889

Of which: Overheads 665

IMPLEMENTATION RATE

Expenditure/yearly budget	97%
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PERSONNEL

Mobile staff	25
Resident staff (daily workers not included)	135

YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	1
RCMs distributed	9
People located (tracing cases closed positively)	1
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	5,798
Detainees visited and monitored individually	284
Number of visits carried out	32
Number of places of detention visited	22
Restoring family links	
RCMs collected	9
RCMs distributed	4

ASSISTANCE	2015 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Cash	Beneficiaries 2,100	645
Vouchers	Beneficiaries	12,624
Services and training	Beneficiaries	1
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries 10,000	55,320
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures 1	3
Physical rehabilitation		
Projects supported	Structures 6	6
Patients receiving services	Patients 1,500	37,224

CONTEXT

India continued to tackle various economic, social and security issues, while developing regional and global relationships. The Jammu and Kashmir region continued to be the site of discord between security forces and militants even as it recovered from the floods at the end of 2014. In parts of central, eastern and north-eastern India, confrontations between government forces and armed/ethnic groups continued to take place, resulting in casualties and displacement. India's relations with some of its neighbours remained tense, for instance, with regard to border issues. However, after over 40 years, Bangladesh and India signed a major agreement on "adversely-held enclaves". The Indian prime minister also visited Pakistan for the first time in a decade.

In the Maldives, political unrest, especially after the arrest of the former president in 2015, led to mass arrests.

Economic development remained the Bhutanese government's main priority.

ICRC ACTION AND RESULTS

The ICRC's regional delegation in New Delhi maintained its activities in India for people deprived of their freedom, particularly those held in relation to the situation in Jammu and Kashmir; similar ICRC activities resumed in the Maldives following political unrest. Detainees' treatment and living conditions formed the basis of confidential dialogue with the authorities concerned. The ICRC continued to provide support for closer coordination between prison and health authorities, which helped improve health services for detainees. Inmates at some prisons benefited from regular visits from local psychiatrists. Released detainees and families of inmates in Jammu and Kashmir started livelihood activities using ICRC cash grants, which facilitated their socio-economic reintegration. Referrals to professional medical care for newly released detainees helped them resettle into civilian life. ICRC-supported family visits for detainees in Bhutan and India continued.

The Indian Red Cross Society drew on ICRC support to respond to the needs of vulnerable people. It distributed relief items that enabled vulnerable people affected by the floods of 2014 in Jammu and Kashmir to cover their basic needs. It offered family-links services to help victims of the floods, and of the Nepal earthquake, contact their relatives. The National Society obtained the authorities' approval to offer these services for detained migrants in the Indian state of West Bengal.

The National Society/ICRC continued to help first responders in violence-prone areas to broaden their capabilities. Training sessions focused on teaching life-saving skills and on encouraging participants to pass on what they learnt to their colleagues or to their communities, especially where access to emergency medical services was limited. ICRC-trained National Society/health ministry staff facilitated training sessions on first aid and/or emergency-room trauma care for students, community members, journalists and medical personnel. Health-care and disaster-management professionals and National Society staff in the region learnt more about responding to large-scale emergencies and complex crises at a two-week course in India. The Indian Red Cross drew up an action plan for promoting/implementing the Safer Access Framework.

The ICRC continued to support physical rehabilitation centres and to develop partnerships with various stakeholders, helping to ensure uninterrupted and sustainable services for more people with disabilities. It worked with technological, business and government organizations from India and abroad to launch "Enable Makeathon", a contest for developing innovative aids for disabled people. Together with Indian sports and social welfare agencies, it continued to promote social inclusion through sports by providing training for and facilitating the participation of people from more states in India's national wheelchair basketball tournament.

The delegation also strove to promote understanding of and support for humanitarian principles, IHL and the Movement throughout the region, primarily in India. Efforts to engage the Indian authorities in dialogue continued; cooperation with civil society actors, the media, academic institutions and multi-lateral organizations – for instance, the Asian-African Legal Consultative Organization (AALCO) – was strengthened. The ICRC organized – with others – and participated in local and regional initiatives/events on subjects of common concern, such as cyber warfare, the media's role in humanitarian action and mechanisms to facilitate the development of domestic legislation for implementing IHL treaties. It also provided support for actors of influence to attend or involve themselves in these events/initiatives. As in the past, dissemination sessions and presentations helped Indian security forces personnel learn about IHL and/or internationally recognized policing standards; seminars for military legal advisers helped advance the incorporation of IHL in military operations. Peacekeeping personnel from 10 countries learnt more about humanitarian principles at the first regional seminar on peacekeeping and IHL organized by an Indian training centre and the ICRC.

CIVILIANS

Members of dispersed families restore/maintain contact through Movement family-links services

People in India and abroad restored contact with relatives through the Movement's family-links network. Initiatives to incorporate family-links services in the Indian Red Cross's regular activities progressed. The National Society obtained the authorities' permission to offer these services for detained migrants (see *People deprived of their freedom*). It assisted families dispersed by floods in south India and the earthquake in Nepal; the ICRC supplied body bags to help National Society personnel manage human remains. Staff from the Maldivian Red Crescent learnt more about family-links activities at an ICRC-facilitated information/training session.

Nearly 450 refugees in India without identification papers resettled in third countries using travel documents issued by the ICRC in coordination with IOM or UNHCR.

Flood-affected households in Jammu and Kashmir meet their needs for shelter and safe water

In parts of Jammu and Kashmir still recovering from the 2014 floods, some 2,100 severely affected/vulnerable households (12,600 people) met their needs for winter clothes/shelter using vouchers distributed by the National Society/ICRC. Some flood-affected communities also benefited from water purification tablets provided by the National Society/ICRC. Over 55,000 people, including schoolchildren, had access to potable water thanks to ICRC-donated water filters installed in 700 schools by trained personnel from a local organization. Some 3,000 students,

900 teachers and 35 education officials learnt more about safe water and sanitation at dissemination sessions.

Government agencies, NGOs, the National Society and the ICRC discussed solutions to water and sanitation-related issues at meetings held for that purpose; with ICRC input, the National Society's youth programme strengthened its community outreach activities – tackling hygiene promotion and household water treatment – in four states.

Former detainees and families of detainees supplement their income with cash grants

Referrals to specialists providing physical/mental health care, or for medical assistance, and coverage of their transportation/accommodation costs eased the return to civilian life for 36 newly released detainees in Jammu and Kashmir.

To help ease their socio-economic reintegration, released detainees and families of detainees (totalling 645 people) were given cash grants, with which to begin income-generation activities – setting up small shops, breeding livestock and handloom weaving. Over 150 families who received these grants in 2014 and 2015 reported that they had improved their household income by 50%, on average. With ICRC support, Indian Red Cross staff carried out needs assessments among other economically vulnerable groups; they advanced their skills in this regard at a training course in Nepal.

Dialogue with the Indian authorities on the humanitarian consequences of violence in parts of the country – including on addressing the needs of victims of weapon contamination – remained limited. Some discussions with government ministries and/or local organizations did, however, take place, mainly about protecting health-care personnel/facilities and about the possibility of undertaking activities to improve the management of human remains in emergencies. One specialist strengthened his capacities in forensic odontology at an ICRC course in Sri Lanka.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees in Jammu and Kashmir, and in the Maldives, receive visits from the ICRC

Over 4,400 people detained in relation to the situation in Jammu and Kashmir, and held within the state or in other Indian states, as well as 1,379 detainees arrested in the Maldives following political unrest, received visits from ICRC delegates, conducted in accordance with standard ICRC procedures. The authorities concerned

and the ICRC had confidential discussions on the delegates' findings and recommendations concerning the treatment and living conditions of detainees, and their access to legal assistance; particular attention was paid to minors, women and foreigners.

In India, the ICRC continued to discuss, with detaining authorities, the possibility of securing full access to people held in relation to the situation in Jammu and Kashmir.

In the Maldives, the authorities and the National Society learnt more about the ICRC's detention-related activities during delegates' visits to detainees there.

Detainees in more Indian jails benefit from psychiatrists' visits

With ICRC encouragement, Indian prison and health authorities continued to discuss means to strengthen coordination, with a view to providing better health services for detainees. They improved medical check-up procedures for new arrivals; the ICRC followed up the implementation of these procedures and shared its findings periodically with the authorities. Inmates in two prisons in Jammu and Kashmir received mental-health care from psychiatrists, some of whom had been newly assigned to these facilities by health officials, on the ICRC's recommendation. Former detainees continued to receive medical treatment after their release (see *Civilians*).

The authorities in the region were encouraged to use existing means of communication to help inmates maintain/restore contact with relatives; in West Bengal, the National Society obtained permission from the authorities to visit detainees and offer family-links services, such as RCMs. The ICRC-facilitated family-visits programme enabled 53 inmates held far from home in India, and 18 detainees in Bhutan, to receive visits from relatives, some of whom travelled from Nepal.

WOUNDED AND SICK

First-aiders and medical personnel in India pass their skills on to their communities

Their ICRC-sponsored training enabled volunteers from a branch of the Indian Red Cross to provide first aid for more than 3,000 people during large gatherings, and to help rescue some 60 pilgrims from drowning during an event. In another state, trained National Society volunteers manning first-aid posts in ten communities were ready to assist around 1,500 people.

PEOPLE DEPRIVED OF THEIR FREEDOM		Bhutan	India	Maldives
ICRC visits				
Detainees visited			4,419	1,379
	<i>of whom women</i>		200	49
	<i>of whom minors</i>		19	11
Detainees visited and monitored individually			283	1
	<i>of whom boys</i>		2	
Detainees newly registered			81	1
	<i>of whom boys</i>		2	
Number of visits carried out			27	5
Number of places of detention visited			17	5
Restoring family links				
RCMs collected			9	
RCMs distributed		3	1	
Detainees visited by their relatives with ICRC/National Society support		18	53	
People to whom a detention attestation was issued		1		

First-aiders and medical personnel, including from the National Society, strengthened their ability to provide life-saving care to wounded/sick people. About 900 community members, teachers, students, paramedics and other representatives of civil society in seven states learnt first aid at 26 ICRC-supported National Society training sessions. Over 60 doctors, health ministry staff, Indian Red Cross personnel and NGO representatives in Jammu and Kashmir were better prepared for emergencies after attending courses in emergency-room trauma care and/or basic life support, organized by the Directorate of Health Services with ICRC support.

Instructors from various organizations, including those mentioned above, and others who had benefited from ICRC training, were urged to pass their skills on to their peers and their communities, especially where access to emergency medical services was limited. These instructors added to their knowledge at refresher/advanced courses and train-the-trainer workshops. Health ministry officials taught 900 people – including health-care personnel, students and journalists covering the Srinagar Valley – to provide first aid. People who had taken trauma-management courses in 2014 shared what they had learnt with 80 health ministry staff stationed in district and sub-district hospitals in Kashmir.

The Government Medical College (GMC) in Srinagar and the ICRC jointly assessed the state of the emergency rooms in three GMC hospitals; all three hospitals received an ad hoc donation of basic supplies.

Health and disaster-management professionals and National Society staff in the region learnt how to tackle large-scale emergencies and complex crises at a two-week Health Emergencies in Large Populations (HELP) course in India. Some 25 participants from Bhutan, India, Indonesia, the Maldives, Nepal, Timor-Leste and the United States of America attended the course, which was organized by the Public Health Foundation of India, the National Institute of Disaster Management, WHO, the Indian Red Cross and the ICRC.

More beneficiaries than planned regain/improve their mobility

Over 37,000 patients in India regained/improved their mobility after treatment at six ICRC-supported physical rehabilitation centres. Among those treated were 101 club-footed children from Jammu and Kashmir. The most vulnerable patients had the costs of their treatment, transport, food and accommodation covered. Others who lived far from the centres benefited from outreach programmes or had the costs of their treatment elsewhere paid for by the ICRC. Patients received assistive devices, manufactured at the six centres with ICRC-supplied raw materials and equipment. Three other centres also provided services with ad hoc ICRC assistance.

Technical staff from the centres and National Society personnel benefited from ICRC-facilitated courses in such subjects as general prosthetics/orthotics, polypropylene technology and wheelchair manufacture; participants from Myanmar also attended these courses. Responses from beneficiaries, technical evaluations and/or strategic planning exercises also helped the centres improve their services.

Progress was made in the effort to engage with public/private organizations, the Indian National Society and other parties concerned with strengthening the national physical rehabilitation sector. For example, a partnership involving several technological,

business and government organizations from India and abroad, and the ICRC launched “Enable Makeathon”, a contest for developing innovative aids for disabled people. Out of 140 applicants, 32 were selected to develop prototypes for final testing in early 2016.

More states than in 2014 participated in the national wheelchair basketball tournament, organized by Indian sports and social welfare agencies, with ICRC support, to promote disabled people's social inclusion. Athletes, coaches, referees and officials attended training sessions before the competition.

ACTORS OF INFLUENCE

Influential actors in the region help to broaden awareness of IHL

The ICRC expanded its engagement with the authorities and other influential actors in the region, as furthering understanding of and fostering support for humanitarian principles, IHL and the Movement remained essential. Bhutanese and Maldivian actors worked with the ICRC to hold events in their own countries, such as: a foreign ministry-led information session for foreign service workers in Bhutan; and a workshop on contemporary challenges facing IHL, organized by the Maldivian Red Crescent. On several occasions, officials from the foreign/law ministries in the region, the pertinent National Society and the ICRC discussed humanitarian action and IHL-related issues, in preparation for the 32nd International Conference.

In India, ICRC pursued its efforts to engage high-level contacts in bilateral dialogue on the organization's neutral, impartial and independent humanitarian activities in the country and elsewhere.

Academic institutions, multilateral organizations and the ICRC expanded cooperation in research and dialogue on IHL and international human rights law. Think-tanks and NGOs – for instance, the Observer Research Foundation – invited the ICRC to contribute to local and regional events on matters of common interest, such as the protection of the civilian population. Strengthened cooperation with AALCO led to a seminar for defence officials and the publication/development of journals on such subjects as cyber warfare and IHL.

University scholars engage in discussions of contemporary IHL issues in South Asia

Support for academic institutions, and courses/dissemination sessions/lectures held at them, stimulated interest in IHL among university students and lecturers and furthered their understanding of it. At the World Congress on International Law, post-graduate and research scholars strengthened their grasp of IHL during a panel discussion/workshop organized by the Indian Society of International Law and the ICRC. Law professors in India and the region continued to bolster their IHL teaching capacities through ICRC-supported training events, including the Advanced IHL South Asian Academics Training Programme. Students added to their knowledge of IHL and the ICRC through participation in extracurricular activities, including the delegation's internship programme and national/regional moot court competitions (see *Beijing*).

Some 20 senior editors from 10 Asian countries debated the media's role in humanitarian action at a conference in New Delhi. Media professionals and journalism students in India learnt more about humanitarian reporting and related ethical standards at national competitions and talks/workshops, including several organized by local Red Cross branches. Two humanitarian

organizations drew on the ICRC's expertise for training their personnel in media relations.

People learnt more about IHL, the ICRC and its work in the country and beyond, from the ICRC New Delhi blog and online/print publications – including in local languages – available at the delegation's library and resource centre.

Military/police forces in the region learn more about IHL

Military officers and troops bound for peacekeeping missions, particularly from India, learnt more about humanitarian principles, such as those linked to the Health Care in Danger project, and the Movement's work. Personnel from 10 countries learnt more about these matters at a regional seminar on peacekeeping and IHL, organized by a peacekeeping training centre in India and the ICRC.

In India, over 3,000 officers from the air force/army/navy, and 1,300 paramilitary/police officers, strengthened their grasp of IHL, basic human rights and/or internationally recognized standards for the use of force and firearms, at workshops, dissemination sessions and predeployment briefings conducted by their training units or by defence-related think-tanks. Senior officers participated in ICRC-sponsored training in San Remo and in Algeria (see *International law and policy*). Legal advisers attended a two-day IHL seminar that enabled them to have a better understanding of their roles in providing counsel to military commanders during operational decision-making.

Bhutanese army/police personnel added to their knowledge of IHL/internationally recognized policing standards at seminars in Bhutan.

The Bhutanese, Indian and Maldivian governments took steps to accede to IHL instruments and to enact implementing legislation. They received technical guidance from the ICRC and at IHL events abroad, for instance, a workshop on developing IHL-related legislation (see *Sri Lanka*) and a meeting of officials and National Societies from Member States of the Commonwealth of Nations (see *Suva*). Over 30 participants from Afghanistan, Bangladesh, Bhutan, India, the Islamic Republic of Iran, Nepal, Maldives and Sri Lanka furthered their understanding of IHL at the 27th South Asia Teaching Session on IHL, held in New Delhi.

RED CROSS AND RED CRESCENT MOVEMENT

Indian Red Cross assists vulnerable people

The Indian Red Cross drew on ICRC technical/material/financial support to strengthen its ability to respond to emergencies in India and elsewhere in the region – in particular, its ability to provide family-links services (see *Civilians*) and administer first aid (see *Wounded and sick*) – and to conduct youth-education sessions on water, sanitation and hygiene. Following ICRC workshops in seven states on the Safer Access Framework, the National Society drafted an action plan for bolstering its staff's ability to safely assist those in need. National Society staff members participated in ICRC-organized national and regional training sessions, with a view to improving their managerial and operational capabilities.

Maldivian Red Crescent staff learnt more about the Safer Access Framework at an information session. The National Society adopted its Strategic Development Plan 2016–18, for which the ICRC provided technical advice.

The working committee for the formation of a National Society in Bhutan learnt more about the process at the 32nd International Conference and at orientation meetings organized by other Movement partners in New Delhi.

The Indian and Maldivian National Societies and the Bhutanese working committee promoted support for humanitarian principles and the Movement at meetings/events with/for various parties concerned (see *Actors of influence*), for instance, Indian Red Cross events in celebration of World Red Cross and Red Crescent Day (8 May).

Movement partners in the region coordinated their activities to maximize impact and prevent duplication of effort.

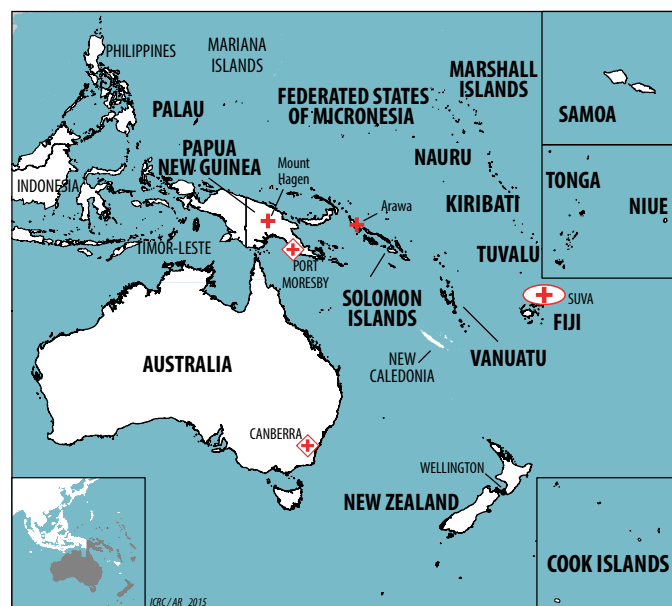
MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SC*	
RCMs collected		1		
RCMs distributed		9		
Tracing requests, including cases of missing persons			Women	Girls
People for whom a tracing request was newly registered		3	1	
including people for whom tracing requests were registered by another delegation		1		
People located (tracing cases closed positively)		1		
Tracing cases still being handled at the end of the reporting period (people)		3	1	
including people for whom tracing requests were registered by another delegation		2		
Documents				
People to whom travel documents were issued		448		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Detainees visited		5,798	249	30
			Women	Girls
Detainees visited and monitored individually		284		2
Detainees newly registered		82		2
Number of visits carried out		32		
Number of places of detention visited		22		
Restoring family links				
RCMs collected		9		
RCMs distributed		4		
Detainees visited by their relatives with ICRC/National Society support		71		
People to whom a detention attestation was issued		1		

*Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Cash	Beneficiaries	645	29%	36%
Vouchers	Beneficiaries	12,624	35%	30%
	of whom IDPs	1,241		
Services and training	Beneficiaries	1		
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	55,320	1%	99%
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Health				
Number of visits carried out by health staff		301		
Number of places of detention visited by health staff		16		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	3		
Physical rehabilitation				
Projects supported	Structures	6		
Patients receiving services	Patients	37,224	11,826	6,164
New patients fitted with prostheses	Patients	512	89	46
Prostheses delivered	Units	685	122	68
of which for victims of mines or explosive remnants of war	Units	15		
New patients fitted with orthoses	Patients	3,968	795	1,705
Orthoses delivered	Units	7,049	1,384	3,483
Patients receiving physiotherapy	Patients	10,170	2,175	3,274
Crutches delivered	Units	4,023		
Wheelchairs delivered	Units	379		

SUVA (regional)

COVERING: Australia, Cook Islands, Fiji, Kiribati, Marshall Islands, Federated States of Micronesia, Nauru, New Zealand, Niue, Palau, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu and the territories of the Pacific



ICRC regional delegation ICRC mission ICRC office

KEY RESULTS/CONSTRAINTS IN 2015

- ▶ Some violence-affected communities in Papua New Guinea stood to benefit from a health post built by the ICRC with local partners; it had not yet begun to function, owing to staffing constraints.
- ▶ The families of missing persons in the Autonomous Region of Bougainville drew support for their plight during commemorative events. Papua New Guinean authorities finalized a policy on missing persons.
- ▶ Some detainees received family visits facilitated by National Societies/the ICRC. Reports submitted to the authorities concerned drew their attention to persistent issues faced by migrants in processing centres.
- ▶ States and National Societies tackled IHL/humanitarian issues at regional meetings. Commonwealth States made pledges on sexual violence and protecting health-care delivery at the 32nd International Conference.
- ▶ Armed forces personnel in Australia, Fiji and New Zealand furthered their understanding of IHL through ICRC presentations, including at high-level military training exercises.
- ▶ With support from Movement partners, National Societies built their capacities and distributed relief items after natural disasters. The Tuvalu Red Cross Society was recognized as the 190th National Society.

EXPENDITURE IN KCHF

Protection	1,855
Assistance	1,566
Prevention	1,858
Cooperation with National Societies	1,229
General	75
Total	6,583
<i>Of which: Overheads</i>	402

IMPLEMENTATION RATE

Expenditure/yearly budget	96%
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PERSONNEL

Mobile staff	12
Resident staff (daily workers not included)	34

Since 2001, ICRC operations in the Pacific have been carried out by the Suva regional delegation. With the National Societies, it assists governments in ratifying and implementing IHL treaties, and promotes respect for IHL and other international norms among armed and security forces and awareness of such among academic circles, the media and civil society. The ICRC works to ensure that victims of violence in Papua New Guinea receive emergency aid and medical care; it visits detainees there and elsewhere in the region. It helps National Societies build their emergency-response capacities.

YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	1
RCMs distributed	4
Phone calls facilitated between family members	29
People located (tracing cases closed positively)	60
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	3,789
Detainees visited and monitored individually	119
Number of visits carried out	47
Number of places of detention visited	25
Restoring family links	
RCMs collected	4
RCMs distributed	6
Phone calls made to families to inform them of the whereabouts of a detained relative	1

ASSISTANCE	2015 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Essential household items ¹	Beneficiaries	15,000
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	4,000
		5,165
Health		
Health centres supported	Structures	2
		1

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

In Papua New Guinea, communal fighting and criminality persisted, particularly in the Highlands region, causing casualties and displacement, and disrupting basic services; reportedly, hundreds of people were arrested during law enforcement operations. The authorities took initial steps towards addressing the needs of people whose relatives had gone missing during the armed conflict and crisis in the 1990s. Local elections in the Autonomous Region of Bougainville took place peacefully.

Asylum seekers and other migrants intercepted off the Australian coast were reportedly turned back. Hundreds awaited the resolution of their cases in processing centres: in the facility on Manus Island, Papua New Guinea, some staged hunger strikes in January, demanding speedier processing of their applications; in Nauru, some former asylum seekers who had opted for refugee status there protested their uncertain resettlement prospects.

Migration policy and security concerns related to foreign fighters and domestic radicalization were at the forefront of public debate in Australia. The country took part in an international military coalition (see *Iraq* and *Syrian Arab Republic*), and with New Zealand, helped the Iraqi government train its forces. Australia and Fiji provided troops for international peacekeeping operations. Fiji continued to position itself as the hub of the Pacific, including through the Pacific Islands Development Forum.

Natural disasters and El Niño weather patterns were a major cause of casualties, displacement and/or property damage in the region.

ICRC ACTION AND RESULTS

In 2015, the ICRC's delegation in the Pacific worked to protect and assist violence-affected people and people deprived of their freedom, helped National Societies build their capacities – particularly in responding to natural disasters – and supported efforts to advance IHL implementation.

In Papua New Guinea's Highlands region, the ICRC kept up its multidisciplinary efforts to mitigate the effects of communal violence, including instances of sexual violence, on communities. Members of clashing communities were urged, through briefings and communication materials, to respect basic principles of humanity; the delegation documented a few allegations of abuse and shared them with the parties concerned. Some community members and first-responders strengthened their ability to treat people wounded during violence through first-aid training. One health post in the Southern Highlands continued to offer curative and preventive care with ICRC support; a new health post was constructed in another village, but had yet to start functioning. People in the Southern Highlands and Hela had better access to water after the ICRC installed pumps, water tanks or rainwater harvesting systems in their communities. People affected by floods in the Highlands received urgent aid delivered by the Papua New Guinea Red Cross Society, which received training in the Safer Access Framework and logistical support from the ICRC.

Detainees throughout the region received visits conducted in accordance with standard ICRC procedures. The ICRC shared its findings confidentially with the detaining authorities and provided technical advice/material support to help them improve detainees' treatment and living conditions. The pertinent authorities received feedback on the specific vulnerabilities of migrants held at the

Manus Island and Nauru processing centres, and on persistent issues of humanitarian concern at the centres.

Members of families separated by detention, migration, natural disasters or other circumstances re-established contact through National Society/ICRC family-links services. Some migrants at the above-mentioned processing centres filed tracing requests to locate their relatives. Inmates in detention facilities in Papua New Guinea and the Solomon Islands received family visits. In Vanuatu, some civilians and detainees sought the Movement's help to restore contact with relatives after a tropical cyclone.

Regular contact with the authorities, armed/security forces and members of civil society, as well as regional/international conferences, fostered support for IHL and Movement action. States worked with National Societies and the ICRC to advance implementation of the Arms Trade Treaty and prepare pledges for the 32nd International Conference, covering priority issues linked to IHL compliance, sexual violence and the protection of health-care personnel/facilities. Civil society and the general public in Australia gained a better understanding of IHL and the ICRC's work through IHL-themed events and media coverage of global humanitarian crises. In Papua New Guinea, dialogue with the authorities centred on securing a headquarters agreement. The authorities concerned drew on ICRC expertise as they took preliminary measures to clarify the fate of people missing since the armed conflict/crisis in Bougainville in the 1990s.

At ICRC-organized briefings and workshops, military personnel from Australia, Fiji and New Zealand, and law enforcement officers from Fiji and Papua New Guinea, added to their knowledge of international norms applicable to their work.

Pacific Island National Societies enhanced their organizational and emergency response capacities with support from Movement partners, including the National Societies of Australia and New Zealand. This helped the National Societies of Papua New Guinea and Vanuatu assist people affected by a tropical cyclone. After fulfilling the requirements for recognition, the Tuvalu Red Cross Society became the Movement's 190th National Society.

CIVILIANS

Highlanders learn more about basic principles of humanity and report abuses to the ICRC

In Papua New Guinea, the ICRC continued to promote respect for basic principles of humanity, with a view to mitigating the effects of communal violence in the Highlands. A few people reported instances of abuse they had encountered during law enforcement operations and cases of perceived partiality in health-care facilities; the ICRC documented these allegations and shared them with the parties concerned, urging them to prevent their recurrence.

Almost 100 leaders or members of clashing communities, mediators and others affected by communal violence learnt about respect for basic principles of humanity at briefings conducted by the ICRC (see also *Actors of influence*). The ICRC conducted an assessment of the incidence of sexual violence, with a view to shaping its response to the issue.

Residents of one village in the Southern Highlands gain a new health post

In the village of Uma in the Southern Highlands province, around 30,000 people continued to have access to preventive and curative

health care at an ICRC-supported health post. Residents in the village of Kalolo stood to benefit from a new health post constructed by the ICRC in partnership with the provincial health authority, an NGO and the local community; the facility had not yet begun to function, owing to staffing constraints. Staff of the Mendi Family Support Centre drew on the advice of a visiting ICRC specialist to improve their ability to address sexual violence and implement outreach programmes. The Mendi hospital replenished its medical stocks with a one-off donation of dressing materials.

In the Southern Highlands and Hela, some 5,000 people had better access to water after the ICRC installed water pumps, tanks and rainwater harvesting systems in their communities, including at health centres and schools.

Over 200 members of violence-affected communities, including some 70 women, and Papua New Guinea Red Cross Society volunteers boosted their first-aid skills through 11 National Society/ICRC-organized training sessions; this increased the likelihood of on-site treatment and/or evacuation to hospital for people wounded during clashes, including victims of sexual violence.

Authorities take steps to clarify the fate of missing persons

With the ICRC's encouragement, Papua New Guinean authorities formed a working group on missing persons, which drafted a policy for facilitating and coordinating government agencies' efforts to ascertain the fate of missing persons. The policy was finalized and prepared for submission to the National Executive Council.

Election-related concerns delayed the Bougainville government's implementation of its policy on missing persons (adopted in 2014) and, in particular, the progress of the consultative committee overseeing the process. Nevertheless, meetings/events and communication materials organized/produced by the ICRC broadened awareness of the issue among government officials, members of civil society and the public. In particular, the International Day of the Disappeared was marked by two ceremonies organized by the families of missing persons and the National Society branch in Bougainville, with ICRC support. The president and the vice-president of Bougainville participated in the events and met with representatives of the families, demonstrating support for their cause. The events received significant coverage in the local and the national press.

Disaster-affected Papua New Guineans and Vanuatians receive emergency assistance

People affected by floods in five provinces of Papua New Guinea met some of their most pressing needs with food and household essentials distributed by the National Society, which carried out emergency response activities with support from other Movement partners. Volunteers reached remote areas in Bougainville and the Western Highlands in ICRC-provided vehicles, and drew on ICRC training to minimize the risk to their safety in violence-prone areas (see *Red Cross and Red Cross Movement*). The ICRC supported the Movement's response to food and water shortages caused by El Niño-related drought and frost conditions in the Highlands by providing logistical support to the National Society and the International Federation, and donating water containers to health facilities and schools.

In Vanuatu, families affected by a tropical cyclone alleviated their situation with help from the Vanuatu Red Cross Society and other Movement components working there; some people restored contact with their families through the Movement's family-links services, including listings on the ICRC's family-links website (familylinks.icrc.org).

PEOPLE DEPRIVED OF THEIR FREEDOM

ICRC reports draw attention to humanitarian issues faced by detained migrants

Detainees in Fiji, Nauru and Papua New Guinea received visits from the ICRC, conducted in line with its standard procedures. Visits to migrants held in processing centres in Nauru and on Manus Island were conducted with Australian Red Cross support; some of the migrants were also visited by the ICRC when they were at medical transit facilities in Port Moresby. People held in police stations and in the Highlands were paid particular attention.

Confidentially shared findings and recommendations from ICRC visits helped the detaining authorities take steps to improve detainees' treatment and living conditions. Reports submitted to the pertinent authorities in Australia, Nauru and Papua New Guinea drew their attention to: the specific vulnerabilities of migrants in processing centers, including mental health issues; international guidelines for dealing with hunger strikes; and persistent issues of humanitarian concern, including uncertainty regarding procedural safeguards. Dialogue with police commands in Papua New Guinea focused on international standards applicable to arrest and detention

PEOPLE DEPRIVED OF THEIR FREEDOM	Fiji	Nauru	Papua New Guinea	Solomon Islands
ICRC visits				
Detainees visited	412	696	2,681	
<i>of whom women</i>		117	104	
<i>of whom minors</i>	2	96	54	
Detainees visited and monitored individually	58	20	41	
<i>of whom women</i>		7		
<i>of whom boys</i>	2		1	
Detainees newly registered	54	7	25	
<i>of whom women</i>		2		
<i>of whom boys</i>	2			
Number of visits carried out	7	4	36	
Number of places of detention visited	5	2	18	
Restoring family links				
RCMs collected			4	
RCMs distributed			5	1
Phone calls made to families to inform them of the whereabouts of a detained relative			1	
Detainees visited by their relatives with ICRC/National Society support			40	19
People to whom a detention attestation was issued	1		1	

procedures (see *Actors of influence*); in Fiji, the government began investigating several cases of alleged ill-treatment.

Two Fijian prison officers and the Papua New Guinean commissioner of corrections exchanged best practices in prison management with their peers at a regional ICRC seminar (see *Kuala Lumpur*).

In Palau, ICRC delegates checked on the situation of a former internee of the US internment facility at Guantanamo Bay Naval Station in Cuba; he had emigrated by the end of the year.

Inmates and detained migrants contact their families

Partly as a result of an ICRC/Australian Red Cross report on family-links needs among refugees in the Nauru community, the government of Nauru agreed to allow the Australian Red Cross to provide tracing services for these people, in addition to those still detained. In the Manus Island processing centre, migrants sought the ICRC's help to locate relatives separated from them; 15 tracing cases were opened.

Detainees in two places of detention in Papua New Guinea spent time with their families during visits facilitated by the ICRC. Nearly half of all the detainees serving life sentences in the Solomon Islands received family visits financed by the Solomon Islands Red Cross with ICRC support.

Disaster-affected detainees maintain adequate living conditions

After a tropical cyclone damaged some places of detention, the Vanuatu penitentiary services requested the Movement's assistance: some detainees slept more comfortably and/or restored contact with their families with blankets/bedding and family-links services provided by the Australian, New Zealand and Vanuatuan National Societies and coordinated by the ICRC.

Over 1,800 detainees in Papua New Guinea had better access to water and more sanitary conditions after the ICRC installed water pumps and tanks, complemented by distributions of hygiene kits. Some also received recreational materials to promote their general well-being. The ICRC assessed the accessibility of health care in places of detention throughout the country, with a view to bolstering its support for the detaining authorities in this area.

ACTORS OF INFLUENCE

States make varying levels of progress in IHL implementation

With technical advice from their National Societies/the ICRC, New Zealand took steps towards implementing a UN resolution pertaining to women in armed conflict, and the the Fijian parliament endorsed ratification of the UN Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. Over 20 parliamentarians from the region participated in an ICRC-led seminar on implementing the Rome Statute. Representatives from Australia, Fiji and New Zealand discussed progress in implementing the Arms Trade Treaty at a conference abroad (see *Kuala Lumpur*); Tuvalu ratified the treaty in September. States in the region were encouraged to ratify Additional Protocols I, II and III; however, resource constraints/other government priorities prevented many States from doing so.

National IHL committees continued to receive support from the ICRC. No progress was made in establishing an IHL committee in Papua New Guinea.

States pledge support for addressing humanitarian issues

Dialogue with authorities tackled humanitarian issues and the ICRC's response. For example, dialogue with the Australian authorities centred on migration-related issues, Australia's counter-terrorism efforts, and the ICRC's work in related contexts; some officials made public statements in support of the ICRC.

The region's States and National Societies contributed to the 32nd International Conference, notably by advocating support for a resolution on strengthening compliance with IHL. Pledges from Australia and New Zealand also addressed other areas of ICRC concern, including sexual violence in armed conflict, assistance for persons with disabilities, and access to detainees.

In Canberra, government officials and Movement representatives from over 30 countries – 11 from the region – convened at the 4th Commonwealth Red Cross and Red Crescent Conference on IHL, hosted by the Australian Red Cross and the ICRC; they discussed, among other issues, IHL compliance, sanctions for IHL violations, the protection of cultural property in armed conflict, the Health Care in Danger project and sexual violence in armed conflict. The conference resulted in joint Commonwealth pledges at the 32nd International Conference covering the last two subjects.

In Papua New Guinea, the authorities and the ICRC finalized the text of a headquarters agreement, to be signed in 2016.

Weapon bearers learn more about international norms applicable to their duties

In Australia, Fiji and New Zealand, defence ministry officials and armed forces personnel added to their knowledge of IHL and the ICRC's mandate through ICRC presentations, including at major military training exercises and staff/command colleges. Senior officers from Australia and New Zealand enriched their understanding of IHL at sea during a regional workshop (see *Bangkok*). A Fijian officer attended an ICRC-sponsored workshop on rules of engagement at the Asia Pacific Centre for Military Law.

Fijian police personnel and Papua New Guinean constabulary officers, particularly those from the Highlands, learnt more about international norms applicable to their work during ICRC briefings and, for the latter, workshops/round-tables on good policing practices and train-the-trainer courses. Meetings with the commissioner of police in Fiji covered detention issues and forthcoming cooperation in incorporating applicable international human rights standards in police curricula.

Members of clashing communities in Papua New Guinea were encouraged to respect principles of humanity, through such means as theatrical shows and a comic strip on humanitarian issues and detention.

Medical practitioners tackle challenges confronting health-care delivery during emergencies

Civil society learnt more about the Fundamental Principles, the impact of armed conflict and other matters of humanitarian concern through various initiatives undertaken by the National Societies/ICRC.

In Australia, round-tables and seminars with academics covered topics such as the Health Care in Danger project, non-State armed groups, the militarization of aid, and principled humanitarian action. With ICRC support, six Australian academic

institutions organized briefings on IHL/humanitarian action for over 290 humanitarian workers and military personnel. At an Australian Red Cross course, 40 people learnt about challenges impeding the safe delivery of health/medical care in conflict using an ICRC-produced module. Medical professionals discussed the same at the Royal Australasian College of Surgeons' annual conference; ICRC participation was again requested for 2016.

Regular interaction with the media, in conjunction with National Societies, led to coverage of global humanitarian crises and greater awareness of such matters among stakeholders and the wider public. Updates on the Canberra mission's online channels, and ICRC materials published on the external platforms of universities and think-tanks, contributed to the same end. A briefing for foreign media correspondents encouraged accurate reporting on IHL/humanitarian issues.

Australia and New Zealand organized moot court competitions and sent teams to compete overseas (see *Beijing*).

RED CROSS AND RED CRESCENT MOVEMENT

Tuvalu Red Cross Society receives formal recognition

After it had fulfilled all the requirements, the Tuvalu Red Cross Society was recognized by the ICRC Assembly as the 190th National Society in November, enabling it to participate in the 32nd International Conference. To help the Marshall Islands progress along the same path, the International Federation and the ICRC organized a workshop on the governance and legal bases of National Societies, which was also attended by the Red Cross Society of Micronesia and the Palau Red Cross Society. The ICRC's vice-president delivered the keynote address at an event marking the New Zealand Red Cross's 100th anniversary.

National Societies in the region gained a venue to learn from each other's experiences and discuss common challenges with the creation of a Pacific Island National Societies leadership forum, with International Federation/ICRC support.

National Societies bolster their capacities

National Societies built their capacities with support from other Movement partners, notably the Australian Red Cross and the New Zealand Red Cross. National Society volunteers in Papua New Guinea and Tonga were trained to provide first aid in situations of violence, in accordance with the Safer Access Framework; the Vanuatu Red Cross Society assisted people affected by a tropical cyclone (see *Civilians*) and launched an IHL handbook for parliamentarians, while other National Societies continued to prepare their own such handbooks; and personnel from six National Societies were trained to disseminate humanitarian principles. The Papua New Guinea Red Cross undertook organizational and financial reforms, which helped open up new funding opportunities.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
Red Cross messages (RCMs)			UAMs/SC*		
RCMs collected		1			
RCMs distributed		4			
Phone calls facilitated between family members		29			
Names published on the ICRC family-links website		107			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		69	13	18	
including people for whom tracing requests were registered by another delegation		1			
People located (tracing cases closed positively)		60			
Tracing cases still being handled at the end of the reporting period (people)		37	10	6	4
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		3,789	221	152	
			Women	Girls	Boys
Detainees visited and monitored individually		119	7		3
Detainees newly registered		86	2		2
Number of visits carried out		47			
Number of places of detention visited		25			
Restoring family links					
RCMs collected		4			
RCMs distributed		6			
Phone calls made to families to inform them of the whereabouts of a detained relative		1			
Detainees visited by their relatives with ICRC/National Society support		59			
People to whom a detention attestation was issued		2			

*Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Essential household items ¹	Beneficiaries			
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	5,165		
Health				
Health centres supported	Structures	1		
Average catchment population		30,000		
Consultations	Patients	7,129		
<i>of which curative</i>	Patients		2,093	2,886
<i>of which ante/post-natal</i>	Patients		492	
Immunizations	Doses	5,406		
Referrals to a second level of care	Patients	56		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Water and habitat (in some cases provided within a protection programme)				
Water and habitat activities	Beneficiaries	1,885		

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.

EUROPE AND CENTRAL ASIA



KEY RESULTS/CONSTRAINTS IN 2015

- Dialogue with high-level officials and intergovernmental organizations helped build support for humanitarian principles and action within the region and worldwide.
- First-aiders, medical personnel and health facilities received various forms of ICRC assistance, helping increase the availability of appropriate treatment for people wounded during conflict/violence.
- Conflict-affected people met their most pressing needs and learnt safe practices to mitigate the dangers they faced. Some of them reduced their risks with the help of ICRC-built facilities.
- The authorities sought to address the issue of missing people and their families' needs, leading to the resolution of some cases, but many more remained unresolved.
- Detainees restored/maintained family links with ICRC help. Penitentiary authorities received ICRC feedback on detainees' living conditions, including their access to health care, and support for improving them.
- The region's National Societies, including those working abroad, partnered with the ICRC on humanitarian activities, particularly first aid, restoring family links and addressing migrants' concerns.

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	565
RCMs distributed	533
Phone calls facilitated between family members	714
People located (tracing cases closed positively)	964
People reunited with their families	18
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	66,334
Detainees visited and monitored individually	1,418
Number of visits carried out	474
Number of places of detention visited	166
Restoring family links	
RCMs collected	381
RCMs distributed	230
Phone calls made to families to inform them of the whereabouts of a detained relative	423

ASSISTANCE	2015 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	134,977 392,986
Essential household items	Beneficiaries	134,950 407,898
Productive inputs	Beneficiaries	4,350 3,219
Cash	Beneficiaries	15,002 22,961
Vouchers	Beneficiaries	67,390 12,215
Services and training	Beneficiaries	3,350 212
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	59,226 2,075,992
Health		
Health centres supported	Structures	7
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	88 107
Water and habitat		
Water and habitat activities	Number of beds	200 3,593

EXPENDITURE IN KCHF	
Protection	21,832
Assistance	65,673
Prevention	15,863
Cooperation with National Societies	8,400
General	468
Total	112,236
<i>Of which: Overheads</i>	6,849

IMPLEMENTATION RATE	
Expenditure/yearly budget	78%
PERSONNEL	
Mobile staff	183
Resident staff (daily workers not included)	900



DELEGATIONS

Armenia
Azerbaijan
Georgia
Ukraine

REGIONAL DELEGATIONS

Moscow
Paris
Tashkent
Western Balkans

Brussels
London

 ICRC delegation  ICRC regional delegation  ICRC mission



Donetsk, Ukraine. Staff preparing to distribute food parcels and hygiene kits.

In 2015, the ICRC strove to improve the protection of the civilian population and to respond to the most urgent needs of conflict/violence-affected people. The Ukraine, Moscow (regional), Georgia and Tashkent (regional) delegations ran extensive assistance programmes.

The Brussels, London and Paris (regional) delegations helped mobilize support for ICRC operations worldwide. They shared the organization's views on humanitarian concerns with influential actors, including intergovernmental organizations such as the Collective Security Treaty Organization (CSTO), the Commonwealth of Independent States (CIS), the European Union (EU), NATO, the Organization for Security and Co-operation in Europe, and UN bodies.

The bulk of the ICRC's operations in Europe and Central Asia took place in the context of the armed conflict in eastern Ukraine. In April, the Ukraine and Moscow (regional) delegations launched a budget extension appeal to address the increased humanitarian needs of people affected by the Ukraine crisis.

Regionwide, the ICRC pursued discussions with the authorities, *de facto* authorities and other key players, enabling it to draw attention to pressing humanitarian issues and to seek acceptance for its work. In Ukraine, these discussions covered the obligations of the parties to the conflict to respect/protect those not/no longer taking part in the fighting, to ensure that these people had access to essential services and to comply with IHL in the conduct of hostilities. The ICRC monitored the situation of civilians living along the Line of Contact and the international border between Armenia and Azerbaijan, raised concerns with the relevant authorities and

reminded them of their obligations under IHL, particularly the need for extra precautions, for example, during ICRC activities for front-line communities. Dialogue with the authorities in Georgia proper and the *de facto* authorities in Abkhazia and South Ossetia emphasized, *inter alia*, the concerns of people living along the administrative boundary lines.

Contact with influential figures enabled the ICRC to build support for humanitarian principles/action. Dialogue on humanitarian needs arising from the Ukraine crisis included discussions between the president and senior officials of Ukraine and the ICRC president, and between the president and senior officials of the Russian Federation and the ICRC president. In the United Kingdom of Great Britain and Northern Ireland, the authorities consulted the ICRC in drafting the country's five-year approach to national defence/security; the ICRC also provided input to a parliamentary committee conducting an inquiry into the Syrian refugee crisis. The first CSTO-ICRC staff talks – involving headquarters-level interaction between the two organizations – were held in Moscow in October; participants discussed, *inter alia*, the humanitarian situations in Afghanistan, Ukraine and other contexts of common concern. NATO opened a new section for the protection of civilians, which drew on ICRC advice as it worked on defining its policies.

The ICRC helped vulnerable people deal with the risks posed by hostilities. At front-line schools in eastern Ukraine, preparations were made for teachers and students to conduct evacuation drills and train in first aid, and for basements to be equipped as emergency shelters. Teachers were also provided with psychosocial support. Similarly, in front-line communities in Armenia,

basements were renovated and rooms built to serve as refuge for people during emergencies. People in Azerbaijan living near the Line of Contact had their homes modified and protective walls constructed, reducing their exposure to shooting.

Working with the pertinent National Societies and other local actors, the ICRC helped protect communities from mines and explosive remnants of war (ERW). In eastern Ukraine, the ICRC provided technical/material assistance to local teams conducting weapon-clearance activities on both sides of the front line. It also installed warning signs and latrines at front-line checkpoints, helping reduce mine/ERW risks for people waiting to pass through. In Bosnia and Herzegovina (hereafter Bosnia-Herzegovina), the National Society, with ICRC assistance, marked weapon-contaminated areas with signs and built a children's playground in a safer area. People in Armenia, Bosnia-Herzegovina, Tajikistan and Ukraine, and people displaced by the Ukraine crisis and travelling through south-western Russia, learnt about mine/ERW risks through National Society/ICRC information sessions and posters/leaflets.

The ICRC supported the development of local first-aid capacities. With ICRC assistance, the National Societies in Armenia and Azerbaijan conducted first-aid courses for people in front-line communities. The National Societies of Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan reinforced their capacities in first aid and the Safer Access Framework at an ICRC-facilitated regional workshop; some of these National Societies provided first-aid training to community leaders, border guards, prison guards and/or government representatives in their countries.

Health facilities received various forms of support. In eastern Ukraine, the ICRC provided material assistance to first-aid posts and hospitals on both sides of the front line. People with chronic illnesses benefited from life-saving procedures at some of these facilities. In the Russian Federation, hospitals treating people displaced by the Ukraine crisis – some of them weapon-wounded – received bed linen for their patients; one hospital was provided with refrigerators for its pharmacy. Health facilities in tension-prone areas of Kyrgyzstan and Tajikistan underwent renovation or received medical/surgical equipment.

Physicians from Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, Uzbekistan, eastern Ukraine, the northern Caucasus, Crimea and Sevastopol strengthened their skills through training organized/sponsored by the ICRC, or led by ICRC-trained doctors.

People affected by the Ukraine crisis met their most pressing needs with help from the pertinent National Societies and the ICRC. In eastern Ukraine, those affected by government regulations discontinuing State funding to services in opposition-controlled territory, and those unable to earn income because of displacement, weapon contamination or other effects of the conflict, received food and household/hygiene items. Among them were people living in medical/psychiatric facilities, orphanages and homes for the elderly. In government-controlled areas, more than 15,000 people, many of them unemployed IDPs, covered their basic expenses with ICRC financial assistance.

People displaced by the Ukraine crisis to Belarus obtained food, clothes/shoes and other essentials using vouchers provided by the Red Cross Society of Belarus, with ICRC funding. Those who

had fled to south-western Russia and Crimea received emergency relief provided by the ICRC and distributed by the local Red Cross branches or the local authorities.

Over 2 million people in Ukraine benefited from ICRC water and habitat activities, including the donation of materials for repairing utility networks and homes. People in Armenia, Azerbaijan, Georgia proper and South Ossetia had readier access to water, improved sanitation and/or better housing conditions following ICRC projects.

Conflict-affected households pursued livelihood activities with cash grants, productive inputs and/or business training provided by the ICRC, often with the help of the National Society or other local actors. Among them were the families of missing persons in Armenia and Georgia proper, the families of mine/ERW or crossfire victims in Armenia, Azerbaijan, Georgia proper, Tajikistan and Abkhazia, and households affected by the demarcation of administrative boundary lines in Georgia proper, Abkhazia and South Ossetia. Destitute and/or elderly people in Abkhazia and South Ossetia, some of them living in remote areas, met their basic needs with food and/or household/hygiene items provided by the ICRC.

Members of families separated by the Nagorno-Karabakh conflict, the demarcation of administrative boundary lines between Georgia proper, Abkhazia and South Ossetia, or other circumstances, restored/maintained contact through ICRC family-links services.

As a neutral intermediary, the ICRC helped people cope with movement restrictions and assisted in the transfer of human remains. People crossed the administrative boundary between Georgia proper and South Ossetia to obtain medical attention or rejoin their families, with the ICRC facilitating their passage in coordination with the pertinent authorities; the ICRC also transferred the remains of several people across boundary lines. In Ukraine, the remains of 59 combatants and 2 civilians were transferred with ICRC assistance. The remains of 2 Azerbaijani soldiers were retrieved from no-man's-land by the Azerbaijani authorities after the ICRC, acting as a neutral intermediary, helped them obtain consent from the Armenian authorities.

The ICRC urged governments to address the issue of missing persons. It worked with State bodies and within coordination mechanisms involving, for example, the Georgian, Russian, Abkhaz and South Ossetian stakeholders, or the authorities in the Western Balkans. It supported the collection/management of DNA samples and/or ante-mortem data to ensure that these were done according to international practice, and provided technical assistance for the forensic analysis of human remains. In Ukraine, the pertinent parties worked towards establishing national/local mechanisms to address the issue, with ICRC technical assistance. The ICRC's support helped close several hundred missing persons' cases regionwide, but many more remained unresolved. The families of missing persons obtained psychosocial, legal and/or administrative assistance from ICRC-supported local service providers.

Movement partners increased their family-links activities for migrants, including asylum seekers and refugees. Migrants passing through Greece, Italy and the Western Balkan countries contacted their relatives through Movement family-links services offered at points along migration routes. Migrants also searched for missing relatives using a photo campaign run by Movement partners across Europe. The National Societies of the Western

Balkans and the ICRC established a regional information centre that would facilitate the collection and sharing of information that could help migrants restore/maintain family links. Working with the authorities in the Western Balkans, the National Societies in the region and the ICRC sought to prevent the separation of families on the move and, when requested to do so, helped families reunite. Periodic contact with the Red Cross EU Office ensured the coherence of Movement-wide humanitarian diplomacy, particularly in underscoring the strictly humanitarian objectives of the Movement's family-links activities.

The ICRC visited detainees and provided them with family-links services. People who received visits included those held for security-related reasons (such as detainees in Kosovo, Serbia and the former Yugoslav Republic of Macedonia, and people at two prisons in Northern Ireland), migrants (many of them unaccompanied minors) and persons convicted/remanded by international tribunals. ICRC visits to detainees in Kosovo began after an agreement with the authorities was signed to formalize the organization's access to detainees within its purview.

The ICRC continued seeking regular access to detainees elsewhere in the region. In Ukraine, discussions continued regarding an agreement to formalize the ICRC's access to people detained by the authorities; meanwhile, detainees received ICRC visits on an ad hoc basis. The ICRC acted as a neutral intermediary in the release and immediate transfer of 34 people held by the parties to the conflict. In Turkmenistan, a draft agreement regarding ICRC visits to detainees was discussed. Dialogue with the Tajik authorities on the possible resumption of ICRC visits to detainees continued.

Penitentiary authorities received ICRC assistance for improving detainees' treatment and conditions, including health care in prisons. In Kyrgyzstan, the ICRC maintained its extensive support for managing TB: it helped complete construction/maintenance work at one prison; facilitated the centralized treatment of TB-affected detainees, in line with strict infection-control requirements; and established TB-screening/management procedures at a pre-trial detention centre. In Georgia proper, the ICRC conducted an evaluation of a primary-health-care project at 15 prisons, which it had handed over to the authorities in 2014. It shared its feedback and recommendations with the authorities.

The ICRC rallied public support for its work, encouraging journalists to report on humanitarian issues, promoting the teaching of IHL/humanitarian principles at schools/universities, and sponsoring the participation of students/academics in IHL-related events.

The countries in the region continued to work towards integrating IHL into domestic legislation. Turkmenistan incorporated sanctions for IHL violations into its criminal code, while Bosnia-Herzegovina amended its criminal code as part of its process to implement international conventions on torture and enforced disappearances. Regional bodies also contributed to IHL implementation. For instance, the Interparliamentary Assembly of the CIS approved a set of ICRC-drafted recommendations on implementing legal frameworks related to the goals of the Health Care in Danger project.

Armed/police forces attended talks/events on IHL and other norms applicable to their work. The Russian military conducted advanced IHL training for its officers, and included elements of IHL in the

training curriculum of its personnel deployed in the Syrian Arab Republic. The Georgian military continued to take steps to incorporate IHL in its doctrine, training and sanctions system.

Formal agreements/partnerships with a number of European National Societies helped strengthen cooperation and boost operations in certain contexts/fields of action.

PROTECTION MAIN FIGURES AND INDICATORS

PROTECTION

	CIVILIANS													
	RCMs collected	RCMs distributed	Phone calls facilitated between family members	Names published on the ICRC family-links website	People reunited with their families	UAM/SC* cases still being handled by the ICRC/National Society at the end of the reporting period	People transferred/repatriated	Human remains transferred/repatriated	People located (tracing cases closed positively)	People to whom travel documents were issued	Detainees visited	of whom women	of whom minors	Detainees visited and monitored individually
Armenia	8	4									1,046			4
Azerbaijan	90	89	60						7	34	13,723	633	53	204
Georgia	433	341			10		826	16	132		12,236	354	41	136
Ukraine	13	47	2		3	1			255	12	23,596	1,119	161	618
Moscow (regional)	14	22	9		4				13	10				
Paris (regional)	3	13	611						349	3	49		7	49
Tashkent (regional)	4	17	25		1				16	12	8,262	608	103	255
Western Balkans (regional)			7	8,784					192	30	6,212	4		86
Brussels											1			1
London											1,209	149	1	65
Total	565	533	714	8,784	18	1	826	16	964	101	66,634	2,867	366	1,418

*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	
							1	1			1			3	Armenia
5			73	2			87	29	177	109	60	7	2	4	Azerbaijan
30	4		73	26	4		106	21	97	67	38	10		4	Georgia
50	1	7	578	47	1	7	97	35	94	40	314			6	Ukraine
									4	5		383		1	Moscow (regional)
		2	13			2	21	18	2	7	2				Paris (regional)
14		11	81	7		7	136	44	7	2	8	291			Tashkent (regional)
			67				17	15						122	Western Balkans (regional)
							1	1							Brussels
2							8	2							London
101	5	20	885	82	5	16	474	166	381	230	423	691	2	140	Total

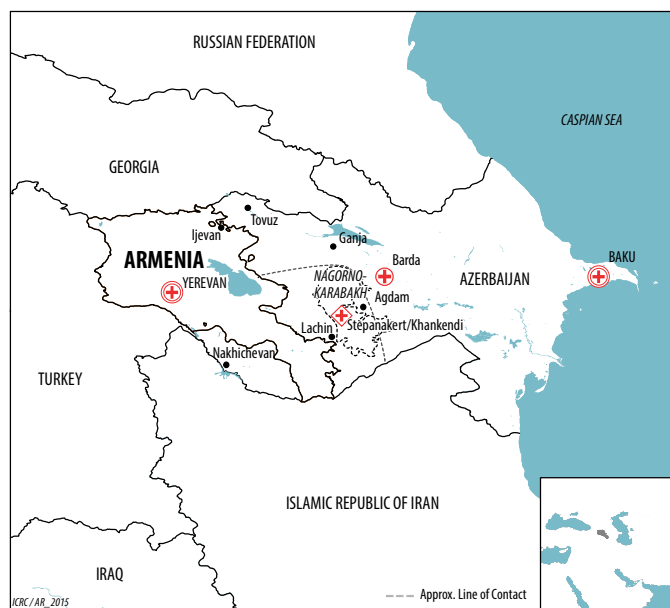
ASSISTANCE MAIN FIGURES AND INDICATORS

ASSISTANCE

	CIVILIANS								
	CIVILIANS - BENEFICIARIES							HEALTH	
	Food commodities	Essential household items	Productive inputs	Cash	Vouchers	Services and training	Water and habitat activities	Health centres supported	Catchment population (monthly average)
Armenia				303			4,780		
Azerbaijan		20	3,208	2,004			3,061		
Georgia	515	569	11	3,224		212	6,928		
Ukraine	351,031	365,145		15,901			2,061,223	7	63,072
Moscow (regional)	41,440	42,134			12,215				
Tashkent (regional)		30		1,529					
Total	392,986	407,898	3,219	22,961	12,215	212	2,075,992	7	63,072
of whom women	40%	40%	40%	41%	47%	42%	28%		
of whom children	23%	22%	20%	24%	30%	23%	35%		
of whom IDPs	13%	10%		73%					

CENTRES			PEOPLE DEPRIVED OF THEIR FREEDOM			WOUNDED AND SICK					
						FIRST AID	HOSPITALS				
	Consultations (patients)	Immunizations (doses)	Food commodities	Essential household items	Water and habitat activities	First-aid posts supported	Hospitals supported	<i>of which provided data</i>	Admissions (patients)	<i>of which weapon-wounded</i>	
											Armenia
				55							Azerbaijan
				13	54						Georgia
	55,985	4,761	16,770	16,728	1,907	52	89	11	1,275	1,275	Ukraine
			354	122			15				Moscow (regional)
				7,230	7,138		3				Tashkent (regional)
	55,985	4,761	17,124	24,148	9,099	52	107	11	1,275	1,275	Total
									31%	31%	of whom women
											of whom children
											of whom IDPs

ARMENIA



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 2015

- ▶ The authorities were reminded of their responsibility to protect civilians, particularly those living along the international border with Azerbaijan. Army commanders/troops learnt about IHL at ICRC workshops.
- ▶ Civilians living along the international border with Azerbaijan had better access to water, reinforced their self-protection mechanisms, and coped with conflict-related losses via ICRC-supported projects/grants.
- ▶ With the ICRC acting as a neutral intermediary, a civilian internee was voluntarily repatriated from Azerbaijan, and 2 soldiers' remains were retrieved by the Azerbaijani authorities.
- ▶ The ICRC's updated regional list of persons missing in relation to the Nagorno-Karabakh conflict was submitted to the authorities, who were urged to use it as a common reference for following up cases.
- ▶ Collection of DNA samples from the families of the missing was expanded, to aid future identification efforts. The families received psychosocial/other support via local partners, including the National Society.
- ▶ People in front-line communities learnt how to mitigate the risks they faced from mines and crossfire, via ICRC-supported information sessions implemented with the National Society and another organization.

EXPENDITURE IN KCHF

Protection	312
Assistance	1,297
Prevention	392
Cooperation with National Societies	213
General	27
Total	2,242
<i>Of which: Overheads</i>	137

IMPLEMENTATION RATE

Expenditure/yearly budget	85%
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PERSONNEL

Mobile staff	3
Resident staff (daily workers not included)	32

The ICRC has been working in Armenia since 1992 in relation to the Nagorno-Karabakh armed conflict. It focuses on the issue of missing persons and on detainees held for conflict-related or security reasons, and works to protect and assist communities living along the international border with Azerbaijan. It promotes the national implementation of IHL and its integration into the armed and security forces' doctrine, training and sanctions and into academic curricula. The ICRC works in partnership with and aims to help the Armenian Red Cross Society strengthen its capacities.

YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	8
RCMs distributed	4
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	1,046
Detainees visited and monitored individually	4
Number of visits carried out	1
Number of places of detention visited	1
Restoring family links	
Phone calls made to families to inform them of the whereabouts of a detained relative	1

ASSISTANCE		2015 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security (in some cases provided within a protection or cooperation programme)			
Cash	Beneficiaries	4,160	303
Water and habitat (in some cases provided within a protection or cooperation programme)			
Water and habitat activities ¹	Beneficiaries	80	4,780

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 consequences of the unresolved Nagorno-Karabakh conflict continued to be felt, particularly along the international border between Armenia and Azerbaijan and the Line of Contact. The situation remained tense; an increase in military activity, and mines/explosive remnants of war (ERW), caused military and civilian casualties. The insecurity limited daily movement, access to essential services and livelihood opportunities for civilians in border areas. Hundreds of families in Armenia remained without answers on the fate of relatives missing in relation to the conflict.

Mediators from the Minsk Group of the Organization for Security and Co-operation in Europe regularly visited the region and met with Armenian and Azerbaijani leaders. The presidents of Armenia and Azerbaijan also met in December. However, no progress was made towards a peaceful resolution to the conflict.

ICRC ACTION AND RESULTS

The ICRC continued working to alleviate the humanitarian consequences of the Nagorno-Karabakh conflict. It monitored the situation of civilians living on both sides of the international border between Armenia and Azerbaijan, raised concerns with the relevant authorities and reminded them of their obligations under IHL.

The ICRC implemented an integrated approach to helping border communities improve their living conditions and strengthen their resilience. At the request of local leaders, basements and other areas were renovated and rooms built, providing people – especially schoolchildren – with places to seek refuge in during emergencies; others walled up their windows with ICRC-provided materials, giving them some protection against cross-border fire. Some villages had better access to drinking water after infrastructure was constructed/improved. Following surges in military activity, a few of the households affected received ad hoc financial assistance for unexpected/urgent expenses. During ICRC-supported information sessions conducted by the Armenian Red Cross Society and the Armenian Center for Humanitarian Demining and Expertise (CHDE), people learnt how to mitigate the risks they faced from cross-border fire and mines/ERW. To strengthen their emergency preparedness, they were also trained in first aid. The National Society/ICRC concluded their efforts to collect data on mine/ERW incidents and on the needs of victims and their families. Preparations to hand over the data to the CHDE began, with a view to supporting its development of a national strategy to address mines/ERW and their consequences.

Clarifying the fate of people who went missing in relation to the conflict remained a priority. The ICRC's updated regional list of missing persons was submitted to all of the authorities concerned, who were encouraged to use it as a source of reference for following up cases. In coordination with the Armenian State Commission on Prisoners of War, Hostages and Missing Persons (CEPOD), and in cooperation with the National Society, the ICRC expanded a DNA sample-collection project – piloted in 2014 – to facilitate future identification of human remains. Trained National Society/ICRC teams collected buccal swabs from relatives of missing persons, whose informed consent had been obtained and who had access to psychological support throughout the process. The CEPOD continued, with ICRC technical support and training, to compile ante-mortem information on missing persons in a centralized database and began to systematically collect information on possible gravesites.

Families of the missing addressed some of their needs with help from the National Society, local service providers and the ICRC. The families received individual visits, were referred to specialized services, and attended group information sessions and community events. Economically vulnerable families also improved their living conditions after receiving support for repairing their homes, and strengthened their ability to earn an income through cash grants and vocational training. Preparations for the erection of a monument in recognition of missing persons began. The authorities decided not to pursue the adoption of an ICRC-promoted model law aimed at enhancing the rights of missing persons' families, as related legislation existed.

Detainees were visited to monitor their treatment and living conditions; security detainees were followed up individually. Acting as a neutral intermediary, the ICRC facilitated the voluntary repatriation of one civilian who had been temporarily detained in Azerbaijan after crossing the international border; it also obtained consent for the retrieval of the remains of two Azerbaijani soldiers from no-man's-land.

Humanitarian issues arising from the conflict remained central to dialogue with all actors. IHL promotion among the military continued, notably, through dissemination sessions for units deployed along the international border with Azerbaijan and workshops abroad for senior commanders. Using ICRC communication materials, the media broadened public awareness of the plight of conflict-affected people and the ICRC's humanitarian activities. Academics furthered their understanding of IHL at events organized with the National Society and other local partners. Dialogue on the establishment of a national IHL committee remained pending.

The National Society strengthened its emergency response and communication capabilities with financial and technical support from the ICRC.

CIVILIANS

Parties to the conflict are reminded to take extra precautions

Civilians along the international border between Armenia and Azerbaijan continued to be affected by military activity, incidents of cross-border fire and the presence of mines/ERW; these caused insecurity and at times, casualties. Through its presence in border regions and contact with local communities, civilian and military authorities and National Society branches, the ICRC kept abreast of the humanitarian situation, monitored respect for IHL among the parties to the conflict, and noted the issues faced by the population. These concerns were raised with the relevant authorities, who were reminded of their obligations under IHL, especially regarding the protection of civilians and the need for extra precautions during the farming season, public holidays and the implementation of ICRC activities for border communities.

The remains of two Azerbaijani soldiers were retrieved from no-man's land by the Azerbaijani authorities after the ICRC – acting as a neutral intermediary – helped them obtain consent from the Armenian authorities.

People separated by the Nagorno-Karabakh conflict maintained contact with relatives through ICRC-provided family-links services.

Civilians obtain access to places to seek refuge in during emergencies

The ICRC continued to address the humanitarian needs of border communities through an integrated approach aimed at strengthening their resilience and improving their living conditions. Acting as a neutral intermediary, it also obtained temporary security guarantees from the parties concerned to facilitate activities for civilians.

At the request of local leaders, support was provided for infrastructure projects to help mitigate the risk to civilians from cross-border fire. In 11 front-line communities, some 1,550 people had places to seek refuge in during emergencies after basements and other areas were renovated, and/or rooms constructed for this purpose. These rooms, which were mainly in schools/kindergartens and cultural centres, were also supplied with first-aid kits, water and other essentials. In two communities, 33 households (132 people) used ICRC-provided materials to wall up windows and other openings in their homes that faced military positions, giving them some added protection against bullets.

In five villages, around 4,780 people had better access to water after infrastructure was constructed/repared, based on their specific requests. For instance, some residents had a regular supply of good-quality drinking water after existing pipelines were extended.

Following surges in military activity that affected front-line communities, fourteen vulnerable households (some 50 people) received ad hoc ICRC financial assistance for repairing their homes, buying medicines and covering other unexpected/urgent expenses before winter.

Civilians learn about first aid and ways to reduce their risks from mines/ERW and cross-border fire

During information sessions conducted by the National Society and the CHDE, with ICRC support, over 3,300 residents in 17 front-line communities learnt how to mitigate the risks they faced from mines/ERW and cross-border fire. With a view to reaching more people, around 6,500 leaflets on these subjects were distributed. To strengthen their emergency preparedness, 76 people from 13 communities were trained in first aid through ICRC-backed courses organized by the National Society.

The National Society/ICRC's efforts to collect data on mine/ERW incidents and on the needs of victims and their families concluded, as information on the last 570 cases was entered into the Information Management System for Mine Action database, which was managed by an ICRC-trained National Society representative. Preparations to hand over the data to the CHDE began, with a view to supporting its development of a national strategy to address mines/ERW and their consequences. The CHDE also received other forms of assistance from the ICRC in this regard. A CHDE representative learnt more about addressing weapon contamination at a regional workshop abroad, which was organized by the Tajikistan National Mine Action Centre (see *Tashkent*). The CHDE's Victim Assistance department also received technical advice.

A few vulnerable mine/ERW victims received ICRC assistance (see below).

Authorities receive an updated regional list of missing persons

By the end of 2015, nearly 4,500 people remained unaccounted for in relation to the Nagorno-Karabakh conflict; 405 of them were registered as missing by the ICRC delegation in Yerevan.

A regional list of missing persons that was consolidated by the ICRC – the fourth of its kind, and the first since 2004 – was submitted to the Armenian and Azerbaijani governments and the *de facto* authorities in Nagorno-Karabakh. The pertinent authorities were encouraged to use the list as a common source of reference for following up cases. However, progress in clarifying the fate of the missing continued to be hampered by the absence of an agreed-upon mechanism for the relevant parties to share information; the ICRC, as a neutral intermediary, facilitated the exchange of queries about missing persons among the respective CEPODs.

Full roll-out of the DNA-collection project begins

The ICRC also continued, through other initiatives, to facilitate future efforts to identify human remains and provide answers to the families concerned.

The Ministry of Defence, the Ministry of Health's forensics centre and the ICRC continued to collect DNA samples from missing persons' families. Following last year's pilot phase, the project was fully expanded, and an updated protocol for sample collection, signed. Trained National Society and ICRC staff collected buccal swabs from 196 relatives of missing persons, in line with standard operating procedures, which included obtaining the families' informed consent and ensuring respect for confidentiality. Psychological support was made available to the families throughout the process. Samples sent for profiling and quality control to a DNA laboratory abroad returned with a 100% success rate. Over 100 samples were placed in long-term storage to facilitate future identification of exhumed remains.

In parallel, the ICRC, in cooperation with the National Society, continued to review and hand over ante-mortem data to the Armenian CEPOD; this included questionnaires answered by the families, together with pertinent documents and photographs. The database manager, with ICRC support, continued to enter these into the CEPOD's centralized database.

Following a three-day training session conducted by the ICRC, the Armenian CEPOD began to systematically collect information on possible gravesites by launching a mapping project in the Syunik region. It also expanded its forensic capabilities with technical equipment and advice from the ICRC. In preparation for future exhumations, a draft agreement on recovering, managing and analysing human remains was submitted to the CEPOD by the ICRC.

Relatives of missing persons receive comprehensive support for their specific needs

Many families continued to struggle with the uncertainty surrounding the fate of missing relatives. They often faced emotional, psychological, medical, economic, legal and administrative difficulties.

Fifty-three people were referred to other organizations for legal, medical and/or psychosocial support and for assistance in obtaining government benefits by the ICRC, with the help of ICRC-trained National Society staff and other local partners; some families received follow-up home visits. During more than 40 information sessions throughout Armenia – which were attended by local NGOs, specialists and the authorities – relatives of the missing discussed their various needs and learnt of services that could help them. Skill-building workshops, such as a basic computer course, aimed to help 41 of them cope with their situation. Community members and local authorities encouraged

community/peer support for the families of missing persons, and raised awareness of the issues they faced, through commemorative and recreational events. In Yerevan, preparations began for the construction of a monument to commemorate missing persons in Armenia and acknowledge the plight of their families.

A total of 68 vulnerable households (more than 250 people) with relatives that were missing or victims of mines/ERW started small businesses using cash grants and interest-free loans, or covered their most pressing needs through unconditional cash assistance. Twenty-five vulnerable families (100 people) had their homes repaired through a programme run by the Fuller Center for Housing in Armenia and the ICRC.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited people held in the largest detention facility in Armenia, in accordance with its standard procedures. Security detainees received particular attention; subsequently, findings and recommendations were confidentially shared with the pertinent authorities.

With the consent of all parties concerned, one civilian internee – who had been temporarily detained after crossing the international border into Azerbaijan – was voluntarily repatriated to Armenia under the auspices of the ICRC, which acted as a neutral intermediary at the parties' request (see *Azerbaijan*).

ACTORS OF INFLUENCE

The humanitarian consequences of the Nagorno-Karabakh conflict and the ICRC's work for conflict-affected people remained at the centre of dialogue with the authorities, armed forces, the diplomatic corps, international organizations and members of civil society.

Army officers strengthen their understanding of IHL considerations in military decision-making

Dialogue with military authorities focused on their responsibilities under IHL, particularly the need to protect civilians, and the ICRC's role as a neutral intermediary (see *Civilians* and *People deprived of their freedom*).

Army personnel, mainly those serving along the international border with Azerbaijan, learnt more about IHL and the ICRC's work – notably, the goals of the Health Care in Danger project – during National Society/ICRC-facilitated dissemination sessions. Over 60 peacekeeping troops familiarized themselves with IHL and the ICRC's mandate at predeployment briefings. Participants in a military exercise for members of the Collective Security Treaty Organization – which the authorities hosted and the ICRC attended as an observer – also furthered their understanding of these topics during ICRC presentations.

A total of 12 officers and 1 senior commander learnt more about incorporating IHL considerations in military decision-making through a course organized by the Ministry of Defence/ICRC and a workshop in Algeria (see *International law and policy*), respectively. Military legal advisers also discussed the incorporation of IHL in the armed forces' doctrine, training and sanctions system at a regional meeting (see *Moscow*). Nine instructors from a military institute strengthened their ability to teach IHL during a train-the-trainer workshop; an ICRC manual on the proper use of force was translated into Armenian and distributed during ICRC workshops.

Officials discuss IHL implementation at a regional seminar

Government representatives discussed legal frameworks for missing persons and recent developments in IHL implementation at a regional seminar (see *Moscow*). At an ICRC-organized conference, authorities and academics from the region discussed the possible ratification/implementation of the Rome Statute. Dialogue on the establishment of a national IHL committee remained pending.

The authorities decided that the rights of missing persons' families could be enhanced through amendments to existing legislation, rather than by adopting a new law; ICRC recommendations in this regard were developed.

Law students add to their knowledge of IHL

With local partners, the International and Comparative Law Center (ICLaw) and the ICRC pursued joint initiatives to promote the study/development of IHL.

Students/teachers enriched their understanding of IHL through lectures and other events, including a summer course organized by the ICRC with the American University of Armenia and ICLaw, and a moot court competition organized by the National Society with ICLaw/ICRC support. Researchers from various countries discussed contemporary IHL issues at an annual youth conference in Yerevan, hosted jointly by the Russian-Armenian Slavonic University and the ICRC.

The media raise awareness of humanitarian issues

The media played a key role in keeping humanitarian issues visible and informing parties concerned and the wider public of the ICRC's multidisciplinary activities for conflict-affected people. Drawing on ICRC briefings/press materials, journalists reported on missing persons, front-line communities and POWs/civilian internees; for example, in a media workshop organized with the Media Initiatives Center, participants produced reports on the humanitarian situation of missing persons' families and mine victims. Following an ICRC-organized trip, local media raised awareness of the ICRC's activities for border communities through reports and an interview (see *Civilians*).

RED CROSS AND RED CRESCENT MOVEMENT

The Armenian Red Cross, with ICRC financial/material/technical support, strengthened its capacity to respond to the needs of missing persons' families and mine/ERW victims, and began to work on incorporating elements of the Safer Access Framework in its operations. It expanded its first-aid capacities through basic courses for volunteers and regional/national first-aid competitions. Its focal point for tracing learnt more about providing family-links services during disasters through a visit to the Red Crescent Society of Kyrgyzstan. The Armenian Red Cross also promoted its tracing services and discussed other issues of interest at a round-table meeting with the authorities and other organizations.

In line with its 2013-2020 communication strategy, the National Society implemented projects in three regions, to promote its humanitarian role and activities. It continued to organize the national moot court competition, and conducted IHL dissemination sessions with the ICRC (see *Actors of Influence*).

Movement partners coordinated their activities and discussed common concerns during meetings.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SC*	
RCMs collected		8		
RCMs distributed		4		
Tracing requests, including cases of missing persons			Women	Girls
People for whom a tracing request was newly registered		6	3	
including people for whom tracing requests were registered by another delegation		1		
Tracing cases still being handled at the end of the reporting period (people)		410	25	6
including people for whom tracing requests were registered by another delegation		1		
Documents				
Official documents relayed between family members across borders/front lines		1		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Detainees visited		1,046		
			Women	Girls
Detainees visited and monitored individually		4		
Number of visits carried out		1		
Number of places of detention visited		1		
Restoring family links				
Phone calls made to families to inform them of the whereabouts of a detained relative		1		
People to whom a detention attestation was issued ¹		3		

*Unaccompanied minors/separated children

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

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Cash	Beneficiaries	303	43%	27%
	of whom IDPs	23		
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities ¹		Beneficiaries	4,780	40%
				20%
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Health				
Number of visits carried out by health staff		1		
Number of places of detention visited by health staff		1		

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.

AZERBAIJAN



ICRC/AR_2015

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 2015

- ▶ The authorities were reminded of their responsibility to protect civilians, particularly those living near the front lines. At ICRC workshops, army officers learnt about incorporating IHL in their decision-making.
- ▶ Civilians living near the front lines had better access to water and improved their livelihoods through ICRC projects, some of which were implemented with the Red Crescent Society of Azerbaijan.
- ▶ With the ICRC acting as a neutral intermediary, a civilian internee and a POW were voluntarily transferred/repatriated across front lines, and 2 soldiers' remains were retrieved by the Azerbaijani authorities.
- ▶ The ICRC's updated regional list of persons missing in relation to the Nagorno-Karabakh conflict was submitted to the authorities, who were urged to use it as a common reference for following up cases.
- ▶ Collection of DNA samples from the families of the missing was expanded, to aid future identification efforts. The families also obtained psychosocial and other support via ICRC-trained local service providers.
- ▶ Detainees, including POWs held in relation to the Nagorno-Karabakh conflict, received ICRC visits. An agreement with the Azerbaijani government on access to detainees under their authority was renewed.

EXPENDITURE IN KCHF

Protection	1,688
Assistance	4,116
Prevention	560
Cooperation with National Societies	333
General	40
Total	6,735
<i>Of which: Overheads</i>	411

IMPLEMENTATION RATE

Expenditure/yearly budget	82%
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PERSONNEL

Mobile staff	15
Resident staff (daily workers not included)	75

The ICRC has been working in Azerbaijan since 1992 in relation to the Nagorno-Karabakh armed conflict. It focuses on the issue of missing persons and on detainees held for conflict-related or security reasons, and works to protect and assist communities living along the Line of Contact and the international border with Armenia. It promotes implementation of IHL and its integration into armed and security forces' training and into academic curricula. The ICRC works in partnership with and aims to help the Red Crescent Society of Azerbaijan strengthen its capacities.

YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	90
RCMs distributed	89
Phone calls facilitated between family members	60
People located (tracing cases closed positively)	7
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	13,723
Detainees visited and monitored individually	204
Number of visits carried out	87
Number of places of detention visited	29
Restoring family links	
RCMs collected	177
RCMs distributed	109
Phone calls made to families to inform them of the whereabouts of a detained relative	60

ASSISTANCE	2015 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Essential household items	Beneficiaries	20
Productive inputs	Beneficiaries	3,600
Cash	Beneficiaries	2,002
Services and training ¹	Beneficiaries	2,004
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	5,626
		3,061

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 consequences of the unresolved Nagorno-Karabakh conflict continued to be felt, particularly along the Line of Contact and the international border between Azerbaijan and Armenia. The situation remained tense; an increase in military activity, and mines/explosive remnants of war (ERW), caused military and civilian casualties. The insecurity limited daily movement, access to essential services and livelihood opportunities for civilians in border areas. Thousands of families remained without answers on the fate of relatives missing in relation to the conflict.

Mediators from the Minsk Group of the Organization for Security and Co-operation in Europe regularly visited the region and met with Azerbaijani and Armenian leaders. The presidents of Azerbaijan and Armenia also met in December. However, no progress was made towards a peaceful resolution to the conflict.

ICRC ACTION AND RESULTS

The ICRC continued working to alleviate the humanitarian consequences of the Nagorno-Karabakh conflict. It monitored the situation of civilians living near the Line of Contact and the international border between Azerbaijan and Armenia, raised concerns with the relevant authorities and reminded them of their obligations under IHL.

The ICRC implemented an integrated approach to helping front-line communities strengthen their resilience and improve their living conditions; some projects were conducted with the Red Crescent Society of Azerbaijan. Five villages had reliable access to water/electricity after key infrastructure was repaired, and a few households were less exposed to crossfire after protective walls were built around their homes. Civilians learnt about the sustainable use of water and related infrastructure during National Society/ICRC information sessions. Economically vulnerable households – including those with family members wounded by crossfire and injured by mines/ERW – boosted their income through micro-economic initiatives that they started with ICRC support. Some villages improved their livelihoods through projects that they helped design, such as seed distributions. To strengthen their emergency preparedness, communities were trained in first aid by the National Society.

In Nagorno-Karabakh, families of mine/ERW victims improved their living conditions after receiving support for micro-economic initiatives and home repairs. Monthly cash allowances enabled vulnerable pensioners to meet their basic needs.

Clarifying the fate of people who went missing in relation to the conflict remained a priority. The ICRC's updated regional list of missing persons was submitted to all of the authorities concerned, who were encouraged to use it as a source of reference for following up cases. In coordination with the Azerbaijani State Commission on Prisoners of War, Hostages and Missing Persons (CEPOD) and the *de facto* commission in Nagorno-Karabakh, the ICRC expanded a DNA sample-collection project – piloted in 2014 – to facilitate future identification of human remains. Buccal swabs were collected from relatives of missing persons, whose informed consent had been obtained and who had access to psychological support throughout the process. Aided by the ICRC's technical expertise, the two commissions continued to compile ante-mortem data on missing persons in their centralized databases.

Families of the missing addressed their needs with the assistance of ICRC-trained service providers. Notably, they received psychological support in groups or individually, and were referred to other actors for, *inter alia*, administrative/legal and medical assistance. The Azerbaijani authorities continued to be encouraged to adopt national measures protecting the rights of missing persons and their families.

The ICRC visited detainees, including those held in relation to the conflict, and monitored their treatment and living conditions to ensure compliance with IHL/internationally recognized standards. Visits to people held under the authority of Azerbaijan's Ministry of Internal Affairs resumed, as an agreement on the ICRC's access to detainees was renewed. Acting as a neutral intermediary, the ICRC facilitated the voluntary transfer/repatriation of one civilian internee and one POW across front lines; it also obtained consent for the retrieval of the remains of two Azerbaijani soldiers from no-man's-land.

Humanitarian issues arising from the conflict remained central to dialogue with all actors. Through ICRC presentations/seminars, officers from the Azerbaijani armed forces and the *de facto* armed forces in Nagorno-Karabakh added to their knowledge of IHL considerations in military decision-making, and front-line troops strengthened their understanding of IHL. Azerbaijani security forces learnt more about international policing standards during ICRC workshops. Briefings for government officials, diplomats and the media helped them learn more about the ICRC and its work, and local/international events encouraged the development of IHL expertise in academic circles. Support related to implementation of the Hague Convention on Cultural Property was not taken up by the Azerbaijani authorities, as another actor offered them assistance in this regard.

With support from Movement partners, the National Society strengthened its emergency-preparedness/response, public-communication, and fundraising capabilities. It also continued to work with the Azerbaijan National Agency for Mine Action (ANAMA) to address the impact of mines/ERW. Movement partners coordinated their activities regularly.

CIVILIANS

Parties to the conflict are reminded to take extra precautions

Civilians, including IDPs, along the Line of Contact and the international border between Azerbaijan and Armenia continued to be affected by military activity, incidents of cross-border fire and the presence of mines/ERW; these caused insecurity and at times, casualties. Through its presence in border regions and contact with local communities, civilian and military authorities and National Society branches, the ICRC kept abreast of the humanitarian situation, monitored respect for IHL among the parties to the conflict, and noted the issues faced by the population. These concerns were raised with the relevant authorities, including the *de facto* authorities in Nagorno-Karabakh, who were reminded of their obligations under IHL, especially regarding the protection of civilians and the need for extra precautions during the farming season, public holidays and the implementation of ICRC activities for front-line communities.

The remains of two Azerbaijani soldiers were retrieved from no-man's land by the Azerbaijani authorities after the ICRC – acting as a neutral intermediary – helped them obtain consent from the Armenian authorities.

People separated by the Nagorno-Karabakh conflict maintained contact with relatives through ICRC-provided family-links services. Members of one family separated by the Line of Contact met each other twice at ICRC-organized meetings in Georgia. Afghan and Chechen refugees were resettled in third countries by other agencies after the ICRC issued 34 sets of travel documents.

Ethnic Armenians living in Azerbaijan received legal assistance to help them clarify their legal status and obtain government benefits.

Civilians living near the front lines have reliable water access and boost their food production

The ICRC continued to address the urgent needs of front-line communities through an integrated approach aimed at strengthening their resilience and improving their living conditions; some projects were carried out with the National Society. Acting as a neutral intermediary, the ICRC also obtained temporary security guarantees from the parties concerned to facilitate activities for civilians.

Over 3,000 people benefited from projects to improve their living conditions. Among them were 1,790 people in five villages, who had more reliable access to water after systems were repaired/reconstructed in cooperation with local authorities; one remote community also had electricity after their power line was fixed. In addition, maintenance personnel were provided with training and tools. Over 1,000 beneficiaries of water-supply systems constructed/repared in 2014 learnt about the sustainable use of water and related infrastructure through National Society/ICRC information sessions. At their request, twenty-nine households (some 150 people) near the Line of Contact had their homes modified and protective walls built, reducing their exposure to crossfire.

Nearly 270 economically vulnerable households (over 1,330 people) in front-line communities – including those with a family member who had recently been wounded by crossfire or injured by mines/ERW – met some of their needs after pursuing livelihood activities with ICRC support. This support included cash grants and training sessions on, *inter alia*, business skills, livestock rearing and beekeeping. Owing to operational constraints, however, residents in two villages did not receive cash grants. In five villages, some 3,200 people improved their livelihoods through community-based projects that they helped design; notably, they increased their food production after seed was distributed and storage sheds were constructed.

Two civilians wounded by crossfire partially covered the expenses of their medical treatment with ad hoc ICRC financial assistance. To prepare them for emergencies, people in three front-line communities were trained in first aid by the National Society, with ICRC support.

Mine/ERW victims augment their income through micro-economic initiatives

Nineteen families – who had lost their breadwinners to mine/ERW incidents some years back – started small businesses after being selected by the National Society to receive ICRC financial assistance.

In Nagorno-Karabakh, over 50 economically vulnerable households (some 265 people) – mainly mine/ERW victims' families – boosted their income through ICRC-supported micro-economic initiatives. With ICRC financial assistance, six mine victims had their houses

repaired and three others partially covered their medical expenses. Efforts to mobilize the *de facto* authorities and relevant agencies to address the needs of mine/ERW victims and other vulnerable people were maintained. Around 300 vulnerable elderly people living alone in Nagorno-Karabakh supplemented their pensions with monthly cash allowances distributed in coordination with the *de facto* authorities; this enabled them to meet their basic needs. Four of them also had their houses repaired.

The ICRC, in some cases with ANAMA/the National Society, continued to collect information on mine/ERW incidents and the needs of the victims and/or their families. The National Society also received technical support for managing such data.

Authorities receive an updated regional list of missing persons

By the end of 2015, nearly 4,500 people remained unaccounted for in relation to the Nagorno-Karabakh conflict; 3,716 of them were registered as missing by the ICRC delegation in Baku, and 372 by the ICRC mission in Stepanakert/Khankendi.

A regional list of missing persons that was consolidated by the ICRC – the fourth of its kind, and the first since 2004 – was submitted to the Azerbaijani and Armenian governments and the *de facto* authorities in Nagorno-Karabakh. The pertinent authorities were encouraged to use the list as a common source of reference for following up cases. However, progress in clarifying the fate of the missing continued to be hampered by the absence of an agreed-upon mechanism for the relevant parties to share information; the ICRC, as a neutral intermediary, facilitated the exchange of queries about missing persons among the respective CEPODs.

Full roll-out of the DNA-collection project begins

The ICRC also continued, through other initiatives, to facilitate future efforts to identify human remains and provide answers to the families concerned.

The relevant authorities and the ICRC continued to collect DNA samples from missing persons' families. Following last year's pilot phase, the project was fully expanded, and an updated protocol for sample collection signed. Trained ICRC and hospital staff, as well as CEPOD personnel, collected buccal swabs from 1,566 relatives of missing persons, in line with standard operating procedures, which included obtaining the families' informed consent and ensuring confidentiality. Psychological support was made available to the families throughout the process. Samples sent for profiling and quality control to a DNA laboratory abroad returned with a 100% success rate.

In parallel, the ICRC continued to review and hand over ante-mortem data to the Azerbaijani CEPOD and the *de facto* commission in Nagorno-Karabakh; this included questionnaires filled out by the families, together with pertinent documents and photographs. Trained administrators entered the information into centralized ante/post-mortem databases.

Relatives of missing persons receive comprehensive support for their specific needs

Many families continued to struggle with the uncertainty surrounding the fate of missing relatives. They often faced emotional, psychological, medical, economic, legal and administrative difficulties, owing to the lack of official recognition for their status.

Over 490 members of missing persons' families met their multi-faceted needs with the help of ICRC-trained counsellors and local organizations. For instance, some 330 of them spoke about their difficulties and received psychological support during peer-group sessions and individual home visits. A total of 45 people were referred to local authorities for their legal/administrative concerns, and 125 to the Red Crescent Society of the Islamic Republic of Iran, for health services. Twenty people received material assistance according to their specific needs, such as blood pressure monitors.

In Nagorno-Karabakh, 40 people with relatives who were missing received similar support through individual counselling by ICRC-trained psychologists, peer-group discussions, and sessions with specialists on health, legal, social and other issues affecting them. In all, 140 individual visits and 27 group meetings took place. Additionally, 15 people improved their employability after attending a vocational workshop, and one family supplemented its income via an ICRC-supported microeconomic initiative. The social concerns of five people were resolved after ICRC interventions on their behalf to the *de facto* authorities.

PEOPLE DEPRIVED OF THEIR FREEDOM

Over 13,000 detainees, including 2 POWs held in relation to the Nagorno-Karabakh conflict, received ICRC visits, conducted in accordance with the organization's standard procedures. Delegates checked whether their treatment and living conditions complied with internationally recognized standards and IHL and, following visits, confidentially shared their findings and recommendations with the authorities concerned. Visits to detainees held under the authority of Azerbaijan's Ministry of Internal Affairs resumed, after the renewal of an agreement with the government on the ICRC's access to detainees.

Detainees contacted their families through RCMs, oral messages relayed by ICRC delegates and, in some cases, phone calls. At the main prison in Nagorno-Karabakh, some detainees with particularly vulnerable families received visits from them; the travel costs were covered by the ICRC.

Vulnerable detainees received clothes and hygiene items to ease their situation; one detainee received orthopaedic assistance. In December, seven cells at the main prison in Nagorno-Karabakh were renovated, with a view to improving the living conditions there.

Acting as a neutral intermediary at the request of all parties concerned, the ICRC facilitated the handover of one POW across the Line of Contact, and the voluntary repatriation of one civilian internee – who had been temporarily detained after crossing the international border into Azerbaijan – to Armenia.

Chinese officials learn from Azerbaijan's TB-control model during a study tour

Representatives from China's justice ministry learnt from the Azerbaijani authorities' continued efforts to address multi-drug-resistant TB in prisons via a study tour. This was organized by the ICRC in coordination with the medical department of the Azerbaijani Ministry of Justice, after the Chinese authorities had expressed interest in the subject.

ACTORS OF INFLUENCE

The humanitarian consequences of the Nagorno-Karabakh conflict and the ICRC's work for conflict-affected people remained at the centre of dialogue with the authorities, armed forces, the diplomatic corps, international organizations and members of civil society. Regular contact with these actors, supported by newsletters/reports based on ICRC communication materials, kept them and the wider public informed about these topics and contributed to securing acceptance for the ICRC's mandate, access to conflict-affected people, and respect for IHL (see *Civilians and People deprived of their freedom*).

Armed forces personnel learn about IHL considerations in military operations

Through ICRC workshops and participation in an advanced course in San Remo, 30 army officers and a senior commander learnt more about incorporating IHL considerations in military decision-making. The defence ministry's legal department, in collaboration with the ICRC, continued to work on incorporating IHL in military curricula. During workshops, police/security forces learnt more about international policing standards, IHL and the ICRC's work for detainees.

In Nagorno-Karabakh, over 400 military personnel stationed along the Line of Contact strengthened their understanding of the basic provisions of IHL and their application in armed conflict, as well as the ICRC's mandate, during information sessions organized in coordination with the *de facto* armed forces. During an ICRC

PEOPLE DEPRIVED OF THEIR FREEDOM	related to the Nagorno-Karabakh conflict	not related to the Nagorno-Karabakh conflict
ICRC visits		
Detainees visited	4	13,719
of whom women		633
of whom minors		53
Detainees visited and monitored individually	4	200
of whom women		5
Detainees newly registered	2	71
of whom women		2
Number of visits carried out	31	56
Number of places of detention visited	8	21
Restoring family links		
RCMs collected	102	75
RCMs distributed	96	13
Phone calls made to families to inform them of the whereabouts of a detained relative	6	54
Detainees visited by their relatives with ICRC/National Society support		7
Detainees released and transferred/repatriated by/via the ICRC	2	
People to whom a detention attestation was issued		1

workshop, 22 officers learnt about IHL in relation to military decision-making. Articles published in the *de facto* armed forces' newspaper made soldiers more aware of IHL.

Minimal progress is made in IHL implementation

While mobilizing the authorities to advance efforts to clarify the fate of missing persons and meet the needs of their families (see *Civilians*), the ICRC updated a study on the compatibility of Azerbaijani legislation with a draft law on the status of missing persons and the rights of their families, and shared it with the relevant authorities. Government officials discussed legal frameworks for missing persons and recent developments in IHL implementation at a regional seminar (see *Moscow*). Support related to implementation of the Hague Convention on Cultural Property was not taken up by the authorities, as another actor offered assistance in this regard.

Community leaders are brought up to date on IHL and pertinent humanitarian issues

Local authorities from 13 front-line communities were brought up to date on ICRC activities at two round-table meetings. Staff from the Ministry of Foreign Affairs, and members of the diplomatic corps and the media, learnt more about IHL and the ICRC's mandate and activities at ICRC briefings. At an ICRC workshop, journalists in Nagorno-Karabakh furthered their understanding of the organization's activities and of IHL, in particular, the need to protect the privacy of POWs and civilian internees. The general public learnt more about the ICRC and its work through interviews and articles disseminated/produced by the local media.

Academics expand their practical knowledge of IHL

Students at Azerbaijani universities added to their knowledge of IHL during ICRC guest lectures and a summer course on the subject, which also enabled local IHL professionals to meet international experts and expand their academic network. Two professors developed their expertise at an international conference on the development of IHL (see *Moscow*). Students from Nagorno-Karabakh participated in a summer course, a moot court competition and an international IHL conference (see *Armenia*).

RED CROSS AND RED CRESCENT MOVEMENT

The Azerbaijani Red Crescent, in partnership with the ICRC, assisted conflict-affected communities. It also worked with the ANAMA to collect data on mine/ERW incidents and assess the needs of mine/ERW victims and their families (see *Civilians*).

With ICRC support, the National Society continued to strengthen its ability to prepare for/respond to emergencies – particularly by providing first aid and family-links services – and to promote the Movement's work and the Fundamental Principles. Training for personnel from front-line branches tackled, *inter alia*, needs assessment and public communication; a workshop supported by ANAMA, the Azerbaijan Campaign to Ban Landmines and the ICRC covered mines/ERW and their consequences. Following on from an assessment conducted in 2014 with the Austrian Red Cross and the ICRC, the National Society began to implement a two-year plan to develop its first-aid services; notably, it organized first-aid courses in conflict-affected villages (see *Civilians*). Funds could not be transferred to the National Society because of amendments to local laws, but its fundraising efforts continued to be supported.

Movement partners met regularly to coordinate their activities.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SC*	
RCMs collected		90		
RCMs distributed		89		
Phone calls facilitated between family members		60		
Tracing requests, including cases of missing persons			Women	Girls
People for whom a tracing request was newly registered		10	1	1
People located (tracing cases closed positively)		7		
Tracing cases still being handled at the end of the reporting period (people)		4,096	331	19
including people for whom tracing requests were registered by another delegation		3		
Documents				
People to whom travel documents were issued		34		
Official documents relayed between family members across borders/front lines		1		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Detainees visited		13,723	633	53
			Women	Girls
Detainees visited and monitored individually		204	5	
Detainees newly registered		73	2	
Number of visits carried out		87		
Number of places of detention visited		29		
Restoring family links				
RCMs collected		177		
RCMs distributed		109		
Phone calls made to families to inform them of the whereabouts of a detained relative		60		
Detainees visited by their relatives with ICRC/National Society support		7		
Detainees released and transferred/repatriated by/via the ICRC		2		
People to whom a detention attestation was issued ¹		4		

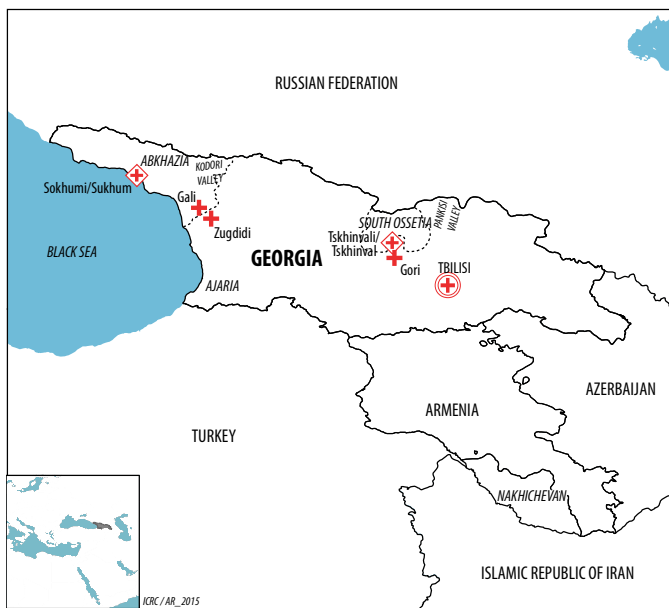
*Unaccompanied minors/separated children

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

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Essential household items	Beneficiaries	20	16%	1%
of whom IDPs	Beneficiaries	6		
Productive inputs	Beneficiaries	3,208	40%	20%
Cash	Beneficiaries	2,004	59%	13%
of whom IDPs	Beneficiaries	153		
Services and training ¹	Beneficiaries			
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	3,061	40%	27%
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items ¹	Beneficiaries	55		
Health				
Number of visits carried out by health staff		15		
Number of places of detention visited by health staff		7		
Number of health facilities supported in places of detention visited by health staff		1		

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.

GEORGIA



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KEY RESULTS/CONSTRAINTS IN 2015

- ▶ Families of missing persons obtained psychosocial, legal and administrative assistance from local providers supported by the ICRC. These families' plight was highlighted in a regional conference.
- ▶ Several families received the remains of relatives who had gone missing; the remains had been identified with ICRC forensic assistance. The families benefited from psychosocial support during the handover.
- ▶ People travelled across administrative boundary lines to obtain urgent medical treatment or rejoin their families; the ICRC facilitated their passage in coordination with the pertinent authorities.
- ▶ Families of missing persons, victims of mines and explosive remnants of war, and people affected by the demarcation of the administrative boundaries began/expanded livelihood activities with ICRC assistance.
- ▶ Detainees in Georgia proper and South Ossetia received ICRC visits. The ICRC remained without access to people detained in Abkhazia.

EXPENDITURE IN KCHF

Protection	2,040
Assistance	5,332
Prevention	946
Cooperation with National Societies	451
General	67
Total	8,836
<i>Of which: Overheads</i>	539

IMPLEMENTATION RATE

Expenditure/yearly budget	81%
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PERSONNEL

Mobile staff	19
Resident staff (daily workers not included)	163

The ICRC has been present in Georgia proper and in South Ossetia since 1992. Acting as a neutral intermediary, it contributes to efforts to clarify the fate and whereabouts of missing persons, including by offering its forensic expertise to the actors concerned. It supports the families of missing persons and works to protect and assist vulnerable groups in conflict-affected regions. It visits detainees in Georgia proper and in South Ossetia. It promotes the national implementation of IHL and its integration into armed and security forces' doctrine, training and sanctions and into academic curricula. The ICRC helps the Red Cross Society of Georgia strengthen its capacities.

YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

HIGH

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	433
RCMs distributed	341
People located (tracing cases closed positively)	133
People reunited with their families	10
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	12,236
Detainees visited and monitored individually	136
Number of visits carried out	106
Number of places of detention visited	21
Restoring family links	
RCMs collected	97
RCMs distributed	67
Phone calls made to families to inform them of the whereabouts of a detained relative	38

ASSISTANCE		2015 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security (in some cases provided within a protection or cooperation programme)			
Food commodities	Beneficiaries	1,477	515
Essential household items	Beneficiaries	1,450	569
Productive inputs	Beneficiaries	750	11
Cash	Beneficiaries	3,350	3,224
Services and training	Beneficiaries	3,350	212
Water and habitat			
Water and habitat activities	Beneficiaries	2,520	6,125

CONTEXT

Civilians continued to feel the effects of past conflicts. More than 2,000 people remained unaccounted for. The demarcation of the Abkhaz and South Ossetian administrative boundary lines continued to hamper the movement of people and to disrupt livelihoods. Arrests of people attempting to cross the boundary lines without the necessary documents continued to be reported.

Peace negotiations (the “Geneva International Discussions”) – involving representatives of Georgia proper, the Russian Federation, Abkhazia and South Ossetia, and mediated by the European Union (EU), the Organization for Security and Co-operation in Europe (OSCE) and the UN – continued, but made little progress. Monthly meetings of the Incident Prevention and Response Mechanism (IPRM), facilitated jointly by the EU Monitoring Mission and the OSCE, enabled Georgian and South Ossetian participants to exchange views on some matters. Restarting the IPRM in Abkhazia, where meetings had been suspended since April 2012, was still being discussed in the “Geneva International Discussions”.

South Ossetia signed an “alliance and integration agreement” with the Russian Federation in March.

Arrests of people on “terrorism”-related charges, and of foreigners entering Georgia illegally, were reported.

ICRC ACTION AND RESULTS

In 2015, the ICRC delegation in Georgia assisted people affected by the demarcation of the administrative boundary lines, families of missing persons, and others coping with the effects of past conflicts. It cancelled, modified or concluded some of its activities, as needs had decreased.

Dialogue with the authorities in Georgia proper and the *de facto* authorities in Abkhazia and South Ossetia emphasized their obligation to facilitate civilians’ access to humanitarian aid and essential services. The ICRC remained the only international organization conducting humanitarian activities in South Ossetia.

Discussions with the parties involved in past conflicts emphasized the need to clarify the fate of people who remained unaccounted for.

The ICRC-chaired coordination mechanism with Georgian and Abkhaz participants, dealing with the issue of people missing in relation to the 1992–93 conflict, continued its work. The ICRC provided technical/financial assistance to Georgian and Abkhaz specialists conducting forensic analysis of human remains recovered in Abkhazia. Collection of DNA samples and ante-mortem data from relatives of missing persons continued, with ICRC support.

Following bilateral discussions with the ICRC, the Georgian, Russian, and South Ossetian participants to the coordination mechanism dealing with cases of people missing in connection with the conflicts of the 1990s and 2008, and other consequences of the conflicts, agreed to meet in 2016. They had last met in 2013.

With ICRC encouragement, Georgian government representatives gathered to discuss the creation of a State commission to safeguard the rights of missing persons and their families.

Families of missing persons obtained psychosocial/legal/administrative assistance from local providers backed by the ICRC. NGO representatives, academics and National Society personnel from Eastern Europe and Central Asia learnt more about the needs of the families of the missing at a regional conference on ambiguous loss organized by the ICRC in Tbilisi. Families set up committees for mutual support and organized commemorative events to raise awareness of their plight.

Conflict-affected households in Georgia proper and Abkhazia – including families of missing persons – started/expanded livelihood activities with ICRC cash grants and business training.

In South Ossetia, after an internal review, the ICRC shifted from substitution to support mode for some of its assistance activities; some activities were modified or cancelled. Nevertheless, people in need received some support. Conflict-affected households began/resumed income-generating activities with ICRC cash grants and productive inputs. Vulnerable people met their immediate needs with food and/or household/hygiene items.

People living near the administrative boundaries, IDPs in Georgia proper, and destitute people in South Ossetia benefited from ICRC initiatives to improve their water supply, sanitation and/or housing. The ICRC concluded its water and habitat activities in Georgia proper and South Ossetia at the end of 2015.

ICRC financial aid enabled victims of mines and explosive remnants of war (ERW) in Georgia proper and South Ossetia to obtain prostheses/orthoses and cover related costs. Such aid for people in Georgia proper was concluded at the end of 2015, as government assistance had become available.

People detained in Georgia proper and South Ossetia received ICRC visits conducted in accordance with the organization’s standard procedures. Following these visits, the authorities received confidential feedback and, where necessary, recommendations to improve detainees’ living conditions. The ICRC remained without access to people detained in Abkhazia. Detainees in Georgia proper, Abkhazia and South Ossetia stayed in touch with their relatives through ICRC family-links services.

The Georgian authorities worked to implement IHL, with ICRC support. The national IHL committee considered amendments to the law on the National Society and the use of the red cross emblem.

The Georgian armed forces continued to incorporate IHL in their doctrine/training/sanctions system. Military officers and peace-keeping troops learnt more about IHL through ICRC-organized training.

The Red Cross Society of Georgia developed its institutional/operational capacities, with ICRC assistance.

CIVILIANS

People obtain medical attention and reunite with their families across boundary lines

Dialogue with the Georgian authorities and the Abkhaz and South Ossetian *de facto* authorities emphasized the concerns of people living along the administrative boundary lines, particularly regarding their economic situation, their access to essential services, including health care, and their ability to restore/maintain contact with relatives.

People crossed the South Ossetian administrative boundary to obtain medical attention or rejoin their families; the ICRC acted as a neutral intermediary to facilitate their passage, in coordination with the pertinent authorities. The remains of 16 people were transferred across boundary lines by the ICRC, which also facilitated the handover of the remains of 6 others to their relatives. Families exchanged RCMs, and people had official documents relayed, across boundary lines.

The Georgian Red Cross, with technical/financial assistance from the ICRC, strengthened its capacities in restoring family links. A family-links specialist, whose salary was covered by the ICRC, visited branches to provide technical support/monitoring, and participated in emergency-preparedness workshops.

Local actors continue working to clarify the fate of missing persons

Georgian and Abkhaz participants in the ICRC-chaired coordination mechanism dealing with the issue of people missing in relation to the 1992–93 conflict, and its forensic working group, continued their work. With ICRC technical assistance, forensic specialists from Georgia proper and Abkhazia recovered and analysed the remains of 39 people from four gravesites in Georgia proper and three in Abkhazia. The participants in the coordination mechanism met in December – their fifth meeting in 2015 – to agree on sites to be excavated in 2016.

With ICRC assistance, which included the two-month deployment of a technical expert, the Georgian authorities and the Abkhaz *de facto* authorities continued to gather and manage data on possible gravesite locations.

The Georgian authorities handed over the remains of 17 people to their families, and the Abkhaz *de facto* authorities returned the remains of 16 people to their relatives.

Following bilateral discussions with the ICRC, the Georgian, Russian and South Ossetian participants in the coordination mechanism dealing with cases of persons missing in connection with the conflicts of the 1990s and 2008, and other consequences of the conflicts – which had last met in November 2013 – agreed to meet in February 2016.

With encouragement from the ICRC, representatives from several Georgian ministries and other government bodies gathered in May and December to discuss the creation of a State commission to safeguard the rights of missing persons and their families. The ICRC kept up efforts to mobilize the international community on this issue; for instance, in December, it organized a round-table for representatives of international stakeholders.

With ICRC technical assistance, forensic specialists from Georgia proper and Abkhazia continued the analysis of remains recovered from gravesites in Abkhazia from 2013–15. To aid identification efforts, local forensic professionals, with ICRC technical/financial support, collected DNA samples from relatives of missing persons in Georgia proper and Abkhazia. In Georgia proper, the ICRC collected ante-mortem data from the families of missing persons; in Abkhazia, ICRC-trained representatives of the Abkhaz commission on missing persons collected such data from the families of persons newly registered as missing.

In South Ossetia, the collection of ante-mortem data from relatives of people missing in relation to the 1990–92 conflict had not yet

begun, as discussions with the *de facto* authorities on pertinent procedures were still in progress.

Families of the missing benefit from psychosocial support

In Georgia proper, 352 families of missing persons obtained psychosocial/legal/administrative assistance through an accompaniment programme conducted, with technical/financial support from the ICRC, by partner NGOs, Georgian Red Cross branches and various individuals, including psychologists. Following ICRC training, two more NGOs and five more individuals joined the programme.

Families learnt more about the recovery/identification of human remains at information sessions. Relatives received psychosocial support during the identification/handover of their family members' remains and the subsequent reburial ceremonies.

With ICRC assistance, families of missing persons established committees for mutual support. More than 800 families marked the International Day of the Disappeared with activities organized by the family committees.

At an ICRC-organized regional conference in Tbilisi in May, NGO representatives, academics and National Society personnel from Eastern Europe and Central Asia learnt more about ambiguous loss and the needs of the families of the missing.

In South Ossetia, families of missing persons offered each other support during commemorative events organized as part of an accompaniment programme led by a partner NGO, which received ICRC financial assistance. These events were covered by local radio and television stations and newspapers/magazines.

Families of missing persons and mine/ERW victims rebuild their livelihoods

More than 2,160 people (600 households) in Georgia proper and 800 people (200 households) in Abkhazia worked towards economic self-sufficiency by starting/expanding income-generating activities using ICRC cash grants, supplemented in some cases by business training. In Georgia proper, the assistance was provided with the help of Georgian Red Cross volunteers. Families of missing persons, mine/ERW victims and households affected by the demarcation of the administrative boundaries were among those who received such support. A survey found afterwards that 80% of the households had developed sustainable livelihoods, and 63% had increased their income by more than 30%.

In South Ossetia, after an internal review, the ICRC shifted from substitution to support mode for some of its assistance activities. Some activities were modified or cancelled. Nevertheless, people in need benefited from some support. Some 250 people (60 households) began/resumed income-generating activities using cash grants or productive inputs. Ten people, representing the *de facto* agriculture ministry and district authorities, developed their capacities in agricultural work through a train-the-trainer workshop at a Russian university.

Vulnerable people met their basic needs with ICRC help. For instance, 20 elderly people in Abkhazia's remote Kodori Valley were provided with food supplies three times a year.

In South Ossetia, 490 destitute people (190 destitute households) benefited from the provision of food parcels and household/hygiene items; 220 of them (100 households) also received firewood for

heating. Ten elderly persons received material assistance during home visits. Vulnerable people received ICRC assistance for applying to the *de facto* authorities for social benefits.

People have increased water supply and improved sanitation

In Georgia proper, some 1,200 people in Mereti – a village in Gori, near the administrative boundary – had more water for their needs after the ICRC installed a water tank at an existing borehole. At two workshops, local technicians learnt to use equipment, donated by the ICRC, for maintaining the water-supply system. Some 4,000 people in Gori benefited from the ICRC's donation of pumps to the local authorities. Around 200 people in Shida Kartli, also near the boundary line, had readier access to water following the construction of a new water network. Several hundred IDPs at two temporary accommodation centres in western Georgia had cleaner surroundings after sewage infrastructure was set up.

In South Ossetia, 250 people in Upper Bol benefited from the completion of a water-supply system. Twenty-six people (11 households) stayed warm in winter following repairs to one room in each of their houses.

The ICRC concluded its water and habitat activities in Georgia proper and South Ossetia at the end of 2015.

Victims of mines/ERW have their needs assessed and covered

The ICRC continued to collect data on the needs of mine/ERW victims in Abkhazia and, in cooperation with the Georgian Red Cross, in Georgia proper.

People in Georgia proper who were found to be in need of prosthetic/orthotic devices were referred to the ICRC-supported Georgian Foundation for Prosthetic Orthopaedic Rehabilitation (GEFPOR). More than 100 people obtained assistive devices and covered their transport/food/accommodation costs with ICRC financial support. ICRC aid to people needing prostheses/orthoses in Georgia proper and to GEFPOR was concluded at the end of 2015, as government assistance had become available.

In South Ossetia, two people obtained assistive devices with ICRC help, and Tskhinvali/Tskhinval hospital received an ad hoc donation of supplies.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees receive ICRC visits and restore/maintain contact with their families

More than 12,000 people detained in Georgia proper, and some 60 people in South Ossetia, received ICRC visits conducted in accordance with the organization's standard procedures. Following these visits, the detaining authorities received confidential feedback and, where necessary, recommendations to improve detainees' living conditions. The ICRC remained without access to people detained in Abkhazia.

Detainees in Georgia proper, Abkhazia and South Ossetia stayed in touch with their families through RCMs. Nine people held in Georgia proper, and one person held in South Ossetia, received visits from relatives who had crossed administrative boundary lines, with the ICRC acting as a neutral intermediary to facilitate their passage. Some detainees received parcels sent by relatives living across the administrative boundaries and unable to travel.

In Georgia proper, foreign detainees, including asylum seekers and stateless persons, notified their embassies/consulates or UNHCR of their detention, with ICRC assistance. Detaining authorities were reminded of the need to uphold the principle of *non-refoulement*.

Despite ongoing discussions with the Georgian authorities, an ICRC phone service, through which people detained in Georgia proper could speak with their families in Abkhazia, remained suspended.

In December, the ICRC conducted an evaluation of the authorities' primary-health-care project, carried out from June 2011 to December 2014, at 15 prisons in Georgia proper. Its findings and recommendations were shared with the authorities.

In South Ossetia, some detainees and staff at Tskhinvali/Tskhinval prison had warmer surroundings after repairs to the prison's heating system, begun in 2014, were completed. Several detainees benefited from the provision of hygiene items.

ACTORS OF INFLUENCE

Georgian authorities take steps to implement IHL

The Georgian authorities continued to work on implementing IHL, with ICRC support. The national IHL committee considered amendments to the law on the National Society's status and the use of the red cross emblem, and submitted the proposed amendments to the finance ministry for review. The ministry and the National Society were in the process of discussing the amendments.

The national IHL committee organized a workshop on the interplay between IHL and international human rights law during armed conflict; representatives of the committee's working group, and lawyers from various government agencies, participated in the workshop.

With ICRC sponsorship, national IHL committee members and government representatives attended a regional seminar on IHL implementation (see *Moscow*), and a senior official from the chief prosecutor's office participated in a conference on the Rome Statute (see *Armenia*).

Through briefings/meetings, the foreign-affairs and justice ministries, the National Society and the ICRC prepared for the 32nd International Conference.

The ICRC maintained dialogue with the Georgian authorities on the pending ratification of IHL-related treaties and on the humanitarian implications of proposed amendments to national legislation on data protection.

In South Ossetia, discussions with the *de facto* authorities focused on their responsibilities under IHL and other applicable norms – for instance, in relation to the issue of missing persons – and on the ICRC's role as a neutral intermediary. No progress was made in the drafting of a law on missing persons; the ICRC continued to offer technical assistance to the *de facto* authorities in this regard.

Military officers and peacekeeping troops learn more about IHL

The Georgian armed forces continued to take steps to incorporate IHL in their doctrine, training and sanctions system. Officials newly appointed to key positions in the defence ministry were briefed on the plans in place, facilitating the continuity of the process.

Senior military officers and other specialized military personnel strengthened their grasp of IHL through ICRC-organized advanced training. Troops preparing for overseas peacekeeping missions learnt about IHL and the ICRC's mandate/activities during pre-deployment briefings.

The ICRC worked to establish dialogue on issues of humanitarian concern with the *de facto* authorities in charge of defence and law enforcement in Abkhazia.

Customs/police officers in areas near the Abkhaz and South Ossetian administrative boundaries were briefed regularly on the ICRC's activities there.

Local media draw attention to ICRC activities

Media helped raise public awareness of the ICRC's activities, particularly in connection with the issue of missing persons. For instance, the ICRC-organized regional conference on ambiguous loss and the needs of the families of the missing (see *Civilians*) was featured in local newspapers. Progress made in the framework of the coordination mechanisms and related activities were highlighted through various articles in local newspapers/magazines.

In South Ossetia, the public learnt more about mine-related risks through activities marking Mine Awareness Day, including media interviews with community members who had benefited from the use of a mine-free play area built by the ICRC in 2010.

Students and professors enhance their knowledge of IHL

University students in Georgia proper learnt more about IHL through ICRC-sponsored participation in national/international conferences and competitions. With the ICRC, the justice ministry organized one such national competition for university students. Two researchers participated in an international conference on developments in IHL (see *Armenia*).

With ICRC sponsorship, IHL professors from Georgia proper and South Ossetia participated in the Martens Reading International Conference (see *Moscow*), and a professor from a university in Tbilisi attended a seminar in Switzerland.

RED CROSS AND RED CRESCENT MOVEMENT

The Georgian Red Cross boosted its institutional/operational capacities with financial/technical support from the ICRC and other Movement partners. It drafted contingency plans for emergencies and, through an ICRC-supported train-the-trainer workshop, strengthened its first-aid capacities. The National Society office in Zugdidi was renovated with ICRC financial/technical assistance.

The National Society worked to refine its standard procedures for applying the Safer Access Framework and for reinforcing its role as an auxiliary to the authorities. With funding from the Austrian Red Cross and the ICRC, it participated in an emergency-simulation exercise with the health ministry and the government agency in charge of emergency response. Some planned activities, however, were not implemented owing to the National Society's human-resources constraints.

With funding from the ICRC and other Movement partners, the Georgian Red Cross provided aid to 280 households affected by floods in Tbilisi in June. It received assistance from the ICRC for exploring opportunities to obtain financial/technical support from other National Societies. Meetings helped the Georgian Red Cross and the ICRC coordinate their work with Movement partners.

Coordinating with the ICRC, the National Society continued to advocate the revision of the law governing its status and the use of the red cross emblem (see *Actors of influence*).

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SC*	
RCMs collected		433		
RCMs distributed		341		
Reunifications, transfers and repatriations				
People reunited with their families		10		
People transferred/repatriated		826		
Human remains transferred/repatriated		16		
Tracing requests, including cases of missing persons			Women	Girls
People for whom a tracing request was newly registered		489	62	12
<i>including people for whom tracing requests were registered by another delegation</i>		1		
People located (tracing cases closed positively)		133		
<i>including people for whom tracing requests were registered by another delegation</i>		1		
Tracing cases still being handled at the end of the reporting period (people)		2,555	397	33
Documents				
Official documents relayed between family members across borders/front lines		39		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Detainees visited		12,236	354	41
			Women	Girls
Detainees visited and monitored individually		136	30	4
Detainees newly registered		73	26	4
Number of visits carried out		106		
Number of places of detention visited		21		
Restoring family links				
RCMs collected		97		
RCMs distributed		67		
Phone calls made to families to inform them of the whereabouts of a detained relative		38		
Detainees visited by their relatives with ICRC/National Society support		10		
People to whom a detention attestation was issued		4		

*Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	515	37%	47%
<i>of whom IDPs</i>	Beneficiaries	1		
Essential household items	Beneficiaries	569	36%	45%
<i>of whom IDPs</i>	Beneficiaries	2		
Productive inputs	Beneficiaries	11	36%	18%
Cash	Beneficiaries	3,224	44%	22%
<i>of whom IDPs</i>	Beneficiaries	798		
Services and training	Beneficiaries	212	42%	23%
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	6,928	39%	19%
<i>of whom IDPs</i>	Beneficiaries	613		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	13		
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	54		

UKRAINE



⊕ ICRC delegation ⊕ ICRC sub-delegation ⊕ ICRC mission ⊕ ICRC office

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KEY RESULTS/CONSTRAINTS IN 2015

- ▶ Dialogue with the parties to the conflict emphasized their obligation to protect people not or no longer taking part in the fighting and to ensure these people's access to essential services, including health care.
- ▶ Conflict-affected people met their needs with ICRC-supplied food, household/hygiene items and/or cash. They had access to water/electricity/gas after the ICRC provided materials for repairing utility networks.
- ▶ Health facilities on both sides of the front line treated the weapon-wounded and the chronically ill, with material assistance from the ICRC. Doctors/surgeons boosted their skills through ICRC training.
- ▶ People detained at facilities supervised by the authorities received ICRC visits on an ad hoc basis, pending the signing of a formal agreement. Some detainees were registered and followed up individually.
- ▶ With comprehensive ICRC support, the Ukrainian Red Cross Society developed its capacities to deliver humanitarian services, particularly first aid and restoring family links.

EXPENDITURE IN KCHF

Protection	5,874
Assistance	39,570
Prevention	2,592
Cooperation with National Societies	1,636
General	52
Total	49,723
<i>Of which: Overheads</i>	3,033

IMPLEMENTATION RATE

Expenditure/yearly budget	68%
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PERSONNEL

Mobile staff	81
Resident staff (daily workers not included)	206

In 2014, the ICRC significantly expanded its presence in Ukraine in order to help protect and assist conflict-affected people in the eastern part of the country. It responds to emergency needs, particularly in terms of providing basic relief assistance, facilitating access to medical care and other essential services, and restoring family links. The ICRC seeks access to all persons deprived of their freedom. In dialogue with all parties to the conflict, it encourages compliance with IHL and humanitarian principles. The ICRC supports the Ukrainian Red Cross Society in improving its emergency preparedness and its delivery of humanitarian assistance.

YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

HIGH

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	13
RCMs distributed	47
Phone calls facilitated between family members	2
People located (tracing cases closed positively)	264
People reunited with their families	3
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	23,596
Detainees visited and monitored individually	618
Number of visits carried out	97
Number of places of detention visited	35
Restoring family links	
RCMs collected	94
RCMs distributed	40
Phone calls made to families to inform them of the whereabouts of a detained relative	314

ASSISTANCE	2015 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 98,000	351,031
Essential household items	Beneficiaries 98,000	365,145
Cash	Beneficiaries	15,901
Vouchers	Beneficiaries 43,890	
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries 51,000	2,061,223
Health		
Health centres supported	Structures	7
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures 60	89
Water and habitat		
Water and habitat activities	Number of beds	2,658

CONTEXT

Hostilities between government troops and opposition forces in eastern Ukraine intensified in January and February, and again in August, then largely abated after a ceasefire agreement – the third since the beginning of the conflict – that took effect on 1 September.

The armed conflict wreaked havoc on civilian life. The UN estimates that some 1.5 million people were internally displaced, 1.1 million fled abroad, 20,000 were injured and over 9,000 were killed. Damage to infrastructure, including utility networks, was extensive. Weapon contamination made repairs hazardous and disrupted the livelihoods of farmers, miners and factory workers. Basic services, including health care, were interrupted in many areas.

Public institutions in opposition-controlled territory, including prisons and hospitals, struggled to obtain essential supplies after a government directive, issued in late 2014, discontinued State funding to opposition-held areas. A second directive issued in January 2015 placed restrictions on the passage of people and goods between government- and opposition-controlled territory.

Crimea remained the subject of a political and territorial dispute between the Russian Federation and Ukraine.

ICRC ACTION AND RESULTS

The ICRC continued to address the humanitarian needs of people affected by the Ukraine crisis. Following the renewal of hostilities early in the year, the ICRC shifted from its initial focus on aiding IDPs to helping the most vulnerable communities near the frontline. The ICRC pursued dialogue with the parties to the conflict to remind them of their obligation to protect people not or no longer taking part in the fighting, to ensure that these people had access to essential services, including health care, and to comply with IHL in the conduct of hostilities. Together with the regional delegation in Moscow, the Ukraine delegation launched a budget extension appeal in April to address the increased humanitarian needs of people affected by the conflict.

The ICRC continued to gather information on the situation of civilians and to make confidential representations to the pertinent parties about alleged IHL violations: for instance, incidents of violence or undue restrictions affecting people seeking/providing medical treatment. Discussions with weapon bearers enabled the ICRC, in some cases, to gain safer access to people in need.

Conflict-affected people met their immediate needs with the help of ICRC-supplied food, household/hygiene items and/or cash. Some 2 million people had access to basic utilities after the ICRC provided materials for repairing water/electricity/gas networks.

The ICRC strove to develop dialogue with the authorities and the opposition on the issue of persons missing in relation to the conflict. With ICRC technical assistance, the parties concerned worked towards establishing national/local mechanisms to address the issue.

Local groups/agencies involved in managing human remains developed their capacities with ICRC assistance, which included provision of equipment to recovery teams and morgues, DNA

kits and reference materials to forensic laboratories, and technical advice/training to local authorities and forensic specialists.

People wounded during the conflict, or suffering from chronic illnesses, were treated at health facilities that received ICRC support in the form of medical supplies/equipment and/or repairs to infrastructure. Doctors/surgeons treating the weapon-wounded boosted their skills through ICRC training.

Detainees held by the authorities received ICRC visits on an ad hoc basis, as discussions continued regarding an agreement to formalize the ICRC's access to detainees under its purview.

The ICRC pursued dialogue with the opposition regarding access to people held in connection with the conflict. Several people received an ad hoc visit.

Ordinary detainees, at facilities formerly under government supervision, located in areas now under opposition control, were visited by the ICRC and provided with food and household/hygiene essentials; this lasted until July, when access was withheld. The ICRC pursued dialogue with the opposition about regaining access.

On two occasions, the ICRC participated as a neutral intermediary in the simultaneous release and transfer of people held by the parties to the conflict.

In August, the ICRC was asked by the opposition to suspend activities in Donetsk and Lugansk until it had completed certain administrative procedures. These procedures were completed and, in September, the ICRC resumed its activities in opposition-held areas; it was unable, however, to resume visits to ordinary detainees at facilities in opposition-controlled territory.

At ICRC dissemination sessions, commanders of the Ukrainian armed forces added to their knowledge of IHL and its application in military planning. Government and military officials learnt more about IHL implementation at a regional conference. The Ukrainian Red Cross Society and the ICRC met with the defence ministry to promote better implementation of the law on the emblem, and took part in several sessions of the national IHL committee.

The National Society received comprehensive support for strengthening its ability to deliver humanitarian services, including first aid and restoring family links. Running costs for the local Red Cross branches in Donetsk and Lugansk were covered by the ICRC, enabling them to continue their operations.

CIVILIANS

Dialogue emphasizes the need to protect/assist civilians

The ICRC pursued dialogue with the parties to the conflict to remind them of their obligation to protect people not or no longer taking part in the fighting, to ensure these people's access to medical/humanitarian aid, and to comply with IHL during the conduct of hostilities. Discussions with weapon bearers enabled the ICRC to gain safer access to people in need (see *Actors of influence*).

The ICRC continued to gather information on the situation of civilians, including allegations of IHL violations, and to make confidential representations to the parties concerned. Oral/written

representations submitted to local/regional/national authorities described the humanitarian impact of movement restrictions.

Lack of security guarantees prevents the evacuation of civilians

The absence of security guarantees meant that large numbers of people could not be evacuated from conflict-affected areas. The ICRC assisted in transferring some people to safer locations. The remains of 61 persons – 59 combatants and 2 civilians – were transferred with ICRC assistance. Twelve people made use of travel documents issued by the ICRC at the request of other organizations.

Schools deal with the threat to their safety

In September, when their new term began, schools near the front line started, with ICRC assistance, to manage the threat to their safety posed by the fighting. Preparations were made for teachers/students to carry out evacuation drills and train in first aid, and for school basements to be equipped as emergency shelters.

Through an ICRC project, teachers, first-aiders and health-care staff in front-line villages learnt how to address psychosocial needs in their communities and among themselves.

Communities are safer following weapon-clearance activities

Local teams on both sides of the front line conducted weapon-clearance activities with technical/material assistance from the ICRC. People in areas affected by weapon contamination – including schoolteachers/schoolchildren and workers repairing water infrastructure – learnt safe practices through mine/ERW-risk education sessions and posters/leaflets; National Society volunteers were trained to conduct such sessions.

People waiting to pass through front-line checkpoints were at lesser risk from mines/ERW after the ICRC installed warning signs and latrines.

People learn the fate of missing relatives

While most people stayed in touch with their families through mobile phones and the internet, some needed help in tracing missing relatives. The fates/whereabouts of some 260 people were ascertained and relayed to their families by the National Society/ICRC.

The Ukrainian Red Cross maintained regular coordination with the ICRC and received comprehensive support to strengthen its family-links services. To increase public awareness of Movement family-links services, the ICRC published cards describing these services in Russian and Ukrainian and distributed them among potential beneficiaries.

The ICRC strove to develop dialogue with the pertinent parties regarding the issue of persons missing in relation to the conflict. With ICRC technical assistance, the parties worked towards establishing national/local mechanisms to address the issue.

Conflict-affected people meet their most pressing needs

Vulnerable people – including those affected by government directives discontinuing State funding to services in opposition-controlled territory and restricting movement between government- and opposition-held areas, and those unable to earn income as a result of displacement, weapon contamination or other effects of the conflict – met their immediate needs with ICRC aid. As fighting had disrupted the functioning of markets

in some areas, the ICRC cancelled its plans to distribute vouchers, and provided food and household/hygiene essentials directly.

Some 351,000 people living close to the front line supplemented their diet with ICRC-provided food. These included around 1,000 displaced households (2,500 people) in Lisychansk, Rubezhnoe and Severodonetsk who received bread daily, and about 12,400 persons in 56 institutions – such as medical/psychiatric facilities, orphanages and homes for the elderly – in opposition-controlled territory.

Some 365,000 people – including around 15,300 housed in 83 institutions in opposition-held areas – improved their living conditions with the help of ICRC-provided household/hygiene items. Among them were some 1,500 particularly vulnerable households (4,600 people) who used ICRC-supplied heating fuel to keep their homes warm in the winter.

More than 15,000 people, many of them unemployed IDPs, covered their basic expenses with ICRC cash assistance. These included 95 people who participated in cash-for-work projects to rebuild houses, which provided supplementary income for their families.

Needs-assessment training for National Society staff was postponed, as the ICRC focused on training newly hired resident staff.

Over 2 million people benefit from ICRC water and habitat activities

More than 2 million people regained/maintained their access to essential utilities following ICRC donations of water-treatment chemicals and materials for repairing water/electricity/gas networks. Over 130,000 people repaired their houses with ICRC-provided construction materials. Nearly 4,000 schoolchildren had safer and warmer surroundings after the ICRC installed protective infrastructure at their schools/kindergartens and donated radiators. Some 170 IDPs found shelter at two temporary accommodation centres that the ICRC provided with insulation/roofing materials.

Local actors strengthen their capacities in the management of human remains

Local groups/agencies involved in managing human remains received various forms of ICRC support. For instance, the remains of some combatants were recovered with the ICRC acting as a neutral intermediary and providing technical assistance. Teams recovering human remains, and 15 morgues on both sides of the front line, worked more effectively using ICRC-supplied protective equipment, specialized tools and body bags. Two forensic laboratories received DNA kits and up-to-date reference materials to assist them in identifying human remains. The Donetsk regional forensic bureau increased its storage capacity following ICRC-funded repairs to its refrigeration trucks.

Local authorities and forensic specialists, on both sides of the front line, participated in ICRC-organized round-tables/seminars at which major challenges were identified. They subsequently received technical advice/training in line with IHL and forensic best practices.

IHL provisions on the management of human remains were incorporated in dissemination sessions for military units responsible for recovering the bodies of those killed during the fighting.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees receive ICRC visits and restore/maintain family links

As discussions continued regarding an agreement to formalize the ICRC's access to people detained by the authorities, detainees received ICRC visits on an ad hoc basis. Visits were conducted in accordance with standard ICRC procedures. Some 11,500 detainees in facilities under the authorities' supervision received visits; 594 were registered and followed up individually. The detainees visited included people held in places of pre-trial detention under the supervision of the State Penitentiary Services of Ukraine, which the ICRC began to visit in January.

Following visits, the authorities received confidential feedback and, where necessary, recommendations to improve detention conditions.

Some detainees got in touch with their relatives through short oral messages relayed by ICRC delegates. At the request of several people, their embassies/UNHCR were notified of their detention.

The ICRC pursued dialogue with the opposition regarding access to people held in connection with the conflict. Four of these people received an ad hoc visit.

In the first half of the year, ordinary detainees held at facilities formerly under government supervision, located in areas now under opposition control, were visited by the ICRC. Some detainees restored/maintained contact with their relatives in government-held areas using RCMs. Access to these detainees was withheld in July. The ICRC pursued dialogue with the opposition about regaining access.

On two occasions, the ICRC participated as a neutral intermediary in the simultaneous release and transfer of people held by the parties to the conflict. A total of 34 people were released/transferred.

Ordinary detainees have improved living conditions

Before access to them was withheld in July, some 12,000 ordinary detainees in facilities formerly under government supervision, located in areas now under opposition control, sustained themselves with ICRC-supplied food; more than 10,000 inmates benefited from the provision of household/hygiene essentials. Some 1,900 detainees at three facilities had improved living conditions after the ICRC provided materials for repairing infrastructure.

Detained migrants restore/maintain family links

Detained migrants in Chernihiv, Transcarpathia and Volyn reconnected with their relatives using mobile phone credit provided by the National Society, with ICRC support. At a regional meeting in May, the Ukrainian Red Cross and other National Societies in the region discussed their experiences in assisting detained migrants (see *Moscow*).

WOUNDED AND SICK

Dialogue focuses on respect for people seeking/providing health care

Dialogue with the parties to the conflict, and dissemination sessions for weapon bearers (see *Actors of influence*), emphasized the need to respect and protect people seeking/providing medical treatment. The ICRC made confidential representations to the

pertinent parties about allegations of violence or undue restrictions affecting patients and medical personnel/facilities.

Local health facilities reinforce their capacities

Despite damage to buildings/infrastructure and impediments to the delivery of supplies, 141 health facilities (52 first-aid posts and 89 hospitals) resumed/continued treatment for patients, including the weapon-wounded, with ICRC assistance.

These included 82 health facilities in opposition-held areas that used ICRC-provided materials to carry out life-saving procedures for people with chronic illnesses – such as blood transfusion, haemodialysis and the administration of insulin or oxygen. Three clinics – one in government-controlled territory and two in opposition-held areas – received ad hoc donations of medical supplies.

While the ICRC stood ready to assist in referring/transferring people requiring medical treatment, patients were able to reach health facilities on their own.

Thirteen health facilities resumed/continued operations following infrastructure repairs conducted by the ICRC, or by others using ICRC-donated materials or equipment.

Doctors boost their skills and learn about IHL provisions related to health care

More than 70 doctors/surgeons from 16 hospitals enhanced their skills at an ICRC seminar on war surgery and at two courses in managing emergency-room trauma. The protection afforded by IHL to medical personnel/facilities and patients was discussed at these events.

With a view to beginning assistance to disabled people, the ICRC met with prosthesis/orthosis manufacturers in Donetsk and Lugansk.

ACTORS OF INFLUENCE

Dialogue emphasizes the importance of humanitarian action

Dialogue with the parties to the conflict focused on their obligation to protect people not or no longer taking part in the conflict and to ensure their access to medical/humanitarian aid (see *Civilians and Wounded and sick*). This dialogue included high-level meetings between the president and senior officials of Ukraine and the ICRC president, during the latter's visit to Kyiv in February. Given the polarized and politicized nature of the conflict, the ICRC president stressed the importance of neutral, impartial and independent humanitarian action.

Discussions with weapon bearers facilitate safer humanitarian access

Dialogue with weapon bearers enabled the ICRC, in some cases, to gain safer access to people in need. For instance, discussions with the Ukrainian armed/security forces in Kyiv helped improve procedures for notifying them of the ICRC's activities and enabled the ICRC to maintain access to the field even amid uncertain security conditions. Meetings with field commanders of volunteer battalions deployed in remote areas facilitated the ICRC's access to those areas.

ICRC dissemination sessions enabled more than 300 commanders of the Ukrainian armed forces to enhance their knowledge of IHL and its application in military planning.

The general public learns more about the ICRC's activities in Ukraine

Public opinion on the Ukraine crisis was highly polarized, including in neighbouring countries; strengthening the ICRC's positioning as a neutral humanitarian actor was vitally important. To this end, the Ukraine delegation began work on a communication strategy to raise awareness of the ICRC's mandate and activities.

Drawing on ICRC news releases/briefings, the media highlighted the ICRC's work for people affected by the conflict. People became more familiar with the ICRC through television/radio coverage of ICRC activities, interviews of ICRC delegates, and the organization's website updates and social-media posts. In government-controlled areas of Lugansk region, two news websites published information on the ICRC's cash assistance programme and encouraged potential beneficiaries to sign up.

The ICRC met with local authorities in several areas and briefed them about its activities; it handed out leaflets about the organization and/or conducted dissemination sessions during distributions of assistance. Public-communication materials were prepared in both Russian and Ukrainian.

Government officials add to their knowledge of IHL implementation

Officials from the foreign affairs and justice ministries, and two military officers, strengthened their knowledge of IHL implementation at a regional conference in Minsk, Belarus (see *Moscow*). The National Society and the ICRC participated in three sessions of the national IHL committee; the ICRC advocated for, *inter alia*, unimpeded humanitarian access and the ratification of the Rome Statute.

Ukraine acceded to the Convention on Enforced Disappearance.

At a meeting with the National Society and the ICRC, the defence ministry reaffirmed its commitment to monitoring the use of the emblem in accordance with national legislation (see *Red Cross and Red Crescent Movement*).

At a university conference, academics furthered their understanding of those aspects of IHL governing the use of explosive weapons in populated areas.

RED CROSS AND RED CRESCENT MOVEMENT

The National Society strengthens its ability to deliver humanitarian services

With ICRC support, the Ukrainian Red Cross developed its institutional/operational capacities to address increasing humanitarian needs. It broadened its reach with ICRC-donated vehicles and pre-positioned relief goods at two warehouses refurbished by the ICRC. National Society staff/volunteers underwent ICRC training in first aid, restoring family links, communication and the Safer Access Framework. The National Society increased the number of its emergency-response teams, provided team members with training and adopted new regulations for their activities.

National Society officials strove to strengthen their management structure, with support from an ICRC delegate assigned full-time to the task. Headquarters staff trained in project management. The ICRC covered the salaries of key headquarters personnel.

The National Society and the ICRC pursued dialogue with the defence ministry to promote better implementation of the law on the emblem, and participated in three sessions of the national IHL committee (see *Actors of influence*). The National Society also refined its rules for using the emblem in a uniform manner.

With ICRC support, the Ukrainian Red Cross coordinated with Movement partners to maximize the impact of assistance activities. Movement partners active in eastern Ukraine benefited from periodic ICRC security assessments.

Red Cross branches in conflict-affected areas continue their operations

Owing to the prevailing situation, the local Red Cross branches in the opposition-controlled areas of Donetsk and Lugansk were no longer able to raise funds from local communities. With the ICRC covering their operational costs and the salaries of their 193 personnel, they were able to continue their work. Their personnel included 101 nurses who visited vulnerable people, such as the disabled and the elderly, under a Ukrainian Red Cross programme; before the conflict, the programme had been funded by the Ukrainian government.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
Red Cross messages (RCMs)			UAMs/SC*		
RCMs collected	13	2			
RCMs distributed	47	1			
Phone calls facilitated between family members	2				
Reunifications, transfers and repatriations					
People reunited with their families	3				
<i>including people registered by another delegation</i>	4				
Tracing requests, including cases of missing persons		Women	Girls	Boys	
People for whom a tracing request was newly registered	418	30	2	7	
<i>including people for whom tracing requests were registered by another delegation</i>	24				
People located (tracing cases closed positively)	264				
<i>including people for whom tracing requests were registered by another delegation</i>	9				
Tracing cases still being handled at the end of the reporting period (people)	414	22		2	
<i>including people for whom tracing requests were registered by another delegation</i>	30				
UAMs/SC*, including demobilized child soldiers		Girls		Demobilized children	
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	1				
Documents					
People to whom travel documents were issued	12				
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits		Women	Minors		
Detainees visited	23,596	1,119	161		
		Women	Girls	Boys	
Detainees visited and monitored individually	618	50	1	7	
Detainees newly registered	578	47	1	7	
Number of visits carried out	97				
Number of places of detention visited	35				
Restoring family links					
RCMs collected	94				
RCMs distributed	40				
Phone calls made to families to inform them of the whereabouts of a detained relative	314				
People to whom a detention attestation was issued	6				

*Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	351,031	39%	21%
	<i>of whom IDPs</i>	52,294		
Essential household items	Beneficiaries	365,145	40%	21%
	<i>of whom IDPs</i>	40,441		
Cash	Beneficiaries	15,901	40%	24%
	<i>of whom IDPs</i>	15,771		
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	2,061,223	28%	35%
Health				
Health centres supported	Structures	7		
Average catchment population		63,072		
Consultations	Patients	55,985		
	<i>of which curative</i>		29,104	10,634
	<i>of which ante/post-natal</i>		20	
Immunizations	Doses	4,761		
Referrals to a second level of care	Patients	29		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Food commodities	Beneficiaries	16,770		
Essential household items	Beneficiaries	16,728		
Cash	Beneficiaries	24		
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	1,907		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	89		
	<i>of which provided data</i>	11		
Admissions	Patients	1,275	397	
	<i>of which weapon-wounded</i>	1,275	397	
Outpatient consultations	Patients	68,178		
	<i>of which internal medicine and paediatric</i>	68,178		
First aid				
First-aid posts supported	Structures	52		
Water and habitat				
Water and habitat activities	Number of beds	2,658		

MOSCOW (regional)

COVERING: Belarus, Republic of Moldova, Russian Federation



ICRC regional delegation ICRC sub-delegation ICRC mission ICRC office

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 2015

- ▶ People displaced by the conflict in eastern Ukraine to Belarus, south-western Russia and Crimea met their basic needs with food and household/hygiene items or vouchers provided by the National Societies/ICRC.
- ▶ Family members separated by migration or detention reconnected through National Society/ICRC family-links services. Migrants obtained legal and other aid at a Russian Red Cross Society centre.
- ▶ The Russian military conducted advanced courses in IHL for senior officers, with ICRC assistance, and included elements of IHL in the training of its personnel.
- ▶ The Collective Security Treaty Organization and the ICRC held their first headquarters-level staff talks. They discussed, *inter alia*, the humanitarian situation in Ukraine and in other contexts of common concern.
- ▶ The ICRC monitored the humanitarian situation in the northern Caucasus. Vulnerable people benefited from psychosocial support provided by the Russian Red Cross, with help from the ICRC.
- ▶ The region's National Societies, with comprehensive assistance from the ICRC and other Movement partners, strengthened their ability to respond to emergencies and to aid people affected by the Ukraine crisis.

EXPENDITURE IN KCHF

Protection	2,774
Assistance	7,250
Prevention	2,751
Cooperation with National Societies	2,604
General	68
Total	15,448
<i>Of which: Overheads</i>	
	943

IMPLEMENTATION RATE

Expenditure/yearly budget	83%
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PERSONNEL

Mobile staff	19
Resident staff (daily workers not included)	147

Opened in 1992, the Moscow delegation combines operational functions in the Russian Federation with regional functions. It supports families of missing persons and, with the Russian Red Cross Society, works to protect and assist vulnerable conflict- and violence-affected populations, including people displaced from eastern Ukraine. It helps build the capacities of the region's National Societies, particularly in the fields of emergency preparedness and restoring family links. In the countries covered, it promotes implementation of IHL and other norms relevant to the use of force, and fosters understanding of the ICRC's mandate and work.

YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	14
RCMs distributed	22
Phone calls facilitated between family members	9
People located (tracing cases closed positively)	18
People reunited with their families	4
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
Restoring family links	
RCMs collected	4
RCMs distributed	5

ASSISTANCE	2015 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 35,500	41,440
Essential household items	Beneficiaries 35,500	42,134
Cash	Beneficiaries 4,500	
Vouchers	Beneficiaries 23,500	12,215
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures 25	15

CONTEXT

The Russian Federation continued to play a prominent role in international affairs, particularly as a permanent member of the UN Security Council. It also maintained its influence through regional mechanisms such as the Commonwealth of Independent States (CIS) and its Interparliamentary Assembly (IPA), and the Collective Security Treaty Organization (CSTO). In September, the Russian Aerospace Forces began operations against the Islamic State group in the Syrian Arab Republic (hereafter Syria).

Crimea remained the subject of a political and territorial dispute between the Russian Federation and Ukraine.

People displaced by the Ukraine crisis found their way to Belarus, south-western Russia and Crimea. The Belarusian and Russian governments strove to assist those who signed up for resettlement programmes in rural areas; people who had not registered in such programmes required help to meet their basic needs.

Communities in the northern Caucasus continued to deal with the consequences of past conflicts – such as weapon contamination and the issue of missing persons – and with the psychological effects of violence.

In the Republic of Moldova (hereafter Moldova), a political crisis culminated in the parliament's dismissal of the prime minister and the cabinet in October.

ICRC ACTION AND RESULTS

The ICRC regional delegation in Moscow continued to engage the Russian and regional authorities in dialogue on issues of humanitarian concern in the region and around the world. It kept up its efforts to address the needs of people affected by armed conflict or other situations of violence. Together with the Ukraine delegation, it launched a budget extension appeal in April to address the increased humanitarian needs of people affected by the Ukraine crisis.

Working with the Russian Red Cross Society in Krasnodar Krai and the Republic of Adygea, and with the local authorities in Rostov Oblast, the ICRC provided food and hygiene items to people displaced from Ukraine to south-western Russia. People arriving in Crimea received similar assistance from the local Red Cross branches and the ICRC. In Belarus, the ICRC worked with the Red Cross Society of Belarus to provide vouchers to people displaced from Ukraine, enabling them to obtain essential supplies.

Movement family-links services helped people in Belarus and the Russian Federation get back in touch with relatives in Ukraine. People with relatives who had gone missing in Ukraine made use of National Society/ICRC tracing services.

Vulnerable migrants, including people from Ukraine, received legal/other aid at an ICRC-supported Russian Red Cross centre in St Petersburg. The ICRC's Moscow and Ukraine delegations and the National Societies of Belarus, Moldova, the Russian Federation and Ukraine met in May to discuss family-links services for migrants.

People travelling to and from Ukraine learnt more about protecting themselves from mines and explosive remnants of war (ERW) through leaflets distributed by the Russian Red Cross. In

Moldova, plans to conduct joint weapon-clearance activities with the authorities were put on hold owing to the political situation and the Ukraine crisis.

The ICRC continued to monitor the humanitarian situation in the northern Caucasus, amid difficulties of contact with the authorities there. People affected by past conflicts benefited from ICRC-supported National Society activities, which included an accompaniment programme that provided psychosocial support for families of missing persons.

People held in relation to the prevailing situation in the northern Caucasus restored/maintained contact with their relatives through ICRC family-links services. Migrants detained in Belarus contacted their families through phone calls facilitated by the Belarus Red Cross.

Doctors from the northern Caucasus, Crimea and Sevastopol reinforced their skills through courses organized/sponsored by the ICRC. Several doctors/nurses displaced from Ukraine obtained employment after acquiring local certification with ICRC assistance.

The first CSTO-ICRC staff talks, involving headquarters-level discussions between the two organizations, were held in October. The humanitarian situation in Afghanistan and Ukraine, and in other contexts of common concern, was among the topics discussed.

High-level dialogue – including discussions between the president and senior officials of the Russian Federation and the ICRC president during the latter's visit to Moscow, and side meetings between Russian government officials and ICRC representatives during the CSTO-ICRC staff talks – emphasized the importance of humanitarian action. The ICRC had discussions with the Russian government, including high-level dialogue with the armed forces, on the humanitarian consequences of the conflict in Syria and the need for all parties to reduce the impact of warfare on civilians and civilian objects, in line with their obligations under IHL.

The Russian military conducted advanced courses in IHL for its senior officers, with ICRC assistance, and included elements of IHL in the training of its personnel, including those deployed in Syria.

The ICRC's visibility as a neutral, impartial and independent humanitarian organization increased through media coverage of its activities for people affected by the Ukraine crisis.

The region's National Societies, with comprehensive support from Movement partners, strengthened their capacity to respond to emergencies and deliver humanitarian services.

CIVILIANS

People affected by the Ukraine crisis meet their immediate needs

More than 22,800 people (7,600 households) displaced by the Ukraine crisis to south-western Russia met their most pressing needs through the ICRC's monthly provision of household/hygiene items and of food parcels that enabled them to eat at least three meals a day. These items were distributed in coordination with the Russian Red Cross in Krasnodar Krai and the Republic of Adygea, and with the local authorities in Rostov Oblast. The ICRC cancelled its plans to provide income support to host households

in south-western Russia in order to scale up its aid to the displaced. Cash assistance for households newly arrived in the northern Caucasus, or about to return to Ukraine – also in the ICRC's plans – was found not to be necessary.

In Crimea, over 19,000 displaced people (5,500 households) covered their basic needs with food and household/hygiene items provided by the ICRC and distributed by the local Red Cross branches. Diapers for 700 children were also distributed.

In both Crimea and south-western Russia, the ICRC continued to refine its beneficiary criteria, on the basis of assessments, to ensure that aid reached those in greatest need.

In Belarus, some 5,000 people displaced from Ukraine obtained food, clothes, shoes and other essentials with vouchers provided by the Belarus Red Cross in the first half of the year; nearly 7,200 people bought food and other supplies for the winter after a second round of voucher distributions in November and December. The ICRC provided funding for this activity, and for the salary of an officer to monitor the project; it also posted a delegate to Belarus to support the National Society. Owing to logistical constraints, fewer people than planned were assisted. Temporary accommodation for people newly arrived from Ukraine, which the ICRC had planned to fund, was found not to be necessary.

Vulnerable people in the northern Caucasus obtain psychosocial support

In Chechnya, 510 families of missing persons benefited from psychosocial support through the accompaniment programme of the Russian Red Cross, which received technical/financial assistance from the ICRC. National Society volunteers involved in the accompaniment programme also benefited from debriefings, conducted at their request, that helped them manage the stress associated with their work.

Vulnerable children improved their well-being at ICRC-funded playrooms in Chechnya and Ingushetia and at a National Society psychosocial-support centre in North Ossetia. Hundreds of elderly people received home visits from nurses under a Russian Red Cross programme in its final year of ICRC funding.

Sponsored by the ICRC, psychology professors from the northern Caucasus, and one Russian Red Cross staff member working in the accompaniment programme, participated in a regional conference on ambiguous loss and the needs of the families of missing persons (see *Georgia*), and strengthened their ability to provide psychosocial support to these families.

The ICRC continued to monitor the humanitarian situation in the northern Caucasus, amid difficulties of contact with the authorities there. Possibilities for cooperation were discussed with a local NGO working on the issue of missing persons.

People reconnect with relatives abroad

People in Belarus and the Russian Federation got in touch with relatives in Ukraine through RCMs and ICRC-facilitated phone calls. Some received 'safe and well' messages from relatives detained in Ukraine. People whose relatives had gone missing in Ukraine availed themselves of National Society/ICRC tracing services.

Several people rejoined their families, with ICRC assistance. For instance, one ailing elderly man, evacuated from a conflict-affected

area in Ukraine, was reunited with his family in the Russian Federation.

The National Societies of Belarus and the Russian Federation received comprehensive support, including training, that strengthened their capacity to provide family-links services for people affected by the Ukraine crisis. The ICRC delegation in Moscow organized a regional coordination meeting in Minsk, Belarus, on restoring family links among people separated by migration. The ICRC delegation in Ukraine and the National Societies of Belarus, Moldova, the Russian Federation and Ukraine participated in the meeting; they discussed experiences, best practices and plans for further cooperation.

Vulnerable migrants obtain legal assistance

Some 13,000 migrants, including asylum seekers and refugees – among them people displaced by the Ukraine crisis – availed themselves of free legal consultations at a temporary accommodation centre run by the St Petersburg branch of the Russian Red Cross with ICRC support (see *Red Cross and Red Crescent Movement*); over 900 obtained similar assistance through the branch's hotline service. Some particularly vulnerable migrants received ad hoc aid, such as hygiene items and school supplies.

Several asylum seekers and refugees in Belarus and the Russian Federation were issued travel documents by the ICRC at the request of IOM and UNHCR.

People displaced by the Ukraine crisis learn more about mine/ERW risks

Through leaflets distributed by Russian Red Cross branches in south-western Russia, in cooperation with the Russian Ministry of Emergency Situations and the ICRC, people learnt more about protecting themselves from mines/ERW when travelling to/from Ukraine.

ICRC-trained volunteers from the Russian Red Cross branch in Chechnya completed a multi-year project to collect data on the needs of mine/ERW victims. The families of two victims repaired their homes with the help of an ad hoc donation of construction materials from the ICRC.

In Moldova, plans to conduct joint weapon-clearance activities with the authorities were put on hold owing to the political situation and the Ukraine crisis.

PEOPLE DEPRIVED OF THEIR FREEDOM

People detained far from their homes receive visits from their relatives

People held in relation to the prevailing situation in the northern Caucasus, in penal colonies across the Russian Federation, restored/maintained contact with their relatives through ICRC-facilitated family visits and parcel deliveries. Some 380 detainees were visited by relatives. Around 350 detainees received food parcels, and 120 inmates received household/hygiene essentials, from their families. Several detainees got in touch with their relatives using RCMs or 'safe and well' messages.

Migrants held in Belarus communicate with their families

Detained migrants across Belarus, including asylum seekers and refugees, restored/maintained contact with their relatives via phone services run by the Belarus Red Cross, with ICRC support. Particularly vulnerable migrants were provided with food, clothes

and hygiene items by the National Society. Following discussions with the interior ministry and the ICRC, the National Society received authorization to begin visiting migrants held in Mogilev, in eastern Belarus, in December.

Aid for detained migrants was among the topics discussed at the regional National Society/ICRC coordination meeting in Minsk (see *Civilians*).

WOUNDED AND SICK

Doctors boost their skills through ICRC-supported training

Health professionals reinforced their ability to treat weapon-wounded and mine/ERW victims through ICRC-supported training. For instance, 40 doctors from the northern Caucasus and Crimea strengthened their skills at two ICRC-organized emergency room trauma courses. Some 30 doctors from 19 hospitals in the northern Caucasus, Crimea and Sevastopol – including anaesthesiologists, paediatricians, surgeons and trauma specialists – obtained advanced training at Russian clinics and institutes; the ICRC covered their training fees and/or travel costs.

Five medical schools in the northern Caucasus, and one in Crimea, improved their students' training with the help of ICRC-provided equipment.

After acquiring local certification with ICRC assistance, 11 health professionals displaced from Ukraine obtained employment at eight hospitals in Rostov Oblast and Sevastopol, and bolstered these hospitals' ability to tend to people displaced by the Ukraine crisis.

Hospitals ease patients' recovery with ICRC-donated supplies

In Rostov Oblast, 14 hospitals treating people displaced from Ukraine, some of them weapon-wounded, made their patients more comfortable with bed linen donated by the ICRC following a request from the Russian health ministry.

At one hospital in Rostov Oblast, the pharmacy increased its storage capacity with ICRC-provided refrigerators.

ACTORS OF INFLUENCE

High-level meetings emphasize the need to protect/assist civilians

The ICRC president visited Moscow in February and met with the president and senior officials of the Russian Federation. He emphasized the importance of neutral, impartial and independent humanitarian action in behalf of conflict-affected people from Ukraine.

The first CSTO-ICRC staff talks were held in October; these involved headquarters-level interaction between the two organizations. Representatives of the CSTO working bodies, envoys from CSTO member States and ICRC officials discussed, *inter alia*, the humanitarian situation in Afghanistan and Ukraine, and in other contexts of common concern. Side meetings between Russian government officials and ICRC representatives focused on the need for humanitarian action around the world.

The ICRC had discussions with the Russian government, including high-level dialogue with the armed forces, on the humanitarian consequences of the conflict in Syria and the need for all parties to reduce the impact of warfare on civilians/civilian objects, in line with their obligations under IHL.

Media raise public awareness of humanitarian issues

The ICRC's visibility as a neutral, impartial and independent humanitarian organization increased as a result of the coverage, by traditional/social media, of its activities for people affected by the Ukraine crisis. Journalists drew on ICRC communication materials, and interviewed the ICRC president and other officials, to highlight humanitarian concerns, particularly in connection with the situations in Syria and Yemen. The Moscow delegation began to work towards setting up a centre for humanitarian communication.

Over 50 journalists working in crisis areas learnt more about the ICRC's mandate/work by participating in ICRC activities, some of which were organized jointly with the Russian Union of Journalists and a local NGO. The work done by the ICRC to trace missing persons after World War II, and ICRC activities for civilians in Afghanistan, were featured on Russian television programmes.

With ICRC financial/technical assistance, the region's National Societies bolstered their ability to raise awareness of humanitarian issues and the Movement's work.

Public communication in the northern Caucasus was put on hold in the second half of the year following difficulties of contact with the authorities there.

Regional/national military bodies strengthen their knowledge of IHL and the ICRC's work

The Russian Ground Forces, with ICRC assistance, conducted advanced training in IHL for senior officers and members of its legal and psychological services. The Russian military also included elements of IHL in the training of its personnel, including those deployed in Syria. Officials from the Belarusian defence ministry and the ICRC discussed the incorporation of IHL in military training/operations. Representatives from the Belarusian and Moldovan armed forces, the CSTO and the CIS Council of Defence Ministers participated in an IHL course in San Remo; the ICRC sponsored their participation.

During CSTO Joint Staff training, in which the ICRC took part, senior military officers discussed the applicability of specific instruments of international law to non-international armed conflict and counter-terrorism measures/legislation. At a coordination meeting organized by the CIS Council of Defence Ministers and the ICRC, military lawyers from CIS member States discussed the incorporation of IHL in these countries' military doctrine, training and sanctions systems.

One of the ICRC's vice presidents participated in the Fourth Moscow International Conference on Security, organized by the Russian defence ministry and attended by representatives of 60 countries and of international/regional organizations. The ICRC presented its efforts to tackle weapon contamination at a conference organized by the Russian defence ministry's International Mine Action Centre.

Government officials learn more about implementing IHL

At an ICRC-organized regional seminar on IHL implementation in Minsk, representatives of 14 countries, the CSTO and the Belarus Red Cross, and several legal experts from the region, discussed legal frameworks for missing persons, recent developments in IHL implementation and other topics.

Academics from the region contributed to the development of IHL, for instance, through the Martens Readings International Conference in May. At a conference in November, representatives of leading Belarusian, Moldovan and Russian law schools adopted ICRC recommendations for incorporating IHL in their curricula. With ICRC sponsorship, Russian academics participated in IHL-related events in Belgium and Switzerland, and Belarusian, Moldovan and Russian students attended a seminar on IHL and cyber-warfare organized by the International Law Association in Belarus.

Moldova ratified the Arms Trade Treaty in September. The national IHL committees in Belarus and Moldova prepared for the 32nd International Conference in December; the ICRC provided technical assistance.

The IPA CIS Permanent Commission on Social Policy and Human Rights approved a set of ICRC-drafted recommendations for implementing legal frameworks related to the goals of the Health Care in Danger project.

RED CROSS AND RED CRESCENT MOVEMENT

National Societies in the region boost their operational capacities

Through ICRC training, staff from Russian Red Cross branches in the northern Caucasus and south-western Russia, and from the local Red Cross branches in Crimea, learnt more about assessing beneficiaries' economic needs, and about financial reporting. Personnel from Russian Red Cross branches in the northern Caucasus and St Petersburg received training in providing psycho-social support, conducted by the Danish Red Cross and the International Federation, and funded by the ICRC.

Russian Red Cross branches in the northern Caucasus expanded their assessment/planning capacities through a Safer Access Framework exercise, and trained some 1,500 people in first aid. In Crimea, the local Red Cross branches provided first-aid training to students/teachers, airport employees and public servants. The Belarus Red Cross set up a first-aid training centre and organized a disaster-management course attended by personnel from nine other National Societies. The Red Cross Society of Moldova, which signed a partnership framework agreement with the ICRC in April, bolstered its first-aid training structure and hired a first-aid coordinator.

The St Petersburg branch of the Russian Red Cross ran, with ICRC support, a temporary accommodation centre for migrants (see *Civilians*).

Russian Red Cross takes steps to strengthen the legal base for its activities

With technical support from the International Federation/ICRC, the Russian Red Cross finalized a draft law governing its legal status and the use of the emblem and submitted it to the Russian parliament.

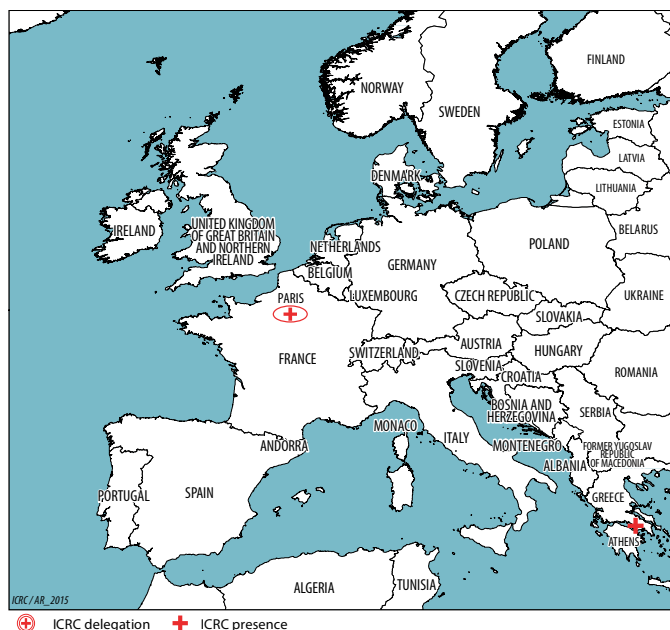
MAIN FIGURES AND INDICATORS: PROTECTION	Total			
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)		UAMs/SC*		
RCMs collected	14			
RCMs distributed	22			
Phone calls facilitated between family members	9			
Reunifications, transfers and repatriations				
People reunited with their families	4			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	40	3		1
<i>including people for whom tracing requests were registered by another delegation</i>	5			
People located (tracing cases closed positively)	18			
<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)	2,486	90	12	76
<i>including people for whom tracing requests were registered by another delegation</i>	13			
Documents				
People to whom travel documents were issued	10			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Restoring family links				
RCMs collected	4			
RCMs distributed	5			
Detainees visited by their relatives with ICRC/National Society support	383			
People to whom a detention attestation was issued	1			

*Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	41,440	42%	39%
	<i>of whom IDPs</i>	58		
Essential household items	Beneficiaries	42,134	42%	40%
	<i>of whom IDPs</i>	58		
Vouchers	Beneficiaries	12,215	47%	30%
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Food commodities	Beneficiaries	354		
Essential household items	Beneficiaries	122		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	15		

PARIS (regional)

COVERING: Denmark, France, Germany, Greece, Italy, Monaco, Netherlands, Norway, Spain, Sweden (with specialized services for other countries)



Formalized in 2000, the Paris office merged with the Europe regional delegation in 2015. It engages in dialogue on IHL/humanitarian concerns with the authorities, military and academic circles and third-country representatives, raising awareness of the ICRC's mandate and mobilizing political/financial support for its activities. It visits people held by international tribunals and follows up on former internees of the US internment facility at Guantanamo Bay Naval Station, Cuba. With National Societies, it helps migrants restore family links, visits those detained and offers guidance on human-remains management. It partners National Societies in their international activities and IHL promotion.

KEY RESULTS/CONSTRAINTS IN 2015

- ▶ Migrants restored/maintained contact with their relatives at various points of their journey with the help of National Societies, which scaled up their family-links activities with ICRC support.
- ▶ The authorities and other stakeholders expanded their response to shipwrecks in the Mediterranean, aided by ICRC training and technical/material support for managing human remains.
- ▶ Detainees, including migrants in Greece and people remanded/convicted by international criminal tribunals, eased their circumstances with the help of ICRC material assistance or advice to the detaining authorities.
- ▶ European authorities incorporated the ICRC's views in discussions/decisions on issues relating to, *inter alia*, data protection and ICRC confidentiality, and implementing/strengthening IHL.
- ▶ The French armed forces drew on ICRC input for revising their policies on detention and the protection of civilians. Troops bound for missions abroad refreshed their knowledge of IHL at ICRC presentations.

EXPENDITURE IN KCHF

Protection	2,059
Assistance	282
Prevention	2,004
Cooperation with National Societies	504
General	27
Total	4,876
<i>Of which: Overheads</i>	298

IMPLEMENTATION RATE

Expenditure/yearly budget	95%
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PERSONNEL

Mobile staff	8
Resident staff (daily workers not included)	16

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

PROTECTION

	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Red Cross messages (RCMs)	
RCMs collected	3
RCMs distributed	13
Phone calls facilitated between family members	611
People located (tracing cases closed positively)	371
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited and monitored individually	49
Number of visits carried out	21
Number of places of detention visited	18
Restoring family links	
RCMs collected	2
RCMs distributed	7
Phone calls made to families to inform them of the whereabouts of a detained relative	2

CONTEXT

As a permanent member of the UN Security Council, France played a major role in international affairs. France and several other European countries undertook diplomatic and/or military initiatives in places such as the Central African Republic (hereafter CAR), Iraq, the Syrian Arab Republic (hereafter Syria), Ukraine and the Sahel region, in some cases as part of international coalitions.

Security was high on the agenda across Europe, particularly in light of the growing numbers of people arrested or detained allegedly for being connected with fighting groups abroad, and attacks on domestic soil, which drove France to reaffirm its commitment to fighting “terrorism”.

Concerns regarding the continuous arrival into Europe of people fleeing conflict/violence-stricken countries gained momentum. Migrants, including refugees and asylum seekers, endured difficult conditions at the main reception points (Greece, Italy, Malta, and Spain); an unprecedented number perished or went missing while crossing the Mediterranean or Aegean Sea. This prompted the European Union to lobby for measures to reinforce solidarity among Member States, strengthen its presence at sea, and prevent illegal movement through cooperation with third countries. Several countries adopted more restrictive border/immigration policies, including administrative detention.

The Hague, Netherlands, is host to the International Criminal Court (ICC), the Residual Special Court for Sierra Leone, the Special Tribunal for Lebanon, and the Mechanism for International Criminal Tribunals (MICT), which took over the residual functions of the International Criminal Tribunal for the former Yugoslavia (ICTY).

ICRC ACTION AND RESULTS

The Paris delegation remained a key element of the ICRC’s humanitarian diplomacy network, through which the organization sought support for its operations worldwide, promoted IHL and its incorporation in domestic legislation, broadened understanding of its mandate and stimulated debate on humanitarian issues.

Dialogue with European authorities and other stakeholders emphasized, among other priorities, the importance of confidentiality in the ICRC’s work, and the organization’s concerns regarding the potential implications of data-protection laws for humanitarian activities. The authorities took these into consideration; the Council of Europe’s Ad Hoc Committee on Data Protection drafted an explanatory memorandum that reflected the ICRC’s position. States also looked to the ICRC as a source of reference on the humanitarian situation in conflicts abroad and on the implementation of IHL, including sanctions for violations. A number of States ratified IHL-related treaties, and several took domestic measures to implement the Convention on Cluster Munitions. In France, meetings with the president, officials from the defence and foreign ministries and operational/strategic commands of the armed forces tackled humanitarian issues in contexts of diplomatic or military interest to the country. French forces learnt more about the ICRC’s mandate and activities through presentations at high-level coalition exercises and briefings for troops bound for overseas missions. Cooperation on the further incorporation of IHL in military doctrine took shape.

Members of civil society discussed IHL and humanitarian affairs at events co-organized by the ICRC. French-language updates

and audiovisual materials disseminated by the delegation and the ICRC’s multimedia communications centre in Paris helped broaden awareness of such matters among French-speaking audiences throughout the world.

National Societies and the ICRC fostered strategic partnerships and reinforced joint action in order to address humanitarian issues of common concern and strengthen the Movement’s global response to situations of armed conflict/other violence, as well as to the needs of vulnerable migrants in Europe. Regional meetings facilitated coordination and sharing of expertise among Movement components, and National Societies at the main reception points received support to bolster their capacities and help migrants restore family contact. After processing the Hellenic Red Cross’s backlog of tracing cases, the ICRC’s temporary office in Athens closed in June. With ICRC support, the Hellenic Red Cross and the Italian Red Cross recruited/trained more volunteers to provide family-links services, and set up service points at various locations, enabling migrants to touch base with relatives via phone calls or the internet along their journey. Migrants also searched for missing relatives through a photo campaign run by Movement partners throughout Europe.

As the authorities and other stakeholders expanded their response to shipwrecks in the Mediterranean, the ICRC provided training and technical/material support to facilitate proper management and identification of the remains of deceased migrants. The ICRC also stepped up its activities for migrants in immigration detention, conducting more visits than in 2014 and providing hygiene items to help ease their conditions.

People convicted by the ICTY and serving their sentences in European countries, and people remanded by the MICT/ICTY and the ICC in The Hague, continued to receive visits. The international criminal tribunals and penitentiary authorities looked to the ICRC for advice on the enforcement of sentences, to ensure that their policies and practices complied with internationally recognized standards and best practices.

The ICRC followed up the situation of people resettled in Europe after their release from the US internment facility at Guantanamo Bay Naval Station in Cuba, facilitating family contact where possible.

CIVILIANS

Migrants touch base with their families at various points during their journey, as the Movement scales up family-links activities

The ICRC worked closely with National Societies, especially in countries along migration routes, and helped them strengthen their ability to respond to migrants’ needs. Before closing in June, the ICRC’s temporary office in Athens finished processing the Hellenic Red Cross’s backlog of tracing cases dating back to 2010, took on new tracing requests and helped hundreds of migrants phone their family members. The Hellenic Red Cross and the Italian Red Cross received technical and financial support throughout the year to boost their family-links services, enabling them to recruit and train new volunteers and respond to needs following shipwrecks and the mass influx of unaccompanied minors. They also set up service points at various locations, with internet access and phone-charging stations, which migrants used to contact their relatives during their journey.

Through the Trace the Face campaign run by more than 20 European National Societies and the ICRC, people looking for their relatives

had photos of themselves or their missing relatives published on the ICRC's family-links website (familylinks.icrc.org) or on posters displayed in public spaces, including reception/transit centres. Some people were reunited with their relatives through the concerted efforts of the Movement's family-links network, aided by new data-sharing tools developed with ICRC support.

Movement partners in the region bolstered their response to the plight of migrants and discussed common approaches – for instance, at the 12th Mediterranean Conference of Red Cross and Red Crescent Societies, held in San Marino. European National Societies also discussed the implications of data-protection regulations for family-links activities at a meeting in Ireland (see *London*); they adopted a common code of conduct in this regard.

Forensic services strengthen their ability to manage human remains and data on missing persons

The pertinent authorities and other stakeholders continued to receive support in the search for missing migrants and the identification of human remains.

In Greece, national coastguard, police and fire brigade personnel and Hellenic Red Cross volunteers on the islands of Alexandroupolis, Chios, Kos, Lesbos, Rhodes and Samos strengthened their ability to handle human remains properly through ICRC training sessions; they received body bags and protective equipment to aid them in their work. In Lesbos, the local authorities, UNHCR, other actors and the ICRC drew up standard operating procedures to ensure coordinated responses in the event of shipwrecks; meetings with stakeholders also addressed the lack of burial places, which led to the establishment of a new cemetery for deceased migrants. Following shipwrecks near Farmakonisi and Lesbos, the Hellenic Red Cross and the ICRC supported the authorities' response, providing forensic supplies/equipment, assisting families in the identification process, facilitating burials and collecting DNA samples from the relatives of those still missing.

Representatives of the Greek and Spanish authorities attended a training course in Geneva, Switzerland, to reinforce their countries' ability to manage/identify human remains.

In Italy, the forensic laboratory of the University of Milan's Medico-Legal Institute continued to work on identifying the remains of migrants who perished off the coast of Lampedusa in 2013. ICRC-provided software helped them centralize all available data on missing migrants/unidentified bodies, contributing to the positive resolution of some cases. Drawing on ICRC input, the Italian Red Cross prepared guidelines and procedures that would enable it serve as the national forensic services' counterpart in

contacting/exchanging information with the families of deceased migrants, in order to facilitate the identification process.

The ICRC contributed its expertise during meetings of the working group set up by European National Societies to deal with challenges to forensic work and the restoration of family links. In October, Movement components and other stakeholders in the Mediterranean met at a conference in Barcelona, Spain, which followed up the 2013 conference in Milan, Italy. Representatives discussed best practices for managing the remains of deceased migrants and further involvement of the Movement in the process.

Former Guantanamo internees reunite with their families

The ICRC continued to follow up people previously held at the Guantanamo Bay internment facility who had resettled in Europe after their release. One former internee received a visit from his family, and two others were joined by their wives, with ICRC financial assistance. Other family visits were being organized, amidst challenges related to tightened security rules across Europe and the prevailing situations in the families' countries of origin.

PEOPLE DEPRIVED OF THEIR FREEDOM

People detained or held on remand under the authority of the MICT and the ICC in The Hague, and ICTY-convicted detainees serving their sentences in European countries, continued to receive visits from the ICRC. Dialogue with the detaining authorities at both prison and national levels focused on recommendations that would benefit, as much as possible, the wider detainee population in the places visited.

The international tribunals, including the Residual Special Court for Sierra Leone, and the ICRC took up matters related to the enforcement of sentences during regular meetings. The MICT and the ICC continued to solicit the ICRC's advice to ensure that their detention policies complied with internationally recognized standards and best practices. Discussions on detainees' health issues moved forward, and meetings on medical ethics were held with the MICT.

Detained migrants exchange news with their families

Migrants, including unaccompanied minors, held in Greece received ICRC visits, during which they contacted their loved ones via RCMs and phone calls. Most of them also received hygiene and cleaning products, recreational items and phone cards to help ease their situation. After these visits, the ICRC shared its feedback with the authorities, focusing on issues related to the migrants' treatment and living conditions.

PEOPLE DEPRIVED OF THEIR FREEDOM	Estonia	Finland	France	Germany	Greece	Norway	Sweden	Poland	ICC/ICTY/ MICT
ICRC visits									
Detainees visited and monitored individually	3	1	3	1	12	2	1	2	24
<i>of whom boys</i>					2				
Detainees newly registered			1		12				
<i>of whom boys</i>					2				
Number of visits carried out	1	1	4	1	9	1	1	1	2
Number of places of detention visited	1	1	3	1	7	1	1	1	2
Restoring family links									
RCMs collected					2				
RCMs distributed					7				
Phone calls made to families to inform them of the whereabouts of a detained relative					2				

In Malta, detained migrants contacted their families through services provided by the Malta Red Cross Society with ICRC technical/financial support. Increased provisions of phone cards and IT/phone equipment prepared the National Society for a possible surge in arrivals of migrants.

ICRC access to some security detainees remains elusive

In France, the ICRC conducted follow-up visits to two detainees – previously held in Afghanistan and Jordan and visited there by the ICRC – and shared its findings confidentially with the detaining authorities.

Building on its improved understanding of data-protection and confidentiality issues, the ICRC sought to resume dialogue with some European States on the possibility of visiting people held on security-related charges, but to no avail.

ACTORS OF INFLUENCE

In light of European countries' influence in international affairs, meetings with the authorities, the armed forces and members of civil society sought to advance discussions on IHL and humanitarian issues and to secure support for its work throughout the world.

European authorities address ICRC concerns regarding data-protection legislation

Regional forums provided opportunities to present the ICRC's views on priority issues, including data protection, the Health Care in Danger project, the Strengthening IHL process and preparations for the 32nd International Conference. The Paris delegation supported the delegation in Brussels, Belgium, in its representations to European authorities and other stakeholders, emphasizing the importance of confidentiality in the ICRC's work and of ensuring that the potential implications of data-protection laws for humanitarian activities were taken into consideration in their decisions (see *Brussels*). Active participation in the meetings of the data-protection committee of the Council of Europe (COE) led to the ICRC's position being reflected in the explanatory memorandum of the COE's "modernized" convention on data protection.

During bilateral meetings and thematic events, the French president and officials from the defence and foreign ministries exchanged views with ICRC representatives on the humanitarian situation in contexts of political/military interest to France, and on such subjects as the scope of applicability of IHL, "terrorism", cyber warfare, detention and multinational forces.

Authorities push forward with measures to implement IHL

Key actors in the region continued to show support for IHL and the ICRC. European National Societies and the ICRC engaged in dialogue with national authorities and regional organizations, promoting support for IHL and issues of common humanitarian concern, and helping advance treaty participation and implementation (see *International law and policy*). Luxembourg and Romania ratified Additional Protocol III; San Marino and Switzerland ratified the Arms Trade Treaty; the Czech Republic and Malta ratified the Kampala amendments to the Rome Statute; and Iceland and Slovakia ratified the Convention on Cluster Munitions. Iceland and Spain adopted domestic legislation implementing the Convention on Cluster Munitions, and the Italian parliament discussed a bill prohibiting financing for such weapons. Germany completed the destruction of its cluster munitions stockpile, and Poland contracted a third party to do the same.

Through dialogue, seminars and regional forums such as the Genocide Network, national authorities/IHL committees and National Societies drew on the ICRC's advice on matters relating to IHL implementation, including sanctions for war crimes and other violations, and sought its views on the classification of conflicts and on the concept of direct participation in hostilities. The French National Consultative Commission on Human Rights, which also dealt with IHL-related matters, continued to involve the ICRC as an observer in its meetings, drawing on the organization's input in its preparations for the World Humanitarian Summit and for launching studies aimed at strengthening IHL, particularly with regard to the protection of cultural property and the responsibility of States to ensure respect for IHL.

French forces learn more about the ICRC's activities

Dialogue with the French Armed Forces (FAF) – in particular with the commands/establishments involved in preparing forces and in planning/conducting external operations (OPEX) – centred on the ICRC's humanitarian concerns and activities in contexts where the FAF was engaged; this paved the way for ICRC presentations during high-level coalition training exercises and IHL briefings for troops bound for the Sahel. A senior FAF officer attended an IHL course in Algeria (see *International law and policy*).

Dialogue with the Joint Concept, Doctrine and Experimentation Centre encouraged the further incorporation of lessons learnt in French military guidelines and doctrine. Areas of cooperation included the implementation by FAF-OPEX of recommendations related to the protection of health-care services, and ICRC input on revisions to the FAF's policies on detention and the protection of civilians in armed conflict.

Civil society engages in discussions on humanitarian issues

Seminars and debates organized by the ICRC in France facilitated discussions of IHL, humanitarian needs in conflict-affected contexts and the ICRC's mandate/activities among academics, humanitarian professionals and NGOs. Around 100 university students in Monaco learnt about the history of IHL/the ICRC during seminars conducted at the invitation of the government.

Updates related to operations/specific issues, translations of selected articles from the *International Review of the Red Cross* and audiovisual materials disseminated via the delegation and the ICRC's communication centre in Paris kept French-speaking audiences abreast of IHL-related developments and global humanitarian issues, including the plight of migrants in Europe.

Press coverage of ICRC activities brought important humanitarian issues to the fore. Media interviews given by visiting ICRC representatives, including the president, drew attention to the needs in such places as Iraq, South Sudan, Syria and Yemen. The fifth Visa d'Or award for humanitarian photojournalism, sponsored by the ICRC, went to a photojournalist who covered the Minova rape trials in the Democratic Republic of the Congo.

RED CROSS AND RED CRESCENT MOVEMENT

The region's National Societies and the ICRC continued to strengthen their partnerships, drawing on each other's fields of expertise to reinforce/expand their capacity to respond to crises within Europe and abroad and to address other humanitarian issues of common interest: besides migrants and IHL (see above), these included support for victims of torture and other forms of ill-treatment, first aid, the Health Care in Danger project and rapid deployment mechanisms.

The Hellenic Red Cross pursued efforts to stabilize its organizational structure; however, legal challenges to the new statutes adopted by its general assembly in April postponed elections and structural changes envisaged under the new statutes. The Italian Red Cross continued to receive support as it sought to change its legal status from “public entity” to “voluntary association”.

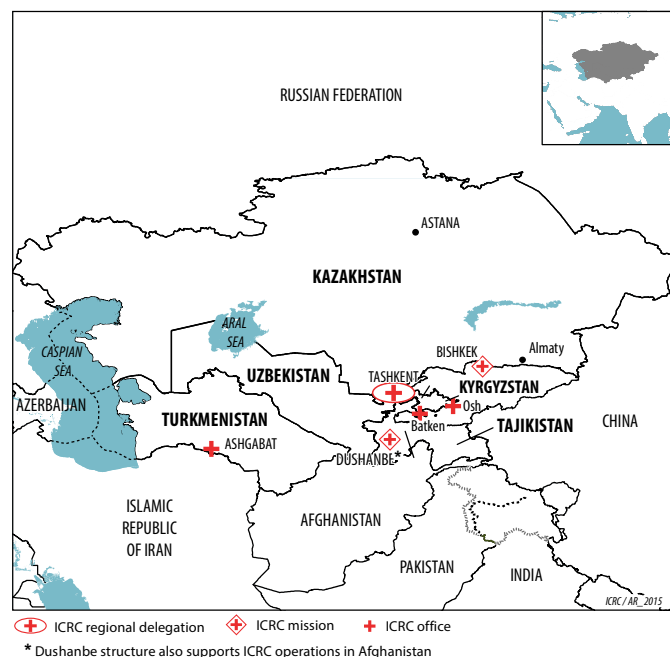
The International Federation and the ICRC worked in close coordination to support National Societies’ efforts to respond to the needs of migrants in Europe.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
Red Cross messages (RCMs)			UAMs/SC*		
RCMs collected	3				
RCMs distributed	13				
Phone calls facilitated between family members	611				
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered	92	23	15	26	
<i>including people for whom tracing requests were registered by another delegation</i>	7				
People located (tracing cases closed positively)	371				
<i>including people for whom tracing requests were registered by another delegation</i>	22				
Document					
People to whom travel documents were issued	3				
Official documents relayed between family members across borders/front lines	292				
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Girls	Boys
Detainees visited and monitored individually	49				2
Detainees newly registered	13				2
Number of visits carried out	21				
Number of places of detention visited	18				
Restoring family links					
RCMs collected	2				
RCMs distributed	7				
Phone calls made to families to inform them of the whereabouts of a detained relative	2				

*Unaccompanied minors/separated children

TASHKENT (regional)

COVERING: Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, Uzbekistan



The ICRC has been present in Central Asia since 1992. In Kyrgyzstan and Tajikistan, it works to protect and assist vulnerable populations suffering the consequences of conflict/other violence, in cooperation with the National Societies. In Kyrgyzstan, it helps the authorities improve detainees' treatment and conditions, especially with regard to health-care access. The ICRC assists the region's National Societies in building their capacities, particularly in emergency preparedness, restoring family links and promoting IHL. Throughout the region, it supports the implementation of IHL and other norms relevant to the use of force, and fosters understanding of the ICRC's mandate and work.

KEY RESULTS/CONSTRAINTS IN 2015

- ▶ The Kyrgyz authorities, together with the ICRC, completed renovations at 1 penal institution, enabling the centralized treatment of TB-affected detainees, in line with strict infection-control requirements.
- ▶ Hundreds of medical professionals, armed/security personnel and National Society staff/volunteers in the region honed their trauma-management, weapon-wound surgery or first-aid skills at ICRC-backed courses.
- ▶ In Tajikistan, families of missing persons met some of their needs via ICRC-supported projects run by a local NGO and the National Society. Mine-affected households eased their situation with ICRC cash grants.
- ▶ The Turkmen authorities and the ICRC continued to discuss a draft agreement regarding ICRC visits to detainees. Dialogue with the Tajik authorities, on the possible resumption of such visits, was maintained.
- ▶ A NATO military training centre in Kazakhstan, drawing on ICRC advice, developed a mandatory course on IHL provisions applicable to peacekeeping operations.

EXPENDITURE IN KCHF

Protection	2,594
Assistance	7,664
Prevention	2,488
Cooperation with National Societies	1,630
General	94
Total	14,470
<i>Of which: Overheads</i>	883

IMPLEMENTATION RATE

Expenditure/yearly budget	93%
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PERSONNEL

Mobile staff	29
Resident staff (daily workers not included)	197

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	4
RCMs distributed	17
Phone calls facilitated between family members	25
People located (tracing cases closed positively)	16
People reunited with their families	1
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	8,262
Detainees visited and monitored individually	255
Number of visits carried out	136
Number of places of detention visited	44
Restoring family links	
RCMs collected	7
RCMs distributed	2
Phone calls made to families to inform them of the whereabouts of a detained relative	8

ASSISTANCE	2015 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Essential household items	Beneficiaries	30
Cash	Beneficiaries	990
		1,529
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	3
		3
Water and habitat		
Water and habitat activities	Number of beds	200
		935

CONTEXT

Tensions related to border demarcation, competition for natural resources and ethnic discord persisted in the region, occasionally leading to violence in enclaves/border areas. Economic difficulties, especially in Kyrgyzstan and Tajikistan, continued to propel migration.

In Kyrgyzstan and Tajikistan, some families remained without news of relatives who went missing in relation to past conflict, other situations of violence or migration. Communities along Tajikistan's borders with Afghanistan and Uzbekistan were exposed to the risks of mines/explosive remnants of war (ERW). Tajikistan was beset by floods in July; Tajikistan and Kyrgyzstan were struck by earthquakes in November and December, respectively.

Geopolitical issues of interest to countries in the region included the drawdown of international troops from Afghanistan and the prevailing situation in Ukraine, as well as refugee influxes and the potential spillover consequences of the conflict in Afghanistan. Central Asian countries engaged with such multilateral bodies as the Collective Security Treaty Organization (CSTO), the Commonwealth of Independent States (CIS) and NATO.

ICRC ACTION AND RESULTS

Helping the authorities respond to the humanitarian needs of detainees, enhancing local emergency preparedness/response capacities and encouraging the authorities to address the needs of people affected by past conflict and other situations of violence remained priorities for the ICRC.

In Kyrgyzstan, the ICRC visited detainees held by the internal affairs ministry, the State Committee for National Security (GKNB), the State Service for the Execution of Punishments (GSIN) and the State Drug Control Service, and continued to seek access to all detainees. Following these visits, it provided the authorities with confidential feedback, including recommendations on ensuring that detainees' treatment and living conditions conformed to internationally recognized standards. The ICRC also maintained its extensive support to the GSIN and the health ministry in managing TB, including multi-drug-resistant (MDR) strains, in the penitentiary sector. It helped complete construction/maintenance work at Penal Institution (PI) 31, enabling the centralized treatment of TB-affected detainees, in line with strict infection-control requirements, and established TB-screening/management procedures at a pre-trial detention centre in Bishkek. The ICRC helped ensure access to primary health care for detainees held at five police stations, as part of a pilot project with the authorities.

On the basis of a cooperation plan on addressing humanitarian issues, including those related to detention and IHL promotion/implementation, the Turkmen authorities and the ICRC sustained dialogue on ICRC visits to detainees; a draft agreement in this regard remained under discussion. Dialogue with the Tajik authorities continued to cover the possible resumption of ICRC visits to detainees. The ICRC facilitated family visits for detainees in Kyrgyzstan, Tajikistan and Uzbekistan.

The ICRC kept up its efforts in helping ensure the availability of adequate medical/surgical services during emergencies. In Kazakhstan, Tajikistan, Turkmenistan and Uzbekistan, medical professionals improved their trauma-management or weapon-wound surgery skills during ICRC courses, organized with each country's respective authorities and National Society. Doctors in

Kyrgyzstan benefited from courses led by their ICRC-trained peers, who also supported the courses held in Kazakhstan. Members of violence-prone communities and security officers in Kyrgyzstan, defence and interior ministry representatives in Tajikistan, and interior ministry officials in Uzbekistan received first-aid training. With ICRC technical, financial or material support, the region's National Societies bolstered their first-aid and other emergency preparedness and response capacities by, for example, participating in a regional course in Turkmenistan.

To promote the protection of vulnerable people, especially during emergencies, the ICRC facilitated IHL training/dissemination sessions for armed/security personnel, including senior officers and military instructors, in all the countries covered. It provided advice to a military training centre in Kazakhstan, which developed a mandatory IHL course for peacekeepers. The ICRC supported the national IHL committees of Kyrgyzstan and Turkmenistan in their work. Dialogue with the Kazakh government focused on cooperation on humanitarian issues related to the use of nuclear weapons.

The ICRC continued to encourage the authorities to address the needs of people affected by past conflict or other situations of violence, while directly assisting the most vulnerable among these people. It discussed the subject with the Kyrgyz and Tajik authorities, and gave input on developing legislation on the rights of missing people and their families. In Tajikistan, the ICRC extended technical support to projects run by a local NGO and the National Society to help people with missing relatives obtain psychosocial and other assistance. It continued providing families of mine/ERW victims with cash grants to start income-generating activities or meet other needs.

The authorities, weapon bearers and members of civil society, such as traditional/religious leaders and journalists, were engaged through dialogue and training events, at times with the Kazakh Red Crescent Society, the Red Crescent Society of Kyrgyzstan, the Red Crescent Society of Tajikistan, the Red Crescent Society of Turkmenistan or the Red Crescent Society of Uzbekistan. These efforts helped build acceptance of humanitarian principles, IHL and other pertinent norms, and the Movement.

CIVILIANS

Through dialogue with the authorities in Kyrgyzstan, and with the National Society and other local actors in Tajikistan, the ICRC monitored the situation of residents in tension-prone areas, especially along the border. Some violence-affected people in Kyrgyzstan (see *Context*) coped with their circumstances with ICRC-donated household essentials.

Dialogue with the Kyrgyz authorities also sought to facilitate the ICRC's access to enclaves/border communities and encourage the development of emergency-preparedness/response measures (see below and *Wounded and sick*). The Uzbek authorities and the National Society/ICRC discussed how to update the countrywide emergency plan.

Separated family members reconnect

In Kazakhstan, Kyrgyzstan and Tajikistan, dispersed relatives, including about 280 migrants held at a retention centre in Astana city, Kazakhstan, restored/maintained contact through RCMs/phone calls facilitated by the National Societies/ICRC. Some of these migrants eased their situation with National Society-provided essential household items.

In Kyrgyzstan, refugees without valid identification papers received, with the authorities' approval, ICRC travel documents, facilitating their resettlement abroad through IOM/UNHCR programmes. One foreigner reunited with his mother in the country through the National Society/ICRC.

So that relatives separated by violence, other emergencies or migration could reconnect, community leaders in Kyrgyzstan learnt more about helping restore family links through National Society workshops, as did national disaster-response team members, who, additionally, trained in human-remains management (see also below). The National Society endeavoured to improve its family-links services by exchanging best practices with the Armenian Red Cross Society and the German Red Cross. In Tajikistan, some 140 local officials increased their knowledge of Movement family-links services during National Society-conducted dissemination sessions.

Through a National Society social-integration project that it supported, the ICRC monitored the situation of five people resettled in Kazakhstan, following their release from the US internment facility at Guantanamo Bay Naval Station in Cuba. One passed away in May, owing to poor health.

Relatives of missing persons meet some needs

The Tajik authorities received the results of a 2014 National Society/ICRC assessment of the needs of families of missing persons; recommendations for improving the legal framework on the rights of missing people and their kin were followed up. The Kyrgyz authorities, notably national IHL committee members, worked to develop their own such legislation, drawing on a study conducted by a government research institute with ICRC support. They were reminded to update the families concerned of the status of the search for people still missing in connection with the June 2010 events.

In Tajikistan, some 100 families of missing persons obtained psychosocial support – including individual counselling for 230 people – and referrals to service providers for their other needs through projects carried out by a local NGO and the National Society, with ICRC technical support. A few such families in Kyrgyzstan received ICRC referrals to providers of legal/administrative services.

To facilitate the recovery/identification of the remains of people who perish during emergencies, representatives of key ministries and first responders in Kyrgyzstan and Tajikistan attended human-remains management workshops, in the region or abroad. The Tajik defence ministry received ICRC-donated forensic equipment. The Kyrgyzstan Red Crescent studied domestic legislation regarding human-remains management, to help identify gaps.

In Kyrgyzstan and Tajikistan, people lodged tracing requests for missing relatives.

Mine/ERW-affected households improve their living conditions

In Tajikistan, some 190 households (1,500 people) headed by mine/ERW victims started income-generating activities or covered such needs as medical care or house repairs, using ICRC cash grants. These were provided based on ongoing assessments by National Society staff/volunteers, some of whom honed their data-collection/management skills at a workshop organized with the Tajikistan National Mine Action Centre (TNMAC).

Residents of mine/ERW-contaminated areas, including school-children, learnt safer behaviour during National Society/ICRC dissemination sessions and other activities, coordinated with the TNMAC.

The TNMAC, with ICRC support, held a regional workshop on addressing weapon contamination.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees in Kyrgyzstan receive ICRC visits

In Kyrgyzstan, about 8,260 detainees in facilities under the internal affairs ministry, the GKNB, the GSIN and the State Drug Control Service received ICRC visits, conducted according to the organization's standard procedures; 255 potentially vulnerable inmates – security detainees, life-sentenced detainees, women, minors and foreigners – were followed up individually. The authorities received confidential feedback afterwards, including recommendations on ensuring that detainees' treatment and living conditions conformed to internationally recognized standards (see below). Discussions towards facilitating the ICRC's access to all detainees continued.

CIVILIANS	Kyrgyzstan	Tajikistan	Uzbekistan
Red Cross messages (RCMs)			
RCMs collected	2	2	
RCMs distributed	2	8	7
Phone calls facilitated between family members		25	
Reunifications, transfers and repatriations			
People reunited with their families	1		
Tracing requests, including cases of missing persons			
People for whom a tracing request was newly registered	30	167	
<i>of whom women</i>	10		
<i>of whom minors at the time of disappearance - girls</i>	5		
<i>of whom minors at the time of disappearance - boys</i>	1	7	
People located (tracing cases closed positively)	13	3	
Tracing cases still being handled at the end of the reporting period (people)	94	179	
<i>of whom women</i>	16		
<i>of whom minors at the time of disappearance - girls</i>	9		
<i>of whom minors at the time of disappearance - boys</i>	10	8	
Documents			
People to whom travel documents were issued	12		

Tajik and Turkmen authorities maintain dialogue with the ICRC on visits to detainees

The Turkmen authorities approved a cooperation plan with the ICRC on humanitarian issues, including those relating to detention and IHL promotion/implementation (see *Actors of influence*). Discussions on a draft agreement regarding ICRC visits to detainees were ongoing. Interior/justice ministry officials learnt more about internationally recognized detention standards, at a round-table, and the ICRC's work in managing TB in prisons, at a seminar.

Discussions with the Tajik authorities continued to cover the possible resumption of ICRC visits to detainees. Senior officials better acquainted themselves with the ICRC's humanitarian activities for detainees during a field visit to Kyrgyzstan.

Detainees see their confinement eased through the Kyrgyz authorities' efforts

Detainees at five police stations in Kyrgyzstan accessed preventive care through a pilot project based on a 2013 agreement between the health/interior ministries and the ICRC. Under this project, health staff at the stations, which had been renovated/equipped by the ICRC in 2014 and 2015, continued to receive advice/training, particularly in diagnosing/treating common diseases; prison guards joined National Society-run first-aid courses. Over 70 detainees benefited from additional ICRC-led infrastructural repairs/upgrades at two of the stations, in line with the authorities' upgraded standards for detention conditions, notably for people held in protracted detention. Dialogue, backed by a status report, encouraged the authorities to ensure detainees' health-care access in all temporary-detention centres by applying lessons learnt from the project. Five more pilot sites were identified in this regard.

The G SIN also drew on ICRC support to improve the living conditions of detainees under its jurisdiction. It evaluated detainees' health-care needs, enabling it to contribute to the government's strategy for health-related reforms in prisons. G SIN representatives attended a seminar, where they furthered their understanding of ways to improve the situation of life-sentenced detainees. Following assessments by the G SIN and the ICRC, three detention centres received construction materials and eight underwent renovation, leading to improved water access and sanitation for some 7,130 detainees. Based on an agreement between the G SIN, the Organization for Security and Co-operation in Europe and

the ICRC, construction work at a pre-trial detention facility in Jalal-Abad was completed; some detainees were set to be transferred there, towards alleviating the situation in other southern Kyrgyzstan temporary-detention centres.

Some 7,230 particularly vulnerable detainees received household/hygiene and educational/recreational items.

TB-prone/affected detainees receive suitable care

The G SIN and the health ministry continued to tackle the serious threat to detainees from TB, particularly MDR TB.

Newly arrived detainees at a pre-trial detention centre in Bishkek, a key entry point into Kyrgyzstan's penitentiary system, were screened as part of an ICRC TB-management initiative. At PI 31, construction/maintenance work to enable centralized treatment of up to 1,850 detainees with various forms of TB, in line with strict infection-control requirements, was completed. At the pre-trial detention centre and PI 31, health personnel received daily on-site support, and trained maintenance teams ensured the proper functioning of all facilities, particularly the centre's laboratory. A planned study tour to Azerbaijan for medical staff was cancelled, owing to logistical constraints.

The penitentiary authorities, with ICRC technical/material input, maintained an electronic database for monitoring/evaluating the country's prison TB-management programme. The national/inter-provincial TB reference laboratories strengthened their services, with ICRC support: for instance, the national laboratory maintained/repaired key equipment and sent smear samples for testing abroad. Working groups covering various aspects of TB management continued to draw on ICRC advice.

About 270 TB-affected detainees were enrolled in a treatment regimen; 80 had completed it by end-2015. The ICRC continued promoting a holistic model of care, which included psychosocial support.

Detainees receive family visits

Discussions with the Kyrgyz detaining authorities emphasized the importance of ensuring that detainees could restore/maintain contact with their relatives; about 190 detainees received family visits. Dozens of detainees in Tajikistan and Uzbekistan likewise reconnected with relatives, some of whose transport/lodging costs the ICRC covered.

PEOPLE DEPRIVED OF THEIR FREEDOM		Kyrgyzstan	Tajikistan	Uzbekistan
ICRC visits				
Detainees visited		8,262		
	<i>of whom women</i>	608		
	<i>of whom minors</i>	103		
Detainees visited and monitored individually		255		
	<i>of whom women</i>	14		
	<i>of whom boys</i>	11		
Detainees newly registered		81		
	<i>of whom women</i>	7		
	<i>of whom boys</i>	7		
Number of visits carried out		136		
Number of places of detention visited		44		
Restoring family links				
RCMs collected		7		
RCMs distributed		2		
Phone calls made to families to inform them of the whereabouts of a detained relative		8		
Detainees visited by their relatives with ICRC/National Society support		197	36	58

WOUNDED AND SICK

Local actors boost their capacities to provide life-saving care

Defence and interior ministry representatives in Tajikistan, interior ministry officials in Uzbekistan, and members of violence-prone communities and security officers in southern Kyrgyzstan joined National Society/ICRC first-aid courses. Kyrgyz border guards, with ICRC support, refurbished a health facility serving remote communities. The region's National Societies reinforced their first-aid/related capacities, including through ICRC train-the-trainer seminars (see also *Red Cross and Red Crescent Movement*).

Some 190 doctors in Kazakhstan, Tajikistan, Turkmenistan and Uzbekistan enhanced their trauma-management capacities during ICRC courses. These courses involved each country's health ministry and National Society; in Kazakhstan and Uzbekistan, medical universities also took part. In Kyrgyzstan, 76 surgeons and anesthesiologists participated in similar courses led by ICRC-trained doctors, who autonomously organized one course and supported others held in Kazakhstan. Fifty-four doctors in Tajikistan and Uzbekistan honed their weapon-wound surgery skills at seminars. At all these events, participants, including defence ministry representatives, also learnt more about the goals of the Health Care in Danger project.

People had access to adequate care at ICRC-supported facilities. In Tajikistan, two facilities received medical supplies, following floods (see *Context*); in tension-prone areas, two hospitals underwent renovation and three others obtained medical/surgical equipment or spare parts/tools. One primary-health-care centre and one hospital's operating theater in southern Kyrgyzstan were repaired; the centre received basic medical supplies.

ACTORS OF INFLUENCE

Influential actors were engaged by the ICRC, at times with the National Societies, through dialogue/events to promote the protection of, and facilitate humanitarian activities for, vulnerable people (see above). Such activities also built acceptance of humanitarian principles, IHL/other pertinent norms, and the Movement.

Security forces further their grasp of IHL

Kazakh and Kyrgyz senior officers deepened their IHL expertise during a workshop in Algeria (see *International law and policy*), as did Kazakh and Turkmen military officials at a course in San Remo. In Turkmenistan, 20 senior military instructors updated their IHL knowledge during workshops; armed/security personnel attended National Society-run dissemination sessions. In Kyrgyzstan, 32 senior defence officials participated in an advanced IHL seminar and 350 military personnel, including border guards, in information sessions. Over 400 representatives of Tajikistan's defence/interior ministries received briefings on IHL/international human rights law, in line with renewed agreements with these ministries. Based on a similar agreement, 50 Uzbek defence officials joined workshops. Some events involved first-aid training (see *Wounded and sick*).

In Kazakhstan, the defence ministry maintained dialogue with the ICRC on cooperation in IHL-related matters. National Society volunteers trained in IHL dissemination. A NATO military training centre, with ICRC advice, developed a mandatory IHL course on peacekeeping operations; 20 officers joined the pilot run.

The Kyrgyz military sought ICRC input on IHL for a training exercise. Discussions with Kyrgyz defence officials, on ICRC-facilitated predeployment briefings for personnel bound for UN peacekeeping missions, were ongoing.

CIS and CSTO Member State representatives engaged with the ICRC on IHL-related issues at various events (see *Moscow*).

Authorities reinforce their understanding of IHL implementation

The Kyrgyz and Turkmen national IHL committees drew on ICRC support. The Geneva Conventions and their Additional Protocols were translated/published in Turkmen. The Uzbek authorities continued to elicit ICRC advice on forming a national IHL committee. Officials across the region learnt more about IHL implementation through their ICRC-facilitated participation in conferences abroad (see, for example, *Moscow*). Some discussed the Strengthening IHL process with the ICRC, in connection with the 32nd International Conference. Kyrgyzstan formally acceded to the Environmental Modification Convention.

The Kyrgyz and Tajik authorities received ICRC input on missing-persons legislation (see *Civilians*) and the Arms Trade Treaty. The Turkmen authorities incorporated sanctions for IHL violations in their criminal code, as part of ongoing revisions. The Kyrgyz authorities maintained discussions with the ICRC regarding their own such code, on including penalties for war crimes.

Dialogue between the Kazakh government and the ICRC covered cooperation regarding humanitarian issues linked to nuclear weapons. At a round-table, State authorities, diplomats and academics exchanged views on these issues. The Kazakh authorities also discussed the legal framework for providing official development assistance with the ICRC. The organization's efforts to promote the ratification of an agreement on its presence in Kazakhstan continued.

Civil society representatives learn more about humanitarian issues

In Kyrgyzstan and Tajikistan, traditional/religious leaders were met regularly by the ICRC, towards developing dialogue on matters of mutual interest, notably the issue of missing persons and the similarities between IHL and Islamic law. Official clerics in Tajikistan attended seminars to this end.

Military, law and journalism students in Kyrgyzstan enhanced their understanding of IHL and the Movement during National Society-conducted dissemination sessions. A Kazakhstan university and the ICRC formalized an agreement on mounting academic events in 2016, on the legal prohibition of nuclear weapons.

Journalists in Kyrgyzstan and Tajikistan were periodically briefed on ICRC activities; those in Tajikistan also learnt more about the protection IHL affords them. In Uzbekistan, ten journalists who covered the National Society's activities received awards from the National Society/ICRC.

All five National Societies enhanced their information-resource centres and organized media campaigns/public events on Movement-related matters. The Kyrgyzstan Red Crescent held sports activities for young people.

RED CROSS AND RED CRESCENT MOVEMENT

National Societies undertake humanitarian work with ICRC support

The region's National Societies helped address the needs of vulnerable people, built their/other actors' emergency preparedness/response capacities, enhanced their family-links

services and promoted IHL and the Movement (see above). The Tajikistan Red Crescent received ICRC financial/technical input towards ensuring the sustainability of its operations; staff/volunteers honed their management/fundraising skills. The Kyrgyzstan and Tajikistan National Societies aided earthquake victims (see *Context*). One Turkmenistan Red Crescent branch produced linens, for distribution during emergencies.

The staff/volunteers of all five National Societies deepened their understanding of the Safer Access Framework, including during a workshop in Turkmenistan, where a Ukrainian Red Cross Society volunteer provided insight. At seminars in Kazakhstan,

Kyrgyzstan, Turkmenistan and Uzbekistan, National Society personnel learnt to instruct others in psychosocial care, from Red Cross Society of Belarus trainers. Kyrgyzstan Red Crescent representatives trained in water/camp management during emergencies, and received pertinent equipment. The five National Societies, with the Afghan Red Crescent Society, met to discuss strengthening coordination/cooperation.

The Kazakhstan, Kyrgyzstan and Uzbekistan National Societies continued consolidating their legal bases with ICRC support. The Turkmenistan National Society worked on its proposed amendments to the domestic emblem law.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
Red Cross messages (RCMs)			UAMs/SC*		
RCMs collected	4				
RCMs distributed	17				
Phone calls facilitated between family members	25				
Reunifications, transfers and repatriations					
People reunited with their families	1				
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered	197	10	5	8	
People located (tracing cases closed positively)	16				
Tracing cases still being handled at the end of the reporting period (people)	273	16	9	18	
Documents					
People to whom travel documents were issued	12				
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited	8,262	608	103		
			Women	Girls	Boys
Detainees visited and monitored individually	255	14		11	
Detainees newly registered	81	7		7	
Number of visits carried out	136				
Number of places of detention visited	44				
Restoring family links					
RCMs collected	7				
RCMs distributed	2				
Phone calls made to families to inform them of the whereabouts of a detained relative	8				
Detainees visited by their relatives with ICRC/National Society support	291				

*Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Essential household items	Beneficiaries	30	7%	
Cash	Beneficiaries	1,529	26%	49%
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)¹				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	7,230		
Cash	Beneficiaries	67		
Water and habitat (in some cases provided within a protection programme)				
Water and habitat activities	Beneficiaries	7,138		
Health				
Number of visits carried out by health staff		343		
Number of places of detention visited by health staff		12		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	3		
Water and habitat				
Water and habitat activities	Number of beds	935		

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.

WESTERN BALKANS (regional)

COVERING: Albania, Bosnia and Herzegovina, Croatia, Kosovo*, Former Yugoslav Republic of Macedonia, Montenegro, Serbia



ICRC regional delegation ICRC delegation ICRC mission

*UN Security Council Resolution 1244

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 2015

- Progress on ascertaining the fate of people missing in relation to past conflicts remained slow, owing to the lack of new information and the difficulty of identifying the human remains already recovered.
- The families of missing persons benefited from psychosocial, legal and administrative assistance provided by local actors, including National Societies and Red Cross units, with ICRC support.
- Migrants, including asylum seekers and refugees, passing through the Western Balkan countries restored/maintained family links with the help of the region's National Societies and the ICRC.
- People detained on "terrorism"-related charges in the former Yugoslav Republic of Macedonia, Kosovo and Serbia received ICRC visits conducted in accordance with the organization's standard procedures.
- With comprehensive ICRC support, the National Societies and Red Cross units in the region strengthened their capacity to deliver humanitarian services.

EXPENDITURE IN KCHF

Protection	2,307
Assistance	162
Prevention	341
Cooperation with National Societies	452
General	67
Total	3,329
<i>Of which: Overheads</i>	203

IMPLEMENTATION RATE

Expenditure/yearly budget	86%
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PERSONNEL

Mobile staff	4
Resident staff (daily workers not included)	36

The ICRC has been working in the countries covered since the early 1990s. The organization strives to respond to the needs remaining from armed conflicts in the region. In particular, it seeks to help clarify the fate of missing persons and to address the needs of their families. Throughout the region, the ICRC visits detainees and works with the authorities and civil society to promote IHL and other humanitarian norms. It supports the development of the National Societies, particularly in strengthening their capacities to respond to emergencies and help families separated by migration or other circumstances restore/maintain contact.

YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

HIGH

PROTECTION

	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
Phone calls facilitated between family members	7
People located (tracing cases closed positively)	192
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	6,212
Detainees visited and monitored individually	86
Number of visits carried out	17
Number of places of detention visited	15

CONTEXT

The countries of the Western Balkans continued to tackle problems inherited from past conflicts, particularly the thousands of unresolved cases of missing persons. In addition, the unprecedented number of migrants, including asylum seekers and refugees, passing through the region – mostly from conflict-affected countries such as Afghanistan and the Syrian Arab Republic – represented a massive humanitarian challenge.

War-crimes proceedings continued in Bosnia and Herzegovina (hereafter Bosnia-Herzegovina), Croatia, Kosovo, Montenegro and Serbia. Weapon contamination remained an issue in Bosnia-Herzegovina.

Following the rejection in February by the International Court of Justice of the genocide charges filed against each other by Croatia and Serbia, cooperation between the two countries on the issue of missing persons saw some improvement. The process was delayed, however, by elections and the formation of a new government in Croatia.

In the former Yugoslav Republic of Macedonia, political and ethnic tensions led to mass protests, culminating in a clash between security forces and an armed group of ethnic Albanians in May. The confrontation claimed the lives of 18 people.

The Western Balkan countries were at different stages in their pursuit of membership in the European Union (EU). Bosnia-Herzegovina and Kosovo signed Stabilization and Association Agreements with the EU. Serbia began membership negotiations in December.

ICRC ACTION AND RESULTS

The ICRC in the Western Balkans continued to support the efforts of the national authorities to ascertain the fate of persons missing in relation to past conflicts and, with the pertinent National Societies/Red Cross units, to ensure their families' access to psychosocial and other assistance. Together with international stakeholders, including the EU Rule of Law Mission in Kosovo (EULEX) and the International Commission on Missing Persons (ICMP), the ICRC continued to encourage national authorities to fulfil their obligations to the missing and their families. Progress remained slow owing to the lack of new information on gravesites and, in many cases, the difficulty of identifying human remains already recovered.

As at December 2015, a total of 10,718 cases of persons unaccounted for in relation to past conflicts in Bosnia-Herzegovina, Croatia and Kosovo were being dealt with. From January to December, 182 cases were resolved in Bosnia-Herzegovina, 53 in Croatia and 4 in Kosovo.

National authorities were urged to intensify their search for new information, for example, by increasing cooperation with other parties concerned. Local actors were persuaded to assume further responsibilities and received support for strengthening their ability to do so.

The ICRC continued to gather information on possible gravesite locations from national/international archives and to share this with stakeholders – for instance, EULEX, which carried out forensic work in Kosovo in place of the national authorities.

Following mobilization efforts, the national authorities provided documents thought to contain information that might help resolve cases of missing persons.

The ICRC chaired meetings of the Kosovo-Serbia Working Group on Missing Persons and its Sub-Working Group on Forensic Issues. The ICRC participated as an observer in a meeting of the Croatia-Serbia Working Group on Missing Persons and in a regional coordination meeting; the latter brought together the two countries' government commissions on missing persons, and associations of families of missing persons from both countries. In Bosnia-Herzegovina, the Missing Persons Institute (MPI) and the ICRC began a joint project to search for information in international archives.

The families of missing persons availed themselves of psychosocial/legal/administrative assistance provided by family associations and National Societies/Red Cross units, all of which received ICRC support. Several people from Bosnia-Herzegovina and Serbia found some closure after travelling, with ICRC assistance, to identify their relatives' remains.

Migrants passing through the Western Balkans, including asylum seekers and refugees, made use of Movement family-links services to get back in touch with their relatives. Working with the national authorities and other organizations, the National Societies, with ICRC support, sought to prevent families on the move from being separated and, when requested to do so, helped family members reunite. The region's National Societies and the ICRC created a regional information centre to collect and share information that might help migrants restore/maintain family links.

People detained on "terrorism"-related charges in the former Yugoslav Republic of Macedonia, Kosovo and Serbia received ICRC visits conducted in accordance with the organization's standard procedures. In Kosovo, visits got under way after the authorities and the ICRC signed an agreement formalizing the ICRC's access to detainees within its purview. Following visits, the Macedonian, Kosovar and Serbian authorities received confidential feedback and, where necessary, recommendations to improve detention conditions.

The region's National Societies/Red Cross units continued to receive comprehensive support for strengthening their ability to deliver humanitarian services and promote IHL. For instance, the Red Cross Society of Bosnia and Herzegovina worked to broaden awareness among communities of the dangers of mines and explosive remnants of war (ERW). The Red Cross of Serbia received ICRC assistance in seeking funding for its activities.

CIVILIANS

Efforts to clarify the fate of persons missing in connection with past conflicts continued. Progress remained slow owing to the lack of new information on gravesites and, in many cases, the difficulty of identifying human remains already recovered. The national authorities were urged to provide new information, support the institutions involved in exhuming and identifying human remains, and enact legislation protecting the rights of the missing and their families. The EU and other key international actors were urged to reiterate to the national authorities the importance of fulfilling their obligation to provide answers to the families concerned.

The ICRC's family-links website (familylinks.icrc.org) had an updated list of the names of persons still being sought in the region.

Local actors continue working to resolve cases of missing persons

Bosnia and Herzegovina conflict 1992–1995

Between January and December, 182 cases of persons missing in relation to the Bosnia-Herzegovina conflict were closed; among them, two persons were found alive. At the end of December, 6,941 cases were being dealt with.

With financial assistance from the ICRC, several people travelled to identify the remains of their relatives; this enabled them to arrange dignified burials afterwards.

The MPI and the State Prosecutor's Office, along with the Mechanism for International Tribunals (MICT), the ICMP, the Embassy of the United States of America in Bosnia-Herzegovina and the ICRC, discussed measures for finding information on missing persons to supplement that which the authorities already had. The MPI and the ICRC began a joint project to search for additional information in international archives, the MICT's archives in particular.

The MPI kept up its efforts to establish a central register of missing persons and to develop its capabilities in preparation for eventually taking over the management of all open cases of missing persons. The handover of cases from the ICRC to the MPI, despite being hampered by delays in locating and informing families, neared completion.

The Red Cross Society of Bosnia and Herzegovina continued to assume more responsibility for following up cases and maintaining contact with the families of missing persons. It continued to deal with tracing requests – in line with data-protection requirements – using ICRC-developed family-links software.

Kosovo conflict 1999

Between January and December, four cases of persons missing in relation to the Kosovo conflict were closed and 16 new cases were opened; 1,668 cases were being dealt with at the end of December.

Within the framework of the Kosovo-Serbia Working Group on Missing Persons, three possible gravesite locations in Serbia were assessed by the authorities; further investigation was ruled at one, no remains were found at the second, and work on the third was

suspended for the winter. In Kosovo, the remains of 12 persons were recovered from eight sites; other sites assessed yielded no result.

To help resolve more cases of missing persons, the Kosovar authorities provided logbooks from regional hospitals and mortuaries, the Serbian authorities provided police reports, and international stakeholders provided documents from their archives. The ICRC prepared reports on the documents received and submitted them to the EULEX Department of Forensic Medicine for further investigation. These efforts, however, yielded little result.

The ICRC-chaired Working Group on Missing Persons met twice to discuss the gravesite assessments in progress and the search for pertinent documents. Representatives from the international community and from associations of families of missing persons attended both sessions as observers. Technical matters were discussed at an ICRC-chaired meeting of the Sub-Working Group on Forensic Issues in March; the group had last met in August 2013.

In Kosovo, the authorities' efforts to establish a central register of missing persons, using the ICRC's ante/post-mortem data-management software, stalled owing to delays in the allocation of funds.

A draft law on forensic medicine, for which the ICRC had provided technical advice, was submitted to the parliament in October.

Croatia conflicts 1991–1995

The Croatian Red Cross reported that, between January and December, 53 cases of persons unaccounted for in relation to the Croatia conflicts were closed, with one person found alive, and that 2,109 cases were being dealt with at the end of December.

The ICRC participated as an observer at a meeting of the Croatia-Serbia Working Group on Missing Persons, which had last met in June 2013, and at a regional coordination meeting; the latter brought together the two countries' government commissions on missing persons, and family associations from both countries. In December, the Croatian authorities began exhumation work in Gornje Seliste, one of the largest known gravesite locations on their territory. The remains of 58 persons were recovered, and DNA samples were collected.

The families of 54 persons from Serbia found some closure after identifying their relatives' remains at the Forensic Institute in Zagreb, Croatia. They received financial assistance for the trip, and psychosocial support, from the Serbian authorities and the ICRC.

	Albania	Bosnia and Herzegovina	Croatia	Kosovo
Red Cross messages (RCMs)				
Phone calls facilitated between family members		7		
Names published on the ICRC family-links website		7,129		1,655
Tracing requests, including cases of missing persons¹				
People for whom a tracing request was newly registered				28
<i>of whom women</i>				13
People located (tracing cases closed positively)		182	1	9
Tracing cases still being handled at the end of the reporting period (people)		6,941	17	1,696
<i>of whom women</i>		990	3	251
<i>of whom minors at the time of disappearance - girls</i>		84		23
<i>of whom minors at the time of disappearance - boys</i>		273		83
Documents				
People to whom travel documents were issued	30			
Official documents relayed between family members across borders/front lines				2

1. Not including cases of persons missing in relation to the Croatia conflicts 1991–1995, dealt with by the Croatian Red Cross and the Red Cross of Serbia

Families of missing persons lend each other support

During emotionally difficult occasions, hundreds of families of missing persons in Bosnia-Herzegovina and Kosovo received psychosocial assistance and, when necessary, first aid, from family associations and National Societies/Red Cross units, all of which received ICRC support. A planned assessment of these families' needs was not conducted, as the ICRC was considering redesigning the activity and seeking partners for carrying it out.

In Bosnia-Herzegovina, Kosovo and Serbia, families claimed social benefits and addressed other legal/administrative concerns with the help of documents, issued by the ICRC and distributed by National Societies/Red Cross units, attesting that their relatives were missing.

Migrants restore/maintain family links

People passing through the Western Balkan countries stayed in touch with their relatives with help from the National Societies in the region, which received increased technical/financial support from the ICRC (see *Red Cross and Red Crescent Movement*). Migrants, including asylum seekers and refugees, made use of family-links services offered by the National Societies, with ICRC assistance, at points along the Western Balkan migration route. Working with the national authorities in the region and other organizations, the National Societies, with ICRC support, sought to prevent separation of families on the move and, when requested to do so, helped family members reunite (see *Actors of influence*). Migrants in the region learnt about ways to avoid being separated from relatives, and about Movement family-links services, through publications in a number of languages, including Arabic, English and French.

The region's National Societies and the ICRC worked together to establish a regional information centre for family-links services. The centre regularly collected information from National Societies along migration routes in the Western Balkans and eastern/south-eastern Europe, and shared it with Movement partners, with a view to helping family members separated by migration restore/maintain contact. Representatives of nine National Societies discussed technical matters relevant to the centre's work during an ICRC-organized video conference. Meetings in Croatia and Serbia, organized by the Croatian Red Cross and the ICRC, respectively, helped the region's National Societies maintain close coordination.

The Red Cross units in Kosovo engaged in discussions with the ICRC and with national/international agencies, with a view to improving their family-links services to address migrants' needs.

National Society personnel in Bosnia-Herzegovina developed their capacities in restoring family links during disasters through a workshop organized jointly with the ICRC; this was supplemented by ICRC-designed training materials.

Thirty people in Albania received travel documents issued by the ICRC, allowing them to resettle in third countries.

People learn more about risks arising from weapon contamination

In Bosnia-Herzegovina, more than 7,000 people, including 5,000 children, in areas contaminated with mines/ERW learnt about safe practices through ICRC-supported National Society sessions, supplemented by the distribution of publications (see *Red Cross and Red Crescent Movement*). Community members were at lesser risk of injury after the National Society, with ICRC assistance, marked weapon-contaminated areas with signs and built a children's playground in a safer area.

Bosnia-Herzegovina's Mine Action Centre reviewed its mine-risk education strategy, with ICRC support.

PEOPLE DEPRIVED OF FREEDOM

People held for security-related reasons receive ICRC visits

People detained on "terrorism"-related charges in the former Yugoslav Republic of Macedonia, Kosovo and Serbia received ICRC visits conducted in accordance with the organization's standard procedures. In Kosovo, visits got under way after the authorities and the ICRC signed an agreement formalizing the ICRC's access to detainees within its purview.

Following visits, the authorities of the former Yugoslav Republic of Macedonia, Kosovo and Serbia received confidential feedback and, where necessary, recommendations to improve detention conditions.

In Bosnia-Herzegovina, the family of one person held at the US internment facility at Guantanamo Bay Naval Station in Cuba contacted him monthly via ICRC-facilitated video calls. No requests for assistance were received from former internees.

People formerly detained, in connection with past conflicts in Bosnia-Herzegovina, Croatia, Kosovo and Serbia, addressed legal/administrative concerns with the help of ICRC-issued attestations of detention.

	Bosnia and Herzegovina	Former Yugoslav Republic of Macedonia	Kosovo	Serbia
ICRC visits				
Detainees visited		2,732	1,287	2,193
of whom women		4		
Detainees visited and monitored individually		52	27	7
Detainees newly registered		39	27	1
Number of visits carried out		6	7	4
Number of places of detention visited		4	7	4
Restoring family links				
People to whom a detention attestation was issued	109		13	

ACTORS OF INFLUENCE

National authorities strive to address migrants' humanitarian needs

National authorities in the Western Balkan countries coordinated with the National Societies and the ICRC to prevent family members from being separated along migration routes and, when requested to do so, to help them reunite (see *Civilians*). In the former Yugoslav Republic of Macedonia, following several tragic accidents involving migrants along railways, the authorities set up billboards – produced with the support of the National Society, UNHCR and the ICRC – warning migrants in various languages of the dangers along rail routes.

The region's authorities and other actors responding to the migration crisis learnt more about Movement activities for migrants through a bulletin produced by the National Societies/ICRC through the regional information centre. In Serbia, the National Society presented its activities for migrants at a meeting of the national IHL committee. In the former Yugoslav Republic of Macedonia, the authorities were brought up to date on migration-related issues at a round-table organized by the National Society, with ICRC support; the National Societies of other countries along the Western Balkan migration route also took part in the event.

Western Balkan countries keep up efforts to implement IHL

Bosnia-Herzegovina, with encouragement from the ICRC, amended its criminal code in the process of implementing the Convention on Enforced Disappearance and the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment; the authorities organized a consultation meeting with civil-society organizations to discuss a draft law for implementing the latter treaty. Croatia adopted a law on the rights of people who suffered sexual violence during armed conflict. Bosnia-Herzegovina and Montenegro initiated procedures to ratify Additional Protocol III. Montenegro also submitted a draft law – on ratification of Protocol V to the Convention on Certain Chemical Weapons – to the parliament.

Through discussions, the Serbian national IHL committee and the Serbian Red Cross, supported by the ICRC, strengthened their coordination on IHL implementation. Albania, Bosnia-Herzegovina, Croatia, the former Yugoslav Republic of Macedonia, Montenegro and Serbia participated in the 2015 Review Conference of the Parties to the Treaty on the Non-Proliferation of Nuclear Weapons in April/May, and in the First Review Conference on the Convention on Cluster Munitions in September.

Military officers from Albania, Bosnia-Herzegovina, the former Yugoslav Republic of Macedonia and Serbia, bound for peace-support missions abroad, became more familiar with the ICRC's mandate and work through courses at a regional training centre. In Serbia, the National Society/ICRC continued to take part in military simulation exercises, with a view to helping the armed forces learn more about their activities.

National authorities contribute to increasing compliance with IHL

National authorities in the region participated in various ICRC initiatives aimed at increasing compliance with IHL in the conduct of hostilities and at ensuring protection/assistance for people affected by armed conflict and other situations of violence. Croatian

and Serbian authorities contributed to the Strengthening IHL process; a Serbian military officer took part in an ICRC-organized meeting on the use of explosive weapons in densely populated areas. Judges presiding over war-crimes proceedings in Bosnia-Herzegovina and Serbia shared their experiences at an experts' meeting, organized by the ICRC, on IHL and the judicial sector.

The national authorities of the Western Balkan countries prepared for the 32nd International Conference with ICRC technical support. The Western Balkan countries endorsed all nine resolutions adopted at the conference.

The public learns more about the progress made in clarifying the fate of missing persons

Through an ICRC-produced regional fact sheet for the Western Balkan countries, the national authorities, international stakeholders and the general public were informed of the progress made in resolving the fate of people missing in relation to past conflicts. A fact sheet describing ICRC activities in Kosovo was also produced, focused mainly on the issue of missing persons. In Bosnia-Herzegovina, people learnt more about the issue of missing persons through a weekly blog supported by the ICRC.

RED CROSS AND RED CRESCENT MOVEMENT

National Societies boost their ability to deliver humanitarian services

With ICRC financial/technical support, the region's National Societies/Red Cross units continued to strengthen their ability to deliver humanitarian services (see *Civilians*) and promote IHL (see *Actors of influence*).

The National Societies responding to the migration crisis maintained close coordination through the regional information centre, and through meetings in Croatia and Serbia (see *Civilians*). Staff from National Societies in Western Balkan countries not affected by the migration crisis gained practical experience in assisting migrants at a camp in the former Yugoslav Republic of Macedonia.

In Bosnia-Herzegovina, the National Society undertook activities to raise awareness in local communities about the dangers of mines/ERW (see *Civilians*). It obtained accreditation from the Bosnia and Herzegovina Mine Action Centre to conduct such activities until March 2017. National Society youth volunteers conducted dissemination sessions on humanitarian values for over 500 children in eight towns.

Personnel from the Red Cross of the former Yugoslav Republic of Macedonia assessed their readiness for working in situations of violence, and identified areas for improvement, through an ICRC workshop on the Safer Access Framework.

After receiving communication training from the ICRC, the Red Cross units in Kosovo promoted IHL and the Movement's work among more than 15,000 local/national officials and young people. Staff from one of the Red Cross units learnt more about office management and archiving through ICRC-sponsored training.

Funding from the Swiss embassy in Serbia, obtained with ICRC assistance, enabled the Serbian Red Cross to organize round-tables and other activities promoting IHL and the Fundamental Principles.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
Red Cross messages (RCMs)					
Phone calls facilitated between family members		7			
Names published on the ICRC family-links website		8,784			
Tracing requests, including cases of missing persons ¹			Women	Girls	Boys
People for whom a tracing request was newly registered		28	13		
People located (tracing cases closed positively)		192			
Tracing cases still being handled at the end of the reporting period (people)		8,654	1,244	107	356
Documents					
People to whom travel documents were issued		30			
Official documents relayed between family members across borders/front lines		2			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		6,212	4		
			Women	Girls	Boys
Detainees visited and monitored individually		86			
Detainees newly registered		67			
Number of visits carried out		17			
Number of places of detention visited		15			
Restoring family links					
People to whom a detention attestation was issued		122			

1. Not including cases of persons missing in relation to the Croatia conflicts 1991–95, dealt with by the Croatian Red Cross and the Red Cross of Serbia

BRUSSELS

COVERING: Institutions of the European Union (EU), NATO, the NATO Parliamentary Assembly and specific armed forces in Western Europe, Belgium

The ICRC has been working in Brussels since 1999, building strong institutional and operational relations with European Union institutions, NATO and its Parliamentary Assembly, specific armed forces based in Western Europe, and Belgium. It aims to make the ICRC's mandate better known, to mobilize political, diplomatic and financial support for its activities and to ensure that relevant military decision-makers in Western Europe view the ICRC as the main reference point for neutral and independent humanitarian action, as well as for IHL.

KEY RESULTS/CONSTRAINTS IN 2015

- Institutions of the European Union continued to engage the ICRC in high-level dialogue, which helped ensure that they gave due consideration to humanitarian perspectives and IHL in their policies/programmes.
- NATO continued to consider ICRC input for its doctrine, training and operations. For instance, NATO's new section on the protection of civilians drew on ICRC input as it worked on pertinent policies.
- At a major NATO training exercise, military commanders/personnel were engaged on IHL by the ICRC, in line with a 2012 memorandum of understanding between NATO's strategic commands and the ICRC.

YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

EXPENDITURE IN KCHF

Protection	43
Assistance	-
Prevention	2,561
Cooperation with National Societies	197
General	12
Total	2,813
<i>Of which: Overheads</i>	172

IMPLEMENTATION RATE

Expenditure/yearly budget	90%
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PERSONNEL

Mobile staff	2
Resident staff (daily workers not included)	14

PROTECTION

	Total
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	1
Detainees visited and monitored individually	1
Number of visits carried out	1
Number of places of detention visited	1

CONTEXT

The European Union (EU) maintained its involvement in crisis management and conflict resolution worldwide, through political mediation and other means, and remained a major humanitarian donor. It expressed concern about conflicts in such countries as Afghanistan, the Central African Republic, Iraq, Libya, the Syrian Arab Republic (hereafter Syria) and Ukraine, and about regionalized conflicts in the Horn of Africa and the Sahel region. Seventeen missions, under the EU Common Security and Defence Policy, were ongoing at year-end.

EU Member States and institutions continued efforts to develop the EU's Common Foreign and Security Policy, particularly by refining the positioning of the European External Action Service (EEAS). The Political and Security Committee of the EEAS remained a key body in this regard.

The rotating biannual presidency, held in 2015 by Latvia and by Luxembourg, chaired certain working groups of the EU Council. The European Commission's Directorate-General for Humanitarian Aid and Civil Protection (ECHO) remained the primary EU body handling humanitarian affairs.

EU Member States faced interrelated economic, political, social and security challenges, including those pertinent to large migrant influxes into Europe and to "terrorism".

NATO continued building its crisis-response capacities and strengthening cooperation with various international partners. It sustained its support for Afghan security forces/institutions through its Resolute Support Mission, launched at the beginning of 2015.

Belgium remained committed to supporting humanitarian action and the development and promotion of IHL.

ICRC ACTION AND RESULTS

The ICRC Brussels delegation continued to cultivate relations with EU institutions and NATO, and contributed to ICRC headquarters' dialogue with the Council of Europe and the Organization for Security and Co-operation in Europe (OSCE), helping ensure that humanitarian perspectives and IHL were given due consideration in the policies and programmes of these bodies. It highlighted specific issues towards complementing European initiatives that have implications for people affected by armed conflict and other humanitarian emergencies.

Dialogue with such EU institutions as the EU presidency; the EU Council; the European Commission, including ECHO; and the EEAS – for instance, during the ICRC president's meetings with their representatives – encompassed the humanitarian situation in conflict-affected countries (see *Context*) and the ICRC's work in these areas, and other humanitarian/IHL-related matters. Among these were sexual violence in armed conflict; the goals of the Health Care in Danger project; migration, particularly the issue of missing persons; and the potential implications of EU data-protection reforms on humanitarian activities.

The ICRC sustained its dialogue with NATO headquarters, and with NATO's two strategic commands: Allied Command Operations (ACO) in Mons, Belgium, and Allied Command Transformation (ACT) in Norfolk, Virginia, United States of

America (hereafter United States). They discussed the situation in certain conflict-stricken countries, notably Afghanistan, regarding which NATO's lessons-learned process continued; and the implementation of the 2012 agreement between the strategic commands and the ICRC. NATO's new section on the protection of civilians drew on ICRC input as it worked on defining its policies.

The ICRC engaged the commanders and personnel of a NATO command at strategic, tactical and operational levels on IHL during Trident Juncture 15, a major ACT-sponsored training exercise. Other units undergoing the NATO Response Force certification process interacted with the ICRC through various training events. Officers and troops of NATO, and of armed forces in Europe were briefed on IHL and ICRC activities.

In parallel, networking with other humanitarian actors fostered exchanges on shared concerns and helped strengthen coordination. The ICRC's interaction with academics, journalists and other key actors, through public events and other means, heightened awareness of humanitarian issues.

The ICRC continued regular dialogue with the Belgian authorities on IHL-related matters. Officials of the justice ministry and the penitentiary administration met with the ICRC to discuss best practices for managing detainees sent to Belgium to serve their sentences, following conviction by international courts.

Periodic contact with the Red Cross EU Office ensured the coherence of Movement-wide humanitarian diplomacy, particularly in underscoring the strictly humanitarian objectives of the Movement's family-links activities for migrants. The ICRC maintained cooperation with the Belgian Red Cross on promoting humanitarian principles/IHL.

PEOPLE DEPRIVED OF THEIR FREEDOM

During a visit conducted in accordance with its standard procedures, the ICRC checked on the well-being of one detainee, convicted by the International Criminal Tribunal for the former Yugoslavia and serving his sentence in Belgium. The authorities received confidential feedback afterwards.

Officials of the justice ministry and the penitentiary administration met with the ICRC to discuss best practices for managing detainees sent to the country to serve their sentences, following conviction by international courts.

ACTORS OF INFLUENCE

To promote humanitarian perspectives and IHL, and to reinforce support for the ICRC, especially with respect to its specifically neutral and independent status, and its position as a main reference on IHL-related matters, the organization continued its engagement with EU institutions, NATO, the NATO Parliamentary Assembly, the Belgian authorities and Europe-based armed forces. In parallel, networking with other humanitarian actors fostered exchanges on shared concerns and helped strengthen coordination. The ICRC's interaction with academics, journalists and other key actors heightened awareness of humanitarian issues.

EU institutions are engaged on policies and programmes linked to humanitarian affairs

The ICRC maintained dialogue with the EU Council, the European Commission, including ECHO, the EU presidency and the EEAS through: the ICRC president's bilateral meetings with the

presidents of the European Council and the European Parliament, the commissioner for humanitarian aid and crisis management, the commissioner for budget and human resources, and the commissioner for international cooperation; and periodic interaction with, for instance, the Working Party on Humanitarian Aid and Food Aid.

Such discussions covered, *inter alia*: the humanitarian situation and ICRC operations in conflict-stricken countries (see *Context*); the ICRC's mandate/working procedures; sexual violence in armed conflict; the goals of the Health Care in Danger project; migration, particularly concerning the issue of missing persons; and the potential implications of EU data-protection reforms on humanitarian activities. The Working Party on Public International Law was briefed on the status of the Strengthening IHL process, ahead of the 32nd International Conference.

During its biannual sessions, the NATO Parliamentary Assembly drew on contributions from the ICRC, in its role as an observer.

The Council of Europe and the OSCE were engaged by the ICRC Brussels delegation in support of dialogue led by ICRC headquarters.

NATO considers ICRC input for military training

The ICRC and different NATO bodies sustained their exchanges on IHL-related strategic and operational issues, such as: the situation in certain conflict-affected countries, notably Afghanistan (see *Context*), regarding which NATO's lessons-learned process continued; and the implementation of the 2012 memorandum of understanding between NATO's strategic commands and the ICRC (see below). The tenth annual NATO-ICRC staff talks involved headquarters-level discussions on: sexual violence in armed conflict; the conduct of hostilities in populated areas; and the protection of civilians, for which NATO had opened a new section. Said section drew on ICRC input, including during a workshop on the protection of children in armed conflict, as it worked on defining its policies. NATO, via its standardization office, continued exploring the incorporation of the recommendations from a past workshop on the Health Care in Danger Project, about military practices for ensuring safe health-care access, into its doctrine.

NATO's strategic commands and the ICRC met regularly and further developed their relationship (see also below). During Trident Juncture 15, a major ACT-sponsored training exercise, some 36,000 military commanders and personnel of a NATO command were engaged by the ICRC at strategic, tactical and operational levels. Other units undergoing the NATO Response Force certification process interacted with the ICRC through various training events. One senior officer each from ACO and ACT shared their IHL-related expertise at a workshop in Algeria (see *International law and policy*). ACT integrated ICRC-produced tools into its training resources. ACO and the ICRC discussed ways to ensure recognition of the ICRC's status (see above) in NATO training. ACO, ACT and the ICRC completed the annual plan defining the ICRC's involvement in the strategic commands' 2016 training/education programmes.

While taking courses at the NATO School or other institutions, NATO officers/troops continued to be briefed on IHL and ICRC activities. NATO officers departing for Afghanistan participated in mission-specific predeployment training. Contact was maintained with NATO Special Operations Headquarters and Europe-based forces of the United States.

Military officers from African and European countries attending an IHL course at a Belgian academy received a briefing on humanitarian concerns, IHL and the Movement by the Belgian Red Cross/ICRC.

Key actors help promote IHL and humanitarian issues

In their regular dialogue, the Belgian authorities and the ICRC covered such topics as: the Strengthening IHL process; ways to address sexual violence and health-care insecurity in armed conflict; and ongoing ICRC operations. The development cooperation ministry organized a public discussion on humanitarian challenges in Syria; the ICRC president was a panellist. Belgium's national IHL committee and a partner body held an experts' meeting on IHL, in which the ICRC took part.

Experts from the EU, other countries' governments, NATO, armed forces, international organizations and universities shared insight into urban warfare, during an annual IHL colloquium held by the College of Europe and the ICRC; the proceedings were slated for publication in an academic journal. Post-graduate students advanced their IHL knowledge during seminars co-organized with the above-named institute, with Swiss government backing.

Law students honed their IHL competence at a moot court competition organized by the National Societies of Belgium and the Netherlands, with ICRC support.

Pursuant to its 2014 agreement with ECHO, the ICRC Brussels delegation launched such public-communication initiatives as: a debate, coupled with an exhibition, on the Fundamental Principles in the European Parliament; and, with support from the ICRC Paris delegation, a short online documentary highlighting the need to help conflict/disaster-affected people build their resilience.

The ACO hosted an exhibition on the Health Care in Danger project at its headquarters.

RED CROSS AND RED CRESCENT MOVEMENT

Coordination with the Red Cross EU Office ensured the coherence of Movement-wide humanitarian diplomacy with European institutions, particularly in underscoring the strictly humanitarian nature of the Movement's family-links services for migrants (see *Paris*). The Office helped to monitor the progress in pledges made by EU Member States/National Societies at the 31st International Conference, and to prepare new ones for the 32nd International Conference.

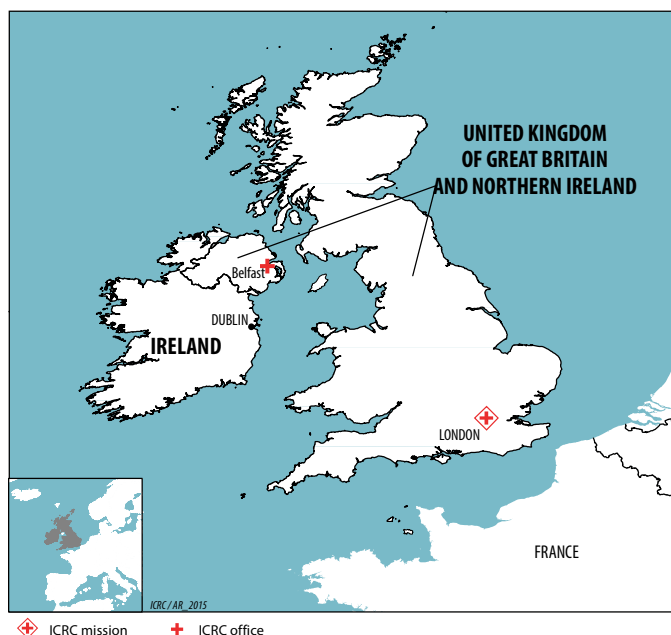
The Platform for European Red Cross Cooperation on Refugees, Asylum Seekers and Migrants and the European Legal Support Group drew on the ICRC's IHL expertise.

The Belgian Red Cross and the ICRC sustained cooperation on promoting humanitarian principles/IHL (see *Actors of influence*).

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits		Women	Minors	
Detainees visited	1			
		Women	Girls	Boys
Detainees visited and monitored individually	1			
Number of visits carried out	1			
Number of places of detention visited	1			

LONDON

COVERING: Ireland, United Kingdom of Great Britain and Northern Ireland



Set up in 2003, the London mission focuses on pursuing humanitarian diplomacy and facilitating ICRC operations in the field. Through contact with the British government, armed forces, members of parliament, think-tanks, the media and international NGOs, it seeks to secure broad support for IHL and ICRC and Movement operations. It has similar contact with the Irish authorities and is developing its cooperation with the armed forces. The mission operates in partnership with the British Red Cross on a range of common areas, while cooperation with the Irish Red Cross is concentrated on IHL and issues related to Movement coordination.

KEY RESULTS/CONSTRAINTS IN 2015

- ▶ During the drafting of its defence/security approach, the government of the United Kingdom of Great Britain and Northern Ireland (hereafter UK) drew on ICRC expertise in IHL and humanitarian issues.
- ▶ Community-based groups continued their work to mitigate violence and its consequences in Northern Ireland, with financial/technical assistance from the ICRC.
- ▶ Detainees at 2 prisons in Northern Ireland, particularly people held in relation to current violence and the past situation, received ICRC visits to check on their treatment and living conditions.
- ▶ The UK Ministry of Justice agreed to the ICRC's proposal to follow up people detained in England and Wales in relation to counter-terrorism legislation.
- ▶ The British Red Cross and the ICRC enhanced their partnership in addressing people's needs and pursuing humanitarian diplomacy. The Irish Red Cross Society received support for its health programme in prisons.

YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

HIGH

EXPENDITURE IN KCHF

Protection	2,141
Assistance	–
Prevention	1,230
Cooperation with National Societies	381
General	12
Total	3,764
<i>Of which: Overheads</i>	230

IMPLEMENTATION RATE

Expenditure/yearly budget	95%
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PERSONNEL

Mobile staff	4
Resident staff (daily workers not included)	14

PROTECTION

PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	Total
ICRC visits	
Detainees visited	1,209
Detainees visited and monitored individually	65
Number of visits carried out	8
Number of places of detention visited	2

CONTEXT

The United Kingdom of Great Britain and Northern Ireland (hereafter UK) remained influential internationally, as a permanent member of the UN Security Council and as a member of NATO, through which it participated in military operations overseas; in December, it carried out air strikes against the Islamic State group in the Syrian Arab Republic (hereafter Syria), and continued similar operations in Iraq. The government outlined a five-year approach to national defence and security through the *National Security Strategy and Strategic Defence and Security Review* published in November.

Sectarian tensions and incidents of violence persisted in Northern Ireland. The threat level for international “terrorism” in the UK was at “severe”.

Ireland and the UK responded to the influx of refugees into Europe by agreeing to accept 2,600 and 20,000 refugees from Syria, respectively, over the next five years. Both countries maintained their commitment to UN peacekeeping missions.

ICRC ACTION AND RESULTS

The ICRC continued to strengthen its position as a key source of reference on IHL and humanitarian issues. Through interaction with the authorities, civil society and the wider public, it promoted the development of informed positions on humanitarian issues; encouraged policy/decision-making that took humanitarian considerations into account; and enlisted support for the Movement. It pursued activities to address humanitarian needs created by armed conflicts and other situations of violence, including in Northern Ireland.

Through bilateral meetings, high-level visits and briefings, ICRC representatives kept government ministries, parliamentary committees and other influential bodies up to date on the humanitarian situation and ICRC operations in contexts of military or diplomatic interest to the UK. The government consulted the ICRC while drafting its five-year approach to national defence/security (see *Context*), which promoted adherence to international law, including IHL. The ICRC also provided input to a parliamentary committee conducting an inquiry into the Syrian refugee crisis.

Dialogue with the UK armed forces continued to focus on operational and legal matters/policy. The ICRC lent its expertise in humanitarian issues to the UK military on various occasions: for example, it provided advice for the revision of the military’s IHL manual and conducted presentations, on IHL and related issues, at military colleges and training institutions.

The ICRC sought to strengthen its cooperation with Ireland’s Defence Forces, which organized a course – on responding to chemical, biological, radiological and nuclear emergencies – for ICRC delegates.

Contact with a broad network of authorities and members of civil society in Belfast, Dublin and London enabled the ICRC to raise awareness of the humanitarian needs arising from past and ongoing violence in Northern Ireland. Such efforts also helped to clarify the neutral, impartial, independent and humanitarian nature of the ICRC’s response. The ICRC provided technical/financial support to 13 community-based organizations that were working to mitigate the effects of the violence. It also visited, in accordance with its standard procedures, detainees held in separate quarters

at the Hydebank Wood and Maghaberry prisons. It reported its findings on the treatment and living conditions of the detainees through confidential reports submitted to the authorities.

In December, the UK Ministry of Justice agreed to the ICRC’s proposal to follow the situation of people detained in England and Wales in relation to counter-terrorism legislation.

Engagement by the ICRC with academic institutions, think-tanks, NGOs, media representatives and other members of civil society centred on: promoting knowledge of IHL and international norms; mobilizing support for the ICRC’s activities; and identifying opportunities for cooperation. This included organizing/attending events that drew attention to the issues covered by the Health Care in Danger project, the Movement’s Fundamental Principles and various humanitarian concerns. Multimedia content, disseminated via different platforms, helped relay humanitarian messages to a wider audience.

Cooperation with the British Red Cross and the Irish Red Cross Society was further strengthened. Partnership with the British Red Cross focused on assisting people affected by conflict/other violence, including migrants, and on promoting IHL. The Irish Red Cross received support for its health and first-aid programme in prisons.

CIVILIANS

Dialogue continued with the relevant authorities, members of civil society, paramilitary groups and others concerned to broaden awareness of the humanitarian needs arising from the violence in Northern Ireland, and from past conflict. On this basis, the parties concerned identified ways to address these needs.

Thirteen community-based groups kept up their efforts to mitigate violence and its effects on vulnerable people in Northern Ireland. With financial/technical assistance from the ICRC, these organizations provided various forms of support/services, including: diversionary programmes for young people likely to be involved in violence; psychological support and counselling for former detainees; and mediation services benefiting individuals targeted by paramilitary groups. The humanitarian impact of the ICRC’s support for these community-based groups and the ICRC’s added value as a neutral and independent organization were recognized in an independent evaluation carried out by an external consultant.

Some families who received physical threats or were expelled from their communities covered their transport/short-term accommodation expenses with ICRC financial assistance. To help prevent similar incidents, local groups were engaged in discussions on alternative ways to resolve community disputes.

Efforts to resolve the fate of missing persons continue

Six of the 17 people officially known as “the disappeared”, who had gone missing during past conflict, were still unaccounted for; their cases remained under investigation. Dialogue continued with key parties concerned – the Independent Commission for the Location of Victims’ Remains, the UK and Irish authorities, relatives of the missing, the victims’ organization WAVE Trauma Centre, and paramilitary groups – to facilitate the exchange of any information that could help to clarify their fate.

PEOPLE DEPRIVED OF THEIR FREEDOM

The concerns of people detained in relation to past conflict and current violence in Northern Ireland remained central to the

ICRC's discussions with detaining parties in Belfast and London. Meetings with legal firms and humanitarian organizations working for the well-being of detainees helped bolster these efforts.

In December, the UK Ministry of Justice agreed to the ICRC's proposal to check on the situation of people in England and Wales detained in relation to counter-terrorism legislation.

Detainees at two prisons in Northern Ireland receive visits from the ICRC

In all, over 1,200 detainees held in separate places at the Hydebank Wood – including the Ash House facility – and Maghaberry prisons received ICRC visits conducted in accordance with the organization's standard procedures; 65 detainees were followed up individually. Comprehensive reports on issues of humanitarian concern observed by ICRC delegates were shared confidentially with the authorities concerned, and recommendations discussed with officials and prison managers. Meetings with the families of detainees, former detainees and other parties concerned also helped inform the ICRC's analysis of the detainees' situation and key concerns.

With the agreement of the authorities, provision of health care and other related issues at the Maghaberry maximum security prison were assessed by the ICRC, in cooperation with a doctor working with the prison health service. The assessment, which was carried out over a four-month period, helped to further the ICRC's understanding of the humanitarian issues in this facility.

In August, at the request of the authorities concerned, the ICRC – in its capacity as a neutral, impartial and independent organization – agreed to chair a forum for the detainees and the authorities at the Maghaberry prison. The forum sought to resolve issues concerning detainees' treatment and conditions; although initially planned for six months, it concluded in November when the detainees withdrew from the discussions.

ACTORS OF INFLUENCE

Bilateral meetings, and briefings and high-level visits from ICRC representatives, including the president, kept the authorities and parliamentarians in the UK updated on humanitarian needs, operational challenges and ICRC operations in such places as Afghanistan, South Sudan, Syria and Yemen. These efforts provided opportunities to relay key messages on humanitarian issues, pursue contact with government ministers, and foster support for ICRC activities for vulnerable people worldwide, including in Northern Ireland (see *Civilians and People deprived of their freedom*).

Discussions continued with the UK authorities on the identification of the remains of Argentinians in the Falkland/Malvinas Islands.

The UK government draws on ICRC advice while reviewing its security policy and humanitarian response

During meetings/discussions with officials from the UK government and military, the ICRC emphasized the need for decision/policy-making that took humanitarian principles into account and supported neutral, impartial and independent humanitarian action. The UK government consulted the ICRC while drafting its five-year approach to national defence/security (see *Context*); this allowed the ICRC to draw attention to the potential impact of the UK's national defence strategies on the activities of humanitarian organizations. The review, published by the UK in November, reflected support for adherence to various bodies of international law and for the ICRC's efforts to strengthen compliance with IHL. Input was also submitted

to an inquiry by the parliament's International Development Committee into the Syrian refugee crisis; written evidence from the ICRC highlighted the prevailing situation in Syria, its regional impact and the ICRC's response.

Dialogue continued with the UK military on operational and legal matters/policies. For example, the military drew on ICRC advice in revising its IHL manual and drafting its contribution to NATO's guidelines on humanitarian assistance and disaster response. Military lawyers discussed the Arms Trade Treaty and its implementation with their counterparts from other Commonwealth States at a meeting organized in the UK by the ICRC's London and Washington delegations. Members of the armed forces discussed IHL, the protection/provision of health care during armed conflict, other humanitarian issues and ICRC activities during ICRC presentations at military colleges/training institutions. An exchange of letters was signed by the UK Defence Academy and the ICRC to enhance cooperation in this regard.

In Northern Ireland, paramilitary organizations were encouraged, through dialogue, to respect humanitarian principles at all times and support the ICRC's activities.

Efforts were pursued to strengthen cooperation with Ireland's Defence Forces, which hosted a course for ICRC delegates on responding to emergencies arising from the use of chemical, biological, radiological and nuclear weapons.

Authorities and civil society groups discuss humanitarian issues at ICRC events

Authorities, policy-makers, think-tanks, academics, NGOs, diaspora networks and other circles of influence exchanged views on various humanitarian issues at events organized/attended by the ICRC, which offered views/suggestions based on its field experience. These occasions also helped strengthen the ICRC's relations with these parties and identify opportunities for cooperation.

Young medical professionals, for example, discussed the issues covered by the Health Care in Danger project during an event organized at the Royal Society of Medicine. Members of the Muslim Charities Forum learnt more about the similarities between IHL and Islamic law, and about the ICRC and the Movement at training sessions organized with the British Red Cross. At events organized with Chatham House and the University of Exeter in London, participants furthered their understanding of the Movement's Fundamental Principles. Other events covered such topics as: sexual violence during armed conflict, humanitarian financing and the humanitarian consequences of the use of nuclear weapons. Two universities and the Overseas Development Institute, a think-tank, drew on ICRC advice for research on humanitarian activities in areas of conflict.

Briefings and other means of interaction with media representatives enabled the ICRC to promote IHL and humanitarian principles more broadly. Various audiences learnt about the humanitarian situation in countries affected by conflict/other violence and about the ICRC's activities through articles, videos and updates posted on the organization's website and social media platforms.

RED CROSS AND RED CRESCENT MOVEMENT

Partnership with the British Red Cross continued in the UK and internationally, within the framework of a 2014–16 agreement. Cooperation in matters of operational and institutional priority

covered various areas, such as: assistance for people affected by conflict and other violence, including in Northern Ireland; promotion of IHL and the Movement; support for the Health Care in Danger project; application of the Safer Access Framework; and information sharing and coordination.

The British Red Cross and the ICRC, together with the Cyprus Red Cross Society, assessed the conditions of migrants, including refugees and asylum seekers, staying at a UK military base in Cyprus. With some technical support from the ICRC, and in line with Movement guidelines, the British Red Cross set up a unit to enhance its capacities to monitor the conditions of migrants detained in the UK.

Dialogue was maintained with the Irish Red Cross, including on its efforts to strengthen its human resources. In May, it hosted the annual meeting of European National Societies on family-links services, at which participants discussed the restoration of family links in the aftermath of natural disasters – for example, the earthquake in Nepal in April – and among migrants, including refugees and asylum seekers. Discussions were under way to evaluate the Irish Red Cross's health and first-aid programme in prisons, jointly with the ICRC and WHO.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits		Women	Minors	
Detainees visited	1,209	149	1	
		Women	Girls	Boys
Detainees visited and monitored individually	65	2		
Number of visits carried out	8			
Number of places of detention visited	2			

NEAR AND MIDDLE EAST

KEY RESULTS/CONSTRAINTS IN 2015

- Contacts with influential actors allowed the ICRC to access some areas with few other organizations present, as in parts of Iraq and Yemen; however, it put on hold some activities, owing to the extreme insecurity.
- Millions of people bearing the brunt of the Syrian crisis – those remaining in the Syrian Arab Republic and those who fled abroad – received some of the essential goods and services necessary for their survival.
- Parties to the conflicts and other actors involved in the fighting in the region were reminded of the applicability of IHL and other norms to their activities, and were urged to fulfil their obligations to protect civilians.
- National Societies were the ICRC's main partner in conducting humanitarian work; for example, the bulk of the ICRC's emergency assistance in the Syrian Arab Republic was delivered by National Society teams.
- Thousands of households, including those of Syrian refugees, built their capacities, through skills training or grants for businesses, to support themselves, although such efforts were scaled back in some countries.
- Thousands of people remained missing as a result of past and ongoing conflicts in the region, despite the varying degrees of work done by the different authorities and the ICRC to clarify these people's fates.

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	6,803
RCMs distributed	6,440
Phone calls facilitated between family members	16,914
People located (tracing cases closed positively)	741
People reunited with their families	4
<i>of whom unaccompanied minors/separated children</i>	1
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	109,576
Detainees visited and monitored individually	7,468
Number of visits carried out	1,232
Number of places of detention visited	318
Restoring family links	
RCMs collected	4,507
RCMs distributed	2,446
Phone calls made to families to inform them of the whereabouts of a detained relative	23,301

ASSISTANCE	2015 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	10,886,000 9,917,397
Essential household items	Beneficiaries	3,709,400 3,238,862
Productive inputs	Beneficiaries	186,779 75,451
Cash	Beneficiaries	210,175 266,728
Vouchers	Beneficiaries	5,000 5,017
Services and training	Beneficiaries	12,180 51,360
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries	23,530,900 22,875,275
Health		
Health centres supported	Structures	47 62
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures	17 149
Water and habitat		
Water and habitat activities	Number of beds	2,697 5,961
Physical rehabilitation		
Projects supported	Structures	19 19
Patients receiving services	Patients	92,950 108,569

EXPENDITURE IN KCHF	
Protection	50,857
Assistance	335,052
Prevention	26,963
Cooperation with National Societies	19,285
General	1,420
Total	433,577
<i>Of which: Overheads</i>	26,383

IMPLEMENTATION RATE	
Expenditure/yearly budget	91%
PERSONNEL	
Mobile staff	461
Resident staff (daily workers not included)	2,154

DELEGATIONS

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

REGIONAL DELEGATIONS

Kuwait





Sana'a, Old City, Yemen. Water distribution point organised by the ICRC.

In 2015, the ICRC's work in the Middle East focused on addressing the humanitarian consequences of the armed conflicts, other situations of violence, occupation and unrest sweeping the region – many of which were marked by violence spilling over across borders. The ICRC's response to the needs caused by the Syrian conflict – in the Syrian Arab Republic (hereafter Syria) and the neighbouring countries (Iraq, Jordan and Lebanon) to which people fled – was among the organization's largest undertakings. It also ran extensive programmes to respond to the needs of people bearing the brunt of violence in Iraq, Israel and the occupied territories and Yemen.

The deteriorating situation, the hindrances to neutral, impartial and independent action, and the dangers faced by its staff posed significant challenges to the ICRC; nonetheless, the organization stayed committed to maintaining its presence in areas where there were few or no other humanitarian actors, as in parts of Iraq and Yemen. It constantly re-examined the prevailing security conditions, the needs of the most vulnerable groups, and its ability to address these concerns in a safe and meaningful manner; thus, it adapted its plans and activities. For example, when the situation in Yemen worsened in March, the ICRC stepped up its emergency-response activities; after Jordan revised its border-entry policies, the ICRC increased its response to the needs of people at the Jordan-Syria border.

The ICRC worked to foster an environment conducive to respect for IHL and the conduct of humanitarian action. It pursued dialogue with influential actors – authorities, *de facto* authorities, weapon bearers and civil society leaders. For example, the ICRC used various channels – bilateral meetings, confidential reports and public statements – to reach all figures with influence over the

Syrian crisis and to emphasize to them their responsibility to spare people not/no longer participating in hostilities, respect the prohibition against indiscriminate attacks, ensure safe access to essential goods/services and aid, and respect/protect medical/humanitarian workers. In Yemen, it reiterated to all parties taking part in the hostilities that they were bound by IHL and other applicable norms. In Iraq, the ICRC pressed the parties to the conflict to fulfil their obligations under IHL and other norms – including with regard to ensuring people's access to essential services and humanitarian aid. The organization urged the Israeli authorities to conduct military operations in line with IHL and to protect Palestinians from settler violence; the *de facto* authorities and armed groups in the Gaza Strip in the occupied Palestinian territory were reminded of the principle of distinction, among other tenets of IHL. In Egypt, Iraq, Jordan and Lebanon, the ICRC kept watch on those affected by the Syrian crisis, informed the parties concerned of documented allegations of abuse, and encouraged the authorities and other key figures to take corrective action.

The organization's contact with influential actors led to some breakthroughs – in Syria, for the first time since March 2011, the ICRC gained direct access to a few areas besieged by government forces, allowing it to assess the protection-related needs of people there. Negotiations with actors controlling the transport routes to or within Yemen enabled the ICRC to occasionally secure approval for the entry/movement of staff and relief items; during ICRC/National Society-brokered pauses in the fighting, the two organizations delivered material assistance and evacuated the wounded.

Partnerships with the region's National Societies were crucial to reaching as many beneficiaries as possible; notably, food distributions in Syria were conducted mainly by the Syrian Arab Red

Crescent. The region's National Societies received material, training and financial assistance from the ICRC to help them conduct their own activities independently.

Given that public infrastructure and local markets were insufficient in large swathes of the region, essential goods and services – food, household items, water and health/medical care – were increasingly hard to come by. The ICRC focused on providing people with access to these items/services, although the insecurity made it difficult to provide aid to the degree necessary. The ICRC concentrated on the most vulnerable people – many of them forced to flee their homes, residing in communities coping with influxes of IDPs or refugees/asylum seekers, and/or unable to receive assistance elsewhere. Millions of people, over 8.8 million of them in Syria alone, received food from the ICRC; around 3 million people, nearly 1 million of them in Iraq, had more bearable living conditions using ICRC-donated household materials. In host communities in Jordan, a few thousand Syrian refugee households, primarily headed by women, covered rent and other basic expenses with the help of National Society/ICRC cash grants.

Millions of people in the Gaza Strip, Iraq, Syria and Yemen, and hundreds of thousands in Jordan and Lebanon, gained/maintained some access to clean water, thanks to the ICRC's repair of infrastructure, installation of hygiene/water-distribution facilities in IDP camps/transit points, donation of water-treatment chemicals, fuel and spare parts to local water boards, and water-trucking activities. People in the Gaza Strip benefited from the construction/renovation of water systems, including a pipeline running through Israel. In Syria, water boards mitigated supply interruptions for over 12.5 million people, using donated water-treatment chemicals and spare parts.

With impeded access to health/medical care being among the most life-threatening consequences of the violence, the ICRC took a multi-tiered approach to this problem – combining mobilization efforts with capacity-building support for local health workers and direct assistance to immediately cover some of the gaps in local resources. Throughout the region, it emphasized to influential figures that the safety of people seeking and providing health/medical care was paramount, and that facilities must be spared from attacks. First-aid posts, health-care centres/clinics, hospitals and physical rehabilitation centres received ICRC assistance – either regularly, on an ad hoc basis or, when access permitted – in the forms of donations of supplies, repairs/upgrades to the buildings, staff incentives and general/specialized training in, for example, mother-and-child care, trauma management or war surgery.

Thousands of potential first responders, among them National Society volunteers, journalists and weapon bearers, underwent first-aid training and received the necessary supplies and, in some cases, funding. For example, the Palestinian Red Crescent provided emergency medical services across the occupied Palestinian territory, with the ICRC's financial/material support and help in obtaining crossing/transport permits. In Lebanon, the Lebanese Red Cross ran emergency services and a blood bank, enabling people to be evacuated to hospital and/or to receive blood transfusions.

In the Gaza Strip, Iraq, Lebanon, Jordan, Syria and Yemen, people in need of hospital-level care, many of them weapon-wounded, were treated at ICRC-supported hospitals or similar posts. Several

facilities in the Gaza Strip and Syria received supplies for hemodialysis sessions; hospitals/clinics there coped with fuel shortages using ICRC-provided generators. In Yemen, hospitals received the ICRC's help to handle supply/staff shortages; twice, the ICRC deployed a surgical team, although insecurity forced the team to withdraw after several weeks. In Lebanon, the ICRC ran a weapon-traumatology centre, consisting of surgical and post-operative units, which provided patients with physiotherapy and psychological support.

Basic health-care services were available to millions of people across the region. Notably, ICRC support covered centres/clinics in or near IDP camps in Iraq or in facilities at Jordan's and Lebanon's borders with Syria. Syrian authorities received medicines from the ICRC to curb the spread of certain communicable diseases. In Iraq, Lebanon and Yemen, children were immunized during ICRC-led/supported vaccination campaigns. In the Islamic Republic of Iran, Afghan migrants accessed preventive care and other health services through an ICRC-backed initiative of a local NGO and the National Society.

The ICRC supported physical rehabilitation centres in Iraq; Lebanon, through the above-mentioned weapon-traumatology centre; the Gaza Strip; Syria, including one opened in June in Aleppo; and Yemen. Over 100,000 people, mainly in Iraq and Yemen, received physiotherapy, assistive devices and other services through these centres. To help prevent mine-related injuries, the Iranian and Iraqi National Societies and the Jordanian mine-action body conducted risk-awareness/mitigation sessions for people living in/passing through mine-contaminated areas; people in Yemen learnt about weapon-related risks through ICRC updates on various media platforms.

Whenever possible, the ICRC helped vulnerable households and communities build their self-sufficiency. Thousands of households in the Gaza Strip increased/resumed their agricultural activities; some farmers accessed land near the Israeli border, following ICRC representations to the authorities concerned and its mobilization of actors responsible for weapon-clearance activities. Iraqi farming households – many of them displaced or returning to their communities – used land and irrigation canals rehabilitated with ICRC assistance. In Jordan, some Syrian and Jordanian women completed National Society/ICRC-run vocational courses, which also covered first aid and issues related to sexual violence.

ICRC delegates visited detainees in Bahrain, Iraq, Israel and the occupied territories, Jordan, Kuwait, Lebanon, Qatar, Syria and Yemen, according to the ICRC's standard procedures. They monitored detainees' treatment and living conditions, and helped foreign detainees notify UNHCR or their consular representatives of their situations. The delegates shared their feedback with the authorities; discussions and local/regional workshops with the detaining authorities focused on issues such as administrative detention, judicial guarantees, including the principle of *non-refoulement*, and health in detention. Throughout the region, the ICRC sought increased access – in terms of frequency and number/category of detainees visited – to people held by different actors, including armed groups. Former detainees received attestations of detention from the ICRC, enabling them to apply for State benefits or to facilitate other procedures.

Across the Middle East, residents, IDPs, detainees, refugees and asylum seekers contacted their relatives using the Movement's

family-links services. Families in Egypt and Yemen called relatives detained in the country or abroad. Thousands of Palestinians detained in Israel and Iraqis held far from their homes received visits from their relatives. ICRC-issued travel documents enabled people to return home or resettle in third countries. In several countries, the ICRC acted as a neutral intermediary between the actors concerned to allow people to cross borders or demarcation/front lines, for humanitarian purposes.

The ICRC maintained efforts to help families learn the fates of their missing relatives. In 2015, it closed hundreds of tracing requests, having established the fates of the people being sought. When requested by the families, the ICRC submitted enquiries to the pertinent parties in Egypt, Iraq, Syria or Yemen regarding people allegedly arrested/detained. However, the fates of many people missing in relation to past or current conflicts – including the Syrian conflict – remained unknown.

With the ICRC acting as a neutral intermediary, the parties concerned continued working to ascertain the fates of people missing in relation to the 1980–88 Iran-Iraq war and the 1990–91 Gulf War. Joint excavations conducted by Iranian and Iraqi experts with ICRC support led to the recovery and repatriation of hundreds of sets of human remains. Although several missions were conducted in Iraq and Kuwait, no remains were recovered in relation to the 1990–91 Gulf War. In Lebanon, ante-disappearance data continued to be collected from the families of missing persons, although progress on a draft law on addressing the families' needs remained at a standstill. Forensic data from some families of Palestinians missing in connection with the 2014 fighting were transferred to the Israeli authorities under ICRC auspices. The ICRC helped strengthen forensic/human remains management capacities in Egypt, Iraq, the Islamic Republic of Iran, Kuwait, Lebanon, Saudi Arabia and Yemen.

While the ICRC scaled back its focus on promoting IHL treaty ratification and implementation owing to the violence in the region, it continued reaching out to government officials, military/police forces, national IHL committees and civil society leaders to raise awareness of and respect for IHL and humanitarian principles and the Movement. Hence, it maintained its partnership with the League of Arab States, based in Cairo, Egypt; in the Islamic Republic of Iran, it promoted the compatibility of IHL and Islam through its work with the Qom Centre for Comparative Studies on Islam and IHL.

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. A logistics facility was established in Oman, to support operations in Yemen. 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	People reunited with their families	of whom UAMs/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	7	17	210			1			78	1,884				
Iran, Islamic Republic of	75	102	2					37	61					
Iraq	1,735	3,188				1	5	684	152	608	37,053	1,225	341	1,014
Israel and the Occupied Territories	681	831					8	5	102	11	22,076	342	866	4,214
Jordan	66	55	16,427	1	1	1			51	1,130	11,278	608	8	820
Kuwait (regional)	17	32	101						11		12,110	1,233	153	151
Lebanon	84	71					5	5	26	34	7,418	686	212	976
Syrian Arab Republic	16	7		3			126		152	15	15,297	778	414	164
Yemen	4,122	2,137	174					149	108		4,344	100	165	129
Total	6,803	6,440	16,914	4	1	3	144	880	741	3,682	109,576	4,972	2,159	7,468

* 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
											4				508	Iran, Islamic Republic of
	11		30	617	6		29	241	87	2,765	1,147	16,608			511	Iraq
	65	13	365	2,956	37	10	344	670	131	841	795	4,414	6,371	1	10,906	Israel and the Occupied Territories
	71	1	7	688	64	1	7	59	19	339	117	109			6	Jordan
	76	3	5	133	70	3	5	52	23	231	164	220			3,327	Kuwait (regional)
	59	5	30	643	53	5	20	180	31	259	180	1,250			34	Lebanon
	31	3	22	118	16	1	20	10	10	60	29	235			4	Syrian Arab Republic
			13	114			12	20	17	12	10	465		14	1	Yemen
	313	25	472	5,269	246	20	437	1,232	318	4,507	2,446	23,301	6,371	15	15,297	Total

ASSISTANCE MAIN FIGURES AND INDICATORS

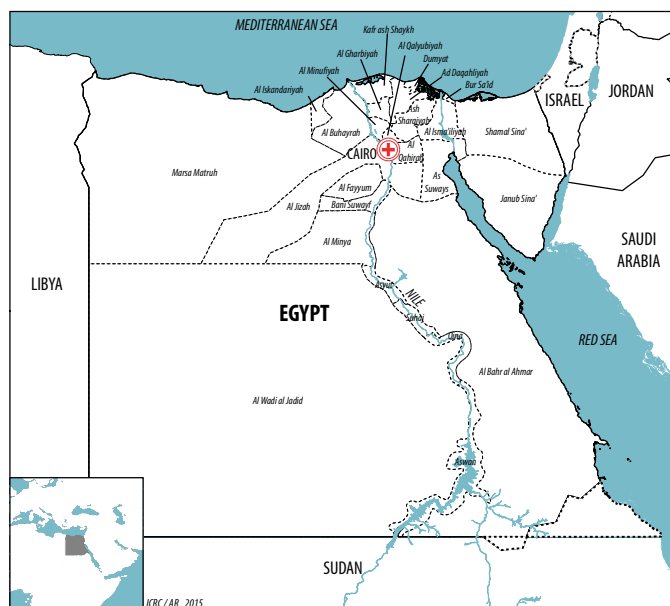
ASSISTANCE

	CIVILIANS											PEOPLE DEPRIVED OF THEIR FREEDOM		
	CIVILIANS - BENEFICIARIES							HEALTH CENTRES						
	Food commodities	Essential household items	Productive inputs	Cash	Vouchers	Services and training	Water and habitat activities	Health centres supported	Catchment population (monthly average)	Consultations (patients)	Immunizations (doses)	Food commodities	Essential household items	Water and habitat activities
Egypt	8,000			1,137	5,017									
Iraq	852,330	930,870	34,175	175,335		51,033	2,330,442	10	88,448	117,183	26,030		34,844	9,750
Israel and the Occupied Territories		27,739	35,186	4,245			1,800,000						15,813	3,095
Jordan	45,077	45,077		26,100			182,904	4	4,719	19,756			10,000	
Lebanon	24,074	25,710		22,650			318,062	10	348,084	263,518	9,728		5,774	3,145
Syrian Arab Republic	8,809,191	2,099,692					15,700,000	16	500,000	172,311		25,518	17,008	10,100
Yemen	178,725	109,774	6,090	37,261		327	2,543,867	22	270,204	194,251	32,881		1,053	2,500
Total	9,917,397	3,238,862	75,451	266,728	5,017	51,360	22,875,275	62	1,211,455	767,019	68,639	25,518	84,492	28,590
of whom women	30%	30%	29%	38%	35%	32%	26%							
of whom children	40%	40%	46%	39%	38%	38%	37%							
of whom IDPs	98%	96%	5%	63%		13%	9%							

	WOUNDED AND SICK														
	FIRST AID			HOSPITALS				PHYSICAL REHABILITATION							
	First-aid posts supported	of which provided data	Wounded patients treated	Hospitals supported	of which provided data	Admissions (patients)	of which weapon-wounded	Projects supported	Patients receiving services	New patients fitted with prostheses	New patients fitted with orthoses	Prostheses delivered	Orthoses delivered	Patients receiving physiotherapy	
				16				10	36,356	1,050	11,377	3,197	22,720	10,442	Egypt
															Iraq
				16	12	192,279	3,179	1	3,070	123	1,384	247	1,727	1,130	Israel and the Occupied Territories
1															Jordan
2	2			23	22	9,821	1,155	2	530	64	114	74	152	277	Lebanon
				28				2	1,190	99	14	278	45	648	Syrian Arab Republic
				66	37	48,083	28,565	4	67,423	452	8,449	694	19,328	28,889	Yemen
3	2			149	71	250,183	32,899	19	108,569	1,788	21,338	4,490	43,972	41,386	Total
						36%	1%		21%	17%	14%	15%	15%		of whom women
						2%	1%		41%	13%	66%	11%	66%		of whom children
of which for victims of mine or explosive remnants of war												17%			of whom IDPs

EGYPT

COVERING: Egypt, League of Arab States



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 2015

- Vulnerable people met some of their needs with Egyptian Red Crescent Society/ICRC aid, such as vouchers for stranded Yemenis and ad hoc support for IDPs in Sinai and Egyptian returnees from Libya.
- Patients were treated at a hospital in Sinai with supplies donated by the ICRC via the National Society. The Egyptian Ambulance Organization drew on ICRC advice to refine its guidelines and procedures.
- Despite discussions with the authorities on the ICRC's potential contribution to their efforts to ensure detainees' welfare and protect people affected by the situation in Sinai, access to both groups was not granted.
- Over 1,800 migrants, including refugees and asylum seekers, were issued ICRC travel documents to facilitate their resettlement/repatriation.

EXPENDITURE IN KCHF

Protection	567
Assistance	3,381
Prevention	1,052
Cooperation with National Societies	765
General	59
Total	5,824
<i>Of which: Overheads</i>	355

IMPLEMENTATION RATE

Expenditure/yearly budget	98%
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PERSONNEL

Mobile staff	8
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 conflict/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 into domestic legislation, military training and academic curricula throughout the Arab world.

YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	7
RCMs distributed	17
Phone calls facilitated between family members	210
People located (tracing cases closed positively)	84
People reunited with their families	3

ASSISTANCE	2015 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries	8,000
Essential household items	Beneficiaries	1,000
Cash	Beneficiaries	1,137
Vouchers	Beneficiaries	5,000
		5,017

CONTEXT

Bombings and attacks continued to occur, particularly in Sinai, where security forces carried out operations against armed groups and evacuated residents to create a buffer zone near the eastern border. These operations reportedly resulted in arrests and casualties; restrictions on humanitarian organizations limited the assessment of impact on and access to people. Elsewhere, there were fewer demonstrations than in previous years.

Thousands of Egyptians were repatriated by the Egyptian authorities from Libya, where the situation continued to deteriorate (see *Libya*). Yemenis were stranded in Egypt following developments in their country (see *Yemen*). Egypt remained a transit/destination country for migrants, including refugees and asylum seekers; among them were people fleeing the Syrian Arab Republic (hereafter Syria) (see *Syrian Arab Republic*).

Three years after Egypt's legislature was dissolved, parliamentary elections were concluded in December.

Egypt conducted air strikes in Libya, and was part of a Saudi Arabia-led military coalition in Yemen.

Cairo hosted the headquarters of the Arab Inter-parliamentary Union (AIPU) and the League of Arab States (LAS).

ICRC ACTION AND RESULTS

The ICRC, in cooperation with the Egyptian Red Crescent Society and other local organizations, continued to address humanitarian needs arising from the situation in Egypt and conflict in the region. However, it did not obtain access to people in Sinai and to detainees.

Palestinians from Syria met some of their needs through vouchers distributed quarterly by the National Society/ICRC; the initial target was not met as some of them had already left the country. The ICRC also partially covered the expenses of Syrian and Palestinian children attending an educational centre. Aid was extended to vulnerable groups where necessary. Egyptian returnees from Libya, for example, benefited from phone services, emergency relief and medical assistance provided by the National Society with ICRC funding.

Egyptians and migrants, including refugees and asylum seekers, restored/maintained contact with relatives through Movement family-links services, including ICRC travel documents, which facilitated their resettlement/repatriation.

The ICRC strengthened support for local health-care providers in handling emergencies. Together with other organizations, the ICRC organized courses for civilian/military doctors to help boost their ability to treat injuries. The Egyptian Ambulance Organization (EAO) drew on ICRC advice to refine its guidelines and procedures. Health facilities, including a Sinai hospital, treated patients using supplies donated by the ICRC via the National Society on an ad hoc basis. Elsewhere, casualties were given first aid or evacuated by the National Society's emergency action teams (EATs) using ICRC-provided supplies/equipment. With ICRC guidance, the National Society expanded training for EATs to include basic care for victims of sexual violence and basic human remains management. Building on dialogue initiated in 2014, the ICRC supported forensic professionals' participation in regional/

international courses on managing human remains. During events and meetings with health professionals and armed/security forces, the ICRC promoted the protection due to those providing or seeking medical care.

In parallel, discussions continued with the authorities on the ICRC's potential contribution to their efforts to ensure that detainees' treatment and living conditions were in line with internationally recognized standards; however, permission for ICRC visits was not obtained. A round-table discussion on the subject was postponed, owing to other government priorities.

No dialogue was established with the authorities on protecting people during situations of violence; the ICRC nevertheless continued to indirectly monitor the situation in Sinai. It documented the concerns of people who had fled Syria and forwarded these to the ICRC delegation there for discussion with the parties concerned. It also maintained contact with organizations working to prevent sexual violence.

Efforts to bolster security forces' knowledge of international norms and to promote the incorporation of IHL in military training, doctrine and operations were initially stalled by the security situation, but gathered pace in the second half of the year. Through ICRC workshops, army personnel, including peacekeepers, learnt more about IHL and other relevant norms, and security forces furthered their understanding of internationally recognized standards for law enforcement. Officers attended advanced courses abroad.

Activities related to IHL integration were hindered by the political situation; despite this, the national IHL committee reviewed draft laws with ICRC advice. Judges and prosecutors learnt more about IHL through ICRC lectures and publications. Interaction with State-authorized Islamic groups and other organizations helped further their understanding of the similarities between IHL and Islamic law. The ICRC promoted awareness of humanitarian issues and Movement activities through information materials for the media. Journalists enhanced their knowledge of IHL and the protection it affords them at seminars organized with local associations.

Regionally, the ICRC pursued partnerships with the AIPU and the LAS to promote/monitor IHL implementation, by supporting national IHL committees and co-organizing IHL-related events.

The ICRC's regional resource and communication centre in Cairo supported the organization's efforts to increase knowledge of and respect for IHL throughout the Arabic-speaking world by producing written/audiovisual materials and updating the ICRC's Arabic-language website.

CIVILIANS

People in Sinai remain inaccessible to the ICRC, owing to the security situation

The ICRC capitalized on opportunities – for example, during IHL sessions attended by government officials (see *Actors of influence*) – to reiterate its offer to help the authorities and weapon bearers ensure the protection of people during situations of violence. However, the ICRC remained without direct access to people in Sinai because of security constraints and other restrictions (see *Context*). Nevertheless, it continued to indirectly monitor possible humanitarian concerns through contact with the National Society.

During field visits elsewhere, the ICRC assessed the needs of people who had fled Syria, particularly Palestinians, and monitored their concerns, including those connected with the principle of *non-refoulement*. Some of them reported the alleged arrests of their relatives in Syria; at their request, these allegations were forwarded to the ICRC delegation there (see *Syrian Arab Republic*), which submitted representations to the parties concerned whenever possible. However, none of the information gathered led to the location of people being sought by enquirers in Egypt.

With a view to reducing people's risk of becoming victims of sexual violence, the ICRC exchanged information with the Egyptian Red Crescent, the LAS and international organizations during workshops and meetings. The National Society included basic care for victims of sexual violence in training its EATs (see *Wounded and sick*).

Over 1,000 children from Syria attend an educational centre, with partial support from the ICRC

People affected by conflict in the region and the situation in Egypt benefited from assistance provided in cooperation with other organizations.

Nearly 900 Palestinian households (over 3,000 individuals) were given vouchers – distributed quarterly by the National Society/ICRC – exchangeable for food, clothes and other items at local supermarkets. This was done in coordination with the Palestinian embassy and Egyptian authorities. The initial target, however, was not met because of operational constraints; some Palestinians, for example, had already left Egypt. Over 1,000 Syrian and Palestinian children – more than twice the targeted number – attending an educational centre run by the Syria Al-Ghad Foundation had their expenses partially covered by the ICRC.

The ICRC also provided support for people during emergencies. In December, some 200 families from Syria (over 800 individuals) – who were no longer receiving assistance from another organization, owing to funding problems – covered their basic needs with vouchers for food and winter-related items, distributed with the assistance of Syria Al-Ghad. Over 330 Yemeni families (close to 1,100 individuals) in Egypt who were unable to return home (see *Context*) met some of their needs for two months using ICRC-provided vouchers.

Some 2,000 displaced households in Sinai (8,000 individuals) and thousands of Egyptian returnees from Libya received food and other items from the National Society, which was reimbursed by the ICRC.

Nearly 1,900 foreign nationals use ICRC travel documents for their resettlement/repatriation

Egyptians and migrants, including refugees and asylum seekers, restored/maintained contact with or sought relatives through National Society/ICRC family-links services. Egyptian returnees from Libya made some 4,200 phone calls – facilitated by the National Society with financial support from the ICRC – upon their return; where necessary, they also received medical assistance (see *Wounded and sick*), and food and other items (see above).

Egyptians exchanged news with relatives detained abroad through RCMs/oral messages; two families got in touch with relatives held at the US internment facility at Guantanamo Bay Naval Station in Cuba and at the Parwan detention facility in Afghanistan through phone/video calls.

Travel documents were issued to almost 1,900 foreign nationals, enabling them to be resettled in third countries or repatriated in coordination with the IOM, the UNHCR and their respective embassies.

In cooperation with the ICRC delegation in Damascus and with Egyptian authorities, three Syrian minors were reunited with their families in Egypt. Unaccompanied foreign minors participated in psychosocial/educational activities conducted by St. Andrew's Refugee Services with ICRC funding.

Stakeholders convene at a round-table on managing human remains during emergencies

With ICRC support, representatives from Cairo University, the EAO and the Egyptian Forensic Medicine Authority (EFMA) exchanged best practices with their peers at regional and international courses on human remains management and forensics, including one in Saudi Arabia (see *Kuwait*). The parties involved in managing human remains during emergencies – including the EAO, the National Society, and the health and interior ministries – convened at a round-table organized jointly by the EFMA and the ICRC, with a view to improving coordination among them. EAO staff and National Society volunteers had basic training on human remains management at ICRC workshops.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees still do not receive ICRC visits

Discussions continued with detaining authorities to clarify the humanitarian nature of the ICRC's activities for people deprived of their freedom and to raise awareness of its potential contribution to their efforts to ensure that inmates' treatment and living conditions are in line with internationally recognized standards. Permission for ICRC visits to detainees, however, was not secured. Owing to other government priorities, including parliamentary elections (see *Context*), a round-table with the interior and justice ministries and other relevant actors on the subject was postponed.

At the request of families, the ICRC followed up on the alleged arrest of nine people in Egypt with a view to ascertaining their whereabouts, but none of the cases were resolved via the ICRC's efforts.

Three repatriated Egyptian nationals formerly held at the Guantanamo Bay internment facility were given vouchers to help them ease their post-release situation.

WOUNDED AND SICK

The ICRC continued working with local health-care providers/institutions, undertaking joint initiatives to help them strengthen their ability to provide quality medical care to casualties in Egypt. It also provided the National Society and other organizations with funding and material support to treat victims of emergencies. However, people in Sinai could not be reached directly (see *Civilians*).

ICRC presentations during meetings and events with the authorities and other stakeholders (see *Actors of influence*) promoted the need to respect and protect people providing/seeking medical care.

Local ambulance-service staff strengthen their ability to handle mass casualties

Over 120 civilian and military doctors/surgeons improved their ability to treat conflict/violence-related injuries through a weapon-wound surgery seminar and emergency-room trauma courses,

including one for trainers. These events were co-organized by the ICRC with the Suez Canal University, the health ministry and, for the first time, the defense and interior ministries.

The EAO, one of the largest ambulance services in the country, bolstered its capacity to deal with mass-casualty situations, with ICRC support. With advice from ICRC consultants, it continued to identify gaps in its set-up and to revise its operating procedures, training programmes and guidelines – for example, on the standardization of equipment. The EAO used illustrated ambulance booklets and first-aid manuals in Arabic and English provided by the ICRC to train its staff; EAO personnel were sent to an emergency response workshop arranged by the Suez Canal University. EAO members also had their psychosocial support needs assessed by an ICRC expert, with a view to launching EAO/ICRC initiatives in this regard.

Discussions continued with the Egyptian Fellowship Board on the inclusion of a module on weapon-wound surgery in its training. During ICRC lectures at an institute affiliated with the Arab Medical Union, health professionals taking a course on disaster management also learnt more about the goals of the Health Care in Danger project, among other matters.

Casualties of violence are treated by local health-care providers with ICRC support

Patients were treated with ad hoc donations of medical supplies – coursed through the National Society – for a health ministry hospital in Sinai and for primary health care facilities treating people from Syria.

Elsewhere, the National Society's EATs were not deployed as often as in previous years, owing to changes in the situation (see *Context*). Nevertheless, people wounded during demonstrations and other incidents were given first aid and/or evacuated by the teams, which used ICRC-donated equipment, supplies and vehicles that facilitated their deployment and helped ensure their safety. The National Society also helped in the treatment of 56 Egyptians repatriated from Libya upon their arrival, with ICRC financial support.

Newly hired staff learnt more about providing emergency care in line with the Safer Access Framework during International Federation/ICRC-supported sessions; other personnel attended refresher courses. The National Society trained 6 additional EATs; in all, 125 teams covered 26 of Egypt's 27 governorates.

The National Society received material and financial support to extend first-aid training to those likely to be at the scene of violent incidents, including journalists and members of the general public (see *Actors of influence*), contributing to overall emergency preparedness.

ACTORS OF INFLUENCE

Security forces broaden their knowledge of international norms applicable to law enforcement

Discussions with the authorities continued, centering on the ICRC and its potential humanitarian contributions (see *Civilians and People deprived of their freedom*), and on thematic issues, particularly the protection due to those providing/seeking medical care. Efforts to increase security forces' knowledge of international norms applicable to law enforcement and to promote the incorporation of IHL provisions in military training, doctrine and

operations were stalled by the security situation, but gathered pace in the second half of the year.

Army personnel, including peacekeepers, learnt more about IHL and other applicable norms during dissemination sessions. Security forces furthered their understanding of internationally recognized standards for law enforcement, including on the use of force, at ICRC workshops. Officers also attended regional courses in Cairo (see below) and overseas (see *Lebanon*), including one for trainers.

Efforts to incorporate IHL in domestic law are hampered by the political situation

Incorporation of key IHL provisions in domestic legislation was hindered by the political situation (see *Context*). Engagement with the national IHL committee, however, continued. With technical support from the ICRC, it reviewed draft laws on the missing and on the protection of cultural property, and followed up another on incorporating the provisions of the Rome Statute in domestic legislation, which was pending adoption by the newly elected parliament. Government officials expressed their views during consultations linked to the Strengthening IHL process (see *International law and policy*).

Judges and prosecutors added to their knowledge of IHL through ICRC lectures and donations of recent IHL publications to the library of the National Center for Judicial Studies; two judges attended a regional IHL course (see *Lebanon*).

Journalists learn more about IHL and are trained in first aid

The media remained a key partner in promoting humanitarian principles and the Movement among the general public, and enhanced their reporting on relevant issues through briefings and information on the ICRC's website. During workshops and seminars, some of which were organized with local organizations, journalists learnt more about the protection afforded them by IHL; in some cases, they were also trained in first aid by the National Society (see *Wounded and sick*).

Human rights organizations, political parties and State-recognized Islamic institutions furthered their knowledge of the ICRC and the similarities between IHL and Islamic law through bilateral discussions and ICRC briefings, and support for the media. Periodic dialogue with local charities/NGOs and academics tackled common humanitarian concerns and the promotion of IHL, respectively.

Regional efforts to promote IHL and its implementation continue

The AIPU, the LAS and the ICRC continued to work with national IHL committees in the region to promote and monitor IHL implementation in line with regional action plans adopted by the AIPU/LAS. The LAS/ICRC published a report on domestic IHL implementation.

LAS representatives and military officials from various Arab countries learnt more about IHL, the mandate and activities of the ICRC and the goals of the Health Care in Danger project at a seminar in Cairo, co-organized with the LAS's Military Affairs Department. At an LAS-organized meeting, representatives of Member States learnt more about the need to respect and protect people providing/seeking health care. Some dissemination activities, however, were cancelled owing to partners' other priorities.

RED CROSS AND RED CRESCENT MOVEMENT

The Egyptian Red Crescent strengthened its ability to respond to emergencies arising from the situation in Egypt and conflict in other countries, through financial, material and technical support from the ICRC (see *Civilians* and *Wounded and sick*). New volunteers learnt about providing family-links services, and the National Society's family-links focal point drew on ICRC advice in following up on tracing cases. Collaboration continued in promoting the Health Care in Danger project.

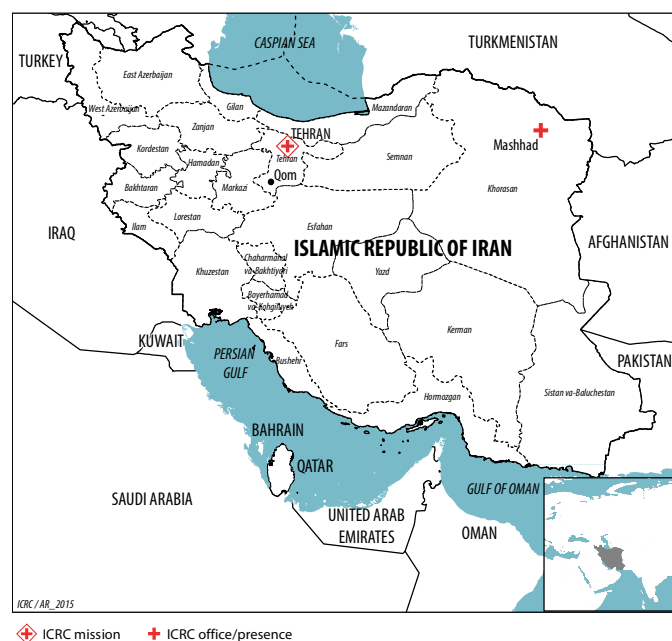
Movement partners met regularly to coordinate their activities.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
Red Cross messages (RCMs)			UAMs/SC*		
RCMs collected		7			
RCMs distributed		17			
Phone calls facilitated between family members		210			
Reunifications, transfers and repatriations					
People reunited with their families		3			
<i>including people registered by another delegation</i>		3			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		328	67	62	43
<i>including people for whom tracing requests were registered by another delegation</i>		10			
People located (tracing cases closed positively)		84			
<i>including people for whom tracing requests were registered by another delegation</i>		6			
Tracing cases still being handled at the end of the reporting period (people)		538	108	70	66
<i>including people for whom tracing requests were registered by another delegation</i>		40			
UAMs/SC*, including demobilized child soldiers			Girls		Demobilized children
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		1	1		
Documents					
People to whom travel documents were issued		1,884			
Official documents relayed between family members across borders/front lines		10			

*Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	8,000	35%	40%
	<i>of whom IDPs</i>	8,000		
Cash	Beneficiaries	1,137		99%
Vouchers	Beneficiaries	5,017	35%	38%

IRAN, ISLAMIC REPUBLIC OF



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

KEY RESULTS/CONSTRAINTS IN 2015

- ▶ Iranian and Iraqi authorities jointly recovered the remains of 1,023 people, but had few opportunities to develop common procedures to clarify the fate of persons missing in relation to the 1980–88 Iran-Iraq war.
- ▶ Islamic scholars discussed the similarities between IHL and Islamic jurisprudence at a domestic conference hosted by the Centre for Comparative Studies on Islam and IHL in Qom, with ICRC backing.
- ▶ Vulnerable people, such as Afghan migrants, accessed preventive care and other health services through a project of a local NGO and the Red Crescent Society of the Islamic Republic of Iran, with ICRC support.
- ▶ The National Society and the ICRC expanded their areas of cooperation, notably holding emergency-care courses, where health/humanitarian professionals from local/international organizations honed their skills.
- ▶ Dialogue/events with/for the authorities and civil society actors, including religious scholars – such as during the ICRC president's visit – helped broaden acceptance for humanitarian principles/IHL and the ICRC.

EXPENDITURE IN KCHF

Protection	1,100
Assistance	1,168
Prevention	1,424
Cooperation with National Societies	543
General	52
Total	4,287
<i>Of which: Overheads</i>	262

IMPLEMENTATION RATE

Expenditure/yearly budget	86%
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PERSONNEL

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

YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	75
RCMs distributed	102
Phone calls facilitated between family members	2
People located (tracing cases closed positively)	62
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
Restoring family links	
RCMs distributed	4

CONTEXT

In the Islamic Republic of Iran, thousands of families remained without information on relatives missing in connection with the 1980–88 Iran–Iraq war. Irregular Afghan migrants, numbering several millions, faced difficulties in accessing basic services on account of their status. People in areas bordering Iraq and those returning to Afghanistan were exposed to the risks of mines/explosive remnants of war (ERW).

In July, the Islamic Republic of Iran signed a long-term international agreement on its nuclear programme. This paved the way for the lifting of sanctions imposed on the country, and boosted its efforts to enhance its international profile. The government continued to monitor security-related developments and humanitarian emergencies in the region, particularly in Iraq, the Syrian Arab Republic and Yemen.

ICRC ACTION AND RESULTS

The ICRC continued to: help address the issue of persons missing in connection with the 1980–88 Iran–Iraq war; strengthen its partnership with the Red Crescent Society of the Islamic Republic of Iran; back local initiatives to mitigate risks related to people's health and their exposure to mines/ERW; and foster acceptance of humanitarian principles, IHL and the ICRC.

As a neutral intermediary, the ICRC supported joint Iranian–Iraqi efforts to clarify the fate of persons still missing in relation to the past conflict. It chaired one meeting each of the tripartite committee on missing persons and of the joint working group tasked by the committee to facilitate exhumations and transfers of human remains. These efforts resulted in the recovery and repatriation of the remains of over a thousand people; opportunities to work towards common procedures were, however, limited. To help advance the recovery and identification process, the ICRC enabled Iranian forensic experts to bolster their capacities; for instance, it organized training events with the Legal Medicine Organization (LMO) and sponsored a study tour abroad.

Dialogue and events with/for the authorities and civil society representatives – such as during the ICRC president's visit – helped to raise awareness of humanitarian issues, encourage incorporation of key IHL provisions into domestic law and build acceptance of the ICRC. For example, at one event, national IHL committee members and other decision-makers/experts discussed the IHL framework governing the use of weapons. Progress was made in formalizing the ICRC's legal status in the country.

Sustained support to the Centre for Comparative Studies on Islam and IHL in Qom (hereafter Qom Centre), the national IHL committee and the National Society notably helped promote IHL and its compatibility with Islamic jurisprudence. Hundreds of Islamic scholars/researchers explored the subject during a domestic conference.

Pursuant to their 2012 partnership agreement, the National Society and the ICRC sustained their cooperation in the provision of family-links, mine-risk education and physical rehabilitation services, and in promoting humanitarian principles/IHL. Cooperation in other areas was explored – for instance, through the organization of a war-surgery seminar and a Health Emergencies in Large Populations (HELP) course for health/humanitarian professionals, and coordination on responding to some humanitarian needs in the region.

Activities for vulnerable people were jointly implemented with the National Society and other local organizations. Vulnerable Afghan migrants, including refugees, and Iranians accessed health care and learnt more about good hygiene/health practices through an ICRC-backed project implemented by a local NGO and the National Society. The National Society and the ICRC raised people's awareness of safer behaviour around mines/ERW and facilitated assistance for mine victims whose needs were not covered by national programmes. Although formal renewal of the cooperation agreement with the Iranian Mine Action Centre (IRMAC) remained pending, the centre continued to draw on ICRC input to develop its capacities as central coordinator of mine/ERW-related activities.

Iranians used National Society/ICRC family-links services to contact their relatives abroad, as did Afghan and Iraqi migrants, including refugees, and Afghan detainees.

CIVILIANS

Joint Iranian–Iraqi efforts lead to recovery of the remains of some 1,000 people

The Iranian and Iraqi governments sustained their joint efforts, supported by the ICRC as a neutral intermediary, to clarify the fate of people missing in connection with the 1980–88 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 its joint working group.

Excavations in the two countries, facilitated by the working group, led to the recovery of the remains of 1,023 people. Through the efforts of both governments and under ICRC auspices, the remains of 684 people were handed over to the Iranian authorities; the remains of 37 people, exhumed from Iranian sites, were transferred to the Iraqi authorities.

The working group and the tripartite committee each held one ICRC-chaired meeting, where Iranian and Iraqi authorities and forensic experts discussed challenges encountered in their work, such as the limited opportunities to work towards common procedures. They agreed on a 2016 action plan, which included strengthening their coordination – through regular meetings, for example.

Iranians build their understanding of forensic best practices with ICRC support

Institutions involved in the identification of human remains continued to boost their capacities. The LMO and one genetic laboratory received equipment and financial assistance; their personnel obtained advice from a forensic geneticist, whose five-day visit was organized by the ICRC. To help ensure proper human-remains management during emergencies, the LMO organized a course on the subject for its staff, along with personnel from the National Society and other pertinent organizations.

Local forensic professionals shared their experiences and honed their proficiency during various events. These included: a study tour in Cyprus, which involved meetings with specialists from the Committee on Missing Persons; a round-table on humanitarian forensics in Saudi Arabia (see *Kuwait*); and a regional course on forensic anthropology in the Islamic Republic of Iran, jointly run with the LMO.

The defence and foreign affairs ministries and other parties concerned, continued to be engaged by the ICRC on the issue

of missing persons, with a view to advancing the recovery/identification process and increasing awareness of the potential psychological needs of the families affected.

Relatives separated by detention exchange news

Iranians connected with kin detained in neighbouring countries or held at the US internment facility at Guantanamo Bay Naval Station in Cuba through RCMs, phone/video calls and/or oral messages relayed by ICRC delegates.

Some 500 Iraqi ex-POWs received attestations of detention, facilitating their application for State benefits and other proceedings.

At their request, five former members of the People's Mojahedin Organization of Iran (PMOI) were repatriated from Iraq, with the Iranian authorities' approval and under ICRC auspices. The ICRC remained ready to meet with former PMOI members who had returned from Iraq, towards monitoring their prospective humanitarian concerns.

Afghan and Iraqi migrants, including refugees, and Afghans detained in the Islamic Republic of Iran also contacted their relatives using Movement family-links services. National Society staff enhanced their ability to deliver these services through ICRC training.

Vulnerable Afghan migrants address some of their health needs

In the Golshahr district of Mashhad city, thousands of vulnerable Afghan migrants, including refugees, and Iranians accessed preventive care and other health services through an ongoing project of a local NGO and the National Society, supported by the ICRC with advice and funding. About 5,190 people received basic care during home visits by the NGO's staff; some 5,470 people, including those visited, sought consultation at the NGO's clinic and/or obtained referrals for further diagnosis and treatment. Others benefited from the National Society's mobile health caravans.

Women and children learnt more about good hygiene/health practices at information sessions. Community members trained in such areas as first aid and disaster preparedness.

As the project expanded its range of services, hundreds of people availed themselves of psychosocial support or services to mitigate the consequences of drug use. Those in need of social assistance were referred to other NGOs in the area.

People learn to deal with mine/ERW-related risks more effectively

Over 162,640 people – Iranians living in western provinces and Afghan returnees passing through eastern provinces – better acquainted themselves with safer behaviour around mines/ERW during dissemination sessions conducted by National Society staff/volunteers, with ICRC financial/technical support. Towards ensuring that people affected by radiological hazards could receive appropriate aid, some National Society personnel furthered their pertinent skills during an ICRC workshop.

In Kordestan province, 42 civilian mine victims whose needs were not covered by government assistance programmes accessed physical rehabilitation services through a National Society/ICRC project. They were among the 100 victims identified by the IRMAC through a needs assessment completed in 2014.

Formal renewal of the cooperation agreement with the IRMAC remained pending, but the centre continued to draw on ICRC input to develop its capacities as central coordinator of mine/ERW-related activities. Plans to explore the possibility of launching a livelihood project for mine/ERW victims did not push through.

ACTORS OF INFLUENCE

Dialogue and events – notably during the ICRC president's visit – with/for the authorities and civil society representatives, including Islamic scholars, helped build support for humanitarian principles/IHL and the ICRC, and raised awareness of humanitarian issues in the region, such as the protection/management of water infrastructure during emergencies.

Progress was made in formalizing the ICRC's legal status in the country. Contact with the defence ministry was maintained (see *Civilians*); a draft agreement on IHL-related initiatives awaited approval.

Iranian authorities discuss the IHL framework governing the use of weapons

During national IHL committee meetings, which the ICRC attended at the committee's invitation, members continued deliberations on the Optional Protocol to the Convention on the Rights of the Child and a law on the emblem. They were briefed on the Strengthening IHL process and other topics pertinent to the 32nd International Conference. At forums to foster the integration of key IHL provisions into domestic law, committee members and other decision-makers/experts discussed the rights of chemical-weapon victims, the IHL framework governing the use of weapons, and the need to safeguard health-care delivery (see also *Red Cross and Red Crescent Movement*).

Actors involved in promoting/implementing IHL enhanced their capacities with ICRC support. National IHL committee members contributed to an international conference (see *Sri Lanka*), and a judge to an experts' meeting in Switzerland. National IHL committee and National Society representatives attended an advanced course in San Remo, Italy. Foreign ministry officials and National Society staff joined courses abroad (see *New Delhi and Pakistan*).

Iranian officials and the ICRC hosted a round-table on environmental emergencies; participants included policy-makers from neighbouring countries.

Scholars help promote similarities between Islamic jurisprudence and IHL

Islamic scholars/researchers enriched the dialogue on Islamic jurisprudence and IHL, partly through the activities of the Qom Centre, which was supported by the national IHL committee, the National Society and the ICRC. For example, some 300 scholars and others discussed the topic and the ICRC's activities at a conference and at a workshop, held by the centre with a partner institute. An international conference on Islam/IHL was postponed to 2016 amid administrative constraints.

The Qom Centre published a revised study on weapons of mass destruction, translated IHL/Islamic references from Farsi into Arabic/English, and distributed/promoted its publications among scholars in the region. With prominent scholars/institutions, the centre conducted research on humanitarian concerns, such as the protection of medical services, and, through its library, supported students/researchers' work.

A teacher of Islamic jurisprudence in seminaries added to his knowledge of IHL at a regional course (see *Lebanon*).

Iranian universities bolster their ability to teach IHL

Iranian academics, with ICRC support, attended advanced courses (see *New Delhi*) and produced scholarly publications; a study tour in Switzerland enabled some to gain added insight into developing an IHL master's programme. One university agreed to ICRC support for IHL curricular integration; others obtained IHL references. University students participated in conferences (see *Armenia*) and/or moot court competitions hosted locally or abroad (see, for example, *Pakistan*).

Two editors/journalists learnt more about humanitarian reportage at a conference (see *New Delhi*). Students of a journalism university run by the country's official news agency were similarly briefed; the agency and the ICRC extended their agreement on training activities.

The general public better understood humanitarian concerns and the ICRC through media reports, events, including an ICRC-supported film festival, and ICRC print/audiovisual materials.

RED CROSS AND RED CRESCENT MOVEMENT

National Society enables health/humanitarian professionals to hone their emergency-care skills

Pursuant to their 2012 partnership agreement, the National Society and the ICRC worked to assist vulnerable people and promote humanitarian principles/IHL (see *Civilians* and *Actors of influence*).

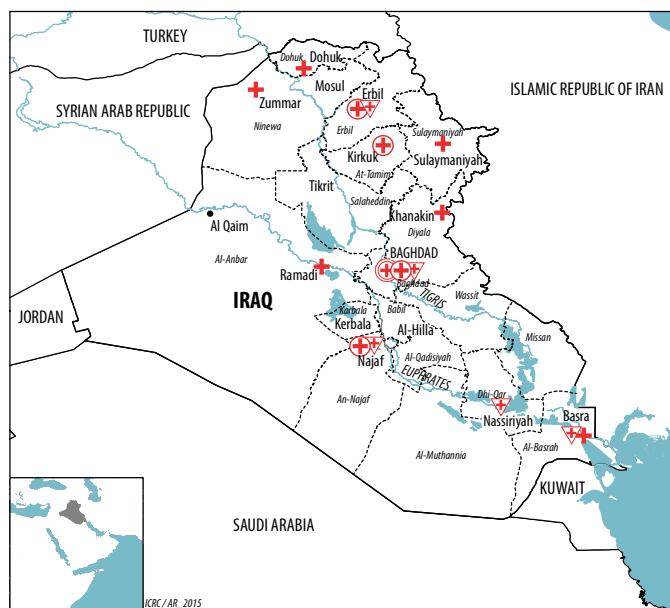
In accordance with a separate agreement, the two organizations continued to cooperate in the area of physical rehabilitation, through joint activities undertaken locally (see *Civilians*) and abroad, such as establishing a physical rehabilitation department in a hospital (see *Lebanon*) and conducting orthotics workshops in Madagascar and Tajikistan. Movement partners convened in the country to discuss the rights/social inclusion of disabled people.

The National Society and the ICRC explored other areas for cooperation, notably health. At a war-surgery seminar organized with the National Society and a local medical association, doctors honed their skills and learnt more about the Health Care in Danger project and the ICRC. With a local medical university and the ICRC, the National Society organized a HELP course, enabling its personnel and health/humanitarian professionals from international/local organizations to better respond to large-scale health emergencies. The National Society and the ICRC coordinated on responding to some humanitarian needs in the region.

The National Society supported the ICRC's dialogue with the Iraqi Red Crescent Society (see *Iraq*) and discussed improving coordination/cooperation at Movement meetings, including with the Afghan Red Crescent Society (see also *Afghanistan*). National Society staff/volunteers augmented their grasp of the Fundamental Principles at ICRC briefings.

MAIN FIGURES AND INDICATORS: PROTECTION	Total			
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)		UAMs/SC*		
RCMs collected	75			
RCMs distributed	102	3		
Phone calls facilitated between family members	2			
Reunifications, transfers and repatriations				
Human remains transferred/repatriated	37			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	153	41	38	34
including people for whom tracing requests were registered by another delegation	5			
People located (tracing cases closed positively)	62			
including people for whom tracing requests were registered by another delegation	1			
Tracing cases still being handled at the end of the reporting period (people)	212	48	43	38
including people for whom tracing requests were registered by another delegation	14			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Restoring family links				
RCMs distributed	4			
People to whom a detention attestation was issued	508			

*Unaccompanied minors/separated children



ICRC / AR, 2015

ICRC delegation ICRC sub-delegation ICRC office
ICRC-supported prosthetic/orthotic project

KEY RESULTS/CONSTRAINTS IN 2015

- ▶ The parties to the conflict were urged to fulfil their obligations, under IHL/other applicable norms, to respect/protect civilians, including patients/medical workers. Contact with certain armed groups was limited.
- ▶ Dialogue/networking with the authorities, weapon bearers and other actors, particularly in the field, helped facilitate ICRC access to people in need, but logistical/security constraints hampered some activities.
- ▶ IDPs, returnees and vulnerable residents met their urgent needs for food, household/hygiene essentials, water and health care partly through ICRC emergency aid, coordinated with the authorities/other actors.
- ▶ Ill/injured people, including those weapon-wounded and physically disabled, obtained treatment at hospitals and physical rehabilitation centres that maintained their services with ICRC material/technical support.
- ▶ Detainees, including those arrested in connection with the conflict, were visited by the ICRC. They reconnected with relatives and benefited from repaired/upgraded facilities and donated household/hygiene items.
- ▶ Relatives of people missing in relation to past conflict stood to benefit as joint Iraqi-Iranian efforts to clarify the fate of these people resulted in the recovery and transfer of sets of human remains, under ICRC auspices.

EXPENDITURE IN KCHF

Protection	13,866
Assistance	84,186
Prevention	6,606
Cooperation with National Societies	1,704
General	231
Total	106,594
<i>Of which: Overheads</i>	6,499

IMPLEMENTATION RATE

Expenditure/yearly budget	93%
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PERSONNEL

Mobile staff	109
Resident staff (daily workers not included)	762

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
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	1,735
RCMs distributed	3,188
People located (tracing cases closed positively)	152
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	37,053
Detainees visited and monitored individually	1,014
Number of visits carried out	241
Number of places of detention visited	87
Restoring family links	
RCMs collected	2,765
RCMs distributed	1,147
Phone calls made to families to inform them of the whereabouts of a detained relative	16,608

ASSISTANCE	2015 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 870,000	852,330
Essential household items	Beneficiaries 870,000	930,870
Productive inputs	Beneficiaries 62,004	34,175
Cash	Beneficiaries 107,700	175,335
Services and training	Beneficiaries 80	51,033
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries 1,338,000	2,330,442
Health		
Health centres supported	Structures 9	10
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures 3	16
Water and habitat		
Water and habitat activities	Number of beds	200
Physical rehabilitation		
Projects supported	Structures 9	10
Patients receiving services	Patients 32,000	36,356

CONTEXT

Characterized by intense clashes and constantly shifting front lines, the conflict between Iraqi forces and an array of armed groups continued unabated, amid the lingering effects of past violence and longstanding ethnic/sectarian tensions in Iraq and the wider region.

Forces of the central government, including armed groups known as popular mobilization units, and of the Iraqi Kurdistan region's (IKR) government sustained their campaign against the Islamic State (IS) group. An international coalition supported the campaign, mainly through airstrikes and advice/training. Although Iraqi troops regained key parts of the country, including large sections of Ramadi city, the IS group maintained its presence in other areas. Violations of IHL/other applicable norms by all weapon bearers were allegedly widespread.

Over 3 million people were reportedly displaced; many had to move repeatedly or were forced into protracted displacement. Tens of thousands were wounded/killed. Millions of IDPs, residents and returnees had limited, if any, access to essential services, given damage to/destruction of vital infrastructure.

Budgetary/other constraints hampered the government's ability to address the conflict's consequences. Most international humanitarian organizations encountered difficulties in reaching the hardest-hit communities.

Thousands of Syrian refugees remained in the IKR.

ICRC ACTION AND RESULTS

The ICRC continued to adapt its response to growing humanitarian needs in Iraq. It prioritized contributing to the protection of civilians and helping address their immediate needs. Building on its countrywide presence and its increased capacity to follow the evolution of the situation, the ICRC scaled up its emergency response. This was supported by a budget extension appeal launched in May. Towards maximizing its reach to conflict-affected people, it opened an office in Zummar, Ninewa, in September.

Amid intensified fighting, the ICRC reinforced its dialogue with most of the parties to the conflict, reminding them of their obligations under IHL/other pertinent norms to respect civilians, including patients/medical workers, and sharing with them confidential representations based on documented allegations of abuse, whenever possible. The ICRC spread knowledge of IHL through: dissemination sessions for front-line military/security personnel; and support to the central/IKR armed forces' IHL-training initiatives and to the national IHL committee's efforts. Messages on humanitarian principles were relayed through networking with some armed groups and traditional/religious leaders. These efforts helped facilitate the organization's ability to assist people in need. Access to some of the hardest-hit communities remained restricted, however, owing to limited contact with certain armed groups, the central/IKR authorities' security regulations and logistical challenges.

The ICRC increased its emergency distributions of food, household essentials and cash to conflict-affected people, particularly for people in areas accessible to few/no other humanitarian organizations and/or where needs were most acute, enabling them to ease their situation. Water-trucking, repairs to dilapidated/damaged

systems and donated water-storage/sanitation supplies increased the availability of water for IDPs and residents/returnees.

Towards ensuring people's health-care access, the ICRC provided medical/surgical materials, staff training and other support to primary-health-care centres and hospitals in violence-prone/affected areas, bolstering their capacities to manage mass-casualty influxes and critical injuries. Mobile-clinic team members, deployed to treat IDPs living outside camps, later transferred to fixed health facilities. The ICRC continued to manage a physical rehabilitation centre and support State-run facilities; disabled people, including IDPs and refugees, thus obtained suitable treatment.

Where security conditions permitted, the ICRC assisted vulnerable households – for instance, those headed by women, some related to missing persons, or by disabled people – towards recovering their livelihoods through the provision of cash grants or productive inputs. Female breadwinners pursuing registration for State benefits obtained financial support.

The ICRC monitored the situation of detainees during visits conducted according to its standard procedures. It provided the authorities concerned with confidential feedback to help them ensure that detainees' treatment and living conditions were in line with applicable norms/standards. The ICRC backed the authorities in repairing prison infrastructure and helped ease the confinement of particularly vulnerable detainees through material assistance. It continued working with the authorities towards meeting detainees' health needs. The ICRC sustained efforts to secure access to all detainees.

People across Iraq, including IDPs, Syrian refugees and detainees, contacted their relatives using ICRC family-links services; some reported kin missing or allegedly arrested in connection with the current conflict. With the ICRC as a neutral intermediary, the parties concerned continued their efforts to clarify the fate of people missing in relation to past international armed conflicts involving Iraq. Training/technical support enabled a local forensic institute to enhance its capacities; it processed an increased caseload, linked to the prevailing situation. Although a completed 2014 needs assessment of the families of missing persons was shared with the authorities, some activities to support these families were postponed, given prevailing constraints.

Backed by Movement partners, the ICRC maintained dialogue with the Iraqi Red Crescent Society, aimed at resuming direct support to it. In line with existing coordination mechanisms, the ICRC helped ensure a cohesive Movement response to humanitarian needs.

CIVILIANS

Contributing to the protection of civilians and helping address their urgent needs remained the ICRC's priorities. The parties to the conflict were urged to fulfil their obligations under IHL/other applicable norms, especially to respect civilians, including patients/medical workers, and ensure their access to essential services/humanitarian aid. Whenever possible, these parties received confidential representations on systematically documented allegations of abuse, based on the ICRC's monitoring of the situation of IDPs, returnees, migrants/foreigners and other vulnerable people. Contact with certain armed groups was limited.

Conflict-affected people address their urgent needs

People in areas accessible to few/no other humanitarian organizations and/or where needs were most acute, notably those near/along front lines or recently regained by Iraqi forces – such as Anbar, Baghdad, Kirkuk and Ninewa – were the focus of the ICRC's stepped-up emergency relief distributions. Interaction with key parties, especially in the field, helped facilitate these (see *Actors of influence*). Nevertheless, access to some of the hardest-hit communities was restricted by limited contact with some armed groups, the central/IKR authorities' security regulations and logistical challenges.

About 852,300 people (142,050 households), mostly IDPs staying in informal shelters, eased their initial weeks of displacement with food rations. Over 930,800 people (155,140 households) improved their living conditions with household essentials/shelter materials; beneficiaries in northern Iraq and parts of Anbar better endured winter with heating stoves/other supplies. Some 141,280 people (23,540 households) received repeat distributions and/or more than one form of aid.

Around 138,650 people (23,100 households), grappling with protracted displacement or with access to functioning markets, covered their basic needs, including shelter, using cash grants; some received three rounds of these.

Local partners could better assess the needs of/assist conflict-affected people following ICRC workshops (see also *Red Cross and Red Crescent Movement*).

IDPs and residents gain increased access to water

Some 1,525,700 people, including around 218,700 IDPs, had improved access to water through ICRC-conducted emergency measures, such as urgent repairs to dilapidated/damaged facilities, as did roughly 479,100 people, including some 58,200 IDPs, following water-infrastructure renovations. About 69,900 IDPs in camps benefited from ICRC-provided/installed trucked-in water, water-storage/sanitation supplies and latrines. Following irrigation-canal cleaning/rehabilitation (see below), some 68,400 people had more water for livelihood/household use.

Around 810 local technicians trained in operating/maintaining water facilities autonomously or consulted ICRC-donated references at a training centre in Kirkuk.

IDPs and residents receive basic health care

Fifty-nine primary-health-care centres across Iraq, including some in areas hosting IDPs and four in IDP camps, cared for vulnerable people using ICRC-provided medical supplies, donated on an ad hoc basis; such increased support was provided in coordination with the central authorities. Given security/access constraints, only six health centres slated for ICRC technical/material/on-site support, based on a 2012 agreement with the health ministry, were reached regularly; three underwent renovation.

In Dohuk, between January and June, about 11,400 IDPs living outside camps and without access to health centres, including malnutrition-prone children, received treatment from two mobile-clinic teams backed by the Canadian Red Cross Society, the Icelandic Red Cross and the ICRC. When the need for the clinics decreased, local team members, among them IDPs, supported two fixed health facilities covering approximately 120,000 people.

People, notably children, pregnant women and women of child-bearing age, lowered their health risks through: vaccination programmes by four health centres in Najaf; fumigation campaigns by health authorities in Wassit; and training for traditional birth attendants/midwives in Diyala – all with ICRC support. In southern Iraq, health authorities managed cholera outbreaks with ICRC-donated sanitation/medical supplies and informational leaflets; water systems were repaired.

People learnt more about safe behaviour in mine/ERW-contaminated areas through ICRC educational sessions/materials.

Vulnerable households begin livelihood recovery

Where security conditions permitted, destitute IDP/returnee households endeavored to increase their income/agricultural production. About 9,720 farmers in Babil, Baghdad, Diyala and Kirkuk (supporting some 51,000 people) used land ploughed and irrigation canals cleaned/upgraded with ICRC assistance; 4,430 others (supporting around 22,810 people) earned money by cleaning/repairing canals in Dohuk and Khanaqin. Around 5,430 households (roughly 34,170 people) planted/cultivated crops with ICRC-provided seed/tools.

Some 1,240 households (approximately 6,500 people) headed by women – some related to missing persons – or by disabled people earned from small businesses, started with cash grants. About 40 Syrian refugee households (around 230 people), whose needs were not covered by other organizations' programmes, received similar assistance.

Over 1,780 female breadwinners (supporting some 7,130 people) pursuing registration for State benefits, helped by local NGOs, covered their basic needs/registration-related expenses with cash assistance. They included women previously unreachable because of the prevailing situation.

Iraqi authorities transfer remains of over 600 people to the Iranian government

Relatives separated by conflict in Iraq and the wider region restored/maintained contact using ICRC family-links services. Some reported family members missing in relation to the current conflict; confidential representations on their behalf were addressed to the authorities. Hundreds obtained travel documents, facilitating their resettlement abroad.

The parties concerned sustained efforts to clarify the fate of persons missing in connection with the 1980–88 Iran-Iraq war (see *Iran, Islamic Republic of*) and the 1990–91 Gulf War (see *Kuwait*), with the ICRC as a neutral intermediary. Under ICRC auspices, the Iraqi authorities transferred the remains of 684 people to, and received the remains of 37 people from, the Iranian authorities.

Institutions involved in recovering/identifying human remains continued to enhance their services, with ICRC input. Notably, Baghdad's Medico-Legal Institute processed an increased caseload, linked to the ongoing fighting, with strengthened forensic and data-management capacities, including injury analysis/documentation.

A 2014 needs assessment of families of missing persons was shared with the authorities to encourage them to address these needs. Some families obtained cash assistance (see above); other activities for them were postponed, given logistical/security constraints.

PEOPLE DEPRIVED OF THEIR FREEDOM

Over 37,000 detainees held by the central/IKR governments received ICRC visits, conducted according to the organization's standard procedures; 1,014 particularly vulnerable inmates, such as security detainees, were followed up individually. The authorities received confidential feedback afterwards.

Dialogue and training initiatives with the authorities and security personnel (see also *Actors of influence*) encompassed the need to ensure that detainees' treatment/living conditions conformed to applicable norms/standards, and sought to foster respect for judicial guarantees and the principle of *non-refoulement*. The ICRC continued to urge the authorities to facilitate its access to all detainees.

Detainees reconnect with relatives

Detainees, especially those moved to other detention centres by the authorities because of the security situation, contacted their relatives using ICRC family-links services; the authorities were reminded of the importance of detaining people in places close to their families. Some informed their kin of their whereabouts through ICRC delegates' phone calls on their behalf. Family visits, cancelled in 2014 given security constraints, resumed in some prisons; owing to the ongoing fighting, none were organized by the ICRC.

Allegations of arrest, especially in connection with the current hostilities, were followed up with the authorities. Over 500 former detainees received attestations of detention, helping them advance legal/administrative proceedings.

Authorities improve detainees' living conditions with ICRC support

Several thousand detainees had better access to clean water following water-system repairs in detention centres holding people arrested in connection with the conflict or those with specific vulnerabilities, notably minors and women. Upgrades to ventilation/sanitation systems benefited around 1,600 detainees. Thousands – including foreigners, minors and women – eased their confinement with clothing, hygiene/educational/recreational items and winter supplies.

The ICRC continued to encourage central health and justice ministries to jointly provide detainees with health care; with the ICRC, they developed a pilot project for two prisons for 2016, following up on their 2014 assessment. The IKR authorities conducted a similar assessment. At a workshop, central/IKR penitentiary/medical staff learnt more about providing health care in detention. A local medical association sent a representative to a conference on the subject (see *Jordan*).

WOUNDED AND SICK

With the conflict further disrupting civilians' already-limited access to medical services, the parties involved were reminded of the need to respect people seeking/providing such services (see *Civilians* and *Actors of influence*).

Weapon-wounded people receive emergency care

People in violence-prone/affected areas, such as Kirkuk and around Mosul, received life-saving treatment at facilities that, with ICRC backing, could better manage mass-casualty influxes and critical injuries. Doctors from seven hospitals trained to boost their trauma-management skills. Sixteen hospitals received medical/surgical supplies for treating over 500,000 weapon-wounded

patients; those in Anbar obtained, additionally, 120 tons of such supplies in total from the central health ministry, with ICRC logistical support. In Fallujah city, controlled by armed groups, repairs to one hospital (200 beds) helped restore its water/electricity supplies.

Planned training was cancelled for State ambulance staff, following the health ministry's re-organization, and others (see *Red Cross and Red Crescent Movement*). Instead, first-aid workshops were held for health workers and armed/security personnel.

Disabled IDPs, refugees and mine victims regain some mobility

Over 36,350 people with disabilities, including 12,340 amputees and 798 mine victims, received physiotherapy/other services at nine State-run and one ICRC-managed physical rehabilitation centres. Patients of the ICRC-managed centre in Erbil included 881 IDPs and 487 Syrian refugees; 1,104 and 348 had their lodging and transport costs covered, respectively. The State-run centres maintained/enhanced their services with ICRC-provided advice, raw materials and assistive devices – for instance, three facilities in Baghdad replenished their wheelchair stocks.

Towards boosting local capacities, 56 physical rehabilitation professionals honed their skills during a series of workshops; 44 students trained at the Erbil centre. Two universities enhanced their physiotherapy and prosthetics/orthotics programmes with ICRC input. The authorities received continued encouragement to develop long-term strategies for ensuring the welfare of disabled people.

Selected patients of the centres obtained livelihood support, thus promoting the social inclusion of people with disabilities (see *Civilians*). Awareness-raising/sports events were organized with local partners; the central and IKR Paralympic committees received sports wheelchairs.

ACTORS OF INFLUENCE

Dialogue with key actors, notably weapon bearers, helps facilitate the ICRC's access

Sustained dialogue/networking with the authorities, members of the international coalition (see *Context*), armed/security forces and civil society representatives – for instance, during the ICRC president's visit – underscored the need to uphold humanitarian principles and IHL/other applicable norms. Such efforts, supported by training initiatives, public events and media/online resources, also helped build understanding of humanitarian issues, including the goals of the Health Care in Danger project, and of the Movement among the above-mentioned parties and the wider public.

Regular meetings with heads of popular mobilization units and resumed discussions with representatives of the domestic counter-terrorism body, notably, resulted from the ICRC's steps to broaden engagement with Iraqi security personnel. Interaction with other key security actors continued to be sought.

Opportunities to convey messages about humanitarian principles and the ICRC to armed groups were pursued; contact with certain groups, however, was limited. Thus, meetings and joint initiatives with traditional/religious leaders and other actors with influence over these groups, such as journalists, likewise contributed to spreading awareness of the said topics.

All these helped facilitate the ICRC's ability to assist people in need (see *Civilians*).

Iraqi forces train in IHL with ICRC support

During dissemination sessions and meetings (see above), front-line military commanders/troops and members of popular mobilization units furthered their understanding of IHL/other pertinent norms. Together with the authorities and health professionals, they familiarized themselves with the protection IHL affords to patients/medical staff at workshops.

The central armed forces conducted IHL training courses in/around Baghdad with renewed ICRC support, which was suspended in 2014, owing to the security situation. A senior officer joined an IHL workshop on military operations (see *International law and policy*). The IKR military continued to teach its personnel IHL and boost its training capacities.

Security/law enforcement personnel increased their knowledge of norms/standards applicable to such matters as the use of force and detention. During workshops, over 730 senior law enforcement officers and human-rights instructors furthered their understanding of IHL and international human rights law; police-academy students learnt more about the latter, at seminars. The interior ministry requested increased ICRC involvement in such training in 2016.

National IHL committee members strengthen their grasp of their roles

Actors involved in promoting/advancing domestic IHL incorporation drew on ICRC backing. During a seminar to support them in enhancing their skills, members of the national IHL committee, established in 2014, sharpened their insight into their roles/responsibilities, including how to formalize these through legislation, and into developing an action plan. They continued deliberations on facilitating the expansion of doctors' legal protection and the adoption of a law on the emblems protected under IHL. Committee members, alongside central/IKR government representatives and academics, advanced their IHL proficiency during courses abroad (see, for example, *Lebanon*). Sixty government officials, including parliamentarians and judges, and armed/security personnel increased their IHL knowledge at information sessions co-organized with the authorities, in line with a 2014 memorandum of understanding. Lawmakers continued to be encouraged to formalize the ICRC's legal status in Iraq.

At two round-tables held by the authorities, legal/judicial experts discussed ways to strengthen the legal framework on detention so as to ensure its conformity with norms and standards relevant to Iraq's international commitments.

The higher-education ministry adopted a standard IHL curriculum for law colleges – the outcome of a workshop it held, with ICRC input, with representatives from the national IHL committee and eight universities. The ministry also formally agreed to ICRC backing for its IHL research centre. A judicial institute incorporated a course on IHL and international human rights law into its curriculum; discussions on prospective ICRC support were ongoing.

Religious leaders/scholars engaged with the ICRC on the values shared between Islam and IHL, and on its work in Iraq.

RED CROSS AND RED CRESCENT MOVEMENT

The National Society and the ICRC maintain dialogue, towards formal partnership

The Iraqi Red Crescent responded to humanitarian needs in Iraq and sought to implement its five-year strategic plan, backed by Movement partners. The National Society remained without a formal partnership agreement with the ICRC; needs-assessment/response and first-aid workshops for its staff/volunteers were postponed. Nevertheless, the two organizations jointly undertook some activities, including the distribution of attestations of detention (see *People deprived of their freedom*), and exchanged information, facilitating their respective initiatives.

With the help of Movement partners, notably the Red Crescent Society of the Islamic Republic of Iran, the ICRC maintained dialogue with the Iraqi Red Crescent, aimed at formally resuming direct support to it. The National Society signed an agreement, with the Norwegian Red Cross and the ICRC, on developing its financial software, towards increasing its administrative capacities.

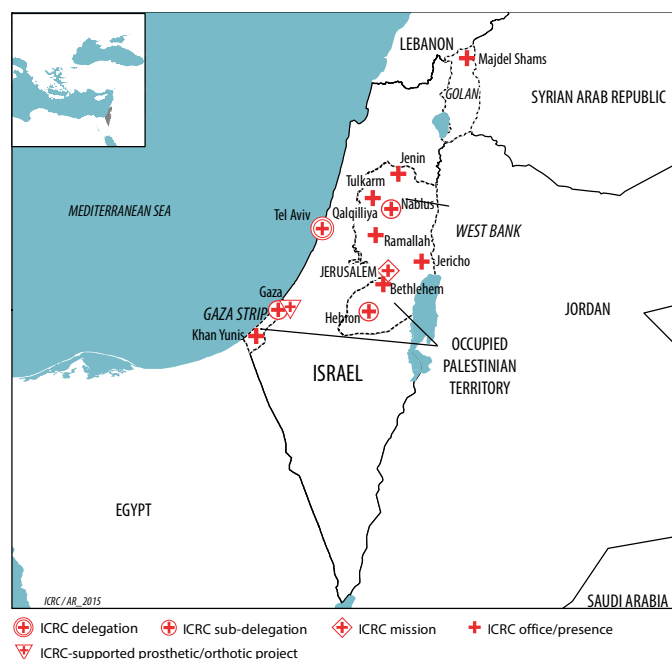
In line with existing coordination mechanisms to help ensure a coherent response, Movement components in Iraq drew on ICRC security advice and logistical/administrative services; the pertinent agreements were renewed.

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Human remains transferred/repatriated	684				
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered	2,811	452	167	142	
<i>including people for whom tracing requests were registered by another delegation</i>	5				
People located (tracing cases closed positively)	152				
Tracing cases still being handled at the end of the reporting period (people)	4,089	127	71	127	
<i>including people for whom tracing requests were registered by another delegation</i>	13				
UAMs/SC*, including demobilized child soldiers			Girls		Demobilized children
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	1	1			
Documents					
People to whom travel documents were issued	608				
Official documents relayed between family members across borders/front lines	4				
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited	37,053	1,225	341		
			Women	Girls	Boys
Detainees visited and monitored individually	1,014	11			30
Detainees newly registered	617	6			29
Number of visits carried out	241				
Number of places of detention visited	87				
Restoring family links					
RCMs collected	2,765				
RCMs distributed	1,147				
Phone calls made to families to inform them of the whereabouts of a detained relative	16,608				
People to whom a detention attestation was issued	511				

*Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	852,330	33%	40%
	<i>of whom IDPs</i>	836,006		
Essential household items	Beneficiaries	930,870	32%	39%
	<i>of whom IDPs</i>	913,831		
Productive inputs	Beneficiaries	34,175	34%	41%
	<i>of whom IDPs</i>	3,849		
Cash	Beneficiaries	175,335	35%	40%
	<i>of whom IDPs</i>	147,806		
Services and training	Beneficiaries	51,033	32%	38%
	<i>of whom IDPs</i>	6,649		
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	2,330,442		
	<i>of whom IDPs</i>	295,975		
Health				
Health centres supported	Structures	10		
Average catchment population		88,448		
Consultations	Patients	117,183		
	<i>of which curative</i>		33,908	50'002
	<i>of which ante/post-natal</i>		2,464	
Immunizations	Doses	26,030		
Referrals to a second level of care	Patients	5,007		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	34,844		
Water and habitat (in some cases provided within a protection programme)				
Water and habitat activities	Beneficiaries	9,750		
Health				
Number of visits carried out by health staff		38		
Number of places of detention visited by health staff		25		
Number of health facilities supported in places of detention visited by health staff		2		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	16		
Water and habitat				
Water and habitat activities	Number of beds	200		
Physical rehabilitation				
Projects supported	Structures	10		
Patients receiving services	Patients	36,356	3,994	15,460
New patients fitted with prostheses	Patients	1,050	167	53
Prostheses delivered	Units	3,197	414	175
	<i>of which for victims of mines or explosive remnants of war</i>	744		
New patients fitted with orthoses	Patients	11,377	979	8,951
Orthoses delivered	Units	22,720	1,636	18,744
	<i>of which for victims of mines or explosive remnants of war</i>	18		
Patients receiving physiotherapy	Patients	10,442	1,744	2,201
Crutches delivered	Units	1,659		
Wheelchairs delivered	Units	492		

ISRAEL AND THE OCCUPIED TERRITORIES



KEY RESULTS/CONSTRAINTS IN 2015

- ▶ Israeli and Palestinian authorities and weapon bearers were reminded, through oral/written representations, of their obligations under IHL/other applicable norms, particularly the need to respect/protect civilians.
- ▶ As regards their 2014 conduct of hostilities, the Israeli authorities and the Gaza Strip *de facto* authorities continued to be engaged by the ICRC in confidential/bilateral dialogue, supplemented by ICRC reports.
- ▶ Wounded/sick people in the Gaza Strip had improved access to treatment after the ICRC renovated 5 hospitals – damaged during the 2014 hostilities – and donated spare parts/tools/equipment to several others.
- ▶ Staff at 6 Gaza Strip hospitals honed their trauma-management skills with ICRC support, towards boosting their emergency preparedness/response. Some learnt to instruct their peers on the subject autonomously.
- ▶ Nearly 2 million Gaza Strip residents had better access to water, and thousands of farmers resumed their livelihoods, facilitated partly by the ICRC's coordination with/support to local authorities/technicians.
- ▶ Detainees held by Israeli and Palestinian authorities received ICRC visits to monitor their situation. Over 5,000 people held by Israel kept in touch with their relatives through ICRC-facilitated family visits.

EXPENDITURE IN KCHF

Protection	16,691
Assistance	26,743
Prevention	5,467
Cooperation with National Societies	3,072
General	177
Total	52,149
<i>Of which: Overheads</i>	3,183

IMPLEMENTATION RATE

Expenditure/yearly budget	103%
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PERSONNEL

Mobile staff	76
Resident staff (daily workers not included)	307

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
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PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	681
RCMs distributed	831
People located (tracing cases closed positively)	103
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	22,076
Detainees visited and monitored individually	4,214
Number of visits carried out	670
Number of places of detention visited	131
Restoring family links	
RCMs collected	841
RCMs distributed	795
Phone calls made to families to inform them of the whereabouts of a detained relative	4,414

ASSISTANCE	2015 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Essential household items	Beneficiaries 7,400	27,739
Productive inputs	Beneficiaries 54,275	35,186
Cash	Beneficiaries 275	4,245
Services and training	Beneficiaries 100	
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries 500,000	1,800,000
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures 7	16
Water and habitat		
Water and habitat activities	Number of beds 2,097	2,347
Physical rehabilitation		
Projects supported	Structures 1	1
Patients receiving services	Patients	3,070

CONTEXT

In the Gaza Strip, Palestinians endured the lingering consequences of the 2014 hostilities between the Israeli authorities and the Hamas *de facto* authorities and local armed groups. 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). These issues persisted amid longstanding difficulties linked to Israel's blockade of the Gaza Strip, and were compounded by the closure of crossing points with Egypt. The continued deterioration of ties between the Palestinian Authority (PA) and Hamas, both grappling with budgetary/other constraints, further exacerbated the situation.

Palestinians in East Jerusalem and the West Bank continued to bear the adverse effects of Israeli occupation policies, including those that contravene IHL. Tensions between them and Israelis flared into bouts of violence, which increased in October, leading to casualties, deaths and mass arrests.

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

The PA ratified/acceded to several treaties related to IHL and other international norms, fraying already strained relations with Israel.

ICRC ACTION AND RESULTS

The ICRC sustained efforts to promote the protection of civilians and help alleviate the situation of Palestinians living under occupation, notably those still enduring the consequences of the 2014 fighting in the Gaza Strip.

Through oral/written representations, the ICRC reminded Israeli and Palestinian authorities and weapon bearers to uphold humanitarian principles, and to fulfil their obligations under IHL/other applicable norms, particularly the need to respect/protect civilians/civilian infrastructure, including patients and medical workers/facilities. They received technical support for incorporating IHL and other applicable norms/standards into their decision-making. Dialogue with the Israeli civilian and military authorities covered the use of force in military and law enforcement operations; the need to stem violence by settlers in the West Bank; and Palestinians' restricted access to livelihood resources. The ICRC's confidential/bilateral discussions, based on its reports, with the Israeli Defense Forces (IDF) and the Gaza Strip *de facto* authorities on their 2014 conduct of hostilities continued. These efforts, alongside engagement with Israeli and Palestinian civil society representatives – through events and multimedia resources, for instance – helped build acceptance of humanitarian principles, IHL and the ICRC's mandate/activities. Such engagement also fostered, in Israel, public discussions on the legality and humanitarian consequences of certain occupation policies.

The ICRC worked to alleviate the situation of Palestinians grappling with the effects of the 2014 fighting, and with the broader consequences of Israeli occupation policies. Towards ensuring that wounded/sick people could access appropriate care, it supported the Palestine Red Crescent Society in providing emergency medical services (EMS) throughout the occupied Palestinian territory. In the Gaza Strip, the ICRC repaired/upgraded facilities damaged in 2014 and provided hospitals with staff training, spare parts/

tools and equipment. Technical/material support to the Artificial Limb and Polio Centre (ALPC) enabled it to sustain its services for physically disabled people. Donations of supplies helped facilities in the West Bank and East Jerusalem treat people affected by bouts of violence beginning October (see *Context*).

In the Gaza Strip, 1.8 million residents had improved access to water/sanitation and electricity after essential infrastructure was repaired/upgraded by the *de facto* authorities/local technicians, with ICRC support. Projects launched in 2014 to restore facilities damaged in the fighting were completed.

Farming households worked to restore or improve their livelihoods with various forms of ICRC support: for instance, donated seed/tools, cash-for-work projects, land levelling, and – by mobilizing pertinent actors – mine/ERW clearance. They and other people exposed to mine/ERW-related risks learnt safer behaviour during ICRC information sessions. People whose houses were damaged or destroyed, either during the 2014 hostilities or by the Israeli authorities, received household essentials from the Palestine Red Crescent/ICRC.

The ICRC visited detainees according to its standard procedures to monitor their treatment and living conditions, and shared confidential feedback with the Israeli and Palestinian authorities afterwards. It paid particular attention to the situation of detainees with specific vulnerabilities and to detainees' health-care access, notably those who joined hunger strikes. In the Gaza Strip, the ICRC began a pilot project with the *de facto* authorities to provide health services for detainees in two prisons, and conducted renovations in several others to help detainees maintain access to water and other essential services. Detainees restored/maintained contact with their kin – thousands in Israeli custody received visits from their relatives, for example – using ICRC family-links services.

Relatives separated by past/current violence in the region and/or movement restrictions drew on the same services to keep in touch; among them were Syrian patients being treated in Israeli hospitals.

The ICRC sustained its support to Magen David Adom in Israel and the Palestine Red Crescent in bolstering their capacities. It facilitated Movement coordination to help ensure a coherent response.

CIVILIANS

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

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

- ▶ military operations abide by IHL – particularly the principles of precaution, distinction and proportionality – and other norms applicable to the conduct of hostilities, and that law enforcement operations respect internationally recognized standards;
- ▶ Palestinians and their property are protected from settler violence;
- ▶ viable solutions to enable Palestinians' access to livelihood resources, including agricultural/fishing areas, are found; and
- ▶ the situation of inhabitants of the Israeli-occupied Golan complies with international law.

Dialogue with the *de facto* authorities and armed groups in the Gaza Strip aimed to promote respect for humanitarian principles, as well as IHL/other pertinent norms, especially the principle of distinction.

Gaza Strip residents have better access to basic services

Water/sanitation/power facilities, particularly those damaged during the 2014 hostilities (see *Context*), were repaired/upgraded by the *de facto* authorities/local technicians, helping 1.8 million people. These authorities/technicians drew on ICRC-provided advice, including on emergency preparedness/response, and tools/equipment. All repair projects begun in 2014 for violence-affected infrastructure were completed.

Some 876,000 people benefited from the construction/renovation of wastewater-treatment plants and pumping stations, and 190,000 from the cleaning/maintenance of flood-affected systems. About 640,000 people had their water supply restored to pre-crisis levels after wells/other facilities were refurbished. Around 400,000 people accessed water through a pipeline from Israel – completed in 2014 and upgraded in 2015 by the ICRC – after the Israeli and the Palestinian authorities resolved a disagreement in this regard.

Vulnerable Palestinians improve their circumstances

Some 27,730 Gaza Strip residents (4,620 households) whose houses were severely damaged/destroyed in 2014 obtained household essentials from the Palestine Red Crescent/ICRC. Those whose houses were confiscated/destroyed by the Israeli authorities received similar assistance: 672 people (116 households) in the West Bank, from the National Society, which distributed ICRC-supplied items; and 7 people (2 households) in East Jerusalem, directly from the ICRC. Some 190 people (34 households) in the West Bank and East Jerusalem covered their basic needs with cash provided through a National Society/ICRC pilot project.

Palestinians restored their livelihoods with ICRC support, including representations (see above). Gaza Strip farmers resumed/increased crop cultivation. Some 5,160 households (30,940 people) benefited from seed/tools, irrigation-system renovations and land-rehabilitation measures, including land levelling and – by mobilizing pertinent parties – mine/ERW clearance. These notably enabled 400 of these households (2,400 people) to access areas near the Israeli border. Some 700 households (4,240 people) protected their date palms through a pest-control initiative of the *de facto* agriculture ministry and the ICRC. Sixty-eight farmer groups, comprising 265 breadwinners (supporting 1,590 people), earned income for helping implement this/other cash-for-work projects. Towards boosting their production, 410 farmers (supporting 2,460 people) received cash to purchase agricultural supplies. The ministry obtained ICRC-donated productive inputs for distribution to farmers.

In the West Bank's Hebron Old City, some shops were set to resume business; the owners of two received cash support.

At information sessions, 7,500 people, including schoolchildren, learnt safer practices around mines/ERW; 118 local actors, including National Society staff/volunteers, trained in spreading awareness of these.

Dispersed relatives reconnect using ICRC family-links services

The authorities concerned were reminded to respect the right of separated relatives to stay in touch. People contacted family

members, traced missing kin, transferred documents or travelled for humanitarian/medical reasons between locations in the occupied Palestinian territory, between Israel and Lebanon, or overseas.

For example, two Gazan children were transferred to Jordan, towards subsequent reunification with their mother abroad. Four Lebanese civilians, and the remains of five others, were repatriated under ICRC auspices. Syrian patients in Israeli hospitals (see *Wounded and sick*) apprised their families of their whereabouts. In the Israeli-occupied Golan, people sent official documents to their relatives in Syria proper; travel for educational/humanitarian purposes was not facilitated owing to security constraints linked to the Syrian conflict, and Israel's ban on family visits remained in place.

A Palestinian, resettled in Uruguay following his release from the US internment facility at Guantanamo Naval Bay Station in Cuba, received a family visit (see *Brasilia*).

Forensic data from some families of Palestinians missing in connection with the 2014 fighting were transferred to the Israeli authorities under ICRC auspices. No progress was made in clarifying the fate of Israelis missing in action or of Jordanians missing in Israel since the 1980s.

PEOPLE DEPRIVED OF THEIR FREEDOM

The circumstances of Palestinians and foreigners/migrants detained in Israeli prisons, interrogation centres and provisional-detention centres, and people held by Palestinian authorities in the Gaza Strip and the West Bank, were monitored during ICRC visits. In Israel, people in administrative detention, under interrogation or in prolonged solitary confinement; minors; detainees on hunger strike; and those with specific needs received particular attention. Visits to people held by the Palestinian authorities focused on detainees' treatment and judicial guarantees, especially for those under interrogation or death sentence.

Afterwards, the authorities received confidential feedback, including recommendations for improvement when necessary. The Palestinian authorities worked to meet detainees' needs, including through construction/maintenance projects according to applicable standards, with ICRC technical/material support (see below). The detaining authorities in the Gaza Strip considered ways to address the effects of the 2014 fighting, such as overcrowding linked to increased arrests.

Israeli penitentiary officials learnt more about applicable detention standards during dissemination sessions, as did Palestinian security personnel at workshops (see *Actors of influence*).

The situation of detainees on hunger strike is monitored

Detainees who joined hunger strikes were followed up individually, including while hospitalized, in line with the ICRC's regular monitoring of detainees' health-care access; the detaining/medical authorities were reminded of their responsibilities. The West Bank authorities enhanced their ability to manage hunger strikes, such as by drafting standard procedures, with ICRC input.

Detainees restore contact with kin using ICRC family-links services

In Israel, 6,371 detainees received visits from relatives from East Jerusalem, the Gaza Strip, the West Bank and the occupied Golan; these visitors included sick/elderly people, some transported by ambulance. The authorities reduced the processing time for family-visit permits

and eased some age/consanguinity-related restrictions for visitors. At their request, some people received attestations of their relatives' detention, helping them obtain social assistance.

Detainees in Palestinian-run prisons notified their families of their whereabouts.

Detainees have improved access to essential services

In line with a memorandum of understanding between the Gaza Strip *de facto* authorities and the ICRC, a pilot health project began in two prisons. Two ambulances to convey detainees to/from external medical facilities were repaired/maintained and, for a limited period, doctors given transportation allowances. A month's stock of basic drugs was donated, covering a shortage. The working group overseeing the project continued developing steps to improve penitentiary-system health services.

The prison/medical authorities in the West Bank discussed detainees' health-related needs at a round-table.

Almost 3,100 Gaza Strip detainees had increased access to water/sanitation following renovations, including those begun in 2014, in five prisons and 17 police-station jails. Five prisons (1,560 inmates) maintained their daily function with donated fuel. In the West Bank, detainees stood to gain from ongoing repairs/upgrades.

Particularly vulnerable detainees in Israel, including foreigners/migrants, minors and women, eased their confinement using ICRC-donated hygiene/medical supplies and educational/recreational materials. Those in the West Bank received clothing and educational/medical items.

WOUNDED AND SICK

To help ensure people's access to medical care, the ICRC addressed representations to the pertinent parties (see *Civilians*). Local actors strengthened their emergency preparedness/response with ICRC backing – notably hospital staff in the Gaza Strip, hewing to the ICRC's revised approach there. Given heightened violence (see *Context*), the ICRC reinforced contact with Israeli military/law enforcement personnel, emphasizing the need to ensure safe passage for emergency responders.

The Palestine Red Crescent provided EMS across the occupied Palestinian territory, with the ICRC's financial/material support and help in obtaining crossing/transport permits. Patient transfers from the Gaza Strip to the West Bank and to Israel were monitored.

Patients receive suitable care

Thirty-nine doctors and 44 nurses from six Gaza Strip hospitals honed their trauma-management skills at ICRC courses; seven doctors and 3 nurses learnt to instruct their peers in the subject autonomously. Twenty-five mental-health professionals, trained in psychosocial care, helped 455 first responders cope with work-related stress. Five hospitals, heavily damaged in 2014, were refurbished; fourteen received spare parts/tools/back-up generators; and five obtained haemodialysis equipment, facilitating treatment for nearly 600 patients, all with ICRC support. The *de facto* health ministry had improved medical stock-management capacities following ICRC-backed warehouse renovations. Armed groups trained in first aid during Palestine Red Crescent/ICRC sessions.

People affected by increased violence, including those weapon-wounded, received care at facilities under the West Bank

health ministry and at one East Jerusalem hospital, which used ICRC-donated supplies.

Weapon-wounded Syrians evacuated to Israel received monitoring visits; hundreds benefited from clothes and medical supplies/equipment provided by the ICRC to the four hospitals treating them.

Magen David Adom, with the health authorities, developed a training module on disaster response.

Physically disabled people endeavour to enhance their mobility and social inclusion

In all, 3,070 people obtained prosthetic/orthotic/physiotherapy services at the ALPC, which continued improving its operations with technical/material support from the Norwegian Red Cross/ICRC. Staff in direct contact with patients trained in giving them basic psychosocial care and referrals to other providers; some personnel received such care through group sessions. Others learnt to better assist wheelchair users.

Some 120 disabled people, including ALPC patients, trained in wheelchair basketball at sessions co-organized with the Palestinian Paralympic Committee.

ACTORS OF INFLUENCE

Dialogue/networking and events with/for Israeli and Palestinian authorities and weapon bearers, and parties influential over them, helped build acceptance of humanitarian principles/IHL, the goals of the Health Care in Danger project (see *Civilians* and *Wounded and sick*) and the ICRC's mandate/activities.

The ICRC's confidential/bilateral discussions with the IDF, including senior officials/legal advisers, and with the Gaza Strip *de facto* authorities – supplemented by its reports – encompassed these parties' 2014 conduct of hostilities, and encouraged IHL incorporation in their decision-making (see below).

Influential actors discuss the consequences of occupation policies

Discussions with Israeli civilian/military authorities and/or members of the international community, based on an ICRC report, explored ways to address restrictions affecting the Gaza Strip's economy. Meetings with the authorities on Israel's water-management policies in the West Bank drew from an ongoing ICRC study.

Interaction with Israeli and Palestinian civil society representatives, including diplomats, journalists and young people, took place through, for example, round-tables and briefings; they had access to multimedia resources in Arabic, English and Hebrew. Such fostered, in Israel, public discussions on the legality and humanitarian 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.

IDF deliberates lessons from 2014 fighting

The opening/renewal of communication channels with the IDF helped enhance dialogue with various strategic/operational units. This notably facilitated discussions on lessons learnt from "Operation Protective Edge", launched during the 2014 fighting – on hostilities in densely populated areas, for instance – and ICRC support for IHL-related initiatives.

Hundreds of IDF personnel, including border guards, attended IHL dissemination sessions. Officers of a unit coordinating civilian matters deepened their IHL knowledge during a training exercise, as did participants of a conference held by the IDF's legal advisory body. At a workshop organized by a think-tank and the ICRC, local/international military/legal experts discussed ways to enhance the protection of civilians during armed conflict. Owing to logistical constraints, senior IDF officers did not join an IHL workshop abroad.

Military judges enhanced their IHL proficiency during a seminar.

IDF divisions establishing a cyber command received IHL advice on cyber warfare.

Palestinian security services advance IHL integration

Some 550 Palestinian security officers in the West Bank and the Gaza Strip strengthened their grasp of IHL and internationally recognized standards for law enforcement, including the treatment of detainees, during ICRC-facilitated workshops. Armed groups furthered their understanding of humanitarian principles through dialogue/first-aid training (see *Civilians and Wounded and sick*).

Gaza Strip security personnel continued incorporating pertinent norms/standards into their training/operations through train-the-trainer courses and revisions to training manuals, in line with an extended agreement between the *de facto* interior ministry and the ICRC.

Given its accession to/ratification of international treaties (see *Context*), the PA sought ICRC advice on reviving the national IHL committee, inactive since 2009. PA representatives, alongside academics/specialists, attended courses abroad (see, for example, *Lebanon*). Foreign-ministry officials joined the 32nd International Conference.

Civil society members bolster their IHL knowledge

Thirty Israelis and Palestinians, among them lawyers, completed an IHL course by a local NGO and the ICRC; it was filmed and posted online in Hebrew. About 200 Israeli university students joined IHL seminars; some participated in a conference, organized with a local university, and/or a moot court competition.

In the occupied Palestinian territory, eight law/sharia faculties continued teaching IHL; 1,700 students and professors exchanged views during round-tables. Several thousand academics/scholars and traditional/religious leaders considered the compatibility of Islamic law and IHL, at an international conference organized with a Gaza Strip university.

RED CROSS AND RED CRESCENT MOVEMENT

Magen David Adom and the Palestine Red Crescent strengthened their ability to help vulnerable people; technical/material/financial support from the ICRC and other Movement partners contributed to their safe conduct of activities. They continued supporting the Health Care in Danger project.

Both National Societies assisted people in need (see *Civilians and Wounded and sick*), including those affected by increased violence (see *Context*). The Palestine Red Crescent's adherence to the Fundamental Principles, notably impartiality, while responding to an incident in the Hebron area was underscored by ICRC public-communication efforts.

Using lessons drawn from the 2014 hostilities, the Palestine Red Crescent developed coordination mechanisms for acute crises. It enhanced its capacities during disaster-response and human-remains-management workshops; those on needs assessment were postponed.

Magen David Adom trained its staff/volunteers in the Safer Access Framework and first aid, and undertook contingency planning/simulation exercises with the authorities. Through a pilot project, it expanded/improved its communication/outreach. It established a logistics hub.

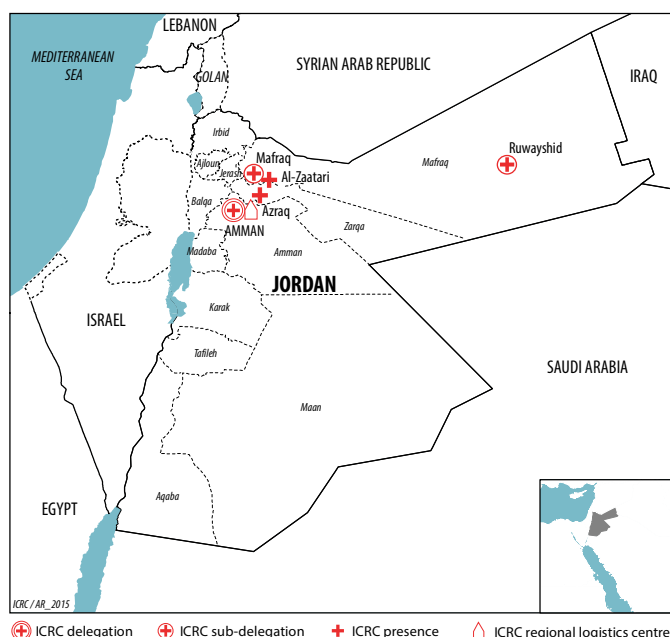
The ICRC sustained support for monitoring the implementation of the 2005 memorandum of understanding between the two National Societies. A 32nd International Conference resolution provided recommendations for advancing such implementation; the ICRC began working to fulfil its role in this regard. It facilitated coordination between Movement components, helping ensure a coherent response.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
Red Cross messages (RCMs)			UAMs/SC*		
RCMs collected	681				
RCMs distributed	831				
Reunifications, transfers and repatriations					
People transferred/repatriated	8				
Human remains transferred/repatriated	5				
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered	38	8			2
<i>including people for whom tracing requests were registered by another delegation</i>	1				
People located (tracing cases closed positively)	103				
<i>including people for whom tracing requests were registered by another delegation</i>	1				
Tracing cases still being handled at the end of the reporting period (people)	64	14			2
Documents					
People to whom travel documents were issued	11				
Official documents relayed between family members across borders/front lines	1,304				
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited	22,076	342	866		
			Women	Girls	Boys
Detainees visited and monitored individually	4,214	65	13		365
Detainees newly registered	2,956	37	10		344
Number of visits carried out	670				
Number of places of detention visited	131				
Restoring family links					
RCMs collected	841				
RCMs distributed	795				
Phone calls made to families to inform them of the whereabouts of a detained relative	4,414				
Detainees visited by their relatives with ICRC/National Society support	6,371				
Detainees released and transferred/repatriated by/via the ICRC	1				
People to whom a detention attestation was issued	10,906				

*Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Essential household items	Beneficiaries	27,739	17%	32%
Productive inputs	Beneficiaries	35,186	25%	50%
Cash	Beneficiaries	4,245	26%	49%
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	1,800,000	28%	43%
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	15,813		
Water and habitat (in some cases provided within a protection programme)				
Water and habitat activities	Beneficiaries	3,095		
Health				
Number of visits carried out by health staff		98		
Number of places of detention visited by health staff		32		
Number of health facilities supported in places of detention visited by health staff		12		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	16		
	<i>of which provided data</i> Structures	12		
Admissions	Patients	192,279	79,892	58
	<i>of whom weapon-wounded</i> Patients	3,179	8	41
	<i>(including by mines or explosive remnants of war)</i> Patients	26		
	<i>of whom other surgical cases</i> Patients	41,892		
	<i>of which internal medicine and pediatric cases</i> Patients	67,332		
	<i>of whom gynaecological/obstetric cases</i> Patients	79,876		
Operations performed		35,734		
Outpatient consultations	Patients	495,539		
	<i>of which surgical</i> Patients	235,296		
	<i>of which internal medicine and pediatric</i> Patients	193,258		
	<i>of which gynaecological/obstetric</i> Patients	66,985		
Water and habitat				
Water and habitat activities	Number of beds	2,347		
Physical rehabilitation				
Projects supported	Structures	1		
Patients receiving services	Patients	3,070	364	1,214
New patients fitted with prostheses	Patients	123	13	17
Prostheses delivered	Units	247	39	29
	<i>of which for victims of mines or explosive remnants of war</i> Units	3		
New patients fitted with orthoses	Patients	1,384	27	1,283
Orthoses delivered	Units	1,727	51	1,575
Patients receiving physiotherapy	Patients	1,130	201	57
Crutches delivered	Units	373		
Wheelchairs delivered	Units	29		

JORDAN



KEY RESULTS/CONSTRAINTS IN 2015

- ▶ Asylum seekers at the Syrian Arab Republic's border with Jordan met their urgent needs with food, water, cold-weather supplies and other emergency aid from the ICRC/Jordan National Red Crescent Society.
- ▶ Wounded/sick asylum seekers were treated at ICRC-supported facilities. Their access to medical care expanded after the ICRC had opened new facilities, such as two clinics at the border's crossing points.
- ▶ Families separated by armed conflict in the region, and detention reconnected using phone calls, RCMs and other Movement family-links services. Some resettled abroad with ICRC-issued travel documents.
- ▶ The authorities were apprised of the needs of vulnerable foreigners, concerning *non-refoulement*, for example. Some people were allowed to proceed inward to receive medical attention, owing to ICRC efforts.
- ▶ The detaining authorities and the health ministry acted jointly to improve penitentiary health services. An agreement was reached to implement ICRC recommendations at two pilot places of detention.
- ▶ Weapon bearers – Jordanian Armed Force commanders and leaders of Syrian armed groups – were encouraged and helped to take IHL into account in operational decision-making, at briefings in Jordan.

EXPENDITURE IN KCHF

Protection	3,637
Assistance	22,763
Prevention	3,039
Cooperation with National Societies	1,480
General	413
Total	31,331
<i>Of which: Overheads</i>	1,903

IMPLEMENTATION RATE

Expenditure/yearly budget	98%
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PERSONNEL

Mobile staff	57
Resident staff (daily workers not included)	238

The ICRC has been present in Jordan since the 1967 Arab-Israeli war. It visits detainees, monitoring their treatment and living conditions, and provides tracing and RCM services to enable civilians, including refugees, and foreign detainees to restore contact with their family members. In cooperation with the Jordan National Red Crescent Society, the ICRC supports and assists refugees from across the region. It also partners the National Society in promoting IHL throughout Jordanian society. The delegation provides logistical support to ICRC relief operations in the region and beyond.

YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

HIGH

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	66
RCMs distributed	55
Phone calls facilitated between family members	16,427
People located (tracing cases closed positively)	51
People reunited with their families	1
<i>of whom unaccompanied minors/separated children</i>	1
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	11,278
Detainees visited and monitored individually	820
Number of visits carried out	59
Number of places of detention visited	19
Restoring family links	
RCMs collected	339
RCMs distributed	117
Phone calls made to families to inform them of the whereabouts of a detained relative	109

ASSISTANCE	2015 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 63,000	45,077
Essential household items	Beneficiaries 78,000	45,077
Cash	Beneficiaries 30,000	26,100
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries 330,000	182,904
Health		
Health centres supported	Structures 1	4
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures 2	
Water and habitat		
Water and habitat activities	Number of beds	34

CONTEXT

Jordan continued to deal with the consequences of regional conflict. To maintain its stability amid developments in Iraq and the Syrian Arab Republic (hereafter Syria) (see *Iraq* and *Syrian Arab Republic*), Jordan launched a crackdown on perceived threats to national security, which often led to arrests, and reinforced security along its borders with the two countries.

The influx of conflict-affected people from Syria into Jordan continued, mainly via two crossing points at Syria's eastern border with Jordan. However, owing to tightened security policies, the number of persons awaiting entry, for months in some cases, surged to some 17,000 by year's end. Stranded in the desert, these people had little access to basic services/humanitarian aid, because of the remoteness of the area and heavy rains/flooding in late-2015.

About 500,000 registered refugees lived among host communities, and some 100,000 in the Al-Zaatari and Azraq camps in the Mafraq and Zarqa governorates; many more had yet to register. This exacerbated the strain on Jordan's limited resources and public services, particularly water-supply systems; State/UN agencies were increasingly hard-pressed to meet all needs.

Jordan continued to participate in multilateral airstrikes against the Islamic State group, and supported a Saudi-led coalition in Yemen (see *Yemen*).

ICRC ACTION AND RESULTS

The ICRC's Jordan delegation strove to protect and assist asylum-seekers/refugees from Syria, meet the needs of detainees, and raise support for IHL and other norms. It worked closely with the Jordan National Red Crescent Society, and helped it develop its capacities.

The ICRC and the National Society supplemented the efforts of the authorities and the UNHCR, by providing direct assistance to asylum-seekers from Syria for tiding themselves over until they obtained regular assistance/refugee status. People were assisted several times during their passage from Syria's eastern border with Jordan and through transit/registration points run by the Jordanian Armed Forces (JAF); they had food and water, and household essentials, including winter supplies, and obtained basic services at ICRC-upgraded/installed/maintained facilities. Wounded and sick people received treatment at health facilities run by the Royal Medical Services (RMS) with ICRC support, and at a newly opened health post at the Ruwayshid collection site; training for thousands of first responders made obtaining timely care likelier for ailing/wounded people. Within the year, the ICRC adjusted its assistance strategy to better cover the needs of those awaiting entry: besides delivering urgent relief, it opened two mobile clinics at the border in November.

On a smaller scale, the ICRC/National Society sought to ease the situation of people in host communities. Monthly cash distributions to Syrian refugee households, primarily those headed by women, helped them cover their essential expenses. After completing vocational courses, some Syrian and Jordanian women had better livelihood prospects and were less vulnerable to sexual violence. Potential returnees to Syria learnt more about the risks posed by mines/explosive remnants of war (ERW). Tens of thousands of residents and refugees had easier access to clean water, following upgrades to water systems in host communities.

While assisting the above-mentioned people, the ICRC documented their needs and protection concerns. These were shared with

Jordanian authorities, who were reminded notably of their obligations regarding the principle of *non-refoulement*, and the need to facilitate access to medical care. Asylum-seekers/refugees reported abuses, and relatives arrested or who went missing in Syria; cases were forwarded to the ICRC delegation there.

Families separated by conflict – in Syria, for example – detention and other circumstances reconnected using Movement family-links services. Refugees in camps made phone calls, and people awaiting entry at the border had their families notified of their situation. Some rejoined their relatives or, using ICRC-issued travel documents, resettled in third countries. Detainees, such as those not receiving family visits, contacted their relatives, embassies or UNHCR.

The ICRC visited detainees, including security inmates and vulnerable people; afterwards, the authorities received confidential feedback, helping them improve detainee treatment and living conditions. In line with a 2014 assessment of penitentiary health services, detaining authorities and the health ministry acted jointly to improve these services; an agreement was reached to implement the assessment's recommendations at two places of detention. Medical/security personnel in the region discussed medical ethics and health care for detainees at local events.

To facilitate the work of the Movement in Jordan and the region, the ICRC raised awareness of and support for IHL and the Movement among actors of influence. JAF commanders and military legal advisers, and leaders of Syrian armed groups, were urged and helped to take IHL into account in operational decision-making. The JAF continued efforts to attain full autonomy in IHL education; it trained instructors with ICRC support. The national IHL committee promoted IHL among parties capable of supporting/facilitating its implementation.

The delegation remained a key logistical hub for ICRC operations in the region and beyond. Amman hosted the main training centre for staff members working in the Middle East, the Balkans and the Caucasus.

CIVILIANS

With the National Society and in a complementary role to the authorities and UN agencies, the ICRC worked to protect and assist conflict-affected people from Syria. To help the authorities meet all needs, these people's concerns were documented and shared with them.

Asylum seekers at the Jordan-Syria border meet their urgent needs

Thousands of people tided themselves over with ICRC aid until they received regular assistance and/or were assigned to refugee camps. Many were assisted multiple times throughout their passage from Syria's eastern border with Jordan and through JAF-run transit/registration points. However, amid entry restrictions, the number of those awaiting entry increased, particularly in late 2015 (see *Context*), while that of those proceeding inward dwindled.

In total, over 31,200 people (6,240 households), among whom children, elderly people and pregnant women, consumed high-energy biscuits and nearly 1,490,000 meals cooked by a local restaurant, up to three times daily; many also drank/washed with bottled water, or water trucked to transit sites – totaling 21 million litres. These people maintained their hygiene and improved their living conditions with household essentials, and clothes, firewood and other cold-weather supplies, provided by the ICRC.

Distributions of blankets and mattresses, and upgrades to their improvised shelters, enabled those awaiting entry to stay warm and to sleep more comfortably at night, particularly in winter.

People passing through JAF transit points used facilities – caravans/tents, heaters, toilets and showers, and other infrastructure – installed, upgraded or maintained by the ICRC. Moreover, tens of thousands of residents and refugees had easier access to clean water, following upgrades to water systems in host communities.

Asylum seekers receive health care at two newly opened ICRC mobile clinics at the border

People awaiting entry at Syria's eastern border with Jordan could obtain care on-site after the ICRC opened one mobile clinic each at the Hadlat and Rukban crossing points in November 2015; these were staffed by RMS and ICRC personnel. At briefings, people learnt more about good hygiene practices; together with distributions of hygiene items, these helped people safeguard their health more effectively. People also had medical check-ups at an ICRC-run clinic at the UN/interior ministry-run Raba'a Al-Sarhan transit facility; some received primary health care. The ICRC also established a health post at the Ruwayshid collection site, where a mobile ICRC medical team – staffing the facility on an ad hoc basis – tended to patients.

Other patients, including pregnant women, were treated at RMS-run border health posts or were evacuated by National Society/ICRC ambulances to specialized facilities (see *Wounded and sick*).

Syrian women living outside camps cover their households' basic needs

In host communities in Madaba and Mafrq governorates, monthly National Society/ICRC cash distributions helped some 5,200 Syrian refugee households (26,000 people), primarily headed by women, cover their basic expenses – such as rent and winter expenditures – for up to four months. Some 140 economically vulnerable Syrian and Jordanian women completed vocational courses run by the National Society with ICRC support; along with first aid, they also learnt more about issues related to sexual violence, including the available assistance. This helped them improve their livelihood prospects and mitigate risks of sexual violence.

In Aqaba, Karak, Ma'an, Madaba and Tafleh governorates, 2,772 refugee and vulnerable resident households benefited from distributions of food rations and hygiene items; notably, this helped displaced Syrians resettle into host communities more easily.

In northern Jordan, thousands of potential returnees to Syria learnt more about mine/ERW-related hazards through mine-risk education sessions conducted by the National Committee for Demining and Rehabilitation with ICRC financial/technical support.

Authorities are reminded of their obligations towards people fleeing to Jordan from Syria

During field visits, ICRC delegates documented the concerns of people at the border, in transit facilities or in host communities and refugee camps. Where necessary, the ICRC shared them with the Jordanian authorities at field level and, in cooperation with UNHCR and other humanitarian actors, with the central authorities. Officials were reminded of the need to uphold the principle of *non-refoulement* and facilitate unhindered access to health care. In some cases, oral and written representations by the ICRC led to particularly vulnerable people – such as those in need of medical attention or those separated from their families – being granted passage to access care.

The ICRC used its expanded network of contacts among Syrians in Jordan to gather first-hand accounts of alleged IHL violations committed in Syria. These allegations were conveyed to the ICRC delegation in Syria, which submitted representations to the parties concerned whenever possible; it also processed tracing requests and followed up the situation of people said by their relatives to have been arrested in Syria (see *Syrian Arab Republic*).

Jordanians and foreigners restore/maintain family links

Families in Jordan restored or maintained contact with relatives – including detainees held in Iraq, Lebanon, Yemen, Israel or the occupied Palestinian territory – through RCMs, short oral messages, and, for refugees in camps, phone calls provided with the National Society (see also *Red Cross and Red Crescent Movement*). Those unable to travel to ICRC offices availed themselves of these services during delegates' visits to their homes. People waiting to proceed further from Syria's border with Jordan had oral messages relayed to their relatives in Jordan or elsewhere (see, for example, *Kuwait*).

People resettled or joined their families in third countries with ICRC support. Under ICRC auspices, an unaccompanied 14-year-old minor rejoined his family in Turkey. Over 1,100 people used ICRC travel documents, issued in coordination with IOM, UNHCR and the embassies concerned. Some particularly vulnerable people received special assistance after being referred to other organizations.

The fate of 18 Jordanians missing in Israel since the 1980s remained unresolved.

PEOPLE DEPRIVED OF THEIR FREEDOM

People held by the General Intelligence Department (GID) or detained at police stations and "correction and rehabilitation" centres (CRCs) run by the interior ministry's Public Security Directorate, received regular visits conducted according to standard ICRC procedures. Security detainees and other particularly vulnerable people, including detainees sentenced to death, were followed up individually. Women held for their own protection – against so-called "honour crimes" – administrative detainees and foreigners were referred to NGOs for assistance, as necessary.

Afterwards, findings and recommendations were shared with the detaining authorities and others concerned through confidential oral/written reports, and meetings; discussions covered reinforcing respect for judicial guarantees, and ensuring the social re-integration of released detainees. They were also reminded of the need to uphold the principle of *non-refoulement* for foreign detainees, such as Iraqis, Palestinians and Syrians, fearing persecution in their home countries.

Seventy-six Palestinians from Syria, formerly held in a facility under the authority of the Interior Ministry, resettled in third countries following ICRC advice/encouragement to the authorities; fewer than a hundred of them remained. Owing to decreased demands on penitentiary services, planned assistance with the authorities was reduced; nevertheless, around 10,000 inmates eased their monotony with ICRC-provided books.

Detainees contact their relatives

Detainees, mainly foreigners and security detainees who could not receive family visits, stayed in touch with their relatives through RCMs and short oral messages; the ICRC lobbied for more frequent phone calls for these groups.

At their request, 281 foreign detainees obtained consular protection/advice after their embassies/UNHCR were notified of their detention. Embassy and NGO representatives discussed improving their services for migrant workers during bilateral meetings. Recently released detainees or their families were issued ICRC-issued attestations of detention, qualifying some of them for State benefits.

Health and penitentiary authorities jointly tackle health care for detainees and medical ethics

The findings of a 2014 assessment of health care in CRCs was discussed with the detaining authorities and the health ministry to facilitate/encourage their cooperation, and advise them in reinforcing penitentiary health services. Afterwards, the health ministry and the detaining authorities concluded an agreement to jointly implement the assessment's recommendations at two pilot CRCs; and initiatives for ensuring the supply of medicines/equipment to clinics and improving the management of health information began, reducing the need for direct ICRC support. The health ministry, with ICRC encouragement, also created a division specifically for overseeing matters related to detainees' health, and liaising with detaining authorities.

At three seminars, 95 medical and security personnel from various detaining authorities, including the GID, added to their knowledge of ethical considerations relating to health care in detention, and solitary confinement, hunger strikes and other situations; one official attended an advanced course in Switzerland. Members of medical associations from Jordan and other countries discussed medical ethics in detention, and ways to help detention staff foster respect for them, at an international conference held in Amman and attended by the Jordanian health minister.

WOUNDED AND SICK

Conflict-affected people from Syria receive health/medical care at RMS-run border/transit facilities

At Syria's eastern border with Jordan, wounded/ailing asylum seekers received treatment at three health posts/clinics run by the RMS with ICRC logistical, material and technical support. At Syria's western border with Jordan, another RMS facility, which admitted weapon-wounded Syrians and provided life-saving surgery for them, received medical supplies and upgrades to infrastructure from the ICRC.

Thousands of Jordanians and Syrians train to treat casualties and respond to emergencies

Over 6,500 potential first responders in refugee camps and host communities practiced administering first aid and responding to emergencies, with National Society instructors; following more advanced training, some became first-aid instructors themselves. The National Society was further supported for such activities (see *Red Cross and Red Crescent Movement*).

At ICRC seminars/workshops in Jordan, to help them manage trauma, people treating Syrian casualties had training in: pre-hospital care and war surgery, for 183 Syrian medical personnel working in southern Syria; the Safer Access Framework and the proper handling of remains of deceased people, for 135 Jordanian health workers.

ACTORS OF INFLUENCE

Commanders – JAF officers and Syrian armed group leaders – train in applying IHL in operations

Weapon bearers were encouraged/helped to take IHL into account in operational decision-making. For example, during simulation

exercises in workshops at the JAF's Peace Operations Training Centre (POTC), 47 JAF commanders and 28 military legal advisers learnt more about the principles of distinction, proportionality and precaution, and practised how to apply them. In addition, 144 commanders from Syrian armed groups discussed the conduct of hostilities and the importance of not hindering people's access to health care. Troops from the United States of America, stationed in Jordan, consulted the ICRC on these issues as well.

The JAF continued efforts to become fully independent in IHL training. With ICRC support, the POTC held briefings for: some 40 officers/instructors, helping them boost their ability to train troops in IHL; peacekeepers deploying abroad, familiarizing them with IHL applicable to peacekeeping, and the ICRC's mandate.

Gendarmerie officers learnt more about internationally recognized standards governing law enforcement and the use of force, and issues related to sexual violence. Accordingly, 31 *gendarmes* and 25 peacekeeping police officers took part in train-the-trainer courses, to passing on their knowledge to their peers.

The national IHL committee promotes IHL, amid minimal progress in its implementation

Owing to the government's other priorities, little progress was made in ratifying/implementing IHL-related treaties. Nevertheless, the national IHL committee continued promoting IHL among stakeholders capable of supporting/facilitating its implementation. With the ICRC, the committee published its biannual IHL magazine, and organized workshops at which diplomats, lawyers, newly appointed governors, and others learnt of the obstacles to implementing IHL. Jordanian officials, academics and representatives of Islamic circles attended pertinent events abroad (see *Lebanon*): State officials participated in the Strengthening IHL process, at a meeting in Switzerland.

With a view to reaching future decision-makers, universities were urged to incorporate IHL in their curricula for journalism and law. Academics learnt more about IHL through briefings and ICRC-supported events: law students tested their knowledge at a national moot court competition, organized by the national IHL committee/ICRC; and academics from the region discussed the obstacles to implementing IHL during an international conference at a Jordanian university. Academics could also consult ICRC-provided references at the libraries of some universities and that of the national IHL committee.

State officials and organizations share best practices on humanitarian action

Parties capable of facilitating neutral, impartial and independent humanitarian action or urging others to do so were encouraged to support IHL, the goals of the Health Care in Danger project, and Movement/ICRC action in Jordan.

The authorities, foreign diplomats, international organizations, National Societies, and the ICRC discussed shared concerns, towards enhancing humanitarian action. In particular, with the ICRC: the National Society organized a forum at which 85 participants exchanged best practices for addressing the needs of people affected by the Syrian crisis and Jordanian host communities; and the Jordanian interior ministry held workshops on improving coordination of humanitarian work. At a conference on preventing sexual violence, legal and medical experts were briefed by the ICRC on its approach to the issue. Over a dozen journalists

were encouraged to accurately report on humanitarian issues, at a workshop at a local institute.

The public learnt of the Movement's activities and its history and the Fundamental Principles, at events organized by the National Society with the International Federation/ICRC; the Arabic version of the ICRC's family-links website (familylinks.icrc.org) was launched in this way. A wider audience was reached through communication efforts with the media, and Arabic/English publications and audio-visual materials.

RED CROSS AND RED CRESCENT MOVEMENT

Work with the National Society focused on its expanded activities for conflict-affected people from Syria (see *Civilians and Wounded and sick*), and the implementation/development of its strategic plan. Thus, the National Society strengthened its economic-security, family-links and first-aid services, using ICRC financial, material and technical support, for example, to hold courses for staff/volunteers at its national training centre, and fund the salaries of key employees. The National Society was assisted in promoting IHL, raising its profile as a relevant humanitarian actor (see *Actors of influence*), and furthering understanding of the Safer Access Framework among volunteers to help them more safely conduct activities in violence-prone areas.

The National Society took steps to enhance its organizational/financial capacities; it drew on ICRC expertise to adapt its national training centre's services, for example, its first-aid courses, to generate income from external clients.

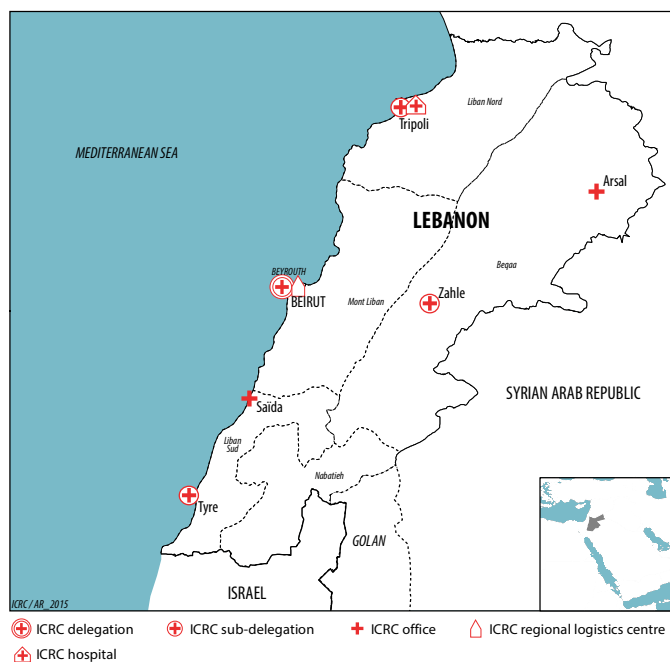
Regular meetings enhanced coordination among Movement components: the National Society and the Arab Red Crescent and Red Cross Organization hosted one for the region's National Societies; and National Society representatives attended statutory meetings in Switzerland. Movement components drew on ICRC guidance while planning a joint response to the effects of the Syrian crisis.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
Red Cross messages (RCMs)			UAMs/SC*		
RCMs collected	66				
RCMs distributed	55				
Phone calls facilitated between family members	16,427				
Reunifications, transfers and repatriations					
People reunited with their families	1				
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered	684	18	14	30	
People located (tracing cases closed positively)	51				
Tracing cases still being handled at the end of the reporting period (people)	1,532	33	17	59	
UAMs/SC*, including demobilized child soldiers			Girls		Demobilized children
UAMs/SC reunited with their families by the ICRC/National Society	1				
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	1	1			
Documents					
People to whom travel documents were issued	1,130				
Official documents relayed between family members across borders/front lines	2				
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits		Women	Minors		
Detainees visited	11,278	608	8		
		Women	Girls	Boys	
Detainees visited and monitored individually	820	71	1	7	
Detainees newly registered	688	64	1	7	
Number of visits carried out	59				
Number of places of detention visited	19				
Restoring family links					
RCMs collected	339				
RCMs distributed	117				
Phone calls made to families to inform them of the whereabouts of a detained relative	109				
People to whom a detention attestation was issued	6				

*Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	45,077	25%	55%
Essential household items	Beneficiaries	45,077	21%	45%
Cash	Beneficiaries	26,100	93%	5%
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	182,904	25%	50%
	<i>of whom IDPs</i>	182,904		
Health				
Health centres supported	Structures	4		
Average catchment population		4,719		
Consultations	Patients	19,756		
	<i>of which curative</i>		6,642	7,997
	<i>of which ante/post-natal</i>		371	
Referrals to a second level of care	Patients	2,465		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	10,000		
Health				
Number of visits carried out by health staff		15		
Number of places of detention visited by health staff		5		
WOUNDED AND SICK				
First aid				
First-aid posts supported	Structures	1		
Water and habitat				
Water and habitat activities	Number of beds	34		

LEBANON



KEY RESULTS/CONSTRAINTS IN 2015

- ▶ People fleeing the Syrian Arab Republic (hereafter Syria), Palestinian refugees and vulnerable residents had access to water/sanitation/shelter via increased support to the authorities and other actors.
- ▶ Weapon-wounded people continued to receive treatment at ICRC-run/supported facilities; when their numbers declined, owing to stricter entry policies and fewer clashes, aid for other patients was expanded.
- ▶ Conflict/violence-affected people partially met their needs via Lebanese Red Cross/ICRC relief operations; cash distributions were adjusted to focus on vulnerable Palestinian refugees and Lebanese returnees.
- ▶ The authorities were reminded of the protection afforded to people from Syria under the principle of *non-refoulement* and, along with weapon bearers, of the need to facilitate access to medical care.
- ▶ Some detainees had improved living conditions after repairs/upgrades to prison infrastructure and ad hoc distribution of essential items; others had access to legal representation through an ICRC-supported lawyer.
- ▶ Two families learnt of the fate of their missing relatives, whose remains were identified by the authorities with ICRC support; other families were given psychosocial support or referred to NGOs for assistance.

EXPENDITURE IN KCHF

Protection	5,262
Assistance	30,790
Prevention	1,982
Cooperation with National Societies	3,580
General	144
Total	41,758
<i>Of which: Overheads</i>	2,549

IMPLEMENTATION RATE

Expenditure/yearly budget	93%
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PERSONNEL

Mobile staff	69
Resident staff (daily workers not included)	225

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 RESULTS

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	84
RCMs distributed	71
People located (tracing cases closed positively)	29
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	7,418
Detainees visited and monitored individually	976
Number of visits carried out	180
Number of places of detention visited	31
Restoring family links	
RCMs collected	259
RCMs distributed	180
Phone calls made to families to inform them of the whereabouts of a detained relative	1,250

ASSISTANCE	2015 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 25,000	24,074
Essential household items	Beneficiaries 25,000	25,710
Productive inputs	Beneficiaries 500	
Cash	Beneficiaries 31,000	22,650
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries 308,900	318,062
Health		
Health centres supported	Structures 8	10
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures 4	23
Water and habitat		
Water and habitat activities	Number of beds	73
Physical rehabilitation		
Projects supported	Structures 3	2
Patients receiving services	Patients 800	530

CONTEXT

The conflict in the Syrian Arab Republic (hereafter Syria) and its spillover continued to affect Lebanon. Border entry regulations were tightened, reducing the influx of refugees, including the weapon-wounded. In host communities/informal settlements, public health-care and water systems were often dilapidated or inadequate. The authorities and humanitarian actors struggled to meet the mounting needs of refugees and vulnerable residents.

Communal tensions – often fuelled by opposing positions on the Syrian conflict – and street demonstrations continued to occur in Tripoli and elsewhere, but less frequently than in 2014. The armed/security forces conducted security operations, including in Aarsal. Fighting between Hezbollah and armed groups continued near the Lebanon-Syria border. Hundreds of arrests took place across the country, contributing to overcrowding in prisons.

People in Ein El-Helweh and other Palestinian refugee camps, including Palestinians from Syria, faced difficult living conditions and persistent unrest.

The country remained without a president as a parliamentary deadlock continued.

Thousands of cases of people missing in relation to past conflicts in Lebanon remained unresolved.

ICRC ACTION AND RESULTS

In 2015, the ICRC continued adapting its response to humanitarian needs arising from the Syrian conflict and the situation in Lebanon. Given the state of public services, it expanded its medium- to longer-term support for health-care and water systems, while responding to emergencies. Owing to stricter border entry policies and the budget constraints faced by other organizations, the ICRC adapted/curtailed certain activities, focusing on particularly vulnerable groups. It maintained a complementary role to the authorities, UN and other actors, and helped liaise the Movement's response.

The Lebanese Red Cross, the ICRC's main partner, received comprehensive support for its emergency medical services (EMS), facilitating the treatment/evacuation of the wounded. First-aid training for the Lebanese Armed Forces (LAF) and other weapon bearers in volatile areas and supplies for medical facilities in Palestinian camps helped enhance emergency-preparedness/response capacities.

People underwent surgery and received post-operative care at an ICRC-run weapon traumatology centre, which was fully operational by January. They also obtained treatment, including physical rehabilitation, at ICRC-supplied facilities. After stricter border policies and fewer internal clashes reduced the number of weapon-wounded patients, the ICRC financed fewer surgeries in other hospitals and expanded its assistance to other patients. Increased ICRC support for primary-health-care facilities made preventive/curative care available to more people, and ICRC-funded vaccination campaigns helped to protect children from diseases. In October, the ICRC-run centre began accepting non-weapon-wounded people without health coverage.

In host communities, Palestinian camps and informal settlements, people had better access to water, electricity and shelter after the

ICRC constructed/repairs infrastructure in coordination with the authorities and local organizations.

Together with the National Society, the ICRC provided food/essential items to conflict/violence-affected people. However, there were fewer National Society/ICRC cash distributions for Syrian refugees because of operational constraints. Given this, and the budget constraints faced by other actors, the ICRC expanded its cash assistance for Palestinian refugees and Lebanese returnees, who also received livelihood support. Violence-affected families in Tripoli benefited from emergency shelter repairs and cash-for-work projects.

The ICRC reminded the authorities of the protection afforded to people from Syria under the principle of *non-refoulement* and applicable domestic/international law. Allegations of abuses or arrests in Syria were relayed to the relevant parties there, but fewer allegations were collected than in the past because fewer refugees had entered Lebanon. In Palestinian camps, dialogue with and dissemination sessions for weapon bearers tackled the use of explosive weapons in densely populated areas and internationally recognized standards on the use of force, respectively.

To broaden understanding/acceptance of the Movement's work and the need to respect people seeking/providing medical treatment, the ICRC engaged the authorities, beneficiaries and weapon bearers – including those in Palestinian camps – in dialogue and held dissemination sessions for them. Journalists drew on ICRC communication materials to report on Movement activities in the region.

The ICRC visited detainees to monitor their treatment and living conditions in accordance with its standard procedures; particularly vulnerable people were followed up individually. Discussions with the authorities tackled treatment of detainees, prison health care, overcrowding and respect for judicial guarantees; detainees had access to legal representation through an ICRC-supported lawyer. Some infrastructure projects to improve detainees' living conditions commenced following dialogue with the authorities; others awaited government approval. After emergencies, detainees met some of their needs using ICRC-distributed essential items.

A draft law protecting the rights of the families of the missing remained pending. Two families learnt of their missing relatives' fate after their remains were identified by the authorities with ICRC support; others coped with their situation with the help of an ICRC-facilitated psychosocial support group, and/or obtained assistance after being referred to NGOs. To facilitate a future identification process, the ICRC continued collecting ante-disappearance data on missing persons and, following an agreement with the authorities, biological reference samples.

Efforts to promote IHL implementation were hindered by the political situation.

CIVILIANS

In cooperation with the authorities, Movement components, UN agencies and local organizations, the ICRC assisted people affected by the conflict in Syria and by violent incidents in Lebanon. Owing to stricter border policies and the budgetary constraints of other organizations, the ICRC adapted/curtailed some activities and focused on particularly vulnerable groups.

The authorities are encouraged to respect the principle of non-refoulement

The authorities were reminded of the protection afforded to people from Syria under the principle of *non-refoulement* and applicable domestic/international law. Discussions with the LAF and other weapon bearers emphasized the need to ensure people's access to medical treatment (see *Wounded and sick*); dialogue with weapon bearers in Ein El-Helwe covered concerns about the use of explosive weapons in densely populated areas.

Refugees reported the abuses they had suffered in Syria and the arrest of their relatives there, though the reduced refugee influx diminished these reports. Allegations were shared with the ICRC delegation there, which submitted representations to the parties concerned whenever possible (see *Syrian Arab Republic*). Victims of sexual violence were referred to other organizations for appropriate assistance.

An agreement was signed with the Lebanese Red Cross regarding evacuation drills and other training to help students in Tripoli deal with threats to their safety during clashes.

Aid for vulnerable groups is expanded

IDPs, Lebanese returnees, and Palestinian and Syrian refugees partially met their immediate needs through one-month food rations distributed to over 24,000 people (4,800 households) and household essentials for about 25,700 people (5,100 households); among them were some 12,500 people in communities hosting Syrian refugees. Some of these activities were conducted with/via the Lebanese Red Cross or local NGOs.

In all, over 4,500 households (more than 22,500 people) partially met their needs, including winter-related expenses, through cash grants/cash-for-work projects. Notably, after National Society/ICRC cash distributions for Syrian refugees were reduced because of operational constraints, aid for Palestinian refugees and Lebanese returnees was expanded instead: for instance, over 2,120 Palestinian families were given cash, in coordination with a UN agency. Cash beneficiaries also included over 3,000 people in Tripoli, who had temporary employment via joint initiatives with the National Society/local organizations, including a kitchen that provided over 1,200 people with daily meals during winter. Moreover, some 220 Lebanese returnee/Palestinian refugee households headed by women (about 1,100 people in all) received grants for income-generating activities from the ICRC/local partners. This enabled them to earn a living, and helped reduce the women's exposure to sexual violence when looking for work; however, the initial target was not reached because of administrative/logistical delays.

Refugees and residents benefit from improved water and shelter facilities

In cooperation with local authorities, over 266,600 people in communities hosting Syrian refugees – many of whom were residents – had better access to water following ICRC projects to repair/construct water systems. These projects also helped reduce/avert tensions within communities.

Some 12,400 Palestinians benefited from improvements to water/electricity/shelter infrastructure at refugee camps. More than 36,000 people in informal settlements, mainly Syrian refugees, had better living conditions following similar projects implemented by the French Red Cross and the Qatar Red Crescent Society with

ICRC technical/financial support. Nearly 3,000 people in Tripoli benefited from emergency repairs to shelters.

Thousands of children are protected from diseases through ICRC-funded vaccination campaigns

Refugees and vulnerable residents had access to primary health care at 10 facilities – including three on the Lebanese-Syrian border and one in a Palestinian camp – which the ICRC provided with staff training, equipment and supplies in cooperation with the authorities.

Thousands of children were better protected against diseases following vaccination campaigns carried out by the authorities/local organizations and funded by the ICRC; notably, in Akkar, 2,500 children were reached, doubling immunization coverage there compared to before the vaccinations were conducted.

Separated family members are reunited

People exchanged news with relatives, including those detained abroad, through ICRC family-links services. Families also filed tracing requests, particularly in relation to allegations of arrest in Syria.

Under ICRC auspices, five Lebanese nationals and the remains of five people were repatriated from Israel. Some people without identification papers sought refuge in other countries after receiving ICRC travel documents; others were allowed to pass through Lebanon to seek medical treatment elsewhere. The ICRC lobbied for the cross-border reunification of four families with members in Jordan, but to no avail.

The authorities identify the remains of two missing persons

With ICRC support, the media and civil society groups highlighted the plight of families of the missing; thousands of these families remained without news of relatives who had gone missing in connection with past conflicts in Lebanon (see *Actors of influence*). Dialogue with the authorities on their needs continued; a draft law protecting their rights, prepared with the ICRC's help, awaited parliamentary approval. Families with specific needs were referred to NGOs for assistance; some 30 families coped with their situation with the help of an ICRC-facilitated psychosocial support group.

Two families learnt of their missing relatives' fate after their remains were identified by the authorities with ICRC support. Efforts to facilitate future identification of human remains continued, including interviews with the families and a gravesite-mapping project; the collection of biological samples for possible DNA profiling commenced following a formal agreement with the authorities. Government and National Society personnel expanded their forensic capacities through ICRC training, including on managing human remains during emergencies. Improvements to the morgues in Tripoli and Baabda increased their storage capacity.

PEOPLE DEPRIVED OF THEIR FREEDOM

Over 7,400 detainees were visited in accordance with standard ICRC procedures. ICRC delegates monitored their treatment and living conditions, and checked whether these complied with relevant laws/internationally recognized standards; security detainees and other particularly vulnerable people were followed up individually.

Confidential feedback was then forwarded to the authorities, including on the need to respect judicial guarantees and the principle of *non-refoulement*. At an ICRC-organized round-table, officials formulated recommendations to reduce overcrowding

in detention. Future judges were made aware of the situation of detainees at a two-day programme organized jointly with the Institute of Judicial Studies, which included a prison visit.

About 270 foreign detainees notified the UNHCR or their embassies of their situation through the ICRC. Those at risk of deportation had their cases brought to the authorities' attention. About 200 detainees had access to legal representation through ICRC funding for another organization's lawyer.

Detainees exchanged news with relatives in Lebanon/abroad through family-links services.

Infrastructure projects to improve detainees' living conditions commence

At another ICRC-facilitated roundtable, authorities discussed proposals to strengthen prison health services, including improvements to Tripoli Central Prison's medical centre. They also learnt more about internationally recognized standards for detention, and about dealing with challenges in prison health care, through ICRC-organized seminars.

Some inmates had better living conditions after the ventilation system at one prison and a medical centre at another were improved, and after a third prison was fully renovated. Projects for detainees in eight other prisons were ongoing; others awaited government approval.

In all, more than 5,700 detainees partially met their needs using ICRC-donated essential items. They included nearly 3,900 detainees at Roumieh Central Prison, which also received medical supplies/equipment following security-related incidents there.

WOUNDED AND SICK

Owing to stricter border policies and fewer internal clashes, fewer weapon-wounded people sought treatment. They nevertheless continued to receive care at ICRC-run/supported facilities; medical assistance for other people was expanded (see *Civilians* and below).

Casualties are attended to/evacuated by National Society first-aiders

Some 25,000 people were attended to/evacuated and 4,000 patients were given blood transfusions, made possible by ICRC support for the National Society's EMS and blood bank (see *Red Cross and Red Crescent Movement*).

Regular dialogue with the authorities, local communities and weapon bearers – including those in Palestinian camps – promoted the need to facilitate unhindered access to medical care, and to respect and protect medical personnel/facilities (see *Actors of influence*). At ICRC lectures, health professionals in volatile areas learnt more about their rights and duties during conflicts.

People avail themselves of good-quality treatment at ICRC-run/supported facilities

Weapon-wounded people were treated at an ICRC-run weapon traumatology centre in Tripoli, which was fully operational by January; it consisted of a surgical unit at the Dar al-Chifae hospital and a post-operative unit at the Dar al-Zahra hospital (see below), which provided physiotherapy and psychological support. In October, in coordination with the public health ministry, it began treating non-weapon-wounded patients without health insurance. In all, more than 400 operations were performed on 176 patients in the centre; some 570 people received follow-up treatment. In

addition to surgeries done at the ICRC-run centre, 43 refugees from Syria had their treatment in other hospitals financed by the ICRC.

Refugees and vulnerable residents benefited from health/medical services at 23 facilities supported by the ICRC with supplies and equipment. These included: eight facilities in Ein El-Helweh and five hospitals run by the Palestine Red Crescent Society's Lebanon branch; two field hospitals in Aarsal established by Syrian doctors; hospitals in Tripoli and Beirut that were assisted following emergencies; and an LAF hospital. Where possible, those in need of surgery were referred to ICRC-run facilities.

In December, hundreds of evacuees from Syria were given medical attention upon their arrival in Lebanon, with the help of the Lebanese Red Cross, the Syrian Arab Red Crescent and other organizations (see *Syrian Arab Republic*).

Disabled people are fitted with assistive devices

At six ICRC-supported centres – four of which ceased operating by December – 386 Syrians received extensive post-operative care; during and after their treatment/surgery, ICRC delegates visited them regularly to monitor their situation and address their concerns.

More than 500 people, including 170 who were fitted with prosthetic/orthotic devices, benefited from physical rehabilitation services via the ICRC-run unit at Dar al-Zahra hospital (see above) or referrals to Lebanese service providers. A hospital run by the Red Crescent Society of the Islamic Republic of Iran purchased physiotherapy equipment with ICRC funds. Other projects were canceled/postponed owing to partners' other priorities; the funds were instead used to reimburse patients who had availed themselves of Lebanese providers' services.

Patients benefited from infrastructure improvements at some hospitals (73 beds in all), such as: anti-blast measures in Aarsal; a biofuel heating system in Chebaa; and a new wing for a hospital in Ein El-Helweh.

Soldiers and refugees expand their first-aid skills through National Society/ICRC training

To help boost emergency-preparedness/response capacities in volatile areas, hundreds of people – including LAF troops and other weapon bearers in Palestinian camps – learnt/refreshed their knowledge of basic first-aid techniques at National Society/ICRC courses; some were trained to be instructors.

At ICRC-run facilities (see above), medical workers advanced their war-surgery skills through weekly training sessions; nearly 40 doctors and nurses learnt more about emergency-room management at seminars. In November, the Lebanese University began offering a degree course in the management of weapon-wounded people, in partnership with the ICRC.

ACTORS OF INFLUENCE

Regular interaction with various actors and with beneficiaries helped secure acceptance for the Movement and facilitate its work in Lebanon. Dialogue with the authorities and community leaders focused on operational and IHL-related concerns.

Discussions with security forces continued, regarding internationally recognized standards applicable to law enforcement and detention; some of them learnt more about the topic at ICRC seminars. Support for integrating IHL in the LAF's doctrine,

training and operations was unnecessary, owing to their IHL office's autonomy in this regard. LAF officers learnt more about the proper use of force at ICRC seminars.

Dialogue with non-State armed groups in Palestinian camps tackles the proper use of force

During first-aid workshops (see *Wounded and sick*), weapon bearers in Palestinian camps and refugees from Syria learnt more about IHL and humanitarian principles; the need to provide unhindered access to medical care; and the ICRC's activities in Lebanon and elsewhere. Dialogue with non-State armed groups in Palestinian camps, on the proper use of force, commenced; members of these groups strengthened their understanding of the subject at ICRC workshops.

IHL courses reach the authorities, weapon bearers and other actors in Lebanon and beyond

Efforts to promote IHL implementation and the reactivation of the national IHL committee among the authorities were limited by the political situation (see *Context*).

In February and April, representatives from the justice ministry and the armed/security forces, alongside other government officials, scholars and representatives from the region, added to their knowledge of IHL at two-week courses organized jointly with the Centre for Legal and Judicial Studies of the League of Arab States. At another course in March, representatives of governments, armed/security forces and other key actors in the region bolstered their ability to teach IHL.

Journalists help broaden awareness of the plight of the families of missing persons

The media helped relay humanitarian messages to key leaders, decision-makers and the public, including academics. Through commemorative events, multimedia exhibits, field visits and communication/informational materials, local and international media reported on National Society/ICRC activities in Lebanon, Syria and elsewhere, thereby broadening awareness of the Movement's work and humanitarian issues, including the plight of the families of the missing (see *Civilians*).

During dissemination sessions conducted alongside assistance activities (see *Civilians*) and other events (see *Wounded and sick*), beneficiaries and other parties concerned learnt more about neutral, impartial and independent humanitarian action, which facilitated the ICRC's work. Potential beneficiaries were informed of the services available at ICRC-run medical facilities through posters and other promotional materials, and through briefings for UN volunteers who worked with refugees.

RED CROSS AND RED CRESCENT MOVEMENT

The Lebanese Red Cross remained the ICRC's main partner in assisting people affected by conflict/other violence in Lebanon (see *Civilians*), and the country's primary EMS provider (see *Wounded and sick*).

With ICRC financial/material/technical support, the National Society: upgraded/maintained its EMS equipment, vehicles and stations; bought eight new ambulances; covered the costs of fuel and other consumables; and paid the salaries of key staff. Some 5,000 volunteers were trained in first aid and the Safer Access Framework to help ensure their safety. The National Society also drew on the ICRC for help in carrying out internal reforms to ensure its organizational sustainability, such as: the amendment of its statutes and the revision of guidelines/procedures related to finance, human resources and logistics.

Movement partners met regularly to coordinate their activities; they also helped the Palestine Red Crescent Society's Lebanon branch to develop its strategy. The Lebanese Red Cross and other Movement components drew on International Federation/ICRC guidance in planning a joint response to the effects of the crisis in Syria.

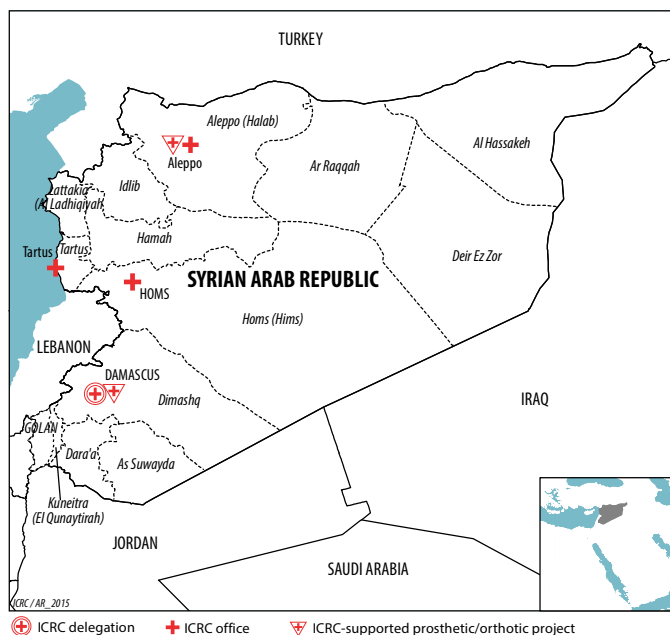
MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
Red Cross messages (RCMs)			UAMs/SC*		
RCMs collected		84			
RCMs distributed		71			
Reunifications, transfers and repatriations					
People transferred/repatriated		5			
Human remains transferred/repatriated		5			
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered		884	25	13	33
<i>including people for whom tracing requests were registered by another delegation</i>		3			
People located (tracing cases closed positively)		29			
<i>including people for whom tracing requests were registered by another delegation</i>		3			
Tracing cases still being handled at the end of the reporting period (people)		2,520	235	411	83
<i>including people for whom tracing requests were registered by another delegation</i>		15			
Documents					
People to whom travel documents were issued		34			
Official documents relayed between family members across borders/front lines		1			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited		7,418	686	212	
			Women	Girls	Boys
Detainees visited and monitored individually		976	59	5	30
Detainees newly registered		643	53	5	20
Number of visits carried out		180			
Number of places of detention visited		31			
Restoring family links					
RCMs collected		259			
RCMs distributed		180			
Phone calls made to families to inform them of the whereabouts of a detained relative		1,250			
People to whom a detention attestation was issued		34			

*Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	24,074	25%	50%
Essential household items	Beneficiaries	25,710	17%	48%
Cash	Beneficiaries	22,650	25%	50%
	<i>of whom IDPs</i>	4,637		
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	318,062	20%	60%
	<i>of whom IDPs¹</i>	318,062		
Health				
Health centres supported	Structures	10		
Average catchment population		348,084		
Consultations	Patients	263,518		
	<i>of which curative</i>		97,745	78,062
	<i>of which ante/post-natal</i>		6,920	
Immunizations	Doses	9,728		
Referrals to a second level of care	Patients	61		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	5,774		
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	3,145		
Health				
Number of visits carried out by health staff	Beneficiaries	33		
Number of places of detention visited by health staff	Beneficiaries	4		
Number of health facilities supported in places of detention visited by health staff	Beneficiaries	2		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	23		
	<i>of which provided data</i>	22		
Patients whose hospital treatment has been paid for by the ICRC	Patients	219		
Admissions	Patients	9,821	4,300	2,222
	<i>of which weapon-wounded</i>	1,155	51	64
	<i>(including by mines or explosive remnants of war)</i>	18		
	<i>of which other surgical cases</i>	1,308		
	<i>of which internal medicine and paediatric cases</i>	5,897		
	<i>of which gynaecological/obstetric cases</i>	1,461		
Operations performed		2,952		
Outpatient consultations	Patients	238,583		
	<i>of which surgical</i>	27,446		
	<i>of which internal medicine and paediatric</i>	200,139		
	<i>of which gynaecological/obstetric</i>	10,998		
First aid				
First-aid posts supported	Structures	2		
	<i>of which provided data</i>	2		
Water and habitat				
Water and habitat activities	Number of beds	73		
Physical rehabilitation				
Projects supported	Structures	2		
Patients receiving services	Patients	530	59	142
New patients fitted with prostheses	Patients	64	8	3
Prostheses delivered	Units	74	9	4
	<i>of which for victims of mines or explosive remnants of war</i>	2		
New patients fitted with orthoses	Patients	114	15	47
Orthoses delivered	Units	152	17	72
Patients receiving physiotherapy	Patients	277	29	47
Crutches delivered	Units	42		
Wheelchairs delivered	Units	26		

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.

SYRIAN ARAB REPUBLIC



KEY RESULTS/CONSTRAINTS IN 2015

- ▶ Millions of people met their emergency needs for water, food and essential household items (e.g. hygiene items and clothes for the winter season) through coordinated Syrian Arab Red Crescent and ICRC action.
- ▶ IDPs/residents obtained health care at mobile health units/clinics run by the National Society with ICRC support. Some hospitals received material assistance, but restrictions on surgical aid remained.
- ▶ Detainees in 9 prisons run by the interior ministry received visits to monitor their treatment and living conditions. Repairs on prison facilities and donations of household essentials helped ease their situation.
- ▶ Four forensic institutions had their infrastructure upgraded and received material support, in line with the ICRC's efforts to help the authorities develop their capacities to tackle the issue of missing persons.
- ▶ Parties to the conflict were reminded, through bilateral meetings and public statements, of their obligations under IHL and other applicable norms; dialogue with them on protection-related issues remained minimal.
- ▶ Widespread violence, government restrictions and lack of respect for humanitarian action continued to impede the delivery of impartial humanitarian assistance to people in certain parts of the country.

EXPENDITURE IN KCHF

Protection	3,132
Assistance	126,647
Prevention	2,180
Cooperation with National Societies	5,325
General	171
Total	137,454
<i>Of which: Overheads</i>	8,364

IMPLEMENTATION RATE

Expenditure/yearly budget	84%
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PERSONNEL

Mobile staff	65
Resident staff (daily workers not included)	273

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

YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	16
RCMs distributed	7
People located (tracing cases closed positively)	230
People reunited with their families	3
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	15,297
Detainees visited and monitored individually	164
Number of visits carried out	10
Number of places of detention visited	10
Restoring family links	
RCMs collected	60
RCMs distributed	29
Phone calls made to families to inform them of the whereabouts of a detained relative	235

ASSISTANCE		2015 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)			
Economic security (in some cases provided within a protection or cooperation programme)			
Food commodities	Beneficiaries	9,900,000	8,809,191
Essential household items	Beneficiaries	2,700,000	2,099,692
Cash	Beneficiaries	10,000	
Services and training	Beneficiaries	12,000	
Water and habitat (in some cases provided within a protection or cooperation programme)			
Water and habitat activities	Beneficiaries	20,000,000	15,700,000
Health			
Health centres supported	Structures	16	16
WOUNDED AND SICK			
Hospitals			
Hospitals supported	Structures		28
Water and habitat			
Water and habitat activities	Number of beds	600	3,307
Physical rehabilitation			
Projects supported	Structures	2	2
Patients receiving services	Patients	150	1,190

CONTEXT

The armed conflict between government forces and numerous armed groups, which were also fighting among themselves, continued unabated across the Syrian Arab Republic (hereafter Syria). A US-led military coalition carried out air strikes against the Islamic State group; in September, the Russian Federation began separate air operations. Sustained fighting and the lack of dialogue between the opposing parties stymied efforts, such as UN-backed initiatives and UN Security Council resolutions, to find a political solution to the conflict and to facilitate the delivery of humanitarian aid.

Serious and repeated breaches of IHL exacerbated a situation that was already dire. An estimated 260,000 people had been killed, and over 1.5 million injured, since March 2011. Some 6.5 million people were displaced internally; over 4.5 million people lived in hard-to-reach locations. People in areas besieged by government forces or by armed groups suffered from these parties' systematic denial of humanitarian access. As at December 2015, UNHCR had registered nearly 4.6 million refugees from Syria.

The conflict, and the economic sanctions imposed by other countries, seriously affected Syria's economy and public infrastructure/services. More and more people were driven into destitution by the widespread destruction, lack of jobs and progressive scarcity or costliness of food, water, health services and fuel.

ICRC ACTION AND RESULTS

In partnership with the Syrian Arab Red Crescent, and in coordination with Movement partners and other organizations, the ICRC continued to develop, and adjust when necessary, its response to the immense humanitarian needs in Syria.

The security situation, government consent and acceptance by the parties involved in the conflict largely determined the ICRC's access to people in need. Impediments to impartial humanitarian action were most severe in areas held by armed groups and in besieged areas. Between March 2011 and December 2015, 50 Syrian Arab Red Crescent workers and 8 from the Palestine Red Crescent Society were killed. The case of the three ICRC staff members kidnapped in October 2013 remained unresolved.

In this complex and challenging environment, contact and coordination with government authorities, community leaders and members of armed groups helped facilitate humanitarian activities. The ICRC sought to develop its limited dialogue with the parties to the conflict; it emphasized their obligations under IHL and other applicable norms to respect and protect civilians/civilian objects and to ensure people's unimpeded access to health care and humanitarian aid. Discussions with government authorities also covered the reactivation of the national IHL committee, but direct interaction with the armed/security forces remained minimal. The ICRC discussed IHL with members of some armed groups.

National Society/ICRC teams managed to conduct more field visits and cross-line operations compared with previous years. They assisted millions of people, including those in besieged or otherwise hard-to-reach locations, but many more people in need of aid remained inaccessible.

Relief distributions were carried out mainly by National Society teams, with the ICRC facilitating their access to the field. Over

8.8 million people received food and some 1.57 million people, household essentials that helped cover their daily needs. Some 15.7 million people had clean water and a more sanitary environment through the ICRC's projects with the National Society and its large-scale support for local authorities. Such projects/support, which was coordinated with the government and other pertinent parties, included: emergency repairs to infrastructure; provision of spare parts/consumable chemicals; upgrades to facilities in IDP centres; water-trucking; distribution of bottled water; and waste-management projects.

Health needs continued to outweigh the services available, and the ICRC's ability to deliver medical assistance – especially surgical aid – across front lines remained limited. The ICRC was confined mainly to: supporting National Society-run facilities with supplies/training; helping manage the spread of communicable diseases; and organizing workshops/courses for health professionals. It repaired two clinics in Rural Damascus, thereby helping to increase the number of functioning facilities there.

The ICRC visited, according to its standard procedures, people held at nine central prisons and a juvenile rehabilitation centre run by the government. Donations of household essentials and infrastructural projects helped ease these detainees' living conditions. The ICRC continued to seek access to all places of detention, including those operated by armed groups.

Movement family-links services helped facilitate contact between members of dispersed families. However, many people remained without news of missing relatives, including those allegedly arrested/detained by the government or held by armed groups. Travel between Syria and the Israeli-occupied Golan was not facilitated owing to security constraints.

Based on past assessments, the development of activities specifically addressing sexual violence in armed conflict, particularly with regard to its prevention and the referral of victims, was ongoing.

ICRC operational updates and multimedia releases enabled people in Syria and abroad to keep abreast of the humanitarian situation in the country and of the Movement's response.

Under a 2014–16 agreement, the Syrian Arab Red Crescent developed its operational and institutional capacities, at headquarters and branch levels, with extensive and diverse forms of ICRC support.

CIVILIANS

Impediments to principled humanitarian action remain

The large number of actors involved in the conflict, limited recognition/acceptance of ICRC activities and politicization of humanitarian aid continued to challenge the security of field teams and hamper networking efforts. These factors, as well as government consent, largely determined the ICRC's access to people in need. Syrian Arab Red Crescent/ICRC teams saw modest improvement in their proximity to beneficiaries: they were able to carry out more field visits and cross-line operations compared with previous years. The operational environment, however, remained extremely difficult and risky. Local ceasefires provided some relief to people in besieged/hard-to-reach areas, but these were often too fragile for principled humanitarian action to take place safely. Overall, fewer people than planned benefited from National Society/ICRC action.

Millions of destitute people cope with the help of emergency aid

Over 8.8 million people (some 1.76 million households) supplemented their daily diet with ICRC food assistance, mainly in the form of parcels provided directly to beneficiaries or meals prepared by collective kitchens that received bulk rations every month. Some 190,500 people in Aleppo, Damascus and Homs received bread packs daily through a project begun in May. Over 1.57 million people (more than 300,000 households) eased their living conditions using ICRC-donated hygiene items and other household essentials; some 120,000 people received school kits and 410,000 people, clothes for enduring the winter.

Relief distributions covered both government-controlled areas and those held by armed groups. These were carried out mainly by Syrian Arab Red Crescent teams; as necessary, the ICRC facilitated access for them by obtaining the required permits and talking to the pertinent parties. To overcome security/access-related constraints, supplies were airlifted to certain hard-to-reach areas, with the agreement of all parties concerned.

Projects to help people regain some self-sufficiency were developed with National Society branches in three governorates; these included income-generating activities for households who had returned to Homs Old City.

People have potable water despite widespread destruction

Coordination with the Ministry of Water Resources, the pertinent local authorities and representatives of armed groups enabled National Society/ICRC teams to undertake projects that improved the drinking-water supply and sanitation for some 15.7 million IDPs/residents.

Millions of people regained their access to water following emergency repairs to damaged infrastructure. Hundreds of thousands of IDPs and residents benefited from activities carried out with the National Society: nearly 830,000 people received water delivered by trucks in eight governorates; 309,092 people at 217 IDP centres had housing and water/sanitation facilities renovated/upgraded; and 280,000 IDPs benefited from over 1.2 million litres of bottled water distributed as an emergency measure. National Society staff/volunteers involved in these projects enhanced their capacities with ICRC support.

In cities/towns with functioning infrastructure, millions of IDPs/residents were assured of their water supply through ICRC donations of electrical power generators, spare parts and water-treatment chemicals to local water boards.

Health risks for people in 12 governorates were mitigated through sanitation projects. Some 10.8 million people benefited from a pest-control campaign carried out with ICRC-donated pesticides; around 110,000 people, from solid-waste management projects in Damascus, Dara, Homs, Idlib, and Kuneitra; and around 2 million people, from the installation of medical-waste treatment plants in Lattakia and Tartus.

Some IDPs/residents receive basic health care from National Society facilities

People in Aleppo, Deir Ez Zor, Hama, Homs, Idlib, Rural Damascus, Sweida and Tartus obtained curative/preventive health-care services, including for scabies, at facilities run by the National Society with ICRC financial/training/material support. These facilities included nine mobile health units and seven polyclinics.

Local authorities and health professionals worked to curb certain communicable diseases with ICRC support, which included medicines for treatment centres. At health ministry/ICRC workshops, 29 Syrian Arab Red Crescent doctors, and 2 from the Palestine Red Crescent, learnt more about preventing/treating leishmaniasis, enabling them to care for people without access to treatment facilities. People's risk of contracting the disease was mitigated though donations of bed nets. Some 122,000 people benefited from lice-treatment supplies distributed by National Society/ICRC teams.

Based on past assessments, development of activities addressing sexual violence in armed conflict was ongoing, particularly with regard to its prevention and the referral of victims.

Parties to the conflict are urged to respect IHL

Given the developments in the situation and the gravity of their consequences for civilians (see *Context*), the ICRC pursued efforts to develop its limited dialogue with the parties to the conflict (see *Actors of influence*). Through bilateral meetings, confidential reports and public statements, it emphasized all parties' obligations under IHL and other applicable norms to: spare people not/no longer participating in hostilities and protect them from abuse; respect the prohibition against indiscriminate attacks; avoid using explosive weapons in densely populated areas; protect civilian objects; ensure safe access to essential goods/services and aid; respect wounded fighters' right to health care; and respect/protect medical/humanitarian workers and persons/objects lawfully displaying the red cross/red crescent emblems. ICRC representations were based on documented allegations and on first-hand observations; for the first time since March 2011, the ICRC gained direct access to some areas besieged by government forces, enabling it to assess the protection-related needs of people there.

Many families remain without news of their relatives

People in Syria and those who had sought refuge abroad opened tracing requests for their relatives in Syria. In all, 230 tracing cases were closed positively, but thousands of families remained without news of the whereabouts of their relatives, including those allegedly arrested/detained (see *People deprived of their freedom*).

Families in Syria sent RCMs and/or oral messages to their relatives within the country or elsewhere. Fifteen people resettled abroad using ICRC-issued travel documents. People in the Israeli-occupied Golan exchanged official documents with their relatives in Syria via the ICRC, but travel for humanitarian reasons between the Golan and Syria could not be facilitated owing to tensions/clashes along the demarcation line.

Forensic specialists discuss cooperation with the ICRC on the issue of missing persons

Efforts to help build local capacity to address the issue of missing persons continued. Sixteen forensic professionals furthered their capabilities in data management by participating in workshops in Damascus; five attended courses abroad (see *Iran, Islamic Republic of* and *Lebanon*). Four facilities in Aleppo and Damascus benefited from infrastructural upgrades and received material support. Forensic specialists expressed interest in developing protocols/guidelines in cooperation with the ICRC. A memorandum of understanding between the newly created National Commission on Forensic Medicine and the ICRC was drafted, with a view to facilitating future projects.

National Society volunteers received training and supplies for managing human remains; a framework for cooperation in this area was established.

PEOPLE DEPRIVED OF THEIR FREEDOM

Thousands of detainees receive ICRC visits

Detainees at nine central prisons under the interior ministry received visits conducted according to the ICRC's standard procedures; three of the prisons had been previously visited, while six were visited for the first time. People held at a juvenile rehabilitation centre run by the social affairs and labour ministry received ICRC visits for the first time.

During these visits, ICRC delegates monitored the treatment and living conditions of detainees; 164 detainees were met individually. Findings/recommendations were taken up confidentially – during meetings and through reports – with the authorities concerned. Particular attention was given to the importance of respecting judicial guarantees, the consequences of overcrowding and the specific needs of women and minors.

The ICRC continued to seek regular access to all places of detention in Syria, including facilities run by security forces and places operated by armed groups. Meetings held at the request of local authorities and armed groups in northern Syria helped familiarize them with the ICRC's activities for detainees and its working methods. Some armed groups had given the ICRC permission to visit people in their custody, but security constraints made it unfeasible to carry out such visits.

Phone booths and other means of contacting relatives were available at the central prisons visited by the ICRC, but particularly vulnerable detainees – minors, foreigners and those unable to afford phone calls – still made use of ICRC family-links services to get in touch with their families.

On behalf of the families concerned, enquiries about 2,274 people allegedly arrested/detained were submitted to the parties to the conflict, including armed groups. Complete/partial answers to some 1,100 enquiries were received during the year.

Detainees see some improvements in their living conditions

Some 17,000 detainees received hygiene items, clothes and other essential supplies that helped ease their circumstances. Building on the ICRC's developing dialogue with the Syrian authorities regarding detention, projects aimed at longer-term results for alleviating the living conditions of detainees were launched. As a result, 10,100 detainees benefited from ICRC-led repairs to water-supply, heating, lighting and ventilation systems and other infrastructure in various prisons. These projects were complemented with donations of medicines, spare parts and other supplies.

WOUNDED AND SICK

Disregard for the safety of medical services persists

Attacks on patients and health workers/facilities continued to be rampant. Between March 2011 and December 2015, 50 staff members/volunteers from the Syrian Arab Red Crescent and 8 from the Palestine Red Crescent were killed while carrying out their duties. The case of three ICRC staff kidnapped in 2013 remained unresolved. These abuses against medical workers/facilities and other violations (e.g. targeted obstructions) were monitored and documented, in line with the Health Care in Danger project. On

this basis, all parties concerned were reminded – through bilateral dialogue, reports and public statements – of the protection afforded by IHL and other applicable norms to wounded/sick people and to medical workers/facilities, regardless of their affiliations.

Despite some deliveries, people continue to suffer from restrictions on impartial medical assistance

Health needs continued to outstrip available services, especially in besieged locations and in areas controlled by armed groups. Opportunities for delivering medical supplies/equipment, especially surgical materials, to these areas remained limited. For instance, ICRC deliveries across front lines were rarely permitted and, if allowed, it was in small quantities only. In October, people in four besieged areas received medical supplies from the ICRC; hundreds of wounded people from these areas were evacuated in December through the coordinated efforts of the Syrian Arab Red Crescent, the UN and the ICRC.

Several hospitals sustained their services with ad hoc ICRC support. Three hospitals each in Aleppo and Deir Ez Zor received medicines, obstetric kits and other supplies; residents/IDPs in parts of Rural Damascus controlled by armed groups benefited from similar supplies. A hospital in Hassakeh and two in Tartus received surgical sets.

Ten facilities received supplies for 7,450 haemodialysis sessions; some of them had clean water following ICRC-backed infrastructure improvements. Fifteen hospitals/clinics in Aleppo, Damascus, Hama and Homs – including two Palestine Red Crescent hospitals – continued to function despite power shortages, thanks to generators from the ICRC. Five hospitals in Aleppo received material/maintenance support for their biomedical equipment.

Two clinics in Barzeh and Midan were renovated, thereby helping to increase the number of functional facilities in Rural Damascus.

Over 570 Syrian Arab Red Crescent staff/volunteers honed their first-aid skills at ICRC-supported courses; they also received supplies and uniforms. Twenty-six health professionals learnt more about pre-hospital care at a seminar abroad (see *Jordan*), and 39 surgeons added to their knowledge of weapon-wound management at a seminar in Damascus.

People with physical disabilities receive specialized services

In Damascus, 945 people availed themselves of services at a physical rehabilitation centre run by the Syrian Arab Red Crescent with ICRC support, which included technical guidance and on-site assistance from ICRC specialists. In Aleppo, 245 people with physical disabilities received treatment at an ICRC-managed rehabilitation centre that opened in June.

People with physical disabilities also benefited from the distribution, through the National Society, of 1,094 wheelchairs and 2,373 pairs of crutches.

ACTORS OF INFLUENCE

Developing IHL-focused dialogue with parties to the conflict remains a challenge

Contact and coordination with the Syrian authorities at central and local levels, and with community leaders and armed groups, helped facilitate Syrian Arab Red Crescent/ICRC activities, but impediments to impartial humanitarian action remained (see *Civilians* and *Wounded and sick*).

Meetings with Syrian government officials emphasized the right, under IHL/other applicable norms, of all wounded people to receive medical treatment and of civilians to receive humanitarian assistance. Based on a 2014 agreement, the Syrian government reactivated the national IHL committee and, with ICRC guidance, appointed members from pertinent ministries. However, broader and systematic dialogue on protection issues was not established, and direct contact with the armed/security forces remained minimal.

Interaction, in Syria and abroad, with representatives of some armed groups helped familiarize them with IHL, humanitarian principles, the ICRC's exclusively humanitarian mission and the Movement's activities.

Various audiences learn more about principled humanitarian action and the ICRC

Public communication efforts sought to enlist support for ICRC field operations from civil society members and the wider public, including among people who had direct influence on the parties to the conflict. People in Syria and abroad kept abreast of developments in the country through ICRC operational updates, multimedia releases, interviews and opinion pieces. These drew attention to the adverse consequences of the conflict, the ICRC's neutral, impartial and independent humanitarian action, and the organization's position on such issues as the protection of medical services and the use of water as a means/method of warfare.

Videos and other material disseminated on ICRC social networking platforms highlighted key provisions of IHL and the activities of the National Society/ICRC. Interaction with members of local/international media, regardless of their affiliation in relation to the conflict, continued. Thirty-five Syrian media professionals learnt more about IHL and the ICRC during workshops co-organized with the information ministry.

Meetings with academic circles were pursued, with a view to stimulating interest in IHL instruction. Two academics attended an advanced IHL course, and 70 instructors from a government training institute improved their understanding of IHL and the ICRC at a seminar. Students from a Damascus university benefited from ICRC-supported courses/dissemination sessions; several universities in Aleppo received reference materials.

RED CROSS AND RED CRESCENT MOVEMENT

The Syrian Arab Red Crescent responded to humanitarian needs with extensive financial/material/technical support from the ICRC, provided within the framework of a 2014–16 agreement. This support helped cover operating/administrative costs at the National Society's headquarters, 12 branches, 11 response centres and first-aid posts.

The National Society strengthened its internal/external communication capacities and its risk-management measures, to improve the safety of its staff in the field. It upgraded its radio communication system with ICRC-provided training/equipment. Its drivers learnt more about the risks associated with weapon contamination at ICRC-organized information sessions. Donations of vehicles helped bolster its logistical capacities.

During training courses conducted under an ICRC-supported pilot project, 20 volunteers from four branches learnt how to provide psychological support to their peers.

The National Society also took steps to raise awareness of IHL among its staff/volunteers, notably by establishing a specific unit for this purpose.

Coordination with the Palestine Red Crescent Society continued, including by providing equipment/furniture for its offices.

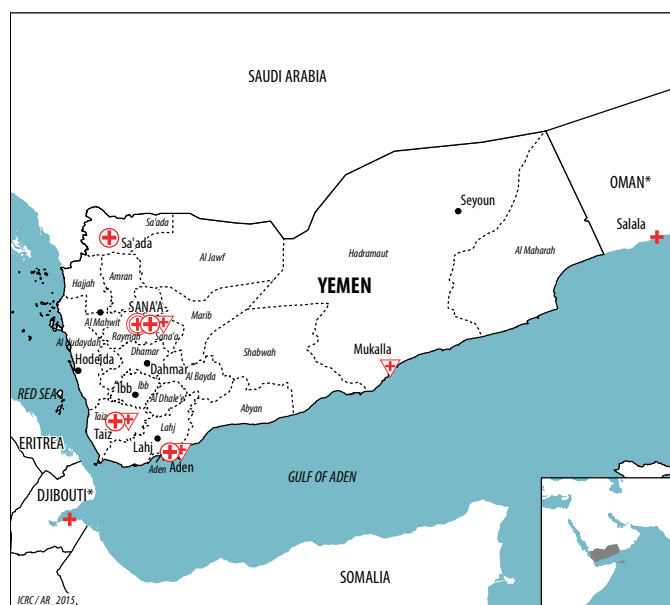
Movement components coordinated their activities, capitalizing on their complementary approaches and thereby increasing the impact of the Movement's response.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)		UAMs/SC*		
RCMs collected	16			
RCMs distributed	7			
Reunifications, transfers and repatriations				
People reunited with their families	3			
People transferred/repatriated	126			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	1,921	145	72	91
<i>including people for whom tracing requests were registered by another delegation</i>	1,187			
People located (tracing cases closed positively)	230			
<i>including people for whom tracing requests were registered by another delegation</i>	78			
Tracing cases still being handled at the end of the reporting period (people)	5,720	349	185	328
<i>including people for whom tracing requests were registered by another delegation</i>	3,872			
Documents				
People to whom travel documents were issued	15			
Official documents relayed between family members across borders/front lines	20			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits		Women	Minors	
Detainees visited	15,297	778	414	
		Women	Girls	Boys
Detainees visited and monitored individually	164	31	3	22
Detainees newly registered	118	16	1	20
Number of visits carried out	10			
Number of places of detention visited	10			
Restoring family links				
RCMs collected	60			
RCMs distributed	29			
Phone calls made to families to inform them of the whereabouts of a detained relative	235			
People to whom a detention attestation was issued	4			

*Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	8,809,191	30%	40%
	<i>of whom IDPs</i>	Beneficiaries	8,809,191	
Essential household items	Beneficiaries	2,099,692	30%	40%
	<i>of whom IDPs</i>	Beneficiaries	2,099,692	
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	15,700,000	30%	40%
	<i>of whom IDPs</i>	Beneficiaries	1,256,000	
Health				
Health centres supported	Structures	16		
Average catchment population		500,000		
Consultations	Patients	172,331		
	<i>of which curative</i>	Patients	53,894	72,195
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Food commodities	Beneficiaries	25,518		
Essential household items	Beneficiaries	17,008		
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	10,100		
Health				
Number of visits carried out by health staff		4		
Number of places of detention visited by health staff		5		
Number of health facilities supported in places of detention visited by health staff		1		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	28		
Water and habitat				
Water and habitat activities	Number of beds	3,307		
Physical rehabilitation				
Projects supported	Structures	2		
Patients receiving services	Patients	1,190	265	198
New patients fitted with prostheses	Patients	99	20	17
Prostheses delivered	Units	278	53	36
	<i>of which for victims of mines or explosive remnants of war</i>	Units	12	
New patients fitted with orthoses	Patients	14	6	2
Orthoses delivered	Units	45	13	16
Patients receiving physiotherapy	Patients	648	143	116
Crutches delivered	Units	84		
Wheelchairs delivered	Units	8		

YEMEN



ICRC delegation ICRC sub-delegation ICRC-supported prosthetic/orthotic centre
 *Map shows structures supporting ICRC operations in Yemen ICRC office

KEY RESULTS/CONSTRAINTS IN 2015

- ▶ Although security incidents forced it to scale down some activities in the latter part of the year, the ICRC remained committed to addressing the most pressing humanitarian needs in the country.
- ▶ Parties to the conflict were reminded that they were bound by IHL and other norms governing the conduct of hostilities, and were urged to fulfil their obligations.
- ▶ During ICRC-brokered pauses in fighting, civilians sought basic services and replenished their supplies, and Yemen Red Crescent Society/ICRC teams evacuated the wounded and retrieved human remains.
- ▶ Wounded/sick people had access to treatment at ICRC-supported health centres/hospitals; an ICRC surgical team helped the staff of two hospitals in crisis-hit areas manage the influx of patients.
- ▶ People met some of their basic needs following repairs to water facilities, distributions of food/household essentials and cash-for-work projects/cash transfers, which were scaled up to address access constraints.
- ▶ Detainees in government custody and people held by armed groups received ICRC visits; the ICRC remained without comprehensive access to all detainees, however.

EXPENDITURE IN KCHF

Protection	4,495
Assistance	39,132
Prevention	3,366
Cooperation with National Societies	2,294
General	146
Total	49,434
<i>Of which: Overheads</i>	2,978

IMPLEMENTATION RATE

Expenditure/yearly budget	88%
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PERSONNEL

Mobile staff	59
Resident staff (daily workers not included)	225

The ICRC has been working in Yemen since the civil war in 1962. It responds to the humanitarian consequences of armed conflicts and other situations of violence in the country by: helping secure the water supply; providing emergency relief, livelihood support and medical assistance to those in need; monitoring the treatment and living conditions of people held in relation to the situation; and enabling them, other nationals and refugees to restore contact with their relatives, including those abroad. The ICRC promotes respect for humanitarian principles and IHL, primarily among weapon bearers. The ICRC works with the Yemen Red Crescent Society.

YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	4,122
RCMs distributed	2,137
Phone calls facilitated between family members	174
People located (tracing cases closed positively)	109
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	4,344
Detainees visited and monitored individually	129
Number of visits carried out	20
Number of places of detention visited	17
Restoring family links	
RCMs collected	12
RCMs distributed	10
Phone calls made to families to inform them of the whereabouts of a detained relative	465

ASSISTANCE	2015 Targets (up to)	Achieved
CIVILIANS (residents, IDPs, returnees, etc.)		
Economic security (in some cases provided within a protection or cooperation programme)		
Food commodities	Beneficiaries 28,000	178,725
Essential household items	Beneficiaries 28,000	109,774
Productive inputs	Beneficiaries 70,000	6,090
Cash	Beneficiaries 31,200	37,261
Services and training	Beneficiaries	327
Water and habitat (in some cases provided within a protection or cooperation programme)		
Water and habitat activities	Beneficiaries 1,054,000	2,543,867
Health		
Health centres supported	Structures 13	22
WOUNDED AND SICK		
Hospitals		
Hospitals supported	Structures 1	66
Physical rehabilitation		
Projects supported	Structures 4	4
Patients receiving services	Patients 60,000	67,423

CONTEXT

Yemen continued to be severely affected by numerous armed conflicts and other situations of violence. A military coalition led by Saudi Arabia began conducting air strikes in March, with the stated aim of halting the Houthis' expansion of control. Other actors were also waging aerial and armed campaigns. By mid-August, most of Yemen had been affected by the military offensive. The structure of the government remained unclear, with many key positions unoccupied and official functions carried out by different groups.

Civilians were the hardest hit by the violence; the fighting, shelling and aerial bombardment have reportedly killed over 6,000 people, injured tens of thousands, and displaced over 2 million. As communities were ill-equipped to handle the magnitude of needs and the damage to public facilities and civilian property, people had difficulties in obtaining goods and services necessary for survival.

Difficult working conditions hampered efforts by health workers and humanitarian agencies to address the immense needs in the country. Health-care facilities, such as those supported by Médecins Sans Frontières, and offices of humanitarian organizations were bombed/shelled. Since March, eight Yemen Red Crescent Society volunteers and two ICRC staff members have been killed while carrying out their duties. In December, two ICRC staff were abducted; one remained captive as at year-end. Serious logistical constraints, such as damaged airports and sea ports, further impeded humanitarian action.

ICRC ACTION AND RESULTS

As one of the few international organizations still in Yemen, the ICRC remained committed to addressing the most pressing humanitarian needs in the country. In view of the extreme insecurity, it adjusted its setup and activities to balance the urgency of people's needs against the risks to its personnel and the limited space for neutral, impartial and independent humanitarian action. It refocused its efforts towards addressing people's immediate concerns, suspending many activities aimed at longer-term results. Some staff were temporarily transferred to an office in Djibouti (see *Nairobi*) and tighter security measures were implemented, particularly following incidents involving ICRC staff (see *Context*). A logistics base in Oman (see *Kuwait*) supported operations in Yemen.

When the hostilities escalated in March, the ICRC reminded the parties concerned, on a bilateral level and through public statements, that they were bound by IHL and other applicable norms. It pursued dialogue with various actors who could influence the situation in Yemen, encouraging them to address the mounting humanitarian needs and seeking their support for ICRC operations. These efforts enabled National Society/ICRC teams to arrange pauses in the fighting to deliver relief items, evacuate the wounded and retrieve/transfer human remains; civilians were able to seek health/medical care, food and other basic supplies. Negotiations with actors controlling the transport routes to or within Yemen enabled the ICRC to secure approval, at times, for the entry and movement of staff and relief items.

The ICRC focused on helping to ensure people's access to health/medical care amidst supply shortages and intensified fighting. It donated surgical items, reproductive health supplies and other medical materials to primary-health-care facilities and hospitals; however, it was unable to maintain the regular, on-site support that

it was providing at the beginning of the year. To help manage the influx of weapon-wounded patients in Aden, the ICRC deployed a surgical team, first to Al Jamhouria hospital in April, and then to the Al Mansoor hospital in June; the team was forced to withdraw when the fighting intensified, but the hospitals continued to treat patients with ICRC support. Delivery of physical rehabilitation services was slowed down by the violence, but thousands nevertheless received treatment at four ICRC-supported centres.

The ICRC worked with local water authorities in urban areas to help minimize interruptions to water supply for over 2.5 million people; other projects were suspended. Thousands of people – including IDPs – were helped to cope with their conditions with donated food and household essentials. Many households, including those in hard-to-reach areas, covered their basic needs through cash transfers or cash-for-work activities. Most livelihood support projects, aimed at helping people recover some degree of self-sufficiency, were suspended or adapted.

The ICRC continued to pursue dialogue towards gaining comprehensive access to detainees; it focused on bilateral engagement with various detaining parties. Where it had access, it visited some people held by the government and by armed groups, to monitor their treatment and living conditions; it provided the actors concerned with feedback/recommendations afterwards.

Refugees, asylum seekers, people with relatives detained abroad and others separated from their families stayed in touch with their relatives using Movement family-links services. Tracing services helped some people learn the fate of their missing relatives.

The Yemeni Red Crescent coordinated its emergency response with the ICRC and other Movement partners. Its branches received support for minimizing the risks they faced – from weapon contamination, and when administering first aid, evacuating the wounded and managing human remains.

CIVILIANS

Amid increasingly dire conditions (see *Context*), dialogue with actors who could influence the situation in Yemen was reinforced. Parties to the conflict received oral and written representations highlighting issues linked to the conduct of hostilities and the limitations on the means and methods of warfare. They were urged to address the concerns of civilians with regard to: arrests/capture and detention; safe and timely access to health/medical care; management of human remains; and weapon contamination. These concerns were based on the ICRC's monitoring of the situation and on its documentation of reported IHL violations.

Such dialogue enabled the ICRC to overcome some restrictions on the movement of its staff and aid into and within the country (see *Actors of influence*). Pauses in the fighting, brokered by the Yemeni Red Crescent and the ICRC, allowed civilians to seek health/medical care (see *Wounded and sick*) and replenish their basic supplies; these also enabled National Society/ICRC teams to deliver relief items, evacuate the wounded and retrieve/transfer human remains.

Beneficiaries shared their concerns/needs through a communication programme that enabled the ICRC to adapt its response. Yemenis learnt more about weapon-related risks and the Movement's activities relevant to them through ICRC updates on various platforms, including social media.

People in urban areas have access to water amid the fighting

Over 2.5 million people in urban areas, mainly Aden and Taiz, retained some access to water, following the repair/maintenance of pipelines by the water authorities/ICRC, and the ICRC's provision of fuel, water treatment chemicals/equipment and financial incentives for staff. Nearly 15,000 residents had water trucked in by the ICRC to their communities. Activities in rural areas were discontinued in April when the security situation worsened; before that, some 23,000 people had been able to meet their water needs as a result of infrastructure repairs and water-saving schemes implemented by the ICRC.

Violence-affected people cover their needs with cash transfers and other emergency aid

Particularly vulnerable people, most of them IDPs and orphans, met some of their daily needs with the ICRC's help: nearly 180,000 people received food and over 110,000 people, household essentials. Among those who received food, over 50,000 pregnant/lactating women and children under the age of five also received nutritional supplements to help them avert malnutrition. In southern Yemen, hundreds of families coped with the effects of a cyclone in November with the help of National Society/ICRC food assistance.

Projects to help people recover or improve their livelihoods were suspended in light of the extreme insecurity; some were adapted to help people cover their immediate needs and to allow the ICRC to overcome constraints in reaching certain areas. Around 3,150 IDP/resident households (nearly 22,100 people) – including those with physically disabled people or headed by women in Taiz – received cash transfers that allowed them to buy food and other essentials. Over 2,100 households (more than 15,000 people) benefited from cash-for-work projects, such as garbage collection in Aden, Sa'ada and Taiz, which also helped address health risks posed by the build-up of trash. About 890 households (6,090 people) partially restored their food-production capacities through productive inputs from the ICRC, such as potato seeds for farmers in Amran. Before the fighting escalated, over 151 women in Aden and Lahj took part in vocational training to help them run businesses.

People receive primary health care at ICRC-supported centres, including some in crisis-hit areas

People availed themselves of services at 12 primary health-care centres that were regularly supported by the ICRC, until March, with medicines, other supplies and staff training. As the situation worsened (see *Context*), the ICRC suspended its aid to several of the centres; it managed to resume assistance by July, but with some irregularity.

In all, 22 health centres across Yemen – including the 12 mentioned above and several in the southern governorates that were among the hardest hit by the crisis – sustained their services with ad hoc ICRC donations of medicines and other supplies. More than 270,000 people, on average, had access to medical consultations at these facilities. Thousands of children were vaccinated. Pregnant women were less at risk when giving birth at home, with hundreds of home delivery kits distributed to midwives; they also received mosquito nets to protect them against malaria.

Human remains are transferred/repatriated under ICRC auspices

Between March and December, 149 sets of human remains were transferred/repatriated by National Society/ICRC teams: some of these were retrieved during pauses in the hostilities (see above). The ICRC acted as a neutral intermediary on several occasions, including in the transfer to Djibouti of the remains of a Moroccan pilot killed in the fighting.

During briefings, authorities, and representatives of armed groups, learnt more about managing human remains properly, particularly the necessity of handling these in a manner that might facilitate future identification efforts; at their request, they were provided with some 3,650 body bags.

Plans to assess the situation of vulnerable refugees and victims of sexual violence were put on hold.

Dispersed relatives reconnect with each other

Refugees, asylum seekers and other people separated from their families reconnected with their relatives in Yemen or abroad through RCMs, safe and well messages, phone calls and other family-links services provided by the National Society/ICRC. Yemeni families also used such services to contact their relatives detained overseas, for example, at the US internment facility at Guantanamo Bay Naval Station in Cuba; some sent parcels through the ICRC. A person formerly held at the Parwan detention facility in Afghanistan received ad hoc medical assistance from the ICRC.

Families sought help from the ICRC to locate missing relatives, including those allegedly arrested/detained (see *People deprived of freedom*); 109 tracing requests were closed positively, and 822 remained pending.

PEOPLE DEPRIVED OF THEIR FREEDOM

People held by different parties receive ICRC visits

Although it remained without comprehensive access to all detainees in Yemen, the ICRC pursued bilateral discussions with various detaining actors to secure permission to check on the conditions of people in their custody. In all, over 4,300 detainees in 17 places of detention were visited in accordance with standard ICRC procedures; these included 36 detainees held by armed groups in southern Yemen. A total of 129 were followed up individually.

Feedback and, where necessary, recommendations on improving the conditions of detention were shared confidentially with the parties concerned; they were urged to respect judicial guarantees and allow detainees to maintain contact with their families. Allegations of arrest/detention were raised with them, leading to the clarification of some missing persons' whereabouts (see *Civilians*). At least 14 detainees were transferred across front lines, with the ICRC acting as a neutral intermediary. The worsening security conditions, however, hampered efforts to facilitate contact between detainees and their families.

Projects for improving detention facilities in Aden and Taiz were shelved following the onset of hostilities. Before that, detainees had help in easing their living conditions; over 1,000 received donations of mattresses, water filters, and hygiene/recreational items, and some 2,500 benefited from the rehabilitation/construction of detention infrastructure. With ICRC support, two officials enriched their knowledge on health in detention at a regional seminar (see *Jordan*).

WOUNDED AND SICK

Wounded people obtain treatment during National Society/ICRC-brokered pauses in the fighting

As first aid and hospital-level treatment became increasingly inaccessible, the ICRC continued to emphasize – in its contact with authority figures, weapon bearers and other influential actors – the need to create conditions to make these services more available. This resulted in several pauses in the hostilities, which allowed the transfer of wounded/sick people to hospitals, and enabled civilians to obtain health/medical care.

To increase the chances of injured people receiving timely life-saving care, people who were likely to be at the scene of violent incidents were provided with first-aid training/equipment. Over 1,000 people, including health personnel and weapon bearers, enhanced their skills at first-aid training sessions, at times conducted jointly with the National Society.

The ICRC sets up a surgical unit at a hospital in Aden

In Aden, weapon-wounded patients obtained surgical care at a 36-bed hospital where the ICRC set up a surgical unit in mid-June. More than 140 patients were admitted to the hospital, over 160 surgeries were performed and more than 600 people were accommodated in the outpatient department. The ICRC surgical team withdrew when the situation deteriorated in mid-August; the hospital nevertheless continued to be operational, with staff from the public health ministry and support from the ICRC.

Before this, for three weeks in April, staff at the Al Jamhouria hospital, also in Aden, dealt with an increased number of patients with the help of the same surgical team. Some 370 patients were treated, through over 110 operations and by other means. The team withdrew from the hospital when the fighting had reached its premises, but the hospital continued to treat patients with ICRC support.

Hospitals cope with patient influxes with the ICRC's help

Nine hospitals across the country regularly received drugs, surgical supplies and other support from the ICRC; 57 other hospitals in 12 governorates benefited from ad hoc donations of medical supplies that enabled them to treat thousands of weapon-wounded patients. Emergency repairs by the ICRC, donations of generators and assistance with water supply helped other hospitals avert or deal with service disruptions. Over 150 medical personnel learnt more about emergency-room trauma and weapon-wound management at ICRC-organized courses.

The health ministry drew on ICRC assistance to replenish its medical supplies; upon its request, the ICRC facilitated the delivery of medicines for transplant patients and of blood-bank supplies, both donated by a pharmaceutical company.

Delivery of physical rehabilitation services continues, but at a reduced scale

People with physical disabilities continued to avail themselves of services, including physiotherapy and mobility aids, at ICRC-supported rehabilitation centres; delivery of services, however, was set back by the ongoing violence. One centre each in Aden, Mukalla and Sana'a opened only intermittently; the Taiz centre suspended its work in April. In all, over 67,000 disabled people were assisted, over 28,800 of whom had physiotherapy. More than 20,000 prosthetic/orthotic devices were distributed to patients.

Five Yemeni students completed a three-year prosthetics/orthotics diploma course in India, and six others were admitted to a physiotherapy school in Sana'a, all with ICRC support. A school in Sa'ada received furnishings/equipment for taking in more students, but it had to put its courses on hold.

ACTORS OF INFLUENCE

Dialogue with influential actors facilitates movement of humanitarian aid/workers

Discussions with national and tribal/community leaders, representatives of armed groups, the media and civil society figures emphasized the necessity for neutral, impartial and independent

humanitarian action; influential actors abroad were also urged to step up efforts to help address the mounting humanitarian needs. These efforts were intensified when the violence escalated, and also served to foster acceptance for the ICRC's work and help the organization overcome obstacles such as clearances for its activities and delays at check points. Negotiations with and briefings for actors controlling the air space, sea ports and land routes leading to or within Yemen helped secure approval – albeit on a case-by-case basis – for the movement of ICRC staff and relief items into the country and in areas controlled by different parties.

Parties to the conflict are urged to respect IHL and other applicable norms

The applicability and implementation of IHL remained a central theme of the ICRC's discussions with the parties concerned; those involved in the Saudi-led military campaign were regularly reminded of the rules governing the conduct of hostilities. They were urged to respect IHL (see *Civilians*), including through public statements.

Adapting to difficulties in pursuing face-to-face talks with beneficiaries, the ICRC increased its use of digital/online media to relay humanitarian messages to a wider audience. Communication efforts also sought to engage beneficiaries and help them avoid risks related to weapon contamination (see *Civilians*). International media outlets drew on ICRC press releases, public statements, interviews and other communication materials to bring attention to the situation in Yemen. The ICRC president's visit to Yemen helped renew international interest in the humanitarian situation in the country and the Movement's work there.

Activities for promoting IHL and its implementation were suspended because of the situation; these included IHL workshops for the authorities and support for universities. Various actors nevertheless learnt more about IHL through different means. Articles about the ICRC, for example, were featured in a magazine distributed to Yemeni military officers; a foreign ministry official attended a regional IHL course (see *Lebanon*).

RED CROSS AND RED CRESCENT MOVEMENT

The National Society and the ICRC expand partnership in addressing needs amid security risks

The Yemen Red Crescent Society and the ICRC worked together to expand the coverage of their emergency response activities. With ICRC support, the National Society formed more emergency response teams, expanded its ambulance fleet, and conducted training sessions on basic lifesaving skills. Through ICRC risk-awareness sessions and advice on safety measures in weapon-contaminated areas, the National Society's 17 branches received support for managing the dangers they faced when carrying out first-aid activities, evacuating the wounded and managing human remains.

The National Society and the ICRC agreed on a joint action plan for their communication activities, including skills training for National Society staff and donations of equipment, such as computers and other electronic devices.

Movement components supporting operations in Yemen coordinated their activities closely, notably through a Movement Task Force.

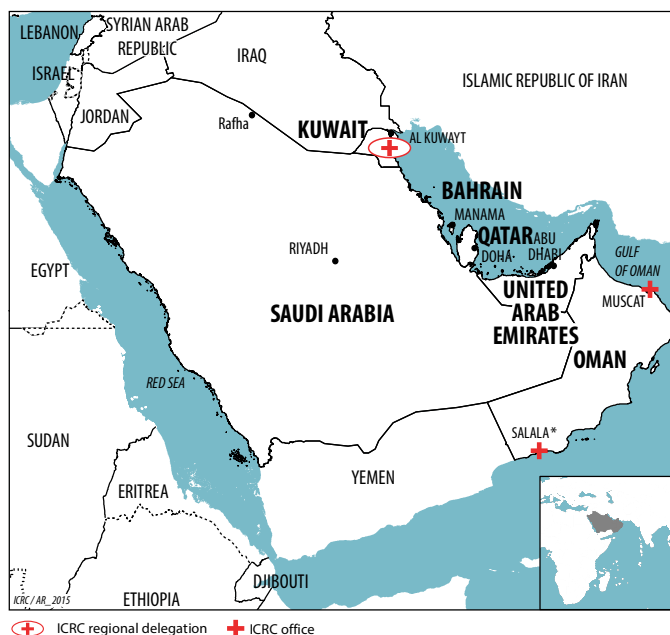
MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)		UAMs/SC*		
RCMs collected	4,122			
RCMs distributed	2,137			
Phone calls facilitated between family members	174			
Reunifications, transfers and repatriations				
Human remains transferred/repatriated	149			
Tracing requests, including cases of missing persons		Women	Girls	Boys
People for whom a tracing request was newly registered	822	32	28	87
<i>including people for whom tracing requests were registered by another delegation</i>	14			
People located (tracing cases closed positively)	109			
<i>including people for whom tracing requests were registered by another delegation</i>	1			
Tracing cases still being handled at the end of the reporting period (people)	822	40	32	94
<i>including people for whom tracing requests were registered by another delegation</i>	18			
Documents				
Official documents relayed between family members across borders/front lines	1			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits		Women	Minors	
Detainees visited	4,344	100	165	
		Women	Girls	Boys
Detainees visited and monitored individually	129			13
Detainees newly registered	114			12
Number of visits carried out	20			
Number of places of detention visited	17			
Restoring family links				
RCMs collected	12			
RCMs distributed	10			
Phone calls made to families to inform them of the whereabouts of a detained relative	465			
Detainees released and transferred/repatriated by/via the ICRC	14			
People to whom a detention attestation was issued	1			

*Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security (in some cases provided within a protection or cooperation programme)				
Food commodities	Beneficiaries	178,725	26%	54%
	<i>of whom IDPs</i>	94,626		
Essential household items	Beneficiaries	109,774	25%	54%
	<i>of whom IDPs</i>	86,583		
Productive inputs	Beneficiaries	6,090	25%	53%
Cash	Beneficiaries	37,261	24%	46%
	<i>of whom IDPs</i>	16,671		
Services and training	Beneficiaries	327	25%	53%
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	2,543,867	29%	42%
Health				
Health centres supported	Structures	22		
Average catchment population		270,204		
Consultations	Patients	194,251		
	<i>of which curative</i>		54,462	84,369
	<i>of which ante/post-natal</i>		6,608	
Immunizations	Doses	32,881		
Referrals to a second level of care	Patients	855		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security (in some cases provided within a protection programme)				
Essential household items	Beneficiaries	1,053		
Cash	Beneficiaries	3		
Water and habitat (in some cases provided within a protection or cooperation programme)				
Water and habitat activities	Beneficiaries	2,500		
Health				
Number of visits carried out by health staff		2		
Number of places of detention visited by health staff		2		
Number of health facilities supported in places of detention visited by health staff		1		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	66		
	<i>of which provided data</i>	37		
Patients whose hospital treatment has been paid for by the ICRC	Patients	71		
Admissions	Patients	48,083	6,982	3,958
	<i>of which weapon-wounded</i>	28,565	216	247
	<i>(including by mines or explosive remnants of war)</i>	812		
	<i>of which other surgical cases</i>	9,674		
	<i>of which internal medicine and paediatric cases</i>	6,294		
	<i>of which gynaecological/obstetric cases</i>	3,550		
Operations performed		16,600		
Outpatient consultations	Patients	177,056		
	<i>of which surgical</i>	15,246		
	<i>of which internal medicine and paediatric</i>	153,509		
	<i>of which gynaecological/obstetric</i>	8,301		
Physical rehabilitation				
Projects supported	Structures	4		
Patients receiving services	Patients	67,423	17,735	27,958
New patients fitted with prostheses	Patients	452	95	144
Prostheses delivered	Units	694	162	231
New patients fitted with orthoses	Patients	8,449	2,058	3,704
Orthoses delivered	Units	19,328	4,851	8,660
	<i>of which for victims of mines or explosive remnants of war</i>	1		
Patients receiving physiotherapy	Patients	28,889	7,436	13,328
Crutches delivered	Units	1,359		
Wheelchairs delivered	Units	425		

KUWAIT (regional)

COVERING: the 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 1990–91 Gulf War. It focuses on humanitarian needs remaining from that war or arising from current armed conflicts and other situations of violence in the wider region. Its work includes activities for people deprived of their freedom in the countries covered and the promotion of IHL and its own role as a neutral, impartial and independent humanitarian organization, among governments and other influential circles. Strengthening partnerships with the Red Crescent Societies of the region is another priority, along with resource mobilization and coordination with other actors.

KEY RESULTS/CONSTRAINTS IN 2015

- Families separated by armed conflict, detention, and migration maintained/restored contact through family-links services provided with National Societies, though progress in regional coordination remained limited.
- Bahraini, Kuwaiti and Qatari authorities took steps to improve prison services, drawing on ICRC feedback from visits to detainees. Security/health personnel learnt more about international norms applicable to their duties.
- Contact at regional fora and at ICRC-organized events raised support for the Movement and IHL. Kuwait and other States committed aid to the Movement, after a pledging conference for assisting conflict-affected Syrians.
- After talks with the ICRC president: at Oman's invitation, the ICRC opened a logistics facility in the country, to facilitate aid for conflict-affected people in Yemen; some States expressed support for ICRC action in Yemen.
- In relation to the 1990–91 Gulf War: over 3,200 Iraqi former POWs received attestations of captivity for processing assistance/legal claims; the ICRC-chaired Tripartite Commission found no remains of missing persons.

EXPENDITURE IN KCHF

Protection	2,107
Assistance	241
Prevention	1,848
Cooperation with National Societies	523
General	27
Total	4,746
<i>Of which: Overheads</i>	290

IMPLEMENTATION RATE

Expenditure/yearly budget	98%
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PERSONNEL

Mobile staff	12
Resident staff (daily workers not included)	30

YEARLY RESULTS

Level of achievement of ICRC yearly objectives/plans of action

MEDIUM

PROTECTION	Total
CIVILIANS (residents, IDPs, returnees, etc.)	
Restoring family links	
RCMs collected	17
RCMs distributed	32
Phone calls facilitated between family members	101
People located (tracing cases closed positively)	13
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)	
ICRC visits	
Detainees visited	12,110
Detainees visited and monitored individually	151
Number of visits carried out	52
Number of places of detention visited	23
Restoring family links	
RCMs collected	231
RCMs distributed	164
Phone calls made to families to inform them of the whereabouts of a detained relative	220

CONTEXT

The Member States of the Gulf Cooperation Council (GCC) continued to exert influence in the region and beyond. Saudi Arabia led a military coalition that conducted airstrikes in Yemen; Bahrain, Kuwait, Qatar and the United Arab Emirates (hereafter UAE) participated. Saudi Arabia, Qatar and the UAE are also members of international coalitions fighting the Islamic State group (see *Syrian Arab Republic* and *Yemen*).

Most GCC governments and National Societies undertook to assist conflict-affected people in the region, including those who had fled to other countries. For the third consecutive year, Kuwait held an international pledging conference to help victims of the crisis in the Syrian Arab Republic (hereafter Syria). Saudi Arabia hosted the secretariat of the GCC and the secretariat and Humanitarian Affairs Department of the Organization of Islamic Cooperation (OIC). Saudi Arabia created the King Salman Center in 2015, and coordinated its humanitarian aid for Yemen through it.

Bomb and suicide attacks claimed lives in Bahrain, Kuwait and Saudi Arabia. Arrests on grounds of “terrorism” were made throughout the GCC, and policies on economic migration were tightened, which contributed to an increase in the number of detainees.

In Bahrain, fewer demonstrations took place than in past years; operations to quell them still led to arrests.

ICRC ACTION AND RESULTS

The ICRC’s regional delegation in Kuwait worked to raise awareness among GCC States and GCC-based organizations, including Islamic charities, of the plight of conflict-affected people in the region and foster support for the Movement’s neutral, impartial and independent humanitarian action for these people, and IHL implementation. Events organized by the ICRC with National Societies, national IHL committees and others, and high-level contact – with the ICRC president for example – contributed to States and organizations renewing/pledging support for Movement action in the region. Following the Third International Humanitarian Pledging Conference for Syria, States, in particular Kuwait, renewed pledges of support for the Movement. High-level talks with the ICRC president contributed to Oman inviting the ICRC to open a logistics facility in the country, which served as a conduit for aid to Yemen. UAE and Saudi Arabian authorities pledged to contribute to the ICRC’s activities in Yemen for 2016.

The ICRC – together with national IHL committees, National Societies, judicial institutes and others – provided support for implementing IHL in the region. Through advanced courses, workshops and briefings, State officials, legal professionals and academics added to their knowledge of IHL and were encouraged to facilitate the implementation process. States that were part of the military coalition in Yemen were reminded of their obligations under IHL. Kuwaiti and Qatari military officers supplemented their IHL training, and Bahraini penitentiary officers learnt more about international human rights law and IHL.

Detainees in Bahrain, Kuwait and Qatar – including migrants – received ICRC visits in accordance with the organization’s standard procedures; particularly vulnerable inmates were followed up individually. Following visits, the authorities were advised and encouraged in improving living conditions, and treatment, for example, in line with judicial guarantees, the principle of

non-refoulement and the need of detainees, particularly migrants, for family contact. At local training initiatives and events abroad, prison officials and health staff learnt more, from their peers and the ICRC, about issues related to their work and the norms governing it.

Families in the region used Movement family-links services to maintain/restore contact with relatives separated from them by armed conflict, detention and other circumstances. National Societies were helped to improve and promote family-links services through training support and other means, though efforts to strengthen regional coordination and cooperation progressed little. National Societies also drew on ICRC help to strengthen their emergency response and their capacity to work in violence-prone areas. At statutory meetings in Switzerland and other events, GCC National Societies discussed their activities abroad and coordination, with other Movement components.

In Saudi Arabia, forensic professionals in the region shared experiences and best practices in managing human remains at an ICRC-organized event, with a view to facilitating increased coordination and cooperation among them. In relation to the 1990–91 Gulf War: Iraqi former POWs received attestations of captivity for use in processing State assistance and legal claims; the ICRC-chaired Tripartite Commission found no remains of missing persons.

CIVILIANS

In Bahrain, dialogue with the authorities on protection concerns relating to people arrested during demonstrations continued. The Interior Ministry, with ICRC support, trained security/penitentiary officials in norms applicable to their work (see *People deprived of their freedom*).

Dispersed families keep in touch through Movement family-links services

People maintained/restored contact with relatives separated from them by armed conflict, detention and other circumstances through RCMs, phone/video calls, short oral messages and other services offered by National Societies and the ICRC. In Kuwait, beneficiaries included a growing number of migrants, including asylum seekers and refugees, affected by crises in Nepal (see *Nepal*), Syria and Yemen. In Kuwait, some 130 families contacted/received news of relatives at Syria’s eastern border with Jordan (see *Jordan*).

People phoned or sent RCMs and/or parcels containing food/recreational items to relatives detained in Afghanistan, Iraq, Lebanon, Syria, Yemen and elsewhere. Most notably, people called relatives held at the US internment facility at Guantanamo Bay Naval Station in Cuba. Calls were made monthly, more frequently than in past years, and some families, making use of video calls for the first time, were able to see their relatives. Two families spent time with their relatives detained abroad during an ICRC-organized visit.

GCC National Societies strove to improve regional family-links capacities. The Bahrain Red Crescent Society and the Qatar Red Crescent Society began drafting action plans on training and operations, and the focal point of the Kuwait Red Crescent Society gained more practical experience by participating in ICRC activities for migrants. Staff from these three National Societies honed their skills at ICRC training sessions.

The Qatari Red Crescent also integrated family-links services into their emergency response; however, no other National Society did so.

Efforts to strengthen regional coordination and conduct joint needs assessments progressed little; National Societies/ICRC instead focused on promoting family-links services, including the ICRC’s Arabic family-links website, to potential beneficiaries, notably migrants.

Forensic professionals from the region shared experiences and best practices in managing human remains at an ICRC-organized event in Saudi Arabia that sought to further coordination and cooperation among them.

Efforts to clarify the fate of persons missing in relation to the 1990–91 Gulf War continue, amid constraints

With the ICRC chairing and acting as a neutral intermediary within the tripartite committee 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 continued working to clarify the fate of persons missing in relation to the 1990–91 Gulf War.

Several missions were made to Iraq and Kuwait – for purposes of excavation/exploration – but no human remains were recovered. At one ICRC-chaired meeting of the tripartite committee, and at three meetings of its technical sub-committee, the parties concerned discussed obstacles, such as prevailing conditions in Iraq (see *Iraq*), and agreed to review their approach.

PEOPLE DEPRIVED OF THEIR FREEDOM

Over 12,100 people detained in facilities in Bahrain, Kuwait and Qatar, including a Doha city deportation centre, received visits conducted according to standard ICRC procedures. Particularly vulnerable people, such as migrants, women, people arrested in connection with demonstrations in Bahrain, and security detainees in Kuwait, were followed up individually.

After visits, the authorities received confidential feedback and, where appropriate, recommendations for improving detainees’ treatment and living conditions, particularly during arrest and the initial stages of detention. Dialogue also focused on improving penitentiary services to better address issues related to overcrowding, judicial guarantees, and detainee health care.

Overall progress on these areas remained limited, notably in Bahrain, though, some training initiatives did take place.

Officials and health staff learn more about norms/issues related to their work from their peers and the ICRC

At briefings in Bahrain, about 40 officials from the interior ministry offices and 25 others from various government bodies added to their knowledge of international human rights law and IHL, and internationally recognized detention standards, respectively; all of them learnt more about the ICRC’s work for detainees. The authorities requested further training support.

The Kuwaiti penitentiary authorities were advised in improving training programmes for police and penitentiary staff, and were helped to organize a study trip abroad. Thus, Kuwaiti penitentiary officials exchanged best practices with their counterparts in the Netherlands; in the same vein, Qatari penitentiary officials went on a study trip to Switzerland.

GCC penitentiary authorities gained insights on providing health in detention – in relation to ill-treatment, hunger strikes, and the benefits of involving health ministries – at two seminars organized with the Kuwaiti authorities and the GCC secretariat; Bahrain sent health staff to a conference abroad (see *Jordan*). The Bahraini authorities, assisted by the ICRC, dealt with health/medical emergencies: after a scabies epidemic in one prison, detainees were provided with hygiene items for reducing the risk of contagion; detainees injured during a riot were transferred to medical facilities for treatment. In Kuwait, Algerian officials and Kuwaiti interior ministry staff discussed health care for detainees (see *Algeria*).

Detainees in Kuwait restore/maintain contact with their relatives

Where appropriate, the authorities were reminded of the need to facilitate family contact and respect the principle of *non-refoulement*, particularly with regard to detained migrants.

In Kuwait, this issue was taken up at a round-table discussion that involved the foreign/interior ministries and UNHCR, and at other meetings. Syrian consular officials were requested to facilitate the issuance of passports for Syrian deportees; foreigners whose

PEOPLE DEPRIVED OF THEIR FREEDOM		Bahrain	Kuwait	Qatar
ICRC visits				
Detainees visited		3,587	5,697	2,826
	<i>of whom women</i>		894	339
	<i>of whom minors</i>	148	5	
Detainees visited and monitored individually		14	126	11
	<i>of whom women</i>		75	1
	<i>of whom girls</i>		3	
	<i>of whom boys</i>	3	2	
Detainees newly registered		14	111	8
	<i>of whom women</i>		62	8
	<i>of whom girls</i>		3	
	<i>of whom boys</i>	3	2	
Number of visits carried out		6	42	4
Number of places of detention visited		3	16	4
Restoring family links				
RCMs collected			231	
RCMs distributed			164	
Phone calls made to families to inform them of the whereabouts of a detained relative			220	
People to whom a detention attestation was issued			3,327	

countries did not have embassies in Kuwait were helped to obtain travel documents from their embassies in Saudi Arabia. Kuwaiti authorities were encouraged to purchase return airplane tickets for deportees with limited means, thereby helping avoid delays in the deportation process.

With help from the Kuwaiti Red Crescent/ICRC, some detainees reconnected with their relatives. Migrants from Sri Lanka and Nepal availed themselves of video calls, and women at the deportation centre called relatives abroad using phone cards provided to them. Thanks partly to ICRC encouragement, a Nepalese baby with cerebral palsy and her mother were transferred to the custody of Nepalese authorities, after the baby had received some medical attention from Kuwaiti health staff.

Over 3,300 ex-POWs receive attestations of captivity

A total of 3,327 Iraqi ex-POWs, held in Saudi Arabia during the 1990–1991 Gulf War, received attestations of captivity; this helped them apply for financial assistance in Iraq or facilitated legal procedures in third countries where they had resettled.

ACTORS OF INFLUENCE

Governments, civil society – international/intergovernmental organizations, Islamic charities and UN agencies – and others learnt more about humanitarian issues in the region and IHL at events organized with/for them by the ICRC.

GCC States/organizations pledge support for ICRC action for conflict-affected people in Syria and Yemen

Dialogue at regional fora and other events raised support for Movement activities for conflict-affected people among governments and organizations.

After the Third International Humanitarian Pledging Conference for Syria, held in Kuwait and attended by the ICRC president, States, including Kuwait, renewed their pledges of support for the Movement. With the agreement of the authorities concerned, the ICRC opened a logistics facility in Oman; through it, assistance – from the ICRC, UN agencies and the Bahraini and Kuwaiti National Societies – was delivered more easily into Yemen (see *Yemen*). In addition, following intensive dialogue and high-level meetings with the organization's president, the UAE and Saudi Arabian authorities responded favourably to endorsing the ICRC's activities in Yemen for 2016, and to allowing the ICRC to increase its presence in the respective countries.

Governments, organizations and the ICRC discussed their shared principles and challenges in humanitarian work – for example, safety risks and water scarcity, at conferences in Qatar and the UAE – and the role of youth and the government in it, at an event in Kuwait. This fostered respect for neutrality, impartiality and independence, and facilitated cooperation/coordination; some Islamic organizations, including the OIC, signed/renewed cooperation/training agreements with the ICRC.

The media helped build support for IHL and the Movement among the public; UAE-based journalists were briefed on the protection due to them under IHL and accurate reporting on humanitarian issues.

GCC National IHL committees and State officials boost their ability to advance/promote IHL implementation

National IHL committees were advised in promoting IHL in line with a regional plan, adopted during a League of Arab States

conference in Algeria in 2014. Bahrain's committee more easily assumed its duties with ICRC technical support.

At events organized with national IHL committees, National Societies and others, government officials – including judges and newly appointed Kuwaiti diplomats – and humanitarian workers were urged to support IHL implementation. Various topics were discussed at these events: the similarities between IHL and Islamic jurisprudence, at a Kuwaiti Red Crescent briefing; and the goals of the Health Care in Danger project at an event with Bahrain's National Institute for Human Rights.

Kuwaiti, Qatari and Saudi Arabian officials attended courses abroad (see *Lebanon* and *Nairobi*), and the region's magistrates and prosecutors honed their knowledge of IHL at a workshop at the Kuwait Institute for Judicial and Legal Studies. The heads of a Kuwaiti and an Emirati judicial institute, and that of a Qatari university's law faculty joined an expert meeting and an advanced course in Switzerland.

Bahraini, Emirati, Kuwaiti, Omani and Qatari universities were encouraged to incorporate IHL into their curricula. Hundreds of academics were briefed on IHL and consulted ICRC-provided references.

Military officers supplement their training in IHL

States part of the military coalition in Yemen (see *Context*) were reminded of their obligations under IHL. Efforts were made, particularly with the Saudi Arabian forces, to deepen dialogue on the conduct of hostilities; some Saudi Arabian officers attended IHL training at ICRC headquarters in Switzerland.

During briefings at military colleges, more than 130 Kuwaiti and Qatari officers furthered their understanding of IHL – particularly the ICRC's mandate and the importance of providing unimpeded access to health/medical care. Because of administrative constraints and the shift of priorities towards Yemen, some training initiatives did not push through.

Bahraini security officers and officials attended ICRC-organized training (see *People deprived of their freedom*).

RED CROSS AND RED CRESCENT MOVEMENT

GCC National Societies enhance their emergency response capacities

GCC National Society volunteers learnt to better mitigate the risks of violence while working in volatile areas, with training on the Safer Access Framework. At a HELP workshop organized with the Qatari Red Crescent, over 150 GCC National Society personnel and health/medical professionals practiced responding to large-scale health emergencies. The Saudi Arabian Red Crescent's emergency-response team drew on ICRC advice to develop its contingency planning, and the Qatari Red Crescent integrated family-links services into its emergency response (see also *Civilians*).

At statutory meetings in Switzerland and other events, GCC National Societies discussed their activities abroad and coordination with other Movement components. Moreover, some 60 staff/volunteers of the Bahraini, Kuwaiti and Qatari National Societies familiarized themselves with conducting humanitarian action in line with the Fundamental Principles, at a workshop.

With the ICRC, GCC National Societies promoted IHL, the protection of Movement emblems and the Health Care in Danger project among their volunteers and others (see *Actors of influence*). With the International Federation and ICRC, they strengthened their legal bases, management and organizational structure.

MAIN FIGURES AND INDICATORS: PROTECTION		Total			
CIVILIANS (residents, IDPs, returnees, etc.)					
Red Cross messages (RCMs)			UAMs/SC*		
RCMs collected	17				
RCMs distributed	32				
Phone calls facilitated between family members	101				
Tracing requests, including cases of missing persons			Women	Girls	Boys
People for whom a tracing request was newly registered	28	8			
<i>including people for whom tracing requests were registered by another delegation</i>	1				
People located (tracing cases closed positively)	13				
<i>including people for whom tracing requests were registered by another delegation</i>	2				
Tracing cases still being handled at the end of the reporting period (people)	1,505	13	1		44
<i>including people for whom tracing requests were registered by another delegation</i>	1,392				
Documents					
Official documents relayed between family members across borders/front lines	12				
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits			Women	Minors	
Detainees visited	12,110	1,233	153		
			Women	Girls	Boys
Detainees visited and monitored individually	151	76	3		5
Detainees newly registered	133	70	3		5
Number of visits carried out	52				
Number of places of detention visited	23				
Restoring family links					
RCMs collected	231				
RCMs distributed	164				
Phone calls made to families to inform them of the whereabouts of a detained relative	220				
People to whom a detention attestation was issued	3,327				

*Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Health				
Number of visits carried out by health staff		19		
Number of places of detention visited by health staff		5		

MAIN FIGURES AND INDICATORS

PROTECTION FIGURES AND INDICATORS

	WORLD	AFRICA	AMERICAS	ASIA AND THE PACIFIC	EUROPE AND CENTRAL ASIA	NEAR AND MIDDLE EAST
People deprived of their freedom						
All categories/all statuses						
Detainees visited	928,812	293,276	186,817	272,809	66,334	109,576
Detainees visited and monitored individually	25,734	10,686	930	5,232	1,418	7,468
Detainees newly registered during the reporting period	16,660	7,669	245	2,592	885	5,269
Detainees released	17,926	2,157	152	1,121	369	14,127
<i>of whom repatriated or transferred by/via the ICRC</i>	73	51		5	2	15
Number of visits carried out	4,725	1,839	439	741	474	1,232
Number of places of detention visited	1,596	583	162	367	166	318
Number of contexts	96	39	13	13	21	10
Number of detainees who benefited from the ICRC's family visits programme	11,501	129	182	4,128	691	6,371
Detained women						
Women visited	52,998	11,495	14,301	19,363	2,867	4,972
Women detainees visited and monitored individually	951	287	44	206	101	313
Women detainees newly registered during the reporting period	704	223	10	143	82	246
Women detainees released	278	76	1	52	28	121
Number of women who benefited from the ICRC's family visits programme	119		16	53	23	27
Detained minors						
Detained minors visited	17,927	6,053	5,639	3,710	366	2,159
Detained minors visited and monitored individually	1,306	631	41	115	22	497
Detained minors newly registered during the reporting period	1,172	565	38	94	18	457
Detained minors released	1,173	121	4	39	11	998
Detained minors who benefited from the ICRC's family visits programme	211			19	2	190
International armed conflicts (Third Geneva Convention)						
Prisoners of war (POWs) visited	26	24			2	
POWs newly registered during the reporting period	2				2	
POWs released	1				1	
<i>of whom repatriated or transferred by/via the ICRC</i>	1				1	
Number of visits carried out	27	8			19	
Number of places visited	9	3			6	
International armed conflicts (Fourth Geneva Convention)						
Civilian internees (CIs) and others visited	2,587					2,587
CIs and others newly registered during the reporting period	1,607					1,607
CIs and others released	12,207					12,207
Number of visits carried out	367					367
Number of places visited	41					41
Restoring family links						
Red Cross messages (RCMs)						
RCMs collected	129,778	102,441	1,571	13,510	946	11,310
<i>of which from detainees</i>	20,558	5,130	1,485	9,055	381	4,507
<i>of which from unaccompanied minors/separated children</i>	4,156	4,116	31	7	2	
<i>of which from civilians</i>	105,064	93,195	55	4,448	563	6,803
RCMs distributed	106,108	84,607	1,079	10,773	763	8,886
<i>of which to detainees</i>	10,685	3,037	992	3,980	230	2,446
<i>of which to unaccompanied minors/separated children</i>	2,289	2,277	7	1	1	3
<i>of which to civilians</i>	93,134	79,293	80	6,792	532	6,437
RCMs not distributed (back to sender)	12,367	10,396	28	688	49	1,206
Other means of family contact						
Telephone calls facilitated between family members (by cellular or satellite phone)	479,358	416,591	35,918	9,221	714	16,914
Telephone calls made to families to inform them of the whereabouts of a detained relative	33,405	5,559	49	4,075	421	23,301
Names published in the media	11,186	9,843		1,343		
Names published on the ICRC website	46,979	34,132		4,063	8,784	
Reunification, transfers and repatriations						
People reunited with their families	1,074	1,049		3	18	4
Civilians transferred	1,007	28	21	2	826	130
Human remains transferred	2,436		11	2,260	16	149
Civilians repatriated	41	25		2		14
Human remains repatriated	731					731
Tracing requests						
People for whom a tracing request was newly registered	17,847	8,353	479	1,330	1,242	6,443
<i>of whom women</i>	2,683	1,499	93	196	143	752

	WORLD	AFRICA	AMERICAS	ASIA AND THE PACIFIC	EUROPE AND CENTRAL ASIA	NEAR AND MIDDLE EAST
<i>of whom minors at the time of disappearance</i>	5,151	3,842	125	329	81	774
Tracing requests closed positively (person located)	4,798	2,273	133	677	974	741
Tracing requests closed negatively (person not located)	5,042	2,169	177	665	382	1,649
Tracing requests still being handled at the end of the reporting period	63,110	13,643	833	18,155	18,841	11,638
<i>of which for women</i>	6,135	2,088	112	1,043	2,097	795
<i>of which for minors at the time of disappearance</i>	8,904	4,726	163	1,949	732	1,334
Unaccompanied minors (UAMs) and separated children (SCs)						
UAMs/SCs newly registered	3,816	3,809		6		1
<i>by the ICRC and/or the National Society</i>	3,809	3,803		6		
<i>of whom girls</i>	1,348	1,348				
UAMs/SCs reunited with their families ¹	1,984	1,976		7		1
<i>by the ICRC and/or the National Society</i>	968	964		3		1
<i>of whom girls</i>	256	256				
UAMs/SCs cases still being handled at the end of the reporting period	3,219	3,195		20	1	3
<i>of whom girls</i>	1,126	1,116		7		3
Unaccompanied demobilized child soldiers²						
Demobilized child soldiers newly registered	450	450				
<i>by the ICRC and/or the National Society</i>	450	450				
<i>of whom girls</i>	50	50				
Demobilized child soldiers reunited with their families ¹	556	552		4		
<i>by the ICRC and/or the National Society</i>	479	479				
<i>of whom girls</i>	29	29				
Cases of demobilized child soldiers still being handled at the end of the reporting period	196	196				
<i>of whom girls</i>	37	37				
Documents issued						
People to whom travel documents were issued	4,741	270	1	687	101	3,682
People to whom a detention attestation was issued	15,923	246	8	235	137	15,297
Other attestations issued	257	16	15	58	105	63
Documents transmitted/transferred	1,775	59	2	27	333	1,354
People soliciting ICRC offices in the field						
People who visited or telephoned ICRC offices	1,041,893	21,353	6,608	93,255	16,946	903,731

1. Figures for unaccompanied minors and separated children and unaccompanied demobilized child soldiers reunited with their families are included in the figure People reunited with their families above.

2. Figures for unaccompanied demobilized child soldiers are included in the figures for unaccompanied minors and separated children above.

ASSISTANCE FIGURES AND INDICATORS

	WORLD ¹	AFRICA	AMERICAS	ASIA AND THE PACIFIC	EUROPE AND CENTRAL ASIA	NEAR AND MIDDLE EAST
Economic security (number of beneficiaries)						
Civilians (residents, returnees, etc.)						
Essential household items	898,753	264,559	20,719	107,328	367,391	138,756
Food commodities	1,588,644	841,466	15,772	221,199	340,633	169,574
Cash	428,985	179,316	7,034	138,805	6,216	97,614
Productive inputs	2,716,053	2,535,006	22,714	83,512	3,219	71,602
Vouchers	86,614	57,988	11	11,383	12,215	5,017
Services and training	1,523,731	1,269,337	2,274	207,197	212	44,711
Internally displaced people						
Essential household items	4,323,906	889,009	3,231	291,053	40,507	3,100,106
Food commodities	11,412,717	1,358,832	2,524	251,185	52,353	9,747,823
Cash	359,506	51,785	85,202	36,660	16,745	169,114
Productive inputs	564,489	543,581	5,114	11,945		3,849
Vouchers	1,249		8	1,241		
Services and training	98,935	15,814	76,466	6		6,649
Detainees						
Essential household items	385,776	132,860	6,851	137,425	24,148	84,492
Food commodities	96,502	53,564		296	17,124	25,518
Cash	5,164	4,190	16	864	91	3
Productive inputs	23,401	23,401				
Services and training	12,483	3,639	8,821	23		
Total for all target populations						
Essential household items	5,608,435	1,286,428	30,801	535,806	432,046	3,323,354
Food commodities	13,097,863	2,253,862	18,296	472,680	410,110	9,942,915
Cash	793,655	235,291	92,252	176,329	23,052	266,731
Productive inputs	3,303,943	3,101,988	27,828	95,457	3,219	75,451
Vouchers	87,863	57,988	19	12,624	12,215	5,017
Services and training	1,635,149	1,288,790	87,561	207,226	212	51,360

Water and habitat (number of beneficiaries)						
Civilians (residents, returnees, etc.)						
Water and habitat activities (number of beneficiaries)	28,620,688	2,886,501	90,229	692,691	2,075,992	22,875,275
Internally displaced people						
Water and habitat activities (number of beneficiaries)	2,405,900	282,826	2,187	67,333	613	2,052,941
Detainees						
Water and habitat activities (number of beneficiaries)	353,242	163,154	39,017	113,382	9,099	28,590
Wounded and sick						
Water and habitat activities (number of beds)	14,627	3,422	99	1,552	3,593	5,961
Total for all projects all target populations						
Water and habitat activities (number of beneficiaries)	31,379,830	3,332,481	131,433	873,406	2,085,704	24,956,806
Water and habitat activities (number of beds)	14,627	3,422	99	1,552	3,593	5,961

Community health (number of beneficiaries)						
Health centres supported						
Number of health centres supported	286	105	16	96	7	62
Monthly average of health centres supported	189	78	12	62	2	35
Estimated population covered by these health centres (monthly average)	4,667,904	1,589,298	90,746	1,713,334	63,072	1,211,454
Activities						
Number of ante/post-natal consultations (total)	232,752	138,633	201	77,535	20	16,363
Number of immunization activities (total)	1,130,479	529,138	1,181	526,760	4,761	68,639
Of which: number of polio immunizations (total)	240,181	150,887	142	2,361	3,116	83,675
Age ≤ 5	240,181	150,887	142	2,361	3,116	83,675
Number of curative consultations (total)	2,879,051	791,697	27,679	1,253,054	55,965	750,656
Age ≤ 5	688,196	211,999	2,385	336,980	2,797	134,035
5 < Age < 15	660,677	183,906	2,515	307,829	7,837	158,590
Age ≥ 15	1,530,178	395,792	22,779	608,245	45,331	458,031
Of which: number of females attending curative consultations (total)	956,599	305,342	5,127	383,252	16,227	246,651
Age ≥ 15	956,599	305,342	5,127	383,252	16,227	246,651
Number of cases referred from first- to second-line health facilities (total)	29,626	8,391	207	12,611	29	8,388
Of which: number of gynaecological/obstetric cases referred (total)	3,032	1,178	10	738		1,106

	WORLD ¹	AFRICA	AMERICAS	ASIA AND THE PACIFIC	EUROPE AND CENTRAL ASIA	NEAR AND MIDDLE EAST
Hospital support						
Hospitals supported						
Number of supported hospitals that provided statistics	166	68		16	11	71
Number of supported hospitals that did not provide statistics	310	59	17	60	96	78
Monthly average of supported hospitals that provided statistics	168	28		60	2	78
Monthly average of supported hospitals that did not provide statistics	57	10	1	13	21	12
Activities						
Number of patients whose treatment was paid for by the ICRC (new patients only)						
Women	6,923	6,227	604	73		19
Men	1,504	527	538	196		243
Girls 5< Age <15	150	22	100	23		5
Boys 5< Age <15	201	40	98	41		22
Girls ≤ 5 years	92	8	61	23		
Boys ≤ 5 years	122	10	69	42		1
Inpatient surgical activities						
Number of weapon-wounded patients admitted (total)	48,115	11,323		2,618	1,275	32,899
Women	2,260	1,364		224	397	275
Men	44,374	9,292		1,932	878	32,272
Girls < 15 years	539	287		143		109
Boys < 15 years	942	380		319		243
Of which: number of patients admitted with injuries caused by mines or explosive remnants of war (total)	2,475	349		1,270		856
Women	233	50		153		30
Men	1,825	220		832		773
Girls < 15 years	161	40		92		29
Boys < 15 years	256	39		193		24
Number of non-weapon-wounded surgical cases admitted (total)	98,491	11,130		34,487		52,874
Women	13,892	2,995		8,894		2,003
Men	72,967	5,639		17,538		49,790
Girls < 15 years	5,323	1,134		3,758		431
Boys < 15 years	6,309	1,362		4,297		650
Number of operations performed	132,312	37,772		39,254		55,286
Inpatient medical activities						
Number of medical patients admitted (total)	197,502	28,193		89,786		79,523
Women	39,005	6,321		28,608		4,076
Men	104,686	5,382		28,595		70,709
Girls 5< Age <15	12,637	3,464		8,355		818
Boys 5< Age <15	12,129	3,652		7,666		811
Girls ≤ 5 years	13,788	4,429		7,800		1,559
Boys ≤ 5 years	15,257	4,945		8,762		1,550
Inpatient gynaecological/obstetric activities						
Number of gynaecological/obstetric patients admitted (total)	153,622	23,779		44,956		84,887
Women	151,592	23,745		43,027		84,820
Girls < 15 years	2,030	34		1,929		67
Outpatient activities, including specialized clinics						
Number of surgical outpatients treated (total)	540,275	50,973		211,314		277,988
Women	77,514	11,849		57,720		7,945
Men	378,966	26,628		90,791		261,547
Girls 5< Age <15	22,793	4,060		16,620		2,113
Boys 5< Age <15	29,466	4,388		22,306		2,772
Girls ≤ 5 years	13,585	2,007		10,386		1,192
Boys ≤ 5 years	17,951	2,041		13,491		2,419
Number of medical outpatients treated (total)	1,067,064	155,788		296,192	68,178	546,906
Women	305,646	46,897		106,943	41,828	109,978
Men	480,878	44,175		102,310	26,350	308,043
Girls 5< Age <15	64,052	14,502		19,278		30,272
Boys 5< Age <15	60,983	14,789		17,345		28,849
Girls ≤ 5 years	75,034	17,128		24,777		33,129
Boys ≤ 5 years	80,471	18,297		25,539		36,635
Number of gynaecological/obstetric outpatients treated (total)	256,724	32,452		137,988		86,284
Women	249,350	32,072		131,073		86,205
Girls 5< Age <15	7,374	380		6,915		79

	WORLD ¹	AFRICA	AMERICAS	ASIA AND THE PACIFIC	EUROPE AND CENTRAL ASIA	NEAR AND MIDDLE EAST
First-aid activities						
First-aid posts supported						
Number of supported first-aid posts that provided statistics	19	13		4		2
Number of supported first-aid posts that did not provide statistics	129	29	1	46	52	1
Monthly average of supported first-aid posts that provided statistics	2	2				
Monthly average of supported first-aid posts that did not provide statistics	13	3		4	6	
Number of wounded treated in the first-aid posts (total)	11,285	2,563		8,722		
Women	3,854	5		3,849		
Men	6,206	2,556		3,650		
Girls < 15 years	624	1		623		
Boys < 15 years	601	1		600		
Physical rehabilitation						
Number of physical rehabilitation projects supported (total)						
	129	41	16	53		19
Activities						
Number of patients receiving services from the projects (total)	371,884	32,815	23,452	207,048		108,569
Women	73,097	5,276	7,681	38,533		22,417
Men	167,411	6,819	11,737	107,675		41,180
Girls < 15 years	51,859	6,656	1,913	24,308		18,982
Boys < 15 years	78,707	14,064	2,121	36,532		25,990
Number of amputees receiving services from the projects (total)	82,199	8,024	2,887	49,450		21,838
Women	10,614	1,575	760	4,569		3,710
Men	65,305	5,897	1,988	42,729		14,691
Girls < 15 years	3,063	212	62	727		2,062
Boys < 15 years	3,217	340	77	1,425		1,375
Number of new patients fitted with prostheses (new to the ICRC) (total)	9,155	1,807	464	5,096		1,788
Women	1,399	345	100	651		303
Men	6,888	1,314	320	4,003		1,251
Girls < 15 years	291	56	16	129		90
Boys < 15 years	550	92	28	286		144
Number of prostheses delivered (total)	20,872	4,103	922	11,357		4,490
Women	2,916	767	197	1,275		677
Men	16,231	3,028	644	9,221		3,338
Girls < 15 years	610	123	31	270		186
Boys < 15 years	115	185	50	591		289
Of which: number of prostheses delivered to mine victims (total)	5,841	501	107	4,472		761
Women	342	45	12	257		28
Men	5,368	440	90	4,110		728
Girls < 15 years	22	3	1	17		1
Boys < 15 years	109	13	4	88		4
Number of non-amputees receiving services from the centres (total)	289,685	24,791	20,565	157,598		86,731
Women	64,704	5,096	6,921	33,980		18,707
Men	109,384	8,173	9,750	64,972		26,489
Girls < 15 years	48,095	5,067	1,850	23,570		17,608
Boys < 15 years	67,529	6,482	2,044	35,076		23,927
Number of new patients fitted with orthoses (new to the ICRC) (total)	44,226	2,541	4,661	15,636		21,388
Women	7,071	453	863	2,670		3,085
Men	11,336	726	1,045	5,299		4,266
Girls < 15 years	11,120	551	1,272	2,909		6,388
Boys < 15 years	14,649	811	1,481	4,758		7,599
Number of orthoses delivered (total)	88,856	5,018	6,880	32,986		43,972
Women	13,898	884	1,512	4,934		6,568
Men	20,922	1,280	1,597	9,708		8,337
Girls < 15 years	22,341	1,145	1,733	6,598		12,865
Boys < 15 years	31,695	1,709	2,038	11,746		16,202

	WORLD ¹	AFRICA	AMERICAS	ASIA AND THE PACIFIC	EUROPE AND CENTRAL ASIA	NEAR AND MIDDLE EAST
Of which: number of orthoses delivered to mine victims (total)	348	35	26	268		19
Women	23	4	3	16		
Men	287	25	21	230		11
Girls < 15 years	16	2	2	7		5
Boys < 15 years	22	4		15		3
Number of patients receiving physiotherapy	177,595	20,344	11,771	104,094		41,386
Women	39,081	4,538	6,309	18,681		9,553
Men	71,292	7,786	4,895	42,527		16,084
Girls < 15 years	29,041	3,558	236	17,544		7,703
Boys < 15 years	38,181	4,462	331	25,342		8,046
Crutches and sticks delivered (total units)	41,611	9,009	581	28,504		3,517
Women	6,570	1,771	211	3,976		612
Men	30,036	6,421	322	21,133		2,160
Girls < 15 years	1,784	327	22	1,114		321
Boys < 15 years	3,221	490	26	2,281		424
Wheelchairs delivered (total)	5,648	838	934	2,896		980
Women	1,213	215	189	605		204
Men	2,856	490	281	1,589		496
Girls < 15 years	636	53	226	242		115
Boys < 15 years	943	80	238	460		165
Components delivered to non-ICRC projects						
Artificial feet	3,387			3,387		
Artificial knees	384			384		
Alignment systems	1,624			1,624		
Orthotic knee joints (pairs)	407			407		

Note: Figures in these tables are in some cases rounded off, may vary slightly from the figures presented in other documents and may result in rounding-off addition differences.

1. Sum of available data, which may not always reflect the extent of ICRC operations

FINANCE AND ADMINISTRATION

THE FINANCIAL YEAR 2015

After consolidation of the ICRC and its controlled funds and foundations, 2015 ends up with a net deficit of KCHF -2,440, compared with a surplus of KCHF 46,202 in 2014. Two factors drive this consolidated deficit, namely the funding of field operations and the “non-operating” results.

EMERGENCY APPEALS

The initial field budget of KCHF 1,379,271 increased by KCHF 210,340 as a result of budget extensions related to the outbreak or escalation of conflicts in areas covered by ICRC delegations in Chad, Iraq, Libya, Moscow (regional), Niger, Nigeria, Sudan, South Sudan, Ukraine, Yaoundé (regional) and Yemen.

Total field operating expenditure amounted to KCHF 1,412,619 compared with KCHF 1,209,684 in 2014. The actual 2015 expenditure corresponds to 89% of the final field budget.

Direct contributions to the field budget reached KCHF 1,350,115. In an operational environment where unpredictability and volatility have become part of day-to-day reality, flexibility of funding (i.e. the earmarking of contributions) is becoming of paramount importance to financing all ICRC operations. Over the last years, the share of loosely earmarked and non-earmarked funding has consistently dropped, from 41% in 2011 to 34% in 2015.

Albeit ending with a significant field deficit of KCHF -58,703, the year begun with a worrisome forecast deficit of KCHF -288,000 in May 2015. This forecast was driven by the sharp increase in operational needs expressed by eleven budget extensions issued in less than six months, for a total of KCHF 210,340. Strong support from Donor Support Group members helped reduce this field deficit.

The 2015 field funding shortfall of KCHF -58,703 remains the second largest deficit since the beginning of this century. It was deemed too significant to be brought forward into the 2016 funding needs. Thus, the ICRC released KCHF 25,000 from its unrestricted reserves for future operations in order to reduce the balance brought forward into 2016.

HEADQUARTERS APPEAL

The final headquarters budget was KCHF 200,825. The actual operating expenditure was KCHF 202,199, which corresponds to an implementation rate of 101%. The strong growth of field activities, and ongoing changes in relation to human-resources reorganization, required additional support at headquarters.

NON-OPERATING RESULT

The second driver of this year's deficit has been the unexpected decision by the Swiss National Bank in January 2015 to suspend the euro peg and introduce negative interest rates on holdings, with a significant impact on foreign exchange exposure.

BALANCE SHEET

Significant drivers in the balance sheet are the use of the short-term cash and cash equivalents to fund field activities, the increase in long-term donor commitments and the decrease in human-resources liabilities.

The pension plan risk exposure for the ICRC as expressed in these IFRS-compliant financial statements was reduced mainly by the restructuring of the ICRC Pension Plan in 2014, the revaluation of its direct investments in properties to fair value and an exceptional contribution paid to the ICRC Pension Plan following the liquidation of the *Capital Avenir* Foundation in 2015.

AUDITORS' OPINION AND INTERNAL CONTROL

The presentation of these consolidated financial statements under IFRS has been completely reviewed following the introduction of the new IFRS conceptual framework (IAS 1). This framework enables the entity to streamline and structure the financial statements in a manner which is closer to the substance and mission of the organization. The ICRC took this opportunity to comprehensively review the IFRS financial statements and express them in CHF million in order to enhance ease of reading.

External auditors have provided an unqualified audit opinion on the ICRC's IFRS-compliant financial statements.

As per Swiss legal requirements regarding internal control systems, the external auditors have confirmed unreservedly the existence of such a system at the ICRC.

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CONSOLIDATED STATEMENT OF INCOME

FOR THE YEAR ENDED 31 DECEMBER

(CHF million)	Note	2015	2014
Contributions	[2A]	1,502	1,343
Staff costs	[3B]	-587	-560
Purchase of goods and materials	[3A]	-372	-297
Rentals	[3D]	-164	-134
Other expenses	[3A]	-365	-321
Operating expenditure		-1,488	-1,312
Net surplus of operating activities		14	31
Foreign exchange result, net		-9	2
Financial income, net		-1	14
Other income and expenses, net		-6	-1
Net (deficit)/surplus of non-operating activities		-16	15
(Deficit)/surplus for the year		-2	46

CONSOLIDATED STATEMENT OF OTHER COMPREHENSIVE INCOME

FOR THE YEAR ENDED 31 DECEMBER

(CHF million)	Note	2015	2014
(Deficit)/surplus for the year		-2	46
Other comprehensive income			
Re-measurement losses on defined benefit plan that will not be reclassified to profit or loss	[4F]	-7	-194
Comprehensive loss for the year		-9	-148

CONSOLIDATED STATEMENT OF FINANCIAL POSITION

AT 31 DECEMBER

(CHF million)	Note	2015	2014
Cash and cash equivalents	[4A]	157	225
Investments	[4C]	196	219
Accounts receivable	[2B]	184	162
Inventories	[3F]	58	47
Prepayments		19	17
Total Current assets		614	670
Investments	[4C]	105	110
Accounts receivable	[2B]	84	54
Tangible assets	[3G]	203	196
Intangible assets	[3G]	51	40
Total Non-current assets		443	400
Total Assets		1,057	1,070
Accounts payable and accrued expenses		60	54
Provisions for operational claims		7	3
Loans and borrowings	[4B]	2	2
Employee benefit liabilities	[3B]	56	53
Deferred income	[2C]	125	144
Total Current liabilities		250	256
Loans and borrowings	[4B]	19	19
Employee benefit liabilities	[4F]	369	396
Deferred income	[2C]	92	63
Total Non-current liabilities		480	478
Total Liabilities		730	734
Unrestricted reserves	[2D]	302	277
Restricted reserves	[2D]	25	59
Total Reserves		327	336
Total Liabilities and reserves		1,057	1,070

CONSOLIDATED STATEMENT OF CHANGES IN RESERVES

FOR THE YEAR ENDED 31 DECEMBER

(CHF million)		Total Unrestricted reserves	Restricted reserves			Total Reserves
			Funding of operations	Funds and foundations	Total	
	Note	[2Da]	[2Db]	[2Dc]		
Balance at 1 January 2015		277	21	38	59	336
Net deficit for the year		57	-58	-1	-59	-2
Other comprehensive loss	[4F]	-7	-	-	-	-7
Allocation to restricted reserves		-25	25	-	25	-
Balance at 31 December 2015		302	-12	37	25	327
Balance at 1 January 2014		410	37	37	74	484
Net surplus for the year		61	-16	1	-15	46
Other comprehensive loss	[4F]	-194	-	-	-	-194
Balance at 31 December 2014		277	21	38	59	336

CONSOLIDATED STATEMENT OF CASH-FLOWS

AT 31 DECEMBER

(CHF million)	Note	2015	2014
(Deficit)/surplus for the year		-2	46
Adjustments to reconcile surplus to net cash from operating activities:			
- Non-cash items		-1	11
- Items relating to investing activities		11	-25
- Working capital adjustments		-40	35
Net cash (used in)/from operating activities		-32	67
Purchase of tangible assets	[3G]	-34	-40
Proceeds from the sale of tangible assets		7	4
Purchase of intangible assets	[3G]	-19	-17
Purchase of investments		-81	-88
Proceeds from the sale of investments		64	96
Sale/(purchase) of short-term deposits, net		30	-20
Income from investments, net and interest received		3	4
Net cash used in investing activities		-30	-61
Repayments of long-term loans	[4B]	-1	-1
Net cash used in financing activities		-1	-1
Net (decrease)/increase in cash and cash equivalents		-63	5
Cash and cash equivalents at the beginning of the year		224	217
Effect of exchange rate differences on cash		-5	2
Net (decrease)/increase in cash and cash equivalents		-63	5
Cash and cash equivalents at the end of the year	[4A]	156	224

AT 31 DECEMBER 2015

EXPLANATORY NOTES TO THESE CONSOLIDATED FINANCIAL STATEMENTS

The notes have been organized into four sections to present how the ICRC funds its activities, runs its operations and manages the funds provided by donors. Each section of the notes presents the financial information and any material accounting policies that are relevant to an understanding of the activities of the ICRC. As a consequence of the presentation adopted in these financial statements for 2015, less relevant information has been removed and content has been simplified to ensure that the more important information is presented in a clearer way to the users of the consolidated financial statements.

1. ACTIVITIES AND BASIS FOR ACCOUNTING

1A. Activities

The International Committee of the Red Cross (ICRC) is an impartial, neutral and independent organization whose exclusively humanitarian mission is to protect the lives and dignity of victims of armed conflict and other situations of violence and to provide them with assistance.

It directs and coordinates the international relief activities conducted by the International Red Cross and Red Crescent Movement (hereafter “the Movement”) in situations of conflict. It also endeavours to prevent suffering by promoting and strengthening humanitarian law and universal humanitarian principles.

Established in 1863, the ICRC is at the origin of the Movement. The Movement is made up of the following components: the International Committee of the Red Cross, the National Red Cross and Red Crescent Societies and the International Federation of Red Cross and Red Crescent Societies. The ICRC is formally recognized in the 1949 Geneva Conventions and by the International Conference of the Red Cross and Red Crescent. As a humanitarian non-profit organization domiciled in Switzerland, it was granted United Nations observer status in October 1990. Under Article 60 of the Swiss Civil Code, it has the legal form of an association. Its registered office is at 19, Avenue de la Paix, 1202 Geneva, Switzerland. The ICRC Assembly is the supreme governing body of the ICRC.

The ICRC’s principal tasks are to:

- ▶ visit prisoners of war and civilian detainees;
- ▶ search for missing persons;
- ▶ transmit messages between family members separated by conflict;
- ▶ reunite dispersed families;
- ▶ provide food, water and medical assistance to civilians without access to these basic necessities;
- ▶ spread knowledge of international humanitarian law (IHL);
- ▶ monitor compliance with IHL;
- ▶ draw attention to violations and contribute to the development of IHL; and
- ▶ enhance the capacity of National Societies to fulfil their responsibilities as Red Cross and Red Crescent institutions providing humanitarian services in their respective countries.

The ICRC (but not its staff) is exempt from taxes in Switzerland and most countries in which its delegations are based.

1B. Significant accounting policies and basis of preparation

This note contains the ICRC’s significant accounting policies that relate to the consolidated financial statements as a whole. Accounting policies specific to one note are included in that note.

Statement of compliance

The consolidated financial statements have been prepared in compliance with the International Financial Reporting Standards (IFRS) as adopted by the International Accounting Standards Board (IASB).

The IFRS do not contain specific guidelines for non-profit and non-governmental organizations concerning the accounting treatment and presentation of consolidated financial statements. Where the IFRS are silent or do not give guidance on how to treat transactions specific to the not-for-profit sector, accounting policies have been based on the general IFRS principles, as detailed in the basis of measurement of the IASB Conceptual Framework for Financial Reporting. The consolidated financial statements have been prepared using the historical cost convention, except when otherwise indicated.

The consolidated financial statements were authorized for issue by the Assembly on 20 April 2016.

Functional and presentation currency

The ICRC’s functional and presentation currency is the Swiss franc (CHF). All financial information presented has been rounded to the nearest CHF million, except when otherwise indicated. The financial information in the following notes is presented in CHF million with one decimal place and may result in rounding-off addition differences.

Transactions in currencies other than the Swiss franc are converted into Swiss francs at rates which approximate the actual rates at the transaction date. At the reporting date, monetary assets and liabilities denominated in foreign currency are converted into Swiss francs at the rate of exchange at that date. Non-monetary assets and liabilities in foreign currency that are stated at historical cost are translated at the foreign exchange rate at the date of the transaction. Realized and unrealized exchange differences are reported in the consolidated statement of income.

The principal rates of exchange are shown below:

	Closing rate		Average rate	
	2015	2014	2015	2014
USD	0.9893	0.9891	0.9638	0.9112
EUR	1.0843	1.2028	1.0745	1.2147
GBP	1.4700	1.5375	1.4756	1.5042
AUD	0.7196	0.8084	0.7250	0.8225

Basis of consolidation

The consolidated financial statements of the ICRC cover the activities of the Geneva headquarters, all ICRC delegations, seven funds and two foundations. The general purpose of the funds and foundations is to help finance the ICRC's humanitarian work. The following seven funds are separate reporting entities:

- ▶ Clare Benedict Fund
- ▶ Omar El Mukhtar Fund
- ▶ Augusta Fund
- ▶ Florence Nightingale Medal Fund
- ▶ French Fund Maurice de Madre
- ▶ Paul Reuter Fund
- ▶ Jean Pictet Fund

And the two foundations below are separate entities:

- ▶ Foundation for the International Committee of the Red Cross
- ▶ ICRC Special Fund for the Disabled

The ICRC applied IFRS 10 and assessed its relationships with these funds and foundations. Control exists when the investor is exposed, or has rights, to variable returns from its involvement with its investees and has the ability to affect those returns through its power over the investees. Taking into consideration the activities, decision-making processes, benefits and related risks associated with the entities, the ICRC concluded that, in substance, the funds and foundations listed above are controlled by the ICRC and should be consolidated into the ICRC financial statements.

The ICRC reviews its significant judgments and assumptions made in determining that it has control of other entities on an annual basis. Intragroup balances and transactions, and any unrealized gains from such transactions, are eliminated when the consolidated financial statements are prepared. The financial statements of the funds and foundations are prepared for the same reporting period as the ICRC, using consistent accounting policies.

1C. Significant accounting judgments, estimates and assumptions

All significant accounting judgments, estimates and assumptions specific to one note are described in that note. In particular, the ICRC has applied judgment in developing its accounting policies with respect to contributions (refer to Note [2A]). Estimates and assumptions are particularly relevant for the determination of the non-current employee benefit liabilities (refer to Note [4F]).

The ICRC is subject to risks and uncertainties which may lead to actual results differing from these estimates, both positively and negatively. Specific financial risks for the ICRC are discussed in Note [4D] on *Financial risk management objectives and policies*.

1D. Changes in accounting policies and disclosures

The ICRC has adopted all new or amended standards (IFRS) and interpretations (IFRS IC) which are effective for the financial year 2015. The implementation of the new or amended standards has not had any material impact on the ICRC's consolidated financial statements.

The ICRC has made important changes to the way it has organized and presented its financial statements and especially to the explanatory notes. Comparative figures have been re-presented accordingly. These changes were motivated by the IASB's technical work on the "Disclosure Initiative".

1E. Standards issued but not yet effective

The IASB has issued a number of new IFRS standards, amended standards and IFRS IC, which are not yet effective for the financial year ended 31 December 2015. The ICRC is currently assessing the effect of implementing IFRS 9 "Financial Instruments", IFRS 15 "Revenue from Contracts with Customers" and IFRS 6 "Leases", which are not yet adopted, all effective for annual periods beginning on or after 1 January 2018.

All other new or amended standards and interpretations not yet effective are currently not expected to have any material impact on the ICRC's consolidated financial statements.

2. FUNDING

2A. Contributions

- ▶ Contributions, designated for general use by the ICRC, are recognized as revenue upon receipt of a written confirmation from the donor.
- ▶ Contributions received from private sources are recognized as revenue upon receipt of unrestricted cash.
- ▶ Contributions received after the reporting date, but designated for use in the reporting period, are recognized as revenue in the reporting period.
- ▶ Contributions designated for use after the reporting date are reported as deferred income in the consolidated statement of financial position and recognized as revenue in the year designated by the donor.
- ▶ Contributions that are based on contracts for specific projects are reported as deferred income and recognized as revenue as the associated expense is incurred.
- ▶ Contributions that will fall due after five years or are estimated as unlikely to be paid are not accounted for and are disclosed as contingent assets owing to uncertainties associated with their receipt. In 2015, contributions amounting to CHF 4.1 million (2014: CHF 1.2 million) were considered as contingent assets.
- ▶ Contributions are mainly received in cash but may be received in kind (goods or fixed assets) or in services (staff, means of transport or rent).
- ▶ Contributions in kind and in services are recognized as revenue at their estimated fair value on the date of receipt of the goods or services or the date the donated fixed assets are available for use.
- ▶ Contributions in cash for direct funding of the costs of purchasing or constructing specific fixed assets are fully recognized under operating income upon receipt of the cash.

Range of donors

Contributions and joint appeals are received from a wide range of donors:

(CHF million)	2015	2014
Governments	1,266.9	1,116.7
European Commission	123.7	126.4
Private sources	66.2	45.8
National Societies and International Federation	34.7	45.6
Public sources	8.0	7.6
International and supranational organizations	2.8	1.4
Total Contributions	1,502.0	1,343.0

Public sources are defined as cantons and municipalities, whereas private sources are defined as individuals, foundations, legacies, private companies and associations. International and supranational organizations include UN agencies and non-governmental organizations.

Earmarking

- ▶ Contributions restricted to no other purpose than to general ICRC field operations are considered as non-earmarked.
- ▶ Contributions restricted to a given region, country or programme (worldwide) are considered as loosely earmarked.
- ▶ Contributions restricted to a country and project or sub-programme are tightly earmarked.

The table below shows the overall framework for the earmarking of contributions.

(CHF million)	2015	2014
Non-earmarked contributions	391.4	367.6
Loosely earmarked contributions	932.3	773.3
Tightly earmarked contributions	178.6	202.5
Total Contributions	1,502.0	1,343.0

2B. Accounts receivable

- ▶ Contributions receivable are amounts due from donors and recognized upon receipt of a written agreement. The accounts receivable are stated at nominal value, net of an allowance to cover the risk of non-payment.
- ▶ Management specifically analyses contributions receivable, historical trends and current economic trends when assessing the adequacy of the allowance. The allowance is made on the basis of a specific individual review of all significant open positions. For those positions not specifically reviewed, the allowance is made using different rates based on the ageing of the receivables and in light of past experience. The amount of impairment loss is recognized in the consolidated statement of income. When a contribution receivable is uncollectible, it is derecognized.
- ▶ Contributions receivable due more than 12 months and less than five years after the reporting date are recorded as long-term receivables and discounted to their present value. The carrying value of long-term receivables and deferred income is based on the estimated expected future cash-flows, discounted using the rate at the reporting date. The long-term receivables and deferred income were not discounted at 31 December 2014 and 2015, as the discount rate to be used was negative.

The nature of the accounts receivable is as follows:

(CHF million)	2015	2014
Contributions receivable in less than 12 months	174.4	152.4
Other receivables	9.5	9.5
Sub-total Current accounts receivable	184.0	162.0
Contributions receivable in more than 12 months	84.0	54.0
Total Accounts receivable	268.0	216.0

There are no standard payment terms for contributions, as the timing of payments is usually specified in each donor contract.

2C. Deferred income

Revenue relating to future years is recorded as deferred income. Revenue deferred for more than 12 months after the reporting date is recorded as non-current and discounted to its present value at the reporting date.

(CHF million)	Note	2015	2014
Deferred income related to contributions in less than 12 months		125.0	144.0
Deferred income related to contributions in more than 12 months		80.9	52.1
Deferred income related to government loans	[4B]	11.0	11.1
Sub-total Non-current deferred income		92.0	63.0
Total Deferred income		217.0	207.0

2D. Reserves

Reserves are composed of the surplus or deficit from operating and non-operating activities. Accumulated reserves are classified as either restricted (permanently or temporarily) or unrestricted reserves.

a. Unrestricted reserves

Unrestricted reserves designated by the Assembly are not subject to any legal or third-party restrictions and can be allocated as the ICRC Assembly sees fit. Unrestricted reserves may be designated for specific purposes to meet future obligations or risks.

(CHF million)	Use/release during 2015	Allocation 2015	At 31 December 2015	At 1 January 2014	Use/release during 2014	Allocation 2014	At 31 December 2014
Future operations	-25.0	10.4	250.8	236.3	-	29.1	265.4
Assets replacement	-1.0	16.9	231.9	209.0	-6.9	13.9	216.0
Operational risks	-5.3	2.3	21.8	24.9	-3.9	3.8	24.8
Financial risks	-0.3	7.2	29.5	18.6	-	4.0	22.6
Specific projects	-	0.1	0.9	1.2	-0.4	-	0.8
Human resources	-3.1	37.5	-233.0	-94.5	-175.5	2.7	-267.3
General reserve	-14.4	-	-	14.4	-	-	14.4
Total Unrestricted reserves	-49.0	74.0	302.0	410.0	-187.0	54.0	277.0

Future operations reserve

The future operations reserve is intended for situations with insufficient operational funding. The theoretical level is estimated at CHF 471.8 million (in 2014: CHF 429.7 million) based on an average of four months of expenses in cash, kind and services (including overheads) over the previous four years and the next budgeted year, both at headquarters and in the field.

Assets replacement reserve

The ICRC sets aside funds for capital expenses on real estate and equipment, in order to be able to make investments that are essential for its operations regardless of short-term financial fluctuations. These reserves also contain funds received from donors for specific fixed assets, and the corresponding reserve is amortized over the life of the related asset.

Operational risks reserve

This concerns reserves relating to insurance coverage and to potential litigation.

Financial risks reserve

The financial risks reserve covers the risks of exchange rate variations and price fluctuations in securities. The foreign-exchange reserve target amount is estimated at the value at risk (VaR) using a 95% confidence interval (see Note [4D] for the method of calculation).

Specific projects reserve

Allocations for specific projects relate to contracts signed by ICRC headquarters during the financial year for which goods and/or services had not been delivered by the end of the year.

Human resources reserve

The human resources reserve includes the effects of under-coverage of the defined benefit pension plan for CHF -241.0 million (2014: CHF -273.3 million). The human resources reserve has shown a negative balance since 2011, when changes in employee benefit accounting resulted in the immediate recognition of re-measurement gains and losses in the period in which they arise.

Other human resources reserves of CHF 8.1 million (2014: CHF 6.0 million) were initially set aside to cover future payments to management and staff under agreements for post-employment benefits, including early retirement. In 2013, management decided to optimize the headquarters' structures via restructuring, reorganization, relocation and outsourcing. As a consequence, the ICRC signed a restructuring plan with the staff representatives in July 2014. The plan will cover all Geneva-based staff who lose their jobs because of these optimization efforts. Restructuring is expected to be completed by 31 December 2018. The existing human resources reserve has been increased to cover the expected future impact of this new plan.

b. Temporarily restricted reserves for the funding of operations

Donors' restricted contributions

Donors' restricted contributions may exceed specific expenses incurred in the field or at headquarters for the reporting period, resulting in a temporary surplus in funding. The cumulative excess is carried forward to the following year and recorded in reserves as *Donors' restricted contributions*. When the surplus funds cannot be used, the ICRC either obtains agreement from the donors to reallocate the funds for a different use or reimburses the funds to the donor, in which case they are recognized as a liability.

Field operations with temporary deficit funding

The ICRC incurs expenses for field operations which may not be fully funded by designated contributions, resulting in a temporary deficit for the reporting period. At year-end, management estimates the expected funding necessary to cover the expenses incurred and allocates non-earmarked and loosely earmarked contributions available to field operations. The net position is reported as *Field operations with temporary deficit funding* in the reserves. Changes in these estimates could result in the need to re-assess the temporarily restricted reserves for the funding of operations.

The changes in temporarily restricted reserves for the funding of operations are summarized as follows:

(CHF million)	Increase/ (decrease) during 2015	At 31 December 2015	At 1 January 2014	Increase/ (decrease) during 2014	At 31 December 2014
Field operations with temporary surplus funding	10.4	39.4	52.1	-23.1	29.0
Headquarters restricted contributions	0.4	0.7	0.5	-0.2	0.3
Total Donors' restricted contributions	10.8	40.1	52.6	-23.3	29.3
Total Field operations with temporary deficit funding	-44.4	-52.3	-15.4	7.5	-7.9
Total Reserves for the funding of operations	-33.0	-12.0	37.0	-16.0	21.0

c. Permanently restricted reserves for the funds and foundations

The reserves relating to the seven funds and two foundations controlled by the ICRC are permanently restricted for the ICRC, as the use and allocation of these reserves are decided by the respective boards of the funds and foundations.

The permanently restricted reserves are summarized as follows:

(CHF million)	2015	2014
Foundation for the International Committee of the Red Cross	24.2	24.9
French Fund Maurice de Madre	4.7	4.8
ICRC Special Fund for the Disabled	3.2	3.1
Clare Benedict Fund	2.2	2.2
Omar El Mukhtar Fund	1.0	1.0
Paul Reuter Fund	0.6	0.6
Jean Pictet Fund	0.6	0.7
Florence Nightingale Medal Fund	0.5	0.6
Augusta Fund	0.1	0.1
Total Reserves for the funds and foundations	37.0	38.0

3. OPERATIONS

3A. Operating expenses

Operating expenses are defined as direct programme-oriented expenses incurred in order to carry out the ICRC's humanitarian mission. By opposition, non-operating expenses are defined as not directly related to the ICRC's mission and/or incurred in the management of cash and investments.

For management reporting purposes, costs are analysed as relating to "field", "headquarters" or "funds and foundations", and the effect of IAS 19 on staff costs is shown separately. The breakdown of operating expenses for the past two years is as follows:

2015 (CHF million)	Field	Headquarters	Funds and Foundations	IAS 19 effect	Total 2015
Staff costs	487.0	142.5	2.3	-44.8	587.0
Purchase of goods and materials	368.5	3.5	0.1	-	372.0
Rentals	160.9	3.1	0.1	-	164.0
Other Expenses					
- Financial assistance	93.2	2.2	1.4	-	96.8
- General expenditure	70.5	31.7	0.3	-	102.5
- Mission costs	66.3	5.3	0.3	-	71.9
- Sub-contracted maintenance	57.5	3.3	0.1	-	60.9
- Depreciation	21.8	10.6	-	-	32.4
Sub-total Other expenses	309.3	53.1	2.2	-	365.0
Total 2015 Operating expenditure	1,325.7	202.2	4.6	-44.8	1,488.0

2014 (CHF million)	Field	Headquarters	Funds and Foundations	IAS 19 effect	Total 2014
Staff costs	442.0	141.3	2.4	-25.3	560.0
Purchase of goods and materials	294.1	3.1	0.2	-	297.0
Rentals	130.3	3.3	0.2	-	134.0
Other Expenses					
- Financial assistance	76.4	0.9	1.1	-	78.3
- General expenditure	61.3	30.1	0.3	-	91.7
- Mission costs	58.7	5.2	0.4	-	64.3
- Sub-contracted maintenance	54.1	3.9	0.1	-	58.1
- Depreciation	19.2	9.4	-	-	28.6
Sub-total Other expenses	269.6	49.5	1.9	-	321.0
Total 2014 Operating expenditure	1,136.0	197.1	4.8	-25.3	1,312.0

Operating expenses are mostly in cash but can take the form of goods (in kind) or services. Operating expenses in kind and in services amounted to CHF 4.9 million and CHF 8.0 million respectively (2014: CHF 3.1 million and CHF 9.7 million).

3B. Staff costs

(CHF million)	Note	2015	2014
Wages and salaries		498.1	450.9
Social insurance and social benefits		28.3	62.0
Staff costs as contributed services		4.9	6.3
Post-employment benefit costs for defined contribution plans		5.0	3.9
Post-employment benefit costs for defined benefit plans	[4F]	50.7	37.3
Total Staff costs		587.0	560.0

The ICRC has a defined contribution plan for its employees: the "Contribution Suppletive Plan". The expected contributions for this plan in 2016 amount to CHF 10.8 million. At 31 December 2015, the ICRC recognized a liability of CHF 30.4 million (2014: CHF 25.5 million) with respect to this plan within non-current employee liabilities (see Note [4F]). Expenses for defined contribution post-employment benefit plan are recognized in the period in which the related services are provided by the staff.

The ICRC has three defined benefit plans for its employees. For post-employment defined benefit plans, the total pension cost and the defined benefit liability are determined by applying the projected unit credit method using actuarial assumptions. The components of the defined benefit cost are recognized and presented as follows:

- ▶ Within other non-operating expenses/(income): net interest on the net defined benefit liability/(asset) comprising the interest income on plan assets (measured using the same discount rate as that applied for the defined benefit obligation) and the interest expense (increase in present value of the defined benefit obligation as the date of settlement moves one period closer).
- ▶ In other comprehensive income: all re-measurement gains and losses on defined benefit plans are immediately recognized as other comprehensive income in the period they occur.

Further details of the ICRC's defined benefit plans and the related liabilities can be found in Note [4F].

Current employee benefit liabilities break down as follows:

(CHF million)	2015	2014
Social security and insurance contributions	17.3	16.5
Salaries due to staff	13.1	11.8
Staff vacation accruals	25.9	25.1
Total Current employee benefit liabilities	56.0	53.0

The average number of employees during these financial years was as follows:

	2015	2014
In the field		
Mobile staff hired by ICRC	2,004	1,777
Mobile staff seconded by National Societies	103	103
Resident staff under ICRC contract	11,430	10,481
	13,537	12,361
At headquarters		
Staff hired by ICRC	969	948
Total Average number of employees	14,506	13,309

The 2014 staff figures have been reclassified according to the 2015 methodology

3C. Related parties and management compensation

The ICRC defines related parties as key management personnel or persons with authority and responsibility for planning, directing and controlling the ICRC's activities. Related parties are the ICRC directors and senior management, and close members of their families or households. The members of the Assembly – the supreme governing body of the ICRC – are also identified as related parties.

There were no transactions with key management personnel except those described below. With the exception of the president and the permanent vice-president, none of the other members of the Assembly, or any person related to them, received any remuneration from the ICRC during the year. Neither the non-permanent members of the Assembly, nor persons related to or having business ties with them, received remuneration from the ICRC during the year.

The salaries and benefits of the ICRC's president, permanent vice-president, six directors and head of Internal Audit are set by the Remuneration Commission. Their total remuneration below includes employer expenses for social insurance and social benefits. They received no other salaries or benefits (e.g. fringe benefits, loans, etc.).

(CHF million)	2015	2014
Short-term employee benefits	2.9	3.0
Post-employment benefits and other long-term benefits	0.8	0.8
Total Remuneration of related parties	3.7	3.8

3D. Rentals

Lease incentives received are recognized in the consolidated statement of income as an integral part of the total lease expense.

(CHF million)	2015	2014
Premises and equipment	53.8	48.0
Transport	107.3	82.5
Sub-total Operating leases	161.1	130.5
Rentals as contributed services	3.0	3.2
Total Rentals	164.0	134.0

The ICRC committed to pay the following non-cancellable rentals in the coming years:

(CHF million)	2015	2014
Due within 12 months	9.1	11.5
Due within 2 to 5 years	11.3	12.0
Due in over 5 years	2.4	2.8
Total Non-cancellable lease payable	22.8	26.3

3E. Overheads and administrative costs

For internal reporting purposes, an additional 6.5% is added to the budget of each operation for cash and service movements as a contribution provided to headquarters. Headquarters support includes services essential to an operation's success, such as human resources, finance, logistics and IT. In internal and donor reporting, the re-measurement of pension gains and losses (IAS 19 effect on pension plans) is presented separately.

a. Overheads

The following analysis reconciles these audited financial statements with the emergency appeals for the past two years:

2015 (CHF million)	Field	Headquarters	Funds and Foundations	IAS 19 effect	Total 2015
Consolidated contributions	1,351.2	147.1	3.9	-	1,502.0
Less funds and foundations	-	-	-3.9	-	-3.9
Internal allocation from field budget	-	85.9	-	-	85.9
Income as per emergency appeals	1,351.2	233.0	-	-	1,584.2
Consolidated operating expenditure	-1,326.7	-201.2	-4.6	44.8	-1,488.0
Less funds and foundations	-	-	4.6	-	4.6
Less IAS 19 effect on pension plans	-	-	-	-44.8	-44.8
Internal allocation to headquarters budget	-85.9	-	-	-	-85.9
Expenditure as per emergency appeals	-1,412.6	-201.2	-	-	-1,613.8

2014 (CHF million)	Field	Headquarters	Funds and Foundations	IAS 19 effect	Total 2014
Consolidated contributions	1,189.2	151.6	2.6	-	1,343.0
Less funds and foundations	-	-	-2.6	-	-2.6
Internal allocation from field budget	-	73.6	-	-	73.6
Income as per emergency appeals	1,189.2	225.2	-	-	1,414.4
Consolidated operating expenditure	-1,136.0	-197.1	-4.8	25.3	-1,312.0
Less funds and foundations	-	-	4.8	-	4.8
Less IAS 19 effect on pension plans	-	-	-	-25.3	-25.3
Internal allocation to headquarters budget	-73.6	-	-	-	-73.6
Expenditure as per emergency appeals	-1,209.6	-197.1	-	-	-1,406.7

b. Administrative costs

The following cost centres at headquarters are classified as administrative rather than direct programme-oriented expenses:

- ▶ The president's office, the directorate and management
- ▶ Finance and administration
- ▶ Human resources
- ▶ Fundraising
- ▶ Information systems and archives

Their total administrative cost in 2015 amounts to CHF 135.5 million, which represents 8.9% of the ICRC's operating expenses (2014: CHF 130.3 million or 9.8%).

3F. Inventories

- ▶ Inventories held at headquarters, at the principal regional distribution centres in Nairobi (Kenya), Abidjan (Ivory Coast) and Amman (Jordan) and in the main warehouses in the Democratic Republic of Congo are considered as uncommitted inventories at 31 December 2015. The expense is recognized at the moment such inventories are delivered or consumed.
- ▶ Inventories are recorded at cost and include expenses incurred in acquiring the inventories and bringing them to their present location and condition. The ICRC periodically reviews its inventory for excess, obsolescence and declines in market value below cost, and records an allowance against the inventory balance for any such declines. Obsolete inventories are written off.
- ▶ In various delegations, certain inventories are held on behalf of beneficiaries for operational reasons. These are considered as committed and are included in expenses owing to the nature of ICRC operations. Committed goods in the field are not recorded in inventory unless they have not yet been designated.

(CHF million)	2015	2014
Relief	17.3	12.5
Medical and physical rehabilitation	25.5	20.2
Water and habitat	7.0	4.7
Other inventories, net of allowances for obsolete inventories	8.2	10.0
Total Inventories	58.0	47.0

The allowance for obsolete inventories at 31 December 2015 was CHF 2.5 million (2014: CHF 1.3 million).

3G. Tangible and intangible assets

- ▶ Tangible assets are measured on initial recognition at cost.
- ▶ Contributed assets are either assets funded by contributions in cash for assets, or assets donated in kind, which are recognized at their fair value.
- ▶ Subsequent expenses are capitalized only when they increase the future economic benefits embodied in the item of property and equipment and are otherwise recognized in the consolidated statement of income.

- Intangible assets acquired separately are measured on initial recognition at cost.
- Internally generated intangible assets are not capitalized when the expenses attributable to the asset cannot be reliably measured; they are therefore reflected in the consolidated statement of income in the year in which the expense is incurred.
- Depreciation and amortization of tangible and intangible assets with finite useful lives is calculated using the “straight line” method so as to depreciate/amortize the acquisition cost over the asset’s estimated useful life, which is as follows:

Tangible assets	Useful life
Buildings and land improvements – Switzerland	20 to 70 years
Buildings – other countries	3 to 20 years
Fixed installations	10 years
Equipment and vehicles	5 to 8 years
Hardware (IT equipment)	3 years
Land	Not depreciated
Intangible assets	
Software	5 years

- Tangible and intangible assets with finite useful lives are assessed for impairment whenever there is an indication that the asset may be impaired. The amortization period and method are reviewed at least at each financial year-end.
- Intangible assets with indefinite useful lives are tested for impairment annually. Such intangibles are not amortized. The useful life of an intangible asset with an indefinite life is reviewed annually to determine whether indefinite life assessment continues to be supportable. If not, the change in the useful life assessment from indefinite to finite is made on a prospective basis.

2015 (CHF million)	Land, buildings and fixed installations	Equipment	Vehicles	Total Tangible assets	Total Intangible assets
Net carrying value 1 January 2015	148.1	7.3	40.8	196.0	40.0
Additions	8.1	4.7	21.5	34.3	19.1
Disposals	-0.1	-0.1	-2.5	-2.7	-
Depreciation charge for the year	-8.4	-2.6	-13.8	-24.8	-7.9
Net carrying value 31 December 2015	147.8	9.2	46.2	203.0	51.0
Gross value	221.6	33.6	109.3	364.5	93.2
Accumulated depreciation	-73.8	-24.4	-63.1	-161.3	-42.0
Net carrying value 31 December 2015	147.8	9.2	46.2	203.0	51.0

2014 (CHF million)	Land, buildings and fixed installations	Equipment	Vehicles	Total Tangible assets	Total Intangible assets
Net carrying value 1 January 2014	139.7	6.7	33.2	179.5	28.7
Additions	16.1	3.5	20.6	40.2	17.3
Disposals	-0.1	-	-0.8	-0.9	-
Depreciation charge for the year	-7.5	-2.9	-12.2	-22.6	-6.1
Net carrying value 31 December 2014	148.1	7.3	40.8	196.0	40.0
Gross value	213.6	30.0	107.0	350.6	74.2
Accumulated depreciation	-65.5	-22.7	-66.2	-154.4	-34.2
Net carrying value 31 December 2014	148.1	7.3	40.8	196.0	40.0

A majority of the land, buildings and fixed installations are located in Switzerland, with a gross value of CHF 190.2 million (2014: CHF 184.7 million).

At 31 December 2015, tangible assets included work in progress for CHF 2.4 million, for construction and renovation of buildings (2014: CHF 3.0 million).

Intangible assets included CHF 20.4 million for software in development acquired externally (2014: CHF 12.0 million). The ICRC still uses some fully amortized software with a gross value of CHF 26.5 million.

3H. Commitments

Capital and contractual commitments

(CHF million)	2015	2014
Commitments to purchase vehicles	7.2	7.3
Commitments toward IT projects	4.7	2.2
Total Capital commitments	11.9	9.5
Open purchase orders	38.1	6.7
Total Contractual commitments	38.1	6.7

4. MANAGEMENT OF FUNDS

4A. Cash and cash equivalents

- ▶ The ICRC considers cash on hand, cash at banks and short-term deposits with an original maturity of three months or less to be *Cash and cash equivalents*. Term deposits with an original maturity of over three months are classified as current and/or non-current investments (refer to Note [4C]).
- ▶ Cash at banks earns interest at floating rates based on daily bank rates.
- ▶ Short-term deposits are made for varying periods of between one day and three months – depending on the immediate cash requirements of the ICRC – and earn interest at the applicable short-term deposit rates.
- ▶ Bank overdrafts that are repayable on demand and form an integral part of the ICRC's cash management are included as a component of cash and cash equivalents in the consolidated statement of cash-flows.

(CHF million)	Note	2015	2014
Cash at banks and on hand		151.9	152.8
Short-term deposits		5.0	71.9
Total Cash and cash equivalents		157.0	225.0
Bank overdrafts used for cash management purposes	[4B]	-1.0	-1.2
Total Cash and cash equivalents in the statement of cash flows		156.0	224.0

A portion of the cash at banks, amounting to CHF 24.1 million, was restricted until March 2015 by a specific donor for a three-year retention period, after which the funds would be non-earmarked and assigned to field operations. Until then, the funds received were to be kept at two banks specified by the donor. However, the donor agreed to lift the restriction twice: for CHF 10.0 million in April 2013, assigned to the field operations in the Philippines, and CHF 10.0 million in May 2014, assigned to the field operations in South Sudan. The remaining contribution of CHF 24.1 million is recognized as operating income in 2015.

At 31 December 2015, the ICRC could draw on CHF 90.0 million (2014: CHF 90.0 million) of undrawn committed borrowing facilities in respect of which all prior conditions had been met.

4B. Loans and borrowings

(CHF million)	Note	2015	2014
Bank overdrafts	[4A]	1.0	1.2
Unsecured interest-free loans		19.2	19.8
Total Loans and borrowings		20.0	21.0

Interest-free loans are recorded at fair value at initial recognition, which is the present value of expected future cash-flows, discounted using a market interest rate. The difference between the cost and the fair value at initial recognition is recognized as deferred income in Note [2C]. The deferred income is subsequently recognized over the loan period.

At 31 December 2015, there are two interest-free loans related to buildings, both granted by a governmental body. The nominal values of these unsecured loans are:

- ▶ CHF 9.8 million (2014: CHF 9.8 million) for the training centre in Ecogia, Geneva (final repayment in 2049); and
- ▶ CHF 26.0 million (2014: CHF 26.0 million) for the logistics building in Geneva (final repayment in 2060).

The terms of loan repayment are as follows:

(CHF million)	2015	2014
Due within 12 months	0.6	0.6
Due within 2 to 5 years	2.3	2.4
Due in over 5 years	16.3	16.8
Total Unsecured interest-free loans	19.2	19.8

4C. Investments

In accordance with its documented investment management policy, the ICRC classifies its investments in two categories:

a. At fair value through profit or loss

- ▶ Financial assets at fair value through profit or loss are financial assets held-for-trading. A financial asset is classified in this category if acquired principally for the purpose of selling in the short term and presented within current assets.
- ▶ Held-for-trading investments are recognized and derecognized on the trade date that the ICRC, or the portfolio manager acting on behalf of the ICRC, commits to purchasing or selling them.
- ▶ The financial assets held-for-trading are measured at fair value through profit or loss (Refer to Note [4E]).
- ▶ Fair value gains or losses, which take into account any dividend income, are recognized in the consolidated statement of income. Transaction costs are also recognized in the consolidated statement of income as incurred.

b. Held-to-maturity

- ▶ When the ICRC has the positive intent and ability to hold debt securities to maturity, such financial assets are classified as held-to-maturity. Bonds in this category are classified as current investments if expected to be settled within 12 months; otherwise, they are classified as non-current assets.
- ▶ Held-to-maturity investments are recognized initially at fair value plus any directly attributable transaction costs. Subsequent to initial recognition, held-to-maturity investments are measured at amortized cost using the effective interest rate, less any impairment losses.
- ▶ At the end of each reporting period, the ICRC assesses whether there is objective evidence that a debt security measured at amortized cost is impaired. If there is objective evidence that an impairment loss on financial assets measured at amortized cost has been incurred, the amount of the loss is measured as the difference between the asset's carrying amount and the present value of estimated future cash-flows (excluding future credit losses that have not been incurred), discounted at the financial asset's original effective interest rate.
- ▶ If, in a subsequent year, the amount of the estimated impairment loss increases or decreases because of an event occurring after the impairment was recognized, the previously recognized impairment loss is increased or reduced by adjusting the bond's carrying amount. Any reversal is limited to the extent that the new carrying amount does not exceed the amortized cost that would have been reached in the absence of impairment.

(CHF million)	Note	2015	2014
Investments at fair value through profit or loss			
Quoted equity securities		87.2	90.0
Quoted debt securities		73.3	70.1
Short-term deposits with an original maturity over three months	[4A]	3.0	32.0
Investments held-to-maturity			
Quoted debt securities with a maturity below 12 months		32.4	26.5
Sub-total Current investments		196.0	219.0
Investments held-to-maturity			
Quoted debt securities with a maturity over 12 months, net		105.0	110.0
Sub-total Non-current investments		105.0	110.0
Total Investments		301.0	329.0

4D. Financial risk management objectives and policies

The ICRC has various financial assets, such as cash and cash equivalents, investments, other financial assets and accounts receivable. The main financial liabilities comprise loans, bank overdrafts, accounts payable and accrued expenses.

The main risks arising from these financial assets and liabilities are market risk and its subsets (foreign currency and interest rate risks, as well as equity price risk), credit/counterparty risk and liquidity risk, which are summarized below.

These risks are managed through several treasury policies. Compliance with these policies is monitored by the Treasury Committee, which is composed of the director of financial resources and logistics, the head of finance, the head of accounting and the treasurer. These financial risk management policies in force have been approved by the Assembly Council. These various policies are submitted by the Treasury Committee to the Assembly Council for adoption.

a. Foreign currency exposure and risks

The foreign currency risk is the risk that the financial statements for a particular period or as at a certain date may be affected by changes in the value of transactions executed in foreign currencies owing to fluctuations.

Exposure to fluctuations in foreign exchange (FX) rates arises from transactions denominated in currencies other than the Swiss franc. For instance, the ICRC is exposed to currency risk through contributions pledged in foreign currencies.

In addition, exchange rate fluctuations can have a significant impact on the consolidated statement of income. The currencies giving rise to this risk are primarily the euro, the pound sterling and the US, Australian and Canadian dollars. The FX exposure on the long-term receivables in foreign currencies is offset by the FX exposure on the related deferred income liability. No hedge accounting is applied.

Forward foreign currency contracts

At year-end, the following positions of forward foreign currency contracts were open:

(CHF million)	2015	2014
Purchase of foreign currencies	6.0	92.3
Sale of foreign currencies	-37.0	-63.0

Exposure management

The ICRC uses derivative financial instruments – spots, forward contracts and swaps – to hedge its exposure to foreign currency risks. The forward foreign currency contracts have maturities of less than 12 months after the reporting date. Where necessary, the contracts are swapped at maturity. In accordance with its treasury policies, the ICRC uses derivative instruments exclusively for hedging purposes.

Such derivative financial instruments are recognized at fair value, initially on the date on which a derivative contract is entered into and subsequently at each reporting date. Derivatives are carried as assets when the fair value is positive and as liabilities when the fair value is negative. Any gains or losses arising from changes in fair value on derivatives during the year are recognized immediately.

With respect to other monetary assets and liabilities held in foreign currencies in the field, the ICRC ensures that its exposure is kept to an acceptable level, buying or selling foreign currencies at spot rates where necessary to address short-term needs.

To limit exposure over investments, the ICRC's investment management policy defines which currencies may be used for investments. At 31 December 2015, all investments are denominated in Swiss francs, with the exception of CHF 88.8 million (2014: CHF 93.3 million).

Exposure measurement

The ICRC uses a value at risk (VaR) computation to estimate the potential annual loss in the fair value of its financial assets and liabilities denominated in foreign currency.

The VaR estimates are made assuming normal market conditions, using a 95% confidence interval over a 15 day period. The ICRC cannot predict actual future movements of exchange rates. Therefore, the VaR numbers below do not represent actual losses or consider the effects of favourable movements in underlying variables. Accordingly, these VaR numbers are only indicative of future movements over a one-year time horizon, to the extent that historical market patterns are repeated in the future.

The estimated potential annual loss from the ICRC's foreign currency exposure is as follows:

(CHF million)	2015	2014
On income	-9.5	-2.6
On expenses	-16.0	-4.9
On investment portfolios	-11.8	-4.5
Value at Risk – Potential loss on foreign currencies	-37.3	-12.0

b. Equity price and interest rate risks

Investments in equity securities are exposed to equity price risk.

The ICRC is exposed to interest rate risks through its investments in debt securities, term deposits and other funds. These financial assets, except for a large portion of the debt securities that are held-to-maturity, are stated at fair value and are thus affected by interest rate changes. In addition, interest income recognized on floating-rate debt securities changes in response to movements in interest rates.

Sensitivity analysis for quoted equity securities at fair value through profit or loss

The ICRC's investments in the equity of other entities that are publicly traded are generally included in one of the following two equity indexes: the Swiss Performance Index (SPI) for Swiss shares and MSCI World for non-Swiss shares.

The table below summarizes the impact of increases/decreases in the two equity indexes on the ICRC's surplus for the year. The analysis is based on the assumption that the equity indexes have increased/decreased by 5% with all other variables – particularly foreign currency rate – held constant and that all the equity instruments moved according to the historical correlation with the index:

(CHF million)	Impact on ICRC's surplus/(deficit)	
	2015	2014
Equity index	+/-5%	+/-5%
SPI	+/-1.8	+/-1.7
MSCI World	+/-2.6	+/-2.8

Sensitivity analysis for quoted debt securities at fair value through profit or loss

A change of 100 basis points in interest rates at the end of the year – assuming that all other variables, particularly foreign currency rates, remain constant – would not have a material impact on ICRC's surplus/(deficit).

To limit this market exposure, the ICRC's Investment and Treasury Committees have clarified the organization's tolerance for risk and volatility in investment guidelines based on investment management policy. Portfolio managers are required to trade all investments at stock exchanges handling large volumes and with market makers. All selected financial assets must meet specific criteria defined in the policy, such as quality and negotiability of securities, minimum counterparty ratings, maximum percentages of total invested fund, etc. The Investment Committee – which consists of the director of financial resources and logistics, the head of finance and two external members – manages the market and interest rate risks.

The ICRC has also allowed portfolio managers to use futures contracts to hedge exposure to market risk. The futures contracts have maturities of less than 12 months after the reporting date.

c. Credit/counterparty risk

The ICRC's treasury policies focus on security of cash and cash equivalents. At headquarters, these positions are held in banks regulated by the Swiss National Bank (SNB) or by the central banks of any EU member states with a long-term rating of at least A-/A3 (Standard & Poor's and Moody's). In 2015, the number of bank counterparties did not change. For field positions, there is no significant exposure to banks in risky countries.

ICRC receivables are mostly with governments and government agencies, where credit risk is considered to be low. In addition, the ICRC has a relatively broad government donor base. The largest donor contributed 28% of overall income (2014: 23%) and the top five donors contributed 64% (2014: 60%).

Investments are allowed only in liquid securities and only with counterparties that have a high credit rating. The ICRC's investment policy defines the maximum exposure to a single counterparty in order to ensure diversification of investments.

Accounts receivable are only offset against accounts payable if the offsetting criteria are met. At the reporting date, there were no significant concentrations of credit risk. The maximum exposure to credit risk is represented by the carrying amount of each financial asset in the consolidated statement of financial position.

d. Liquidity risk

The ICRC maintains a secure level of working capital at all times. This is reassessed and quantified periodically, based on cash-flow forecasts. The ICRC's objective is to strike a balance between funding continuity and flexibility by maintaining sufficient funds in the form of cash in hand, cash at banks or deposits with initial maturities of three months or less, to meet short-term liabilities. Interest-bearing loans and borrowings, which are debt requiring servicing costs, are kept to a minimum.

In addition, the ICRC has liquidity risk associated with forward foreign currency cover. Funds in the appropriate foreign currency are retained to settle forward contracts when they become due, or the contract is swapped forward until sufficient foreign currency is available.

The table below summarizes the maturity profile of the ICRC's financial liabilities.

2015 (CHF million)	Note	Total 2015	Undiscounted amounts		
			< 1 year	2 – 5 years	> 5 years
Accounts payable and accrued expenses		60.0	60.0	-	-
Loans and borrowings	[4B]	20.0	1.6	2.3	16.3
Derivative financial instruments		43.0	43.0	-	-
Total financial liabilities		123.0	104.6	2.3	16.3

2014 (CHF million)	Note	Total 2014	Undiscounted amounts		
			< 1 year	2 – 5 years	> 5 years
Accounts payable and accrued expenses		54.0	54.0	-	-
Loans and borrowings	[4B]	21.0	1.9	2.4	16.8
Derivative financial instruments		155.0	155.0	-	-
Total financial liabilities		230.0	210.9	2.4	16.8

e. Capital management

By its nature, the ICRC does not have "capital". Rather, it views the reserves as a proxy for capital in terms of IAS 1. The target and position of the various reserves are indicated in Note [2D]. There were no changes in the organization's approach to reserves management during the year under review. The Assembly policy is to maintain a strong level of reserves so as to maintain stakeholder and donor confidence and to sustain future development of operations.

4E. Fair value

A number of the ICRC's accounting policies and disclosures require the determination of fair value, both for financial and non-financial assets and liabilities. Fair value has been determined for measurement and/or disclosure purposes based on the methods outlined below.

a. Fair value measurement

- Fair value estimates are made at a specific point in time, based on market conditions and information about the financial instruments concerned. These estimates are subjective in nature and involve uncertainties and matters of significant judgment and therefore cannot be determined with precision. Changes in assumptions could significantly affect estimates.
- The fair values of cash and cash equivalents, accounts receivable, bank overdrafts, accounts payable and accrued expenses are not materially different from the carrying amounts.

- ▶ The fair value of equity and debt securities is determined by reference to their quoted closing price at the reporting date, or, if unquoted, using a valuation technique. The valuation techniques employed include market multiple and discounted cash-flow analysis using expected future cash-flows and a market interest rate.
- ▶ In accordance with the ICRC's investment strategy, investments held-for-trading are measured at fair value through profit or loss, because their performance is actively monitored and they are managed on a fair value basis. The debt securities held-to-maturity are measured at amortized cost. Their fair value is determined for impairment testing and disclosed in the table below.
- ▶ Interest-free loans are recorded at fair value on initial recognition, which is the present value of the expected future cash-flows, discounted using a market interest rate.
- ▶ Derivative financial instruments are stated at fair value. The net result of marking derivative financial instruments at the reporting date was a charge of CHF 0.2 million (2014: CHF 0.6 million). The fair value of forward currency contracts is calculated by reference to current forward foreign currency rates for contracts with similar maturity profiles. The fair value of futures exchange contracts is their market price at the reporting date.

b. Fair value hierarchy

Set out below is a comparison by class of the carrying amounts and fair values of the ICRC's financial assets and liabilities and their corresponding fair value measurement levels. The ICRC determines the fair value of financial instruments on the basis of the following hierarchy:

- ▶ **Level 1:** The fair value of financial instruments quoted in active markets is based on their quoted closing price at the reporting date.
- ▶ **Level 2:** The fair value of financial instruments that are not traded in an active market is determined by using valuation techniques based on observable market data.
- ▶ **Level 3:** This level includes instruments where one or more of the significant inputs are not based on observable market data.

There was no transfer between the fair value measurement levels during the reporting periods ended 31 December 2014 and 2015.

There was no transfer between the fair value measurement levels during the reporting periods ended 31 December 2014 and 2015.						
2015 (CHF million)	Note	Carrying value	Fair value	Fair value hierarchy		
				Level 1	Level 2	Level 3
Financial assets						
Investments at fair value through profit or loss	[4C]	163.5	163.5	163.5	-	-
Investments held-to-maturity	[4C]	137.4	139.4	139.4	-	-
Financial liabilities						
Unsecured interest-free loans	[4B]	-19.2	-26.1	-	-26.1	-

2014 (CHF million)	Note	Carrying value	Fair value	Fair value hierarchy		
				Level 1	Level 2	Level 3
Financial assets						
Investments at fair value through profit or loss	[4C]	192.1	192.1	192.1	-	-
Investments held-to-maturity	[4C]	136.3	138.2	138.2	-	-
Financial liabilities						
Unsecured interest-free loans	[4B]	-19.8	-26.1	-	-26.1	-

4F. Employee benefit liabilities

a. Description of the ICRC's post-employment benefit plans

The ICRC operates three post-employment plans which are treated as defined benefit plans for IAS 19 purposes. All plans are administered separately.

Pension plan

- ▶ The pension plan is an independent pension foundation called the ICRC Pension Fund. This separate legal entity is registered with the Swiss supervisory authority in the canton of Geneva. As such, it must comply with the compulsory insurance requirements set out in the Swiss Federal Law on Occupational Retirement, Survivors' and Disability Pension Funds (LPP/BVG in the French/German acronym). The fund undertakes to respect at least the minimum requirements imposed by the LPP/BVG and its ordinances.
- ▶ The pension plan covers all staff working at headquarters or in the field and hired in Geneva (mobile staff); it is the ICRC's most important plan.
- ▶ The pension plan is a funded plan providing retirement benefits as well as benefits on death and disability.
- ▶ The ICRC Pension Fund Board is responsible for the fund's management. The board consists of six representatives appointed by the ICRC and six representatives elected by the pension plan participants.
- ▶ In general, the ICRC must make contributions to the ICRC Pension Fund for each plan participant covered and as defined in the fund's regulations, i.e. it must contribute 2% of pensionable salary up to 1 January following a participant's 24th birthday and 17% of pensionable salary thereafter. Should the ICRC Pension Fund become underfunded (from a Swiss legal funding perspective), then the ICRC could be required to make additional contributions. While the ICRC has the option to contribute in excess of the amounts specified in the fund's regulations, it usually makes contributions as per the regulations.
- ▶ The ICRC Pension Fund Board decided to switch from a defined benefit plan to a defined contribution scheme in accordance with Swiss law starting on 1 January 2014. However, under IFRS the plan remains classified as a defined benefit plan.

FIGURES ARE IN CHF MILLION AND ROUNDING RULES ARE PRESENTED IN NOTE [1B]

Early retirement plan

- ▶ The ICRC has a plan that offers all staff working at headquarters and mobile staff the possibility to take early retirement from the age of 58. The plan covers the period from the date of ICRC retirement up to the date of retirement under Swiss law for those staff.
- ▶ The early retirement plan is an unfunded plan providing retirement benefits that are generally based on a maximum annual social security pension for single participants under certain conditions. The amounts that the ICRC must contribute in any given year are equal to the amounts of benefits that are due for that year.
- ▶ This unfunded plan is not subject to any minimum funding requirements. Allocations made to cover the cost of future early retirements are included in the human resources reserves (Refer to Note [2D] on *Reserves*). Future financial commitments arising from early retirement benefits are borne by the ICRC. A commission on enhanced old-age security (*Prévoyance Vieillesse Améliorée*) ensures compliance with the rules. The Collective Staff Agreement is reviewed every three years and may change the benefits provided under the plan in the future.

End-of-service plan

- ▶ The ICRC has agreed to provide post-employment benefits to local staff hired/working in the field (resident staff) in accordance with the legislation of the countries concerned and the local collective staff agreements. The benefits are based on one month of compensation for every year of service up to a maximum of 12 months, except in countries where local regulations require otherwise (Afghanistan, Kenya, Philippines and Sudan).
- ▶ The end-of-service plan is an unfunded plan.
- ▶ The present value of future financial commitments due for end-of-service indemnities (e.g. end of employment, retirement, severance pay, etc.) is borne by the ICRC. As there is only a lump-sum benefit at the end of service, there are no pensioners.
- ▶ The Human Resources Department is in charge of the plan's governance. Potential risk exposure is derived from future changes to local regulations on post-employment benefits or to local collective staff agreements.

b. Disclosures for the defined benefit plans

- ▶ The net obligation in respect of defined benefit plans is calculated separately for each plan by estimating the amount of future benefits that employees have earned in return for their services in the current and prior periods. That benefit is discounted to determine its present value. The fair value of the pension plan assets is deducted.
- ▶ When the calculation results in a benefit to the organization, the recognized asset is limited to benefits available in the form of refunds from the plan or reductions in future contributions to the plan.

The ICRC's total non-current employee benefit liabilities at the reporting date are as follows:

(CHF million)	Note	2015	2014
Pension plan			
Present value of defined benefit obligation		1,458.2	1,431.5
Fair value of plan assets		-1,220.0	-1,161.2
Under-coverage of pension plan		238.2	270.3
Early retirement plan		36.5	35.8
End-of-service plan		64.0	63.7
Sub-total Unfunded plans		100.5	99.5
Defined contribution plans	[3B]	30.4	25.8
Total Non-current employee benefit liabilities		369.0	396.0

The following tables summarize the components of net benefit expense recognized in the consolidated statement of income:

Components of defined benefit expense

(CHF million)	Note	2015	2014
Interest expense on defined benefit obligation		19.1	30.4
Interest income on plan assets		-13.3	-25.4
Sub-total Net interest on net defined benefit obligation		5.8	5.1
Total service cost		49.3	35.9
Administration costs, excluding costs for managing plan assets		1.4	1.5
Sub-total Expense recognized within staff costs	[3B]	50.7	37.3
Total Defined benefit expense		56.5	42.4

Re-measurements of net defined benefit liability recognized in other comprehensive income

(CHF million)	2015	2014
Actuarial gains/(losses):		
- Due to changes in financial assumptions	-39.3	-223.9
- Due to changes in demographic assumptions	31.4	-
- Due to experience adjustments	-3.6	-35.7
Sub-total Actuarial losses on defined benefit obligation	-11.5	-259.6
Foreign currency adjustment on defined benefit obligation	6.9	-2.3
(Insufficient)/excess return on plan assets, excluding amounts in net interest	-2.1	67.8
Total Re-measurement losses recognized in other comprehensive income	-7.0	-194.0

Changes in the present value of defined benefit obligation

The following table summarizes the movements in the defined benefit obligation. As the pension plan is the most important plan, information is provided separately for this plan.

(CHF million)	Pension plan	Unfunded plans	2015 Total	Pension plan	Unfunded plans	Total 2014
Defined benefit obligation at 1 January	1,431.5	99.5	1,531.0	1,133.2	84.3	1,217.5
Current service cost	37.1	12.2	49.3	25.1	10.8	35.9
Interest expense	15.9	3.2	19.1	27.2	3.3	30.4
Employee contributions	21.4	-	21.4	20.0	-	20.0
Net benefits paid	-55.4	-11.4	-66.8	-25.4	-9.3	-34.7
Actuarial losses	7.7	3.9	11.6	251.4	8.1	259.6
Foreign exchange adjustment	-	-6.9	-6.9	-	2.3	2.3
Defined benefit obligation at 31 December	1,458.2	100.5	1,558.7	1,431.5	99.5	1,531.0

Changes in the fair value of the assets owned by the ICRC Pension Fund

(CHF million)	2015	2014
Fair value of pension plan assets at 1 January	1,161.2	1,032.1
Employer contributions	83.0	42.8
Employee contributions	21.4	20.0
Net benefits paid	-55.4	-25.4
Actual administration costs paid, excluding costs for managing plan assets	-1.4	-1.5
Interest income on plan assets	13.3	25.4
Excess return on plan assets	-2.1	67.8
Fair value of pension plan assets at 31 December	1,220.0	1,161.2

Following its liquidation in 2015, the Avenir Foundation paid the ICRC's share to the ICRC Pension Fund for CHF 37.5 million as an additional employer contribution.

Fair values of pension plan assets by asset category

(CHF million)	2015	2014
Cash and cash equivalents	80.7	68.5
Gold	9.8	3.3
Equities:		
- Domestic (Swiss) equities	197.1	183.5
- Foreign equities	286.1	267.8
Bonds:		
- Domestic (Swiss) bonds	329.6	203.8
- Foreign bonds	93.4	228.0
Properties:		
- Domestic (Swiss) direct investments in properties	141.3	127.7
- Foreign direct investments in properties	3.1	2.6
- Domestic (Swiss) property funds	35.9	35.5
- Foreign property funds	43.0	40.5
Total Pension plan assets at 31 December	1,220.0	1,161.2

All plan assets, except direct investments in properties and cash and cash equivalents, are listed. The assessment of the market values of the direct investments in properties led to a revaluation of the related plan assets by + CHF 28.3 million in December 2015 (+ CHF 14.9 million in December 2012). The next appraisal by an independent real estate appraiser will be carried out in 2018, unless significant market changes occur before then.

No pension plan assets are occupied or used by the ICRC.

The ICRC Pension Fund performs periodic asset-liability studies, *inter alia*, to assess its risk capacity and help ensure that it has the right asset strategy to achieve the required rate of return. In addition, stop-loss insurance was contracted to limit the fund's exposure to disability and death risks.

Actuarial assumptions

The actuarial valuations involve making assumptions about discount rates, interest crediting rates, future salary increases, mortality rates, employee turnover and future pension increases. Due to the complexity of the valuation and the determination of the assumptions to be used, and the long-term nature of these plans, these estimates are sensitive to changes in assumptions. All assumptions are reviewed at each reporting date.

For the pension plan and early retirement plan:

- ▶ In determining the appropriate discount rate, management considers the yield at the reporting date on corporate bonds in Switzerland with at least an AA rating that have maturity dates approximating the terms of the ICRC's obligations and that are denominated in the functional currency.
- ▶ Future salary and pension increases are based on expected future inflation rates for the respective country.
- ▶ The publicly available LPP/BVG 2010 generational mortality tables have been used with an increasing load to reflect the additional risks taken by ICRC staff assigned to the field operations.

For the end-of-service plan:

- ▶ Discount rate is based on the average expected salary increase for all resident staff. These salary increase rates are expressed as a range that reflects the various material financial environments (countries) for which the obligation has been calculated.

Principal actuarial assumptions used

(CHF million)	Pension plan		Unfunded plans			
			Early retirement		End-of-service	
	2015	2014	2015	2014	2015	2014
Discount rate	0.83%	1.15%	0.83%	1.15%	5.00%	5.00%
Future salary increase rate	1.75%	2.00%	1.75%	2.00%	5.00%	5.00%
Employee rotation rate	18.40%	18.70%	-	-	-	-

Sensitivity analysis on discount rate

The ICRC deems the discount rate to be the most significant actuarial assumption to which the pension plan defined benefit obligation is most sensitive. A decrease/increase of 0.25 basis points would increase/decrease the pension plan defined benefit obligation by CHF 48.1 million (2014: CHF 48.7 million).

2016 expected contribution amounts and benefit payments

(CHF million)	Pension plan	Unfunded plans	
		Early retirement	End-of-service
Expected employer contributions for 2016	45.6	3.6	8.3
Expected employee contributions for 2016	21.1	-	-
Expected benefits payments for 2016	-100.4	-3.6	-8.3
Expected duration for the obligation at 31 December 2015	13.6 years	6.2 years	-

To the Assembly of

The International Committee of the Red Cross (ICRC), Geneva

Lancy, 24 March 2016

Report of the statutory auditor on the consolidated financial statements

As statutory auditor, we have audited the accompanying consolidated financial statements of The International Committee of the Red Cross (ICRC), which comprise the consolidated statement of income, consolidated statement of other comprehensive income, consolidated statement of financial position, consolidated statement of cash flows, consolidated statement of changes in reserves and notes on pages 543 to 562, for the year ended 31 December 2015.

Directorate's and Assembly's responsibility

The Directorate's and Assembly's responsibility are responsible for the preparation of these consolidated financial statements in accordance with IFRS and the requirements of Swiss law. This responsibility includes designing, implementing and maintaining an internal control system relevant to the preparation of consolidated financial statements that are free from material misstatement, whether due to fraud or error. The Directorate's and Assembly are further responsible for selecting and applying appropriate accounting policies and making accounting estimates that are reasonable in the circumstances.

Auditor's responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audit. We conducted our audit in accordance with Swiss law, Swiss Auditing Standards and International Standards on Auditing. Those standards require that we plan and perform the audit to obtain reasonable assurance whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers the internal control system relevant to the entity's preparation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control system. An audit also includes evaluating the appropriateness of the accounting policies used and the reasonableness of accounting estimates made, as well as evaluating the overall presentation of the consolidated financial statements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements for the year ended 31 December 2015 give a true and fair view of the financial position, the results of operations and the cash flows in accordance with IFRS and comply with Swiss law.

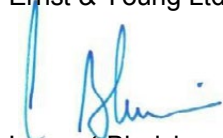
Report on other legal requirements

We confirm that we meet the legal requirements on licensing according to the Auditor Oversight Act (AOA) and independence (article 69b Swiss Civil Code (CC) in relation to article 728 CO) and that there are no circumstances incompatible with our independence.

In accordance with article 69b CC in relation to article 728a paragraph 1 item 3 CO and Swiss Auditing Standard 890, we confirm that an internal control system exists, which has been designed for the preparation of consolidated financial statements according to the instructions of the Directorate and the Assembly.

We recommend that the consolidated financial statements submitted to you be approved.

Ernst & Young Ltd



Laurent Bludzien
Licensed audit expert
(Auditor in charge)



Thomas Madoery
Licensed audit expert

Enclosures

- Consolidated financial statements (consolidated statement of income, consolidated statement of other comprehensive income, consolidated statement of financial position, consolidated statement of cash flows, consolidated statement of changes in reserves and notes)

FINANCIAL AND STATISTICAL TABLES

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A. INCOME AND EXPENDITURE RELATED TO THE 2015 EMERGENCY AND HEADQUARTERS APPEALS (in KCHF)

	BUDGET				EXPENDITURE (Cash, kind and services)						
	2015 Initial budget	Amendments	2015 Final budget		Protection	Assistance	Prevention	Cooperation with National Societies	General	2015 Total Expenditure	Overheads (already included in the total expenditure)
1. Emergency Appeals (field)											
Africa	552,960	115,144	668,103		85,247	405,458	51,882	35,237	2,280	580,105	35,211
Americas	82,442	-	82,442		22,977	24,520	17,582	6,851	792	72,723	4,438
Asia and the Pacific	216,911	-	216,911		38,484	127,566	31,767	14,335	1,825	213,977	13,039
Europe and Central Asia	112,537	32,083	144,620		21,832	65,673	15,863	8,400	468	112,236	6,849
Near and Middle East	414,421	63,114	477,535		50,857	335,052	26,963	19,285	1,420	433,577	26,383
Stock in kind											
Total Emergency Appeals (field)	1,379,271	210,340	1,589,611		219,397	958,270	144,057	84,108	6,785	1,412,618	85,919
2. Headquarters Appeal											
Headquarters General											
Governing and Controlling Bodies	6,430	3,307	9,737							6,044	
Office of the Director-General	10,403	2,145	12,548							11,738	
Operations	46,500	316	46,816							46,607	
International Law and Policy	15,121	637	15,758							14,833	
Communication and Information Management	36,619	128	36,747							37,149	
Human Resources	29,469	40	29,509							28,267	
Financial Resources and Logistics	49,734	-23	49,711							57,561	
Total headquarters	194,276	6,549	200,825							202,199	
3. Total foundations and funds										5,283	
4. Operating activities-related contributions and expenditure (according to consolidated profit and loss statement)											
Total income and expenditure										1,620,100	
Deduction of field non-operating income											
Deduction of headquarters non-operating income											
Deduction of overheads										-85,919	
Deduction of cross-charging (foundations and funds)										-640	
Reconciliation with IFRS requirements (IAS 19)										-44,830	
Total operating activities related contributions and expenditure										1,488,710	

N.B. Figures in these tables are rounded off, may vary slightly from the amounts presented in other documents and may result in rounding-off addition differences.

INCOME (Cash, kind and services)							FUNDING OF OPERATIONS (Balances brought forward)						
	Cash contributions	Cash non-operating income	Overheads	Kind contributions	Services contributions	2015 Total Income		2014 Donors' restricted contributions brought forward	2014 Field operations with temporary deficit financing brought forward	Adjustments and transfers	Use of unrestricted reserves	2015 Donors' restricted contributions	2015 Field operations with temporary deficit financing
	542,312	2,048		3,562	2,034	549,956		11,657	- 3,924	- 896		6,205	- 29,517
	57,736	75		-	117	57,928			- 886	- 67	10,000	42	- 5,790
	194,194	1,276		317	1,156	196,943			- 1,895	- 371	10,000		- 9,300
	103,109	71		35	336	103,551			- 1,162	- 91	5,000		- 4,938
	442,852	1,829		1,321	1,318	447,320		16,403		- 71		32,858	- 2,783
	- 24			- 260		- 284		920				636	
	1,340,178	5,299		4,975	4,962	1,355,414		28,979	- 7,867	- 1,496	25,000	39,741	- 52,328
	139,335	1,244	85,919	-	2,716	229,215							
	350	0		-	-	350						129	
	107	-		-	-	107							
	915	10		-	153	1,078		272				96	
	1,631	22		-	-	1,653		44				169	
	-	53		-	-	53							
	500	-		-	35	535							
	1,227	4		-	162	1,393							
	144,066	1,334	85,919	-	3,066	234,384		316	-	-	-	393	-
	4,584					4,584							
	1,488,828	6,633	85,919	4,975	8,027	1,594,383		29,295	- 7,867	- 1,496	25,000	40,134	- 52,328
		- 4,206				- 4,206							
		- 1,264				- 1,264							
			- 85,919			- 85,919							
	- 640					- 640							
	1,488,188	1,163	-	4,975	8,027	1,502,354		29,295	- 7,867	- 1,496	25,000	40,134	- 52,328

B. INCOME AND EXPENDITURE BY DELEGATION RELATED TO THE 2015 EMERGENCY APPEALS (in KCHF)

	BUDGET				EXPENDITURE BY PROGRAMME (Cash, kind and services)							
	2015 initial budget	Amendments	2015 Final budget		Protection	Assistance	Prevention	Cooperation with National Societies	General	2015 Total expenditure	Overheads (already included in the total expenditure)	
AFRICA												
Algeria	2,973	-	2,973		939	186	772	351	25	2,273	139	
Burundi	4,592	-	4,592		1,904	1,774	563	678	21	4,940	302	
Central African Republic	46,906	-	46,906		4,184	27,657	2,880	1,353	66	36,139	2,198	
Chad	6,398	364	6,761		1,508	2,083	1,062	836	24	5,513	336	
Congo, Democratic Republic of the	63,407	-	63,407		15,454	38,203	4,726	2,168	215	60,766	3,658	
Eritrea	4,198	-	4,198		858	2,936	354	88	18	4,254	260	
Ethiopia	20,863	-	20,863		4,577	10,911	2,492	1,723	97	19,799	1,208	
Guinea	7,350	-	7,350		1,783	2,439	968	964	40	6,194	378	
Liberia	17,466	-	17,466		995	8,847	963	1,101	33	11,941	729	
Libya	9,360	6,658	16,018		1,800	6,834	2,298	1,647	89	12,667	763	
Mali	47,632	-	47,632		4,050	29,190	2,496	1,552	175	37,465	2,287	
Mauritania	4,633	-	4,633		1,018	1,549	679	483	26	3,756	229	
Morocco	1,789	-	1,789		690	-	346	587	-	1,623	99	
Niger	14,975	7,255	22,230		2,690	16,986	1,480	882	42	22,079	1,301	
Nigeria	23,325	44,359	67,685		4,582	48,362	3,937	2,389	37	59,306	3,619	
Rwanda	6,253	-	6,253		3,014	1,655	807	398	45	5,920	361	
Somalia	73,746	-	73,746		4,073	53,381	3,368	2,143	213	63,179	3,817	
South Sudan	131,196	22,670	153,867		11,440	113,433	6,478	5,771	288	137,411	8,346	
Sudan	4,958	25,208	30,166		2,895	15,655	3,187	1,881	155	23,773	1,451	
Uganda	4,242	-	4,242		2,146	-	744	534	33	3,458	211	
Abidjan (regional)	12,806	-	12,806		2,383	4,856	1,850	1,538	55	10,683	652	
Antananarivo (regional)	3,997	-	3,997		1,124	1,800	403	365	15	3,707	226	
Dakar (regional)	8,921	-	8,921		1,370	2,990	1,919	990	128	7,397	451	
Harare (regional)	8,275	-	8,275		1,736	3,503	1,250	927	33	7,448	455	
Nairobi (regional)	8,081	-	8,081		2,901	605	2,059	1,652	340	7,558	461	
Pretoria (regional)	2,596	-	2,596		635	-	698	420	24	1,778	108	
Tunis (regional)	5,459	-	5,459		1,648	2,009	864	207	25	4,754	290	
Yaoundé (regional)	6,562	8,629	15,192		2,851	7,613	2,237	1,608	15	14,324	874	
TOTAL AFRICA	552,960	115,144	668,103		85,247	405,458	51,882	35,237	2,280	580,105	35,211	
AMERICAS												
Colombia	33,324	-	33,324		8,487	13,880	3,094	1,408	571	27,441	1,675	
Haiti	4,898	-	4,898		749	1,675	369	845	15	3,653	223	
Brasilia (regional)	7,521	-	7,521		2,223	551	2,693	1,283	72	6,823	416	
Caracas (regional)	3,070	-	3,070		527	-	882	685	0	2,094	128	
Lima (regional)	6,257	-	6,257		2,195	948	2,265	825	15	6,248	381	
Mexico City (regional)	17,879	-	17,879		6,001	7,280	2,541	1,249	45	17,116	1,045	
Washington (regional)	6,719	-	6,719		2,795	186	3,055	556	59	6,650	406	
New York	2,774	-	2,774		-	-	2,682	-	15	2,697	165	
TOTAL AMERICAS	82,442	-	82,442		22,977	24,520	17,582	6,851	792	72,723	4,438	

N.B. Figures in these tables are rounded off, may vary slightly from the amounts presented in other documents and may result in rounding-off addition differences.

INCOME (Cash, kind, services and assets)						FUNDING OF FIELD OPERATIONS (Balances brought forward)						
Cash contributions	Cash non-operating income	Kind contributions	Services contributions	2015 Total income		2014 Donors' restricted contributions brought forward	2014 Field operations with temporary deficit financing brought forward	Adjustments and transfers	Use of unrestricted reserves	2015 Donors' restricted contributions	2015 Field operations with temporary deficit financing	
												AFRICA
2,273	1	-	-	2,273								Algeria
2,598	2	-	-	2,600				- 15			- 2,355	Burundi
30,963	119	119	230	31,431		8,812		17		4,121		Central African Republic
5,513	1	-	-	5,513								Chad
57,205	28	1,544	223	59,000		1,797		- 32				Congo, Democratic Republic of the
1,994	6	-	-	2,000				- 26			- 2,281	Eritrea
17,785	42	-	61	17,888			- 1,264	- 1			- 3,177	Ethiopia
6,191	4	-	-	6,194								Guinea
11,568	14	-	45	11,626		914		- 599				Liberia
15,293	8	164	-	15,465			- 439	- 275		2,084		Libya
33,563	61	-	45	33,668			- 867	45			- 4,618	Mali
3,755	1	-	-	3,756								Mauritania
1,622	1	-	-	1,623								Morocco
17,663	5	758	-	18,426			- 699	- 9			- 4,361	Niger
56,617	52	3	98	56,770			- 655				- 3,192	Nigeria
5,912	8	-	-	5,920								Rwanda
60,461	5	393	18	60,877		133		1			- 2,168	Somalia
130,167	1,052	574	1,240	133,033				27			- 4,351	South Sudan
21,242	409	-	64	21,715							- 2,058	Sudan
3,457	1	-	-	3,458								Uganda
10,695	9	-	-	10,704				- 21				Abidjan (regional)
3,706	1	-	-	3,707								Antananarivo (regional)
7,401	4	-	-	7,405				- 8				Dakar (regional)
7,440	7	-	-	7,448								Harare (regional)
7,340	201	7	9	7,556				1				Nairobi (regional)
1,775	2	-	-	1,778								Pretoria (regional)
4,751	3	-	-	4,754								Tunis (regional)
13,364	2	-	2	13,368							- 956	Yaoundé (regional)
542,312	2,048	3,562	2,034	549,956		11,657	- 3,924	- 896	-	6,205	- 29,517	TOTAL AFRICA
												AMERICAS
24,367	14	-	117	24,498			- 886	- 0		42	- 3,871	Colombia
3,661	8	-	-	3,669				- 16				Haiti
6,790	33	-	-	6,823				- 0				Brasília (regional)
2,094	0	-	-	2,094								Caracas (regional)
6,237	11	-	-	6,248								Lima (regional)
10,241	6	-	-	10,247				- 51	5,000		- 1,919	Mexico City (regional)
1,648	2	-	-	1,650					5,000			Washington (regional)
2,697	0	-	-	2,697				- 0				New York
57,736	75	-	117	57,928		-	- 886	- 67	10,000	42	- 5,790	TOTAL AMERICAS

B. INCOME AND EXPENDITURE BY DELEGATION RELATED TO THE 2015 EMERGENCY APPEALS (CONT.) (in KCHF)

	BUDGET				EXPENDITURE BY PROGRAMME (Cash, kind and services)							
	2015 Initial budget	Amendments	2015 Final budget		Protection	Assistance	Prevention	Cooperation with National Societies	General	2015 Total expenditure	Overheads (already included in the total expenditure)	
ASIA AND THE PACIFIC												
Afghanistan	80,104	-	80,104		12,236	61,841	4,479	1,881	560	80,996	4,928	
Bangladesh	8,153	-	8,153		1,707	3,816	1,319	604	87	7,533	460	
Myanmar	28,765	-	28,765		4,773	17,429	2,308	1,707	179	26,398	1,610	
Nepal	3,252	-	3,252		1,031	1,999	487	407	51	3,975	242	
Pakistan	16,289	-	16,289		1,012	9,308	3,453	2,118	117	16,008	973	
Philippines	18,328	-	18,328		3,314	13,005	2,158	1,496	135	20,107	1,227	
Sri Lanka	7,756	-	7,756		3,593	2,844	604	330	63	7,433	454	
Bangkok (regional)	13,906	-	13,906		3,628	4,789	3,242	1,016	243	12,918	788	
Beijing (regional)	12,069	-	12,069		747	5,066	4,818	1,266	87	11,984	731	
Jakarta (regional)	4,325	-	4,325		773	157	2,224	742	39	3,935	240	
Kuala Lumpur (regional)	5,885	-	5,885		1,506	719	2,284	660	51	5,219	319	
New Delhi (regional)	11,214	-	11,214		2,308	5,028	2,532	880	141	10,889	665	
Suva (regional)	6,867	-	6,867		1,855	1,566	1,858	1,229	75	6,583	402	
TOTAL ASIA AND THE PACIFIC	216,911	-	216,911		38,484	127,566	31,767	14,335	1,825	213,977	13,039	
EUROPE AND CENTRAL ASIA												
Armenia	2,650	-	2,650		312	1,297	392	213	27	2,242	137	
Azerbaijan	8,207	-	8,207		1,688	4,116	560	333	40	6,735	411	
Georgia	10,893	-	10,893		2,040	5,332	946	451	67	8,836	539	
Ukraine	46,877	25,787	72,664		5,874	39,570	2,592	1,636	52	49,723	3,033	
Moscow (regional)	12,242	6,296	18,537		2,774	7,250	2,751	2,604	68	15,448	943	
Paris (regional)	5,126	-	5,126		2,059	282	2,004	504	27	4,876	298	
Tashkent (regional)	15,576	-	15,576		2,594	7,664	2,488	1,630	94	14,470	883	
Western Balkans (regional)	3,866	-	3,866		2,307	162	341	452	67	3,329	203	
Brussels	3,136	-	3,136		43	-	2,561	197	12	2,813	172	
London	3,965	-	3,965		2,141	-	1,230	381	12	3,764	230	
TOTAL EUROPE AND CENTRAL ASIA	112,537	32,083	144,620		21,832	65,673	15,863	8,400	468	112,236	6,849	
NEAR AND MIDDLE EAST												
Egypt	5,961	-	5,961		567	3,381	1,052	765	59	5,824	355	
Iran, Islamic Republic of	4,987	-	4,987		1,100	1,168	1,424	543	52	4,287	262	
Iraq	78,071	36,007	114,078		13,866	84,186	6,606	1,704	231	106,594	6,499	
Israel and the Occupied Territories	50,494	-	50,494		16,691	26,743	5,467	3,072	177	52,149	3,183	
Jordan	31,825	-	31,825		3,637	22,763	3,039	1,480	413	31,331	1,903	
Lebanon	45,067	-	45,067		5,262	30,790	1,982	3,580	144	41,758	2,549	
Syrian Arab Republic	164,253	-	164,253		3,132	126,647	2,180	5,325	171	137,454	8,364	
Yemen	28,898	27,107	56,005		4,495	39,132	3,366	2,294	146	49,434	2,978	
Kuwait (regional)	4,866	-	4,866		2,107	241	1,848	523	27	4,746	290	
TOTAL NEAR AND MIDDLE EAST	414,421	63,114	477,535		50,857	335,052	26,963	19,285	1,420	433,577	26,383	
STOCK IN KIND												
TOTAL FIELD	1,379,271	210,340	1,589,611		219,397	958,270	144,057	84,108	6,785	1,412,618	85,919	

N.B. Figures in these tables are rounded off, may vary slightly from the amounts presented in other documents and may result in rounding-off addition differences.

INCOME (Cash, kind, services and assets)						FUNDING OF FIELD OPERATIONS (Balances brought forward)						
Cash contributions	Cash non-operating income	Kind contributions	Services contributions	2015 Total income		2014 Donors' restricted contributions brought forward	2014 Field operations with temporary deficit financing brought forward	Adjustments and transfers	Use of unrestricted reserves	2015 Donors' restricted contributions	2015 Field operations with temporary deficit financing	
												ASIA AND THE PACIFIC
77,722	101	248	391	78,463			- 664	- 145			- 3,342	Afghanistan
7,527	3	3	-	7,533								Bangladesh
23,739	12	12	518	24,282				- 62			- 2,178	Myanmar
2,145	859	5	8	3,017				- 12			- 970	Nepal
14,024	28	49	-	14,101							- 1,907	Pakistan
20,385	117	-	81	20,583			- 1,231	- 148			- 904	Philippines
7,387	5	-	41	7,433								Sri Lanka
7,916	6	-	-	7,923				- 4	5,000			Bangkok (regional)
6,918	20	-	46	6,984					5,000			Beijing (regional)
3,933	2	-	-	3,935								Jakarta (regional)
5,109	110	-	-	5,219								Kuala Lumpur (regional)
10,877	11	-	-	10,889								New Delhi (regional)
6,511	2	-	70	6,583								Suva (regional)
194,194	1,276	317	1,156	196,943		-	- 1,895	- 371	10,000	-	- 9,300	TOTAL ASIA AND THE PACIFIC
												EUROPE AND CENTRAL ASIA
2,241	1	-	-	2,242								Armenia
6,671	2	-	63	6,735								Azerbaijan
8,812	13	-	-	8,825				11				Georgia
48,455	15	21	207	48,698							- 1,025	Ukraine
12,780	4	14	-	12,798			- 1,162	- 102			- 3,913	Moscow (regional)
4,846	- 1	-	30	4,876								Paris (regional)
9,432	20	-	18	9,470					5,000			Tashkent (regional)
3,296	15	-	18	3,329								Western Balkans (regional)
2,813	0	-	-	2,813								Brussels
3,763	1	-	-	3,764								London
103,109	71	35	336	103,551		-	- 1,162	- 91	5,000	-	- 4,938	TOTAL EUROPE AND CENTRAL ASIA
												NEAR AND MIDDLE EAST
5,185	6	-	-	5,191							- 633	Egypt
4,267	2	-	18	4,287								Iran, Islamic Republic of
106,432	369	104	397	107,302		6,085		- 235		6,558		Iraq
49,752	242	-	117	50,111				- 71		41	- 2,150	Israel and the Occupied Territories
35,732	17	166	91	36,006				- 4		4,671		Jordan
44,246	14	-	517	44,778		1,039		14		4,073		Lebanon
139,165	1,072	414	104	140,755		9,045		235		12,581		Syrian Arab Republic
53,326	106	638	74	54,144		234		- 10		4,934		Yemen
4,745	1	-	-	4,746								Kuwait (regional)
442,852	1,829	1,321	1,318	447,320		16,403	-	- 71	-	32,858	- 2,783	TOTAL NEAR AND MIDDLE EAST
- 24		- 260		- 284		920				636		STOCK IN KIND
1,340,178	5,299	4,975	4,962	1,355,414		28,979	- 7,867	- 1,496	25,000	39,741	- 52,328	TOTAL FIELD

C. CONTRIBUTIONS IN 2015

SUMMARY OF ALL CONTRIBUTIONS (in CHF)

	Headquarters Appeal	Emergency Appeals	Adjustments on previous years	Total cash	Total kind	Total services	Grand total
1. Governments	135,526,932	1,125,283,985	252,262	1,261,063,179	1,881,840	387,000	1,263,332,019
2. European Commission ⁽¹⁾		123,683,945		123,683,945			123,683,945
3. International organizations					2,056,706		2,056,706
4. Supranational organizations		234,400	6,989	241,389			241,389
5. National Societies	4,134,470	24,254,933	10,370	28,399,772	382,927	4,885,367	33,668,066
6. Public sources		5,265,828		5,265,828		2,565,389	7,831,218
7. Private sources	4,144,953	61,440,370	4,599	65,589,922	653,377	189,509	66,432,808
Grand total	143,806,354	1,340,163,461	274,220	1,484,244,035	4,974,850	8,027,265	1,497,246,151

1. Member of the Donor Support Group

Reconciliation between the 2015 consolidated contributions and the summary of all contributions to the ICRC (see above)

Total consolidated contributions to the ICRC	1,497,246,151
Contributions received from funds and foundations consolidated in ICRC accounts:	
ICRC Special Fund for the Disabled	4,584,419
Adjustment of the contributions provided by funds and foundations to the ICRC actions	-640,200
Joint appeal income together with other organizations	1,163,319
Total contributions to the ICRC as disclosed in the consolidated financial statements (see A. Income and expenditure related to the 2015 Emergency and Headquarters Appeals above)	1,502,353,689

N.B. Figures in these tables are rounded off, may vary slightly from the amounts presented in other documents and may result in rounding-off addition differences.

1. GOVERNMENTS (in CHF)

	Headquarters Appeal	Emergency Appeals	Adjustments on previous years	Total cash	Total kind	Total services	Grand total
Afghanistan	9,970		7,692	17,663		166,908	184,571
Algeria	37,526			37,526			37,526
Andorra	12,016	36,048		48,064			48,064
Argentina	148,635			148,635			148,635
Armenia	13,599			13,599			13,599
Australia ⁽¹⁾	3,080,950	32,681,698		35,762,648			35,762,648
Austria	629,460	2,375,829		3,005,289			3,005,289
Azerbaijan	20,000			20,000			20,000
Bahamas	33,027			33,027			33,027
Belgium ⁽¹⁾	802,275	19,746,338		20,548,613			20,548,613
Bulgaria	91,310			91,310			91,310
Cameroon	23,313		13,147	36,460			36,460
Canada ⁽¹⁾	2,310,660	54,921,710		57,232,370			57,232,370
Chile	39,376	147,660		187,036			187,036
China	650,000			650,000			650,000
Costa Rica	32,155			32,155			32,155
Cyprus	21,490			21,490			21,490
Czech Republic	749,905	117,254		867,159			867,159
Denmark ⁽¹⁾	2,874,440	19,805,910		22,680,350			22,680,350
Dominican Republic	61,357			61,357			61,357
Egypt	260,330			260,330			260,330
Estonia	36,048	166,005		202,053			202,053
Finland ⁽¹⁾		10,306,910		10,306,910	1,860,908		12,167,818
France ⁽¹⁾	250,128	20,125,516		20,375,644			20,375,644
Georgia	13,599			13,599			13,599
Germany ⁽¹⁾	1,427,814	44,195,895		45,623,709			45,623,709
Greece	54,365	21,104		75,469			75,469
Guyana	1,210			1,210			1,210
Holy See	2,798	11,192		13,991			13,991
Hungary		156,876		156,876			156,876
Iceland	76,324			76,324			76,324
Iran, Islamic Republic of	46,500			46,500			46,500
Iraq						178,362	178,362
Ireland ⁽¹⁾	136,214	12,322,350		12,458,564			12,458,564
Israel	107,426			107,426			107,426

1. GOVERNMENTS (CONT.) (in CHF)

	Headquarters Appeal	Emergency Appeals	Adjustments on previous years	Total cash	Total kind	Total services	Grand total
Italy ⁽¹⁾	2,502,240	9,324,530		11,826,770			11,826,770
Japan ⁽¹⁾		30,839,276		30,839,276			30,839,276
Kazakhstan		28,708		28,708			28,708
Korea, Republic of	293,240	2,121,340		2,414,580			2,414,580
Kuwait ⁽¹⁾	196,880	21,522,330		21,719,210			21,719,210
Liechtenstein	200,000	600,000		800,000			800,000
Lithuania	8,393	54,675		63,068			63,068
Luxembourg	829,760	7,510,000		8,339,760			8,339,760
Malta		15,578		15,578			15,578
Mauritius			14,980	14,980			14,980
Mexico	480,500	177,016		657,516			657,516
Monaco	92,907	54,220		147,127			147,127
Morocco	118,879			118,879			118,879
Myanmar	19,428			19,428			19,428
Namibia	14,945			14,945			14,945
Netherlands ⁽¹⁾	6,899,000	49,933,361		56,832,361			56,832,361
New Zealand		741,500		741,500			741,500
Nicaragua	4,915			4,915			4,915
Norway ⁽¹⁾	2,369,020	42,749,905		45,118,925			45,118,925
Oman		961,000		961,000			961,000
Pakistan	4,086			4,086			4,086
Panama	23,022			23,022			23,022
Peru	438,610			438,610			438,610
Philippines			9,678	9,678			9,678
Poland	200,858			200,858			200,858
Portugal	100,529			100,529			100,529
San Marino	20,000			20,000			20,000
Saudi Arabia	190,720			190,720			190,720
Serbia	10,000			10,000			10,000
Singapore	56,680			56,680			56,680
Slovakia	35,000	31,317		66,317			66,317
Slovenia		62,778		62,778			62,778
South African			203,911	203,911			203,911
Spain		6,326,525		6,326,525			6,326,525
Sri Lanka	17,422			17,422			17,422
Sweden ⁽¹⁾	5,880,850	49,256,030		55,136,880			55,136,880
Switzerland ⁽¹⁾	80,107,438	80,260,428		160,367,866		41,730	160,409,596
Tajikistan	3,348			3,348			3,348
Thailand	95,969			95,969			95,969
Togo			2,853	2,853			2,853
Tunisia	5,904			5,904			5,904
Ukraine					20,932		20,932
United Arab Emirates	92,530			92,530			92,530
United Kingdom of Great Britain and Northern Ireland ⁽¹⁾	191,593	207,842,455		208,034,048			208,034,048
United States of America ⁽¹⁾	19,867,020	397,732,722		417,599,742			417,599,742
Uruguay	101,024			101,024			101,024
Total from governments	135,526,932	1,125,283,985	252,262	1,261,063,179	1,881,840	387,000	1,263,332,019

1. Member of the Donor Support Group

N.B. Figures in these tables are rounded off, may vary slightly from the amounts presented in other documents and may result in rounding-off addition differences.

2. EUROPEAN COMMISSION ⁽¹⁾ (in CHF)

	Headquarters Appeal	Emergency Appeals	Adjustments on previous years	Total cash	Total kind	Total services	Grand total
Directorate General Development and Cooperation (EuropeAid)		1,201,600		1,201,600			1,201,600
Directorate General Humanitarian Aid (ECHO)		122,482,345		122,482,345			122,482,345
Total from European Commission		123,683,945		123,683,945			123,683,945

1. Member of the Donor Support Group

N.B. Figures in these tables are rounded off, may vary slightly from the amounts presented in other documents and may result in rounding-off addition differences.

3. INTERNATIONAL ORGANIZATIONS (in CHF)

	Headquarters Appeal	Emergency Appeals	Adjustments on previous years	Total cash	Total kind	Total services	Grand total
WFP					2,056,706		2,056,706
Total from International organizations					2,056,706		2,056,706

N.B. Figures in these tables are rounded off, may vary slightly from the amounts presented in other documents and may result in rounding-off addition differences.

4. SUPRANATIONAL ORGANIZATIONS (in CHF)

	Headquarters Appeal	Emergency Appeals	Adjustments on previous years	Total cash	Total kind	Total services	Grand total
The OPEC Fund for International Development		234,400		234,400			234,400
Various supranational organizations			6,989	6,989			6,989
Total from Supranational organizations		234,400	6,989	241,389			241,389

5. NATIONAL SOCIETIES (in CHF)

	Headquarters Appeal	Emergency Appeals	Adjustments on previous years	Total cash	Total kind	Total services	Grand total
Andorra	1,070			1,070			1,070
Australia		179,145		179,145		255,386	434,531
Austria	10,000	746,620		756,620		8,111	764,731
Azerbaijan	4,352			4,352			4,352
Bangladesh	2,703			2,703			2,703
Belgium			3,178	3,178		6,720	9,898
Bulgaria	2,700			2,700			2,700
Cabo Verde	3,596		7,192	10,788			10,788
Cambodia	2,282			2,282			2,282
Canada	112,950	633,308		746,258		634,334	1,380,592
China	358,342			358,342			358,342
China/Hong Kong		50,021		50,021			50,021
Cook Islands	272			272			272
Croatia	797			797			797
Czech Republic	12,053	18,709		30,761	103,515		134,277
Denmark	113,418	128,053		241,471	124,387	541,246	907,104
Dominica	136			136			136
Estonia	7,344	7,386		14,730			14,730
Finland	196,918	69,674		266,592		431,014	697,606
France	324,840			324,840			324,840
Germany	835,218			835,218			835,218
Greece	523			523			523
Iceland	15,775			15,775		256,568	272,343
Ireland	15,000	28,668		43,668			43,668
Israel						4,244	4,244
Italy	132,968			132,968			132,968
Japan	886,157	890,903		1,777,060		408,714	2,185,774
Korea, Republic of	337,399			337,399			337,399
Kuwait		9,735		9,735			9,735
Latvia	2,901			2,901			2,901
Liechtenstein	1,496	156,946		158,442			158,442
Lithuania	5,600	15,848		21,448			21,448
Luxembourg	13,871			13,871			13,871
Malta		21,361		21,361			21,361
Micronesia, Federated States of	136			136			136
Monaco	3,808	41,756		45,564			45,564
Montenegro	1,065			1,065			1,065
Morocco	1,492			1,492			1,492
Myanmar	952			952	12,000		12,952
Netherlands	270,082	10,279,892		10,549,974		300,294	10,850,269
New Zealand	79,556	61,071		140,627		444,199	584,827
Norway		6,664,362		6,664,362	137,660	241,923	7,043,945
Portugal						8,580	8,580

5. NATIONAL SOCIETIES (CONT.) (in CHF)

	Headquarters Appeal	Emergency Appeals	Adjustments on previous years	Total cash	Total kind	Total services	Grand total
Romania	20,133			20,133			20,133
Senegal	1,378			1,378			1,378
Serbia	1,000			1,000			1,000
Seychelles	261			261			261
Slovenia	19,583			19,583			19,583
Spain						11,682	11,682
Sweden	100,000	1,814,077		1,914,077		863,496	2,777,572
Switzerland		150,000		150,000		4,565	154,565
Thailand	33,318			33,318			33,318
Trinidad and Tobago	5,984			5,984			5,984
United Kingdom of Great Britain and Northern Ireland	190,000	2,287,397		2,477,397		455,481	2,932,878
United States of America						8,811	8,811
Vanuatu	281			281			281
Viet Nam	4,760			4,760			4,760
International Federation of Red Cross and Red Crescent Societies					5,365		5,365
Total from National Societies	4,134,470	24,254,933	10,370	28,399,772	382,927	4,885,367	33,668,066

N.B. Figures in these tables are rounded off, may vary slightly from the amounts presented in other documents and may result in rounding-off addition differences.

6. PUBLIC SOURCES (in CHF)

	Headquarters Appeal	Emergency Appeals	Adjustments on previous years	Total cash	Total kind	Total services	Grand total
Avenches		200		200			200
Beaumont-Hague		692		692			692
Bellinzona, City of		5,000		5,000			5,000
Bogis-Bossey		200		200			200
Bülach, City of		20,000		20,000			20,000
Chavannes-le-Chêne		200		200			200
Choulex		500		500			500
Comano		50		50			50
Corseaux		500		500			500
Cudrefin		100		100			100
Cugy		100		100			100
Dardagny		250		250			250
Deutschsprachige Gemeinschaft Belgiens		10,871		10,871			10,871
Fribourg, Canton of		30,000		30,000			30,000
Geneva, Canton of		4,700,250		4,700,250		2,200,493	6,900,743
Geneva, City of		51,500		51,500			51,500
Gilly		100		100			100
Grand-Saconnex, City of		20,000		20,000			20,000
La Tour-de-Peilz		500		500			500
Laconnex		1,000		1,000			1,000
Lufingen		50		50			50
Lussy-sur-Morges		300		300			300
Meinier		500		500			500
Mies		200		200			200
Moudon		100		100			100
Romanshorn, City of		1,500		1,500			1,500
St. Moritz		10,000		10,000			10,000
Ticino, Canton of		300		300			300
Tremblay-en-France, City of		10,815		10,815			10,815
Valeyres-sous-Ursins		50		50			50
Versoix, City of						364,896	364,896
Zurich, Canton of		400,000		400,000			400,000
Total from public sources		5,265,828		5,265,828		2,565,389	7,831,218

N.B. Figures in these tables are rounded off, may vary slightly from the amounts presented in other documents and may result in rounding-off addition differences.

7. PRIVATE SOURCES (in CHF)

	Headquarters Appeal	Emergency Appeals	Adjustments on previous years	Total cash	Total kind	Total services	Grand total
Direct mail fundraising campaigns		10,206,579		10,206,579			10,206,579
Online donations		810,507	- 10	810,497			810,497
Spontaneous donations from private individuals							
Diethelm, Robert		25,000		25,000			25,000
Ghandchi, Iraj		100,000		100,000			100,000
Schapira, Allan		30,000		30,000			30,000
Stürm, Peter		53,860		53,860			53,860
Other private individuals	2,600	8,635,293		8,637,893		38,705	8,676,597
Total spontaneous donations from private individuals	2,600	8,844,152		8,846,752		38,705	8,885,457
Donations from foundations/funds							
AVINA STIFTUNG ⁽¹⁾	500,000			500,000			500,000
Credit Suisse Foundation		250,000		250,000			250,000
Essam & Dalal Obaid Foundation (EDOF)	150,000	500,000		650,000			650,000
Fondation Albert Edouard Oechslin		100,000		100,000			100,000
Fondation des immeubles pour les organisations internationales (FIPOI)						117,492	117,492
Fondation Lombard Odier ⁽¹⁾	300,000	200,000		500,000			500,000
Fondation Odeon		10,000		10,000			10,000
Fondation de bienfaisance du groupe Pictet		50,000		50,000			50,000
Fondation pour le Comité international de la Croix Rouge	577,353			577,353			577,353
Kantonale St. Gallische Winkelriedstiftung		15,000		15,000			15,000
Link Foundation		34,325		34,325			34,325
Mine-Ex, Rotary Schweiz-Liechtenstein		800,000		800,000			800,000
Stanley Thomas Johnson Foundation		100,000		100,000			100,000
Swiss Re Foundation ⁽¹⁾	500,000	500,000		1,000,000			1,000,000
The Philips Foundation ⁽¹⁾		405,120		405,120			405,120
Others and less than CHF 10,000	1,615,000	6,693,081		8,308,081	72,924		8,381,005
Total donations from foundations/funds	3,642,353	9,657,525		13,299,879	72,924	117,492	13,490,295
1. Member of the Corporate Support Group							
Legacies		25,086,480		25,086,480			25,086,480
Donations from private companies							
ABB Asea Brown Boveri Ltd ⁽¹⁾		500,000		500,000			500,000
Crédit Suisse Group ⁽¹⁾	500,000			500,000			500,000
F. Hoffmann La Roche Ltd ⁽¹⁾		500,000		500,000			500,000
LafargeHolcim Ltd		500,000		500,000			500,000
Novartis International AG ⁽¹⁾		729,050		729,050			729,050
Zurich Insurance Group ⁽¹⁾		555,100		555,100			555,100
Other private companies		1,295,317	4,609	1,299,926	580,453	33,312	1,913,691
Total donations from private companies	500,000	4,079,467	4,609	4,584,076	580,453	33,312	5,197,841
Donations from associations and service clubs							
Comité International Olympique		140,000		140,000			140,000
MINE-EX Rotary Deutschland		41,292		41,292			41,292
UEFA		105,610		105,610			105,610
Other associations and service clubs		268,257		268,257			268,257
Total donations from associations and service clubs		555,159		555,159			555,159
Various donors		2,200,500		2,200,500			2,200,500
Total from private sources	4,144,953	61,440,370	4,599	65,589,922	653,377	189,509	66,432,808
1. Member of the Corporate Support Group							

N.B. Figures in these tables are rounded off, may vary slightly from the amounts presented in other documents and may result in rounding-off addition differences.

D. CONTRIBUTIONS IN KIND, IN SERVICES AND TO INTEGRATED PROJECTS (IPs) 2015 (in CHF)

	Donations in kind (excluding IPs)		Donations in services (excluding IPs)		Donations for IPs				Grand total		Number of days of employee service
	Headquarters	Field	Headquarters	Field	Kind	Services	Cash	Total IPs	Total kind	Total services	
National societies											
Australia				209,013		46,373		46,373		255,386	842
Austria				8,111						8,111	29
Belgium				6,720						6,720	31
Canada				634,334						634,334	1,913
Czech Republic		103,515							103,515		
Denmark		124,387		541,246					124,387	541,246	1,745
Finland			161,565	269,449						431,014	1,356
Iceland				249,245		7,323		7,323		256,568	778
Israel				4,244						4,244	15
Japan				408,714						408,714	1,414
Myanmar		12,000							12,000		
Netherlands				300,294			978,570	978,570		300,294	961
New Zealand				444,199						444,199	1,433
Norway		137,660	146,208	59,483		36,232	4,335,646	4,371,878	137,660	241,923	651
Portugal				8,580						8,580	34
Spain				11,682						11,682	57
Sweden				797,445		66,051	949,150	1,015,201		863,496	3,036
Switzerland				4,565						4,565	15
United Kingdom of Great Britain and Northern Ireland				455,481						455,481	1,650
United States of America				8,811						8,811	31
International Federation of Red Cross and Red Crescent Societies		5,365							5,365		
Subtotal		382,927	307,773	4,421,615		155,979	6,263,366	6,419,345	382,927	4,885,367	15,991
Governments											
Afghanistan				166,908						166,908	
Finland		1,860,908							1,860,908		
Iraq				178,362						178,362	
Switzerland¹			41,730							41,730	184
Ukraine		20,932							20,932		
Subtotal		1,881,840	41,730	345,270					1,881,840	387,000	184
International organizations											
WFP		2,056,706							2,056,706		
Subtotal		2,056,706							2,056,706		
Public sources											
Geneva, Canton of			2,200,493							2,200,493	
Versoix, City of			364,896							364,896	
Subtotal			2,565,389							2,565,389	
Private sources											
Spontaneous donations from private individuals				38,705						38,705	
Fondation des immeubles pour les organisations internationales (FIPOI)			117,492							117,492	
Other foundations, funds		72,924							72,924		
Other private companies		580,453	33,312						580,453	33,312	
Subtotal		653,377	150,804	38,705					653,377	189,509	
Grand total		4,974,850	3,065,696	4,805,590		155,979	6,263,366	6,419,345	4,974,850	8,027,265	16,175

1. Member of the Donor Support Group

N.B. Figures in these tables are rounded off, may vary slightly from the amounts presented in other documents and may result in rounding-off addition differences.

E. COMPARATIVE BALANCE SHEET AND STATEMENT OF INCOME FOR THE LAST FIVE YEARS (in KCHF)

	2015	2014	2013	2012	2011
Balance Sheet					
Current assets	614,203	669,667	750,097	597,259	637,030
Non-current assets	442,810	400,481	451,768	538,993	351,690
Total Assets	1,057,013	1,070,148	1,201,865	1,136,252	988,720
Liabilities	-730,077	-733,988	-717,891	-811,353	-657,594
Total Net Assets	326,936	336,160	483,974	324,899	331,126
Restricted reserves for the funds and foundations	37,183	38,029	36,946	36,200	35,397
Restricted reserves for the funding of current operations	-12,194	21,428	37,191	3,922	54,604
Unrestricted reserves designated by the Assembly	301,947	276,703	409,837	284,777	241,125
Total Reserves	326,936	336,160	483,974	324,899	331,126
Statement of Income					
Contributions	1,502,354	1,343,455	1,223,635	1,013,359	1,160,299
Operating expenditure	-1,488,711	-1,312,674	-1,143,430	-1,048,461	-1,054,189
Net result of operating activities	13,643	30,781	80,205	-35,102	106,110
Net result of non-operating activities	-16,082	15,422	12,755	13,539	5,963
Net result for the year	-2,438	46,202	92,960	-21,563	112,073
Administrative costs	135,529	130,322	120,881	116,574	119,183
Ratios					
Reserves in % of assets	30.9%	31.4%	40.3%	28.6%	33.5%
Assets-to-reserves ratio	3.2	3.2	2.5	3.5	3.0
Administrative costs in % of operating expenditure	9.1%	9.9%	10.6%	11.1%	11.3%

F. ASSISTANCE ITEMS FIGURES

The statistical data in the following tables can be summarized as follows.

RECEIPT OF ASSISTANCE ITEMS BY CONTRIBUTIONS IN KIND, CASH FOR KIND AND PURCHASES IN 2015

All assistance items received as contributions in kind or purchased by the ICRC and inventoried in the context of reception between 1 January and 31 December 2015. The figures for contributions in kind cover all material support received as a gift but do not include any services received, such as the provision of human resources and/or logistical means. The figures for assistance item purchases comprise all procurements carried out both with non-earmarked and with earmarked financial contributions ("cash for kind"). The grand total is CHF 305,726,004.

RECEIPT OF ASSISTANCE ITEMS BY CONTEXT IN 2015

All assistance items received as contributions in kind or purchased by the ICRC and inventoried in the context of reception between 1 January and 31 December 2015.

DELIVERY OF ASSISTANCE ITEMS IN 2015

All assistance items delivered by the ICRC in the field between 1 January and 31 December 2015. These goods were either purchased or received in kind during 2015 or taken from stock already constituted at the end of 2014.

RECEIPT OF ASSISTANCE ITEMS BY CONTRIBUTIONS IN KIND AND PURCHASES IN 2015

Donors	Food	Relief kits	Blanket	Economic security*	Medical	Physical rehabilitation	Water and habitat	Grand total
	(Kg)	(each)	(each)	(CHF)	(CHF)	(CHF)	(CHF)	(CHF)
National societies		3,450	4,000	377,562				377,562
Czech Republic		3,450		103,515				103,515
Denmark				124,387				124,387
Myanmar			4,000	12,000				12,000
Norway				137,660				137,660
Governments	1,613,000	14,400	140,560	2,066,810				2,066,810
Finland	1,613,000	14,400	136,000	2,045,878				2,045,878
Ukraine			4,560	20,932				20,932
Various donors	2,448,846			2,064,720	647,934	2,804		2,715,458
F. Hoffmann-La Roche Ltd					575,010			575,010
International Federation of Red Cross and Red Crescent Societies				5,365				5,365
Motivation Charitable Trust					72,924			72,924
Other Private Companies				2,649		2,804		5,453
WFP	2,448,846			2,056,706				2,056,706
Total contributions in kind	4,061,846	17,850	144,560	4,509,092	647,934	2,804		5,159,830
National societies	119,499	23,906	40,041	1,474,976			81,679	1,556,655
Australia		2,291		119,599				119,599
Austria		10,157	40,041	621,200				621,200
Czech Republic		189		4,923				4,923
Netherlands	119,499	11,269		729,254				729,254
Sweden							81,679	81,679
Governments	3,796,402	42,025		3,469,411				3,469,411
Austria	496,392			554,047				554,047
France	3,300,010	42,025		2,915,364				2,915,364
Various donors		4,874	16,789	202,771				202,771
The OPEC Fund for International Development		4,874	16,789	202,771				202,771
Total contributions in cash for kind	3,915,901	70,805	56,830	5,147,159			81,679	5,228,837
ICRC								
ICRC purchases	96,460,188	4,633,423	3,039,432	203,327,466	42,085,120	6,413,997	43,510,754	295,337,337
Total ICRC	96,460,188	4,633,423	3,039,432	203,327,466	42,085,120	6,413,997	43,510,754	295,337,337
Grand total	104,437,934	4,722,078	3,240,822	212,983,716	42,733,054	6,416,801	43,592,433	305,726,004

* Economic security includes food and essential household items (sometimes provided in kits), seed, agricultural and veterinary inputs and other micro-economic inputs.

RECEIPT OF ASSISTANCE ITEMS BY CONTEXT IN 2015 (in CHF)

Context	Gifts in kind and cash for kind				Purchases by the ICRC				Total received				Total
	Economic Security*	Medical	Physical Rehabilitation	Water and Habitat	Economic Security*	Medical	Physical Rehabilitation	Water and Habitat	Economic Security*	Medical	Physical Rehabilitation	Water and Habitat	
AFRICA	4,374,787			81,679	77,116,572	2,683,816	300,631	6,997,361	81,491,359	2,683,816	300,631	7,079,039	91,554,846
Burkina Faso					13,728				13,728				13,728
Burundi					6,655	7,732		12,578	6,655	7,732		12,578	26,965
Cameroon	290,667				3,614,622	759	150,235	200,968	3,905,290	759	150,235	200,968	4,257,252
Central African Republic	526,760				1,177,457	16,465	1,667	1,383,813	1,704,217	16,465	1,667	1,383,813	3,106,162
Chad					131,505	8,160		1,647	131,505	8,160		1,647	141,311
Congo, Democratic Republic of the	264,038				3,289,245	278,836	80,098	493,728	3,553,283	278,836	80,098	493,728	4,405,945
Côte d'Ivoire					10,428,271	16		27,186	10,428,271	16		27,186	10,455,473
Eritrea					24,648			128,886	24,648			128,886	153,534
Ethiopia	190,880				822,806	74,787	31,149	459,084	1,013,687	74,787	31,149	459,084	1,578,708
Guinea					64,536	7,221		44,397	64,536	7,221		44,397	116,154
Guinea-Bissau					2,000	10	259	4,740	2,000	10	259	4,740	7,008
Kenya					16,018,263	1,886,708	4,992	1,036,548	16,018,263	1,886,708	4,992	1,036,548	18,946,511
Liberia					1,833,992	9,698	492	121,054	1,833,992	9,698	492	121,054	1,965,236
Libya	164,327				-144,860				19,466				19,466
Madagascar					155,010	44		3,827	155,010	44		3,827	158,882
Mali	382,300				4,769,712	91,568	24,504	157,203	5,152,012	91,568	24,504	157,203	5,425,286
Mauritania					91,139	366	686	22,341	91,139	366	686	22,341	114,532
Niger	1,221,327				4,382,030	16,155	1,971	53,725	5,603,357	16,155	1,971	53,725	5,675,209
Nigeria	271,503				18,513,637	89,038		95,970	18,785,140	89,038		95,970	18,970,149
Rwanda					31,250	9	929	371,154	31,250	9	929	371,154	403,342
Senegal					98,260		38	290,972	98,260		38	290,972	389,270
Somalia	393,081				98,515			9,256	491,596			9,256	500,852
South Sudan	669,904			81,679	1,206,544	183,355	3,607	1,737,464	1,876,448	183,355	3,607	1,819,142	3,882,552
Sudan					2,891,471	9,229		86,956	2,891,471	9,229		86,956	2,987,656
Tunisia					345,058	1,938		15,117	345,058	1,938		15,117	362,112
Uganda					6,889,673	389	3	32,834	6,889,673	389	3	32,834	6,922,899
Zimbabwe					361,406	1,332		205,913	361,406	1,332		205,913	568,652
AMERICAS					956,580	38,134	2,526	791,608	956,580	38,134	2,526	791,608	1,788,848
Colombia					791,224	19,655	1,587	710,636	791,224	19,655	1,587	710,636	1,523,102
Haiti					24,416	1,327	940	10,486	24,416	1,327	940	10,486	37,168
Mexico						17,103		69,594		17,103		69,594	86,697
Peru					140,940	48		892	140,940	48		892	141,881
ASIA AND THE PACIFIC	265,453	72,924	2,804		8,947,857	2,118,221	560,733	4,635,279	9,213,310	2,191,145	563,538	4,635,279	16,603,272
Afghanistan	248,088				3,023,245	413,991	202,605	2,456,793	3,271,333	413,991	202,605	2,456,793	6,344,722
Bangladesh			2,804		46,493	20,523	17	169,256	46,493	20,523	2,821	169,256	239,092
Cambodia					55,760	85,869	65,769	55,798	55,760	85,869	65,769	55,798	263,196
China					376,372	3,332	11,599	300,818	376,372	3,332	11,599	300,818	692,120
India					5,774	97,522	11,787	110,386	5,774	97,522	11,787	110,386	225,469
Korea, Democratic People's Republic of					12,990		698	513,418	12,990		698	513,418	527,106
Lao People's Democratic Republic								5,988				5,988	5,988
Myanmar	12,000				778,353	78,634	47,825	327,128	790,353	78,634	47,825	327,128	1,243,940
Nepal	5,365				17,235	13,681		2,887	22,600	13,681		2,887	39,168
Pakistan		72,924			3,358,526	1,350,305	205,917	82,002	3,358,526	1,423,229	205,917	82,002	5,069,674
Papua New Guinea					10,827	83		54,014	10,827	83		54,014	64,925
Philippines					1,203,135	24,069	1,539	495,395	1,203,135	24,069	1,539	495,395	1,724,138
Sri Lanka					40,179	30,106		10,125	40,179	30,106		10,125	80,410
Thailand					18,967	106	12,977	51,273	18,967	106	12,977	51,273	83,323

RECEIPT OF ASSISTANCE ITEMS BY CONTEXT IN 2015 (CONT.) (in CHF)

Context	Gifts in kind and cash for kind				Purchases by the ICRC				Total received				Total
	Economic Security*	Medical	Physical Rehabilitation	Water and Habitat	Economic Security*	Medical	Physical Rehabilitation	Water and Habitat	Economic Security*	Medical	Physical Rehabilitation	Water and Habitat	
EUROPE AND CENTRAL ASIA	20,932				23,392,124	2,381,442	7,917	3,718,911	23,413,056	2,381,442	7,917	3,718,911	29,521,327
Armenia					12,329	294		53,764	12,329	294		53,764	66,387
Azerbaijan					200,795	1,268	617	34,190	200,795	1,268	617	34,190	236,869
Georgia					68,417	638	4,352	107,413	68,417	638	4,352	107,413	180,819
Kyrgyzstan					148,702	137,671	72	44,816	148,702	137,671	72	44,816	331,262
Russian Federation					3,534,426	58,968	1,330	39,637	3,534,426	58,968	1,330	39,637	3,634,362
Tajikistan					31,555	32,002		7,826	31,555	32,002		7,826	71,383
Ukraine	20,932				19,395,900	2,150,600	1,546	3,431,266	19,416,833	2,150,600	1,546	3,431,266	25,000,244
NEAR AND MIDDLE EAST	3,625,302				92,721,584	4,683,169	542,901	21,191,296	96,346,886	4,683,169	542,901	21,191,296	122,764,252
Egypt					1,418,961	26,008			1,418,961	26,008			1,444,969
Iran, Islamic Republic of					8,571,223	2,993		28,456	8,571,223	2,993		28,456	8,602,672
Iraq	478,868				12,299,525	129,828	12,347	764,693	12,778,393	129,828	12,347	764,693	13,685,260
Israel and the occupied territories					506,026	835,652	130,096	1,157,801	506,026	835,652	130,096	1,157,801	2,629,574
Jordan					13,942,889	2,200,080		726,994	13,942,889	2,200,080		726,994	16,869,962
Lebanon	119,599				936,610	603,174	340,615	5,934,694	1,056,209	603,174	340,615	5,934,694	7,934,691
Syrian Arab Republic	1,766,363				52,530,117	492,525	58,706	10,508,118	54,296,480	492,525	58,706	10,508,118	65,355,829
Yemen	1,260,472				1,418,654	392,909	1,137	2,070,541	2,679,127	392,909	1,137	2,070,541	5,143,714
Oman					1,097,579				1,097,579				1,097,579
Neutral stocks	1,369,776	575,010			192,749	30,180,338	4,999,287	6,176,299	1,562,525	30,755,348	4,999,287	6,176,299	43,493,460
Geneva neutral stock	1,369,776	575,010			192,749	30,180,338	4,999,287	6,176,299	1,562,525	30,755,348	4,999,287	6,176,299	43,493,460
Grand total	9,656,250	647,934	2,804	81,679	203,327,466	42,085,120	6,413,997	43,510,754	212,983,716	42,733,054	6,416,801	43,592,433	305,726,004

* Economic security includes food and essential household items (sometimes provided in kits), seed, agricultural and veterinary inputs and other micro-economic inputs.

** UN Security Council Resolution 1244

DELIVERY OF ASSISTANCE ITEMS IN 2015

Context	Economic Security*		Medical	Physical Rehabilitation	Water and Habitat	Total
	(CHF)	(Kg)	(CHF)	(CHF)	(CHF)	(CHF)
AFRICA	73,189,262	92,722,428	9,718,684	1,319,334	9,184,989	93,412,269
Algeria	16,828	633				16,828
Burkina Faso	13,818	37,259				13,818
Burundi	44,545	29,187	38,823	4	20,876	104,248
Cabo Verde	1,331	8	45			1,376
Cameroon	3,937,222	3,829,100	5,970	150,235	43,415	4,136,842
Central African Republic	2,149,267	1,206,157	1,071,518	63,946	1,815,008	5,099,740
Chad	362,686	99,302	72,393		10,879	445,958
Congo, Democratic Republic of the	3,531,135	2,071,902	740,985	150,202	485,963	4,908,284
Côte d'Ivoire	138,959	74,618	113,706		23,091	275,756
Eritrea	252,504	157,929	209		232,023	484,736
Ethiopia	1,644,983	681,441	122,968	369,451	536,958	2,674,359
Guinea	109,343	22,603	43,442		129,598	282,383
Guinea-Bissau	4,920	97	3,275	34,363	5,322	47,879
Kenya	18,436	15	2,430		5,340	26,207
Liberia	2,616,571	500,286	1,216,490	611	567,704	4,401,376
Libya	1,570,916	651,057	559,371		56,788	2,187,075
Madagascar	157,755	65,269	13,317		3,827	174,900
Mali	6,429,096	10,237,915	691,592	91,144	374,803	7,586,636
Mauritania	131,153	14,267	10,153	686	14,755	156,746
Morocco	2,935	250				2,935
Niger	5,565,863	8,820,240	314,886	62,785	66,077	6,009,610
Nigeria	21,394,756	20,697,653	820,250	671	138,336	22,354,014
Rwanda	50,744	8,581	731	875	398,375	450,724
Senegal	116,338	33,639	9,608	38	360,710	486,694
Somalia	8,386,434	5,943,303	2,268,600	909	686,176	11,342,119
South Sudan	10,376,680	32,752,311	1,288,775	168,768	2,261,811	14,096,034
Sudan	3,599,575	3,627,659	273,163	213,411	717,518	4,803,667
Togo			3,064			3,064
Tunisia	18,447	-			14,387	32,833
Uganda	59,780	12,525	7,148		18,635	85,563
Western Sahara	451	1	10,820	11,235	1,906	24,413
Zimbabwe	485,792	1,147,222	14,950		194,706	695,448
AMERICAS	1,555,852	175,576	236,225	224,631	988,519	3,005,227
Bolivia, Plurinational State of	28,923	-		7,670	892	37,485
Brazil	2,316	12	4,823			7,140
Colombia	1,047,257	154,110	98,307	112,007	749,344	2,006,915
Ecuador	10,085	-				10,085
El Salvador	250	0			1,455	1,706
Grenada	5,597	1,479				5,597
Guatemala	3,207	-				3,207
Haiti	103,939	18,844	87,935	28,082	76,046	296,001
Honduras	943	-			1,263	2,205
Mexico	140,975	829	39,171	76,873	159,432	416,450
Peru	210,699	253	100		87	210,886
Venezuela, Bolivarian Republic of	1,662	48	5,889			7,551

DELIVERY OF ASSISTANCE ITEMS IN 2015

Context	Economic Security*		Medical	Physical Rehabilitation	Water and Habitat	Total
	(CHF)	(Kg)	(CHF)	(CHF)	(CHF)	(CHF)
ASIA AND THE PACIFIC	9,263,713	5,419,532	6,548,426	2,996,345	5,416,017	24,224,500
Afghanistan	6,012,043	4,089,791	4,889,669	1,545,977	3,138,384	15,586,072
Bangladesh	118,714	13,011	56,571	113,752	203,733	492,770
Cambodia	124,041	13,253	87,752	94,857	65,285	371,934
China	38,678	-		31,672		70,350
Fiji	4,382	60	7,003		607	11,992
India	69,614	15,024	98,383	94,308	47,548	309,854
Indonesia	9,116	250	49		2,643	11,808
Jammu and Kashmir	5,732	13	5,950	49	71	11,802
Korea, Democratic People's Republic of	113,620	1,332	384,539	78,876	813,948	1,390,983
Lao People's Democratic Republic	389	1			5,988	6,377
Malaysia	801	6				801
Myanmar	853,836	326,711	306,046	99,580	313,806	1,573,268
Nepal	28,960	546	25,126	40,866	23,055	118,007
Pakistan	235,314	7,372	262,058	884,628	92,970	1,474,970
Papua New Guinea	55,484	5,978	15,219		55,480	126,183
Philippines	1,470,380	931,019	370,249	922	598,250	2,439,801
Sri Lanka	93,279	5,255	39,560	5	6,128	138,972
Thailand	28,824	9,905	254		48,121	77,198
Viet Nam	506	6		10,853		11,359
EUROPE AND CENTRAL ASIA	19,662,824	5,200,707	1,837,190	7,917	3,180,167	24,688,099
Armenia	17,793	558	10,851		53,764	82,409
Azerbaijan	234,749	116,193	10,419	617	34,190	279,975
Georgia	109,708	70,278	13,998	5,682	235,710	365,098
Kyrgyzstan	333,799	63,560	154,030	72	47,448	535,350
Russian Federation	1,877,482	48	50,295		37,148	1,964,925
Tajikistan	50,083	5,246	41,249		7,927	99,259
Ukraine	17,019,326	4,940,128	1,469,832	1,546	2,758,590	21,249,294
Uzbekistan	19,883	4,696	86,517		5,390	111,790
NEAR AND MIDDLE EAST	95,554,054	59,852,699	9,437,768	1,051,384	20,228,501	126,271,707
Egypt	1,423,410	-	19,077			1,442,487
Iran, Islamic Republic of	6,021	-	2,993			9,015
Iraq	23,209,488	15,762,255	1,208,947	423,993	784,185	25,626,613
Israel and the occupied territories	1,638,258	175,655	1,406,603	161,491	1,932,771	5,139,123
Jordan	3,063,126	287,570	238,161		148,111	3,449,398
Kuwait	28,437	800				28,437
Lebanon	718,159	397,886	1,347,820	10,162	366,956	2,443,096
Syrian Arab Republic	61,860,844	41,535,122	3,065,222	310,301	14,666,698	79,903,065
Yemen	3,606,311	1,693,412	2,148,946	145,437	2,329,781	8,230,474
Grand total	199,225,705	163,370,942	27,778,293	5,599,611	38,998,193	271,601,802

* Economic security includes food and essential household items (sometimes provided in kits), seed, agricultural and veterinary inputs and other micro-economic inputs.

FUNDS AND FOUNDATIONS

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Augusta Fund
Clare Benedict Fund
Maurice De Madre French Fund
Omar El Mukhtar Fund
Florence Nightingale Medal Fund
Jean Pictet Fund
Paul Reuter Fund

STATUTORY FINANCIAL STATEMENTS OF THE ICRC SPECIAL FUND FOR THE DISABLED

STATEMENT OF INCOME

FOR THE YEAR ENDED 31 DECEMBER

(in KCHF)	Note	2015	2014
Contributions	[7]	4,584	4,140
Staff costs		-2,265	-2,441
Mission costs		-282	-403
Rentals		-103	-151
Sub-contracted maintenance		-138	-74
Purchase of goods and materials		-113	-312
Financial assistance		-1,282	-994
General expenditure		-273	-301
Depreciation		-41	-35
Operating expenses	[8]	-4,497	-4,711
Net surplus/(deficit) of operating activities		88	-570
Foreign exchange result, net		-4	54
Financial income, net	[9]	-10	137
Net (deficit)/surplus of non-operating activities		-14	192
Surplus/(deficit) for the year		73	-379

STATEMENT OF CHANGES IN RESERVES

(in KCHF)	Restricted reserves		Unrestricted reserves		Total Reserves
	Permanently restricted	Temporarily restricted	Designated by the Board	Other reserves	
Note		[6]			
Balance at 1 January 2015	-	-491	2,798	829	3,136
Net surplus for the year	-	87	-14	-	73
Net allocation of unrealized portfolio result	-	-	-	-43	-43
Balance at 31 December 2015		-404	2,784	786	3,166
Balance at 1 January 2014	-	72	2,613	628	3,313
Net deficit for the year	-	-563	184	-	-379
Net allocation of unrealized portfolio result	-	-	-	201	201
Balance at 31 December 2014		-491	2,798	829	3,136

STATEMENT OF FINANCIAL POSITION

AS AT 31 DECEMBER

(in KCHF)	Note	2015	2014
Cash and cash equivalents		235	106
Investments	[5]	3,205	4,133
Accounts receivable	[10]	2,119	2,459
Current assets		5,559	6,698
Accounts receivable		1,683	2,967
Non-current assets		1,683	2,967
Assets		7,242	9,665
Accounts payable and accrued expenses	[10]	3	1,129
Deferred income		2,390	2,433
Current liabilities		2,392	3,562
Deferred income		1,683	2,967
Non-current liabilities		1,683	2,967
Liabilities		4,076	6,529
Temporarily restricted reserves for the funding of operations	[6]	-404	-491
Restricted reserves		-404	-491
Unrestricted reserves designated by the Board		2,784	2,798
Other unrestricted reserves		786	829
Unrestricted reserves		3,570	3,627
Reserves		3,166	3,136
Liabilities and reserves		7,242	9,665

NOTES TO THE FINANCIAL STATEMENTS AS AT 31 DECEMBER 2015

1. ACTIVITIES

The year 1981 was declared by the United Nations to be the “International Year for Disabled Persons”. In the same year, when it was convened in Manila, Philippines, the 24th International Conference of the Red Cross and Red Crescent adopted a resolution recommending that “a special fund be formed for the benefit of the disabled and to promote the implementation of durable projects to aid disabled persons”. Pursuant to the ICRC Assembly’s decision No. 2 of 19–20 October 1983, the Special Fund for the Disabled (SFD) was subsequently established. Its objectives were twofold:

- ▶ to help finance long-term projects for disabled persons, in particular, the creation of workshops for the production of artificial limbs and orthotic appliances, and centres for rehabilitation and occupational retraining
- ▶ to participate not only in ICRC and National Society projects, but also in those of other humanitarian bodies working in accordance with ICRC criteria

In January 2001, the ICRC Assembly converted the SFD into an independent foundation based in Geneva, Switzerland, under Swiss law. The primary objective of the “ICRC Special Fund for the Disabled” remained, to a large extent, unchanged, i.e. to support physical rehabilitation services in low-income countries, with priority given to former projects of the ICRC. Although the SFD had become a more independent body, its projects continued to be drawn up in accordance with ICRC operational policies in the countries concerned. However, the statutes of the new foundation also allowed the opening of its board to members of other organizations, and the SFD developed its own independent fundraising and financial management structure.

In 1983, the ICRC donated an initial 1 million Swiss francs to set up the SFD. Since then, the SFD has received various forms of support from certain governments, National Red Cross and Red Crescent Societies, foundations and public sources.

The Board is composed of 11 people, at least six of whom are ICRC representatives.

The SFD is controlled by the ICRC and therefore is consolidated into the ICRC’s consolidated financial statements in conformity with IFRS.

2. BASIS OF PREPARATION

The statutory financial statements were prepared in compliance with Swiss law and are presented in accordance with the SFD’s Statutes. They were prepared in conformity with regulations of the Swiss law on commercial accounting and financial reporting (Swiss Code of Obligations Art. 957–963).

The financial statements were prepared using the historical cost convention, except for the investments at fair value.

All financial information presented in Swiss francs has been rounded to the nearest (in KCHF), except when otherwise indicated.

3. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

3.1 Accounts receivable

Receivables are stated at their cost net of an allowance on outstanding amounts to cover the risk of non-payment. The main pledge receivables positions are recognized at the moment of a written confirmation, except for pledges falling due after five years, which are considered as contingent assets only and are not recognized owing to uncertainties associated with their receipt; the organization recognizes this revenue when the written confirmation includes a clear and firm commitment from the donor and the realization of the income is virtually certain.

The organization maintains allowances for doubtful accounts in respect of estimated losses resulting from the inability of donors to make the required payments.

3.2 Reserves

– TEMPORARILY RESTRICTED RESERVES FOR THE FUNDING OF OPERATIONS

Refer to note 6.

– UNRESTRICTED RESERVES DESIGNATED BY THE BOARD

These reserves are not subject to any legal or third-party restriction and can be applied as the Board sees fit. They include initial capital, as well as general reserves. These general reserves are the accumulation of excess funds set aside with no specific reservation or restriction and may be designated for specific purposes to meet future obligations or risks.

– OTHER UNRESTRICTED RESERVES

These other unrestricted reserves relate to the unrealized gains or losses on the investments portfolio of the organization.

4. CHANGES IN ACCOUNTING POLICIES AND DISCLOSURES

The SFD has adopted the provisions of the new regulations of Swiss law on commercial accounting and financial reporting (Swiss Code of Obligations Art. 957–963) which are effective for the financial year 2015. The implementation of the new law has not had any material impact on the SFD's statutory financial statements. The SFD has made important changes to the way it organizes and presents its financial statements, particularly the explanatory notes. Comparative figures are represented accordingly.

5. INVESTMENTS

In accordance with its documented investment management policy, the organization recognizes its investments at fair value. Financial assets at fair value are held-for-trading. A financial asset is classified under this category if acquired principally for the purpose of selling in the short term. All assets in this category are classified as current assets, as they are expected to be settled within 12 months.

(in KCHF)	2015	2014
Investments at fair value		
Quoted equity securities	976	1,019
Quoted debt securities	2,229	3,114
Total Current investments	3,205	4,133

6. RESTRICTED RESERVES FOR THE FUNDING OF OPERATIONS

These temporarily restricted reserves include the following:

- ▶ Donors' restricted contributions: Some contributions received by the organization are earmarked for specific uses. At the end of the financial year, any such funds which have not yet been spent are recorded under this heading. In cases where the funds cannot be used, the foundation either obtains agreement for reallocation for a different use or reimburses the funds to the donor, in which case they are recognized as a liability before the effective payment takes place.
- ▶ Field operations with temporary deficit financing: This position relates to expenses which had not been financed by contributions received or pledged at 31 December.

(in KCHF)	At 31 December 2015	Increase/ (decrease)	At 31 December 2014	Increase/ (decrease)	At 31 December 2013
Donors' restricted contributions	-	-	-	-372	372
Field operations with temporary deficit funding	-404	87	-491	-191	-300
Total Restricted reserves for the funding of operations	-404	87	-491	-563	72

The funding of operations reserves are allocated by region, as follows:

(in KCHF)	Africa	Asia	Latin America (incl. Haiti)	Tajikistan	General	Total
Donors' restricted contributions						
Balance at 31 December 2013	43	200	51	-	78	372
Use of donors' restricted contributions	-43	-200	-51	-	-78	-372
Allocation to reserve	-	-	-	-	-	-
Balance at 31 December 2014	-	-	-	-	-	-
Use of donors' restricted contributions	-	-	-	-	-	-
Allocation to reserve	-	-	-	-	-	-
Balance at 31 December 2015	-	-	-	-	-	-
Field operations with temporary deficit funding						
Balance at 31 December 2013	-	-	-300	-	-	-300
Use of temporary deficit for operations	-135	-205	-	-	-	-340
Allocation to reserve	-	-	148	-	-	148
Balance at 31 December 2014	-135	-205	-152	-	-	-491
Use of temporary deficit for operations	-	-	-58	-50	-	-108
Allocation to reserve	61	135	-	-	-	196
Balance at 31 December 2015	-74	-70	-210	-50	-	-404

7. CONTRIBUTIONS

- ▶ Contributions in cash are recognized on receipt of a written confirmation of donation from the donors, except for revenue relating to future years.
- ▶ The contributions from private sources are recognized upon receipt of unrestricted cash.
- ▶ Contributions restricted to no other purpose than to general field operations are considered as non-earmarked.
- ▶ Contributions to a given region, country or programme (worldwide) are regarded as loosely earmarked.
- ▶ Contributions to a country and to a project or sub-programme are tightly earmarked.

The contributions are either earmarked by region or not earmarked, as follows:

2015 (in KCHF)	Africa	Asia	Latin America (incl. Haiti)	Tajikistan	Non-earmarked	Total 2015
Monaco	21	-	-	-	-	21
Norway	-	-	-	-	838	838
United States	-	-	-	-	2,238	2,238
Liechtenstein	-	-	-	-	50	50
Switzerland	-	-	-	-	300	300
Italy	158	-	-	-	-	158
Governments	179	-	-	-	3,426	3,605
Monaco	-	-	-	-	5	5
Canada	-	-	-	-	6	6
Norway	-	-	90	-	-	90
National Societies	-	-	90	-	12	102
OPEC Fund for International Development	488	-	-	-	-	488
Fondation Pro Vicimitis	238	-	-	-	-	238
Public sources	150	-	-	-	-	150
Various donors	-	-	-	-	1	1
Foundations/Private sources	876	-	-	-	1	877
Total 2015 Contributions	1,055	-	90	-	3,439	4,584

2014 (in KCHF)	Africa	Asia	Latin America (incl. Haiti)	Tajikistan	Non-earmarked	Total 2014
Monaco	25	-	-	-	-	25
Australia	-	260	538	-	-	798
Norway	345	100	482	151	-	1,078
Geneva, City of	-	-	1	-	-	1
Liechtenstein	50	-	-	-	-	50
Switzerland	100	100	100	-	-	300
P. Leahy War Victims Fund/USAID	1,020	-	-	325	8	1,353
Governments	1,540	460	1,121	476	8	3,605
Monaco	-	-	12	-	-	12
New Zealand	-	-3	-	-	-	-3
Norway	-	-	90	-	-	90
National Societies	-	-3	102	-	-	99
OPEC Fund for International Development	135	-	-	-	-	135
V. Lyapchuk Initiative	-	-	1	-	-	1
Swiss Red Cross Humanitarian Foundation	300	-	-	-	-	300
Various donors	-	-	1	-	-	1
Foundations/Private sources	435	-	2	-	-	437
Total 2014 Contributions	1,975	457	1,225	476	8	4,140

8. OPERATING EXPENSES

The operating expenses are allocated by region, as follows:

2015 (in KCHF)	Africa	Asia	Latin America (incl. Haiti)	Tajikistan	Non-earmarked	Total 2015
Staff costs	1,268	334	302	361	-	2,265
Mission costs	159	44	54	24	-	282
Rentals	38	21	32	12	-	103
Sub-contracted maintenance	122	1	3	12	-	138
Purchase of goods and materials	43	20	31	20	-	113
Financial assistance	773	211	297	1	-	1,282
General expenditure	156	22	86	9	-	273
Depreciation	15	-	13	13	-	41
Total 2015 Operating expenses	2,573	653	818	453		4,497

2014 (in KCHF)	Africa	Asia	Latin America (incl. Haiti)	Tajikistan	Non-earmarked	Total 2014
Staff costs	1,087	482	503	308	62	2,441
Mission costs	211	59	101	26	6	403
Rentals	36	40	56	19	-	151
Sub-contracted maintenance	64	1	8	1	-	74
Purchase of goods and materials	66	26	150	68	2	312
Financial assistance	526	226	210	32	-	994
General expenditure	151	29	87	11	23	301
Depreciation	13	-	12	10	-	35
Total 2014 Operating expenses	2,154	862	1,126	476	93	4,711

There are no staff in this foundation. Staff costs are charged by the ICRC to the SFD.

9. FINANCIAL INCOME, NET

(in KCHF)	2015	2014
Investments at fair value		
Net fair value result	-45	81
Net income	35	57
Total Financial income, net	-10	138

10. RELATED PARTIES

10.1 Accounting support provided by the ICRC

The ICRC has been providing support to the SFD over the years, both at headquarters and in the field. This support includes logistical services, such as supply chain and transport, and administrative services, including bookkeeping, treasury, human resources and management. These pro bono services are estimated as follows:

(in KCHF)	2015	2014
Estimated value of the pro bono services provided to SFD	603	681

10.2 Current account with the ICRC

The balance of the current account with the ICRC is as follows:

(in KCHF)	2015	2014
Balance owed by the International Committee of the Red Cross	-756	-
Balance due to the International Committee of the Red Cross	-	1,126

STATUTORY FINANCIAL STATEMENTS OF THE FOUNDATION FOR THE ICRC

STATEMENT OF INCOME

FOR THE YEAR ENDED 31 DECEMBER

(in KCHF)	Note	2015	2014
Contributions		-	-
Mission costs		-	-9
Purchase of goods and materials		-	-2
Legal and external counsel		-7	-7
Operating expenses		-7	-18
Net deficit of operating activities		-7	-18
Foreign exchange result, net		-2	122
Financial income, net	[7]	248	647
Other income and expenses, net		-	-1
Net surplus of non-operating activities		246	768
Surplus for the year before contributions to the ICRC		239	750
Contributions to the ICRC	[9]	-578	-1,500
Deficit for the year after contributions to the ICRC		-339	-750

STATEMENT OF CHANGES IN RESERVES

(in KCHF)	Restricted reserves		Unrestricted reserves		Total Reserves
	Permanently restricted	Temporarily restricted	Designated by the Board	Other reserves	
Balance at 1 January 2015	1,000	-	20,433	3,469	24,902
Surplus for the year	-	-	239	-	239
Contributions to the ICRC	-	-	-578	-	-578
Net allocation of unrealized portfolio result	-	-	-	-401	-401
Balance at 31 December 2015	1,000	-	20,094	3,068	24,162
Balance at 1 January 2014	1,000	-	21,183	2,117	24,301
Surplus for the year	-	-	750	-	750
Contributions to the ICRC	-	-	-1,500	-	-1,500
Net allocation of unrealized portfolio result	-	-	-	1,352	1,352
Balance at 31 December 2014	1,000	-	20,433	3,469	24,902

STATEMENT OF FINANCIAL POSITION

AS AT 31 DECEMBER

(in KCHF)	Note	2015	2014
Cash and cash equivalents		343	1,163
Investments	[5]	24,240	23,620
Accounts receivable		164	137
Current assets		24,747	24,920
Assets		24,747	24,920
Accounts payable and accrued expenses	[8]	585	18
Current liabilities		585	18
Liabilities		585	18
Permanently restricted reserves		1,000	1,000
Restricted reserves		1,000	1,000
Unrestricted reserves designated by the Board		20,094	20,433
Other unrestricted reserves		3,068	3,469
Unrestricted reserves		23,162	23,902
Reserves		24,162	24,902
Liabilities and reserves		24,747	24,920

NOTES TO THE FINANCIAL STATEMENTS AS AT 31 DECEMBER 2015

1. ACTIVITIES

The Foundation for the International Committee of the Red Cross ("FICRC") was created on 1 May 1931 in Geneva, Switzerland. Its statutes and objectives were revised on 25 October 2012.

The Foundation strives to secure long-term support for the ICRC by establishing a substantial endowment fund income, most of which will be freely available to the organization.

The Foundation Board is made up of representatives of business and political circles and the ICRC:

- ▶ 1 representative of the Swiss Confederation; and
- ▶ 3 members appointed by the ICRC.

FICRC is controlled by the ICRC and therefore is consolidated into the ICRC's consolidated financial statements in conformity with IFRS.

2. BASIS OF PREPARATION

The statutory financial statements were prepared in compliance with Swiss law and are presented in accordance with the FICRC's Statutes. They were prepared in conformity with regulations of the Swiss law on commercial accounting and financial reporting (Swiss Code of Obligations Art. 957–963).

The financial statements were prepared using the historical cost convention, except for the investments at fair value.

All financial information presented in Swiss francs has been rounded to the nearest (in KCHF), except when otherwise indicated.

3. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

3.1 Accounts receivable

Receivables are stated at their cost net of an allowance on outstanding amounts to cover the risk on non-payment. The main pledge receivables positions are recognized at the moment of a written confirmation, except for pledges falling due after five years, which are considered as contingent assets only and are not recognized owing to uncertainties associated with their receipts; the organization recognizes this revenue when the written confirmation includes a clear and firm commitment from the donor, and the realization of the income is virtually certain.

The organization maintains allowances for doubtful accounts in respect of estimated losses resulting from the inability of donors to make the required payments.

3.2 Reserves

Reserves are classified as either restricted or unrestricted reserves.

– PERMANENTLY RESTRICTED RESERVES

The permanently restricted reserves are composed of inalienable capital.

– UNRESTRICTED RESERVES DESIGNATED BY THE BOARD

These are not subject to any legal or third-party restriction and can be applied as the Board sees fit. These general reserves are the accumulation of excess funds set aside with no specific reservation or restriction, and may be designated for specific purposes to meet future obligations or risks.

– OTHER UNRESTRICTED RESERVES

These other unrestricted reserves relate to the unrealized gains or losses on the investments portfolio of the organization.

3.3 Revenue recognition

- ▶ Contributions in cash are recognized on receipt of a written confirmation of donation from the donors, except for revenue relating to future years.
- ▶ The contributions from private sources are recognized upon receipt of unrestricted cash.
- ▶ Contributions restricted to no other purpose than general field operations are considered as non-earmarked.
- ▶ Contributions to a given region, country or programme (worldwide) are regarded as loosely earmarked.
- ▶ Contributions to a country and to a project or sub-programme are tightly earmarked.

4. CHANGES IN ACCOUNTING POLICIES AND DISCLOSURES

The FICRC has adopted the provisions of the new regulations of Swiss law on commercial accounting and financial reporting (Swiss Code of Obligations Art. 957–963) which are effective for the financial year 2015. The implementation of the new law has not had any material impact on the FICRC's statutory financial statements. The FICRC has made important changes to the way it organizes and presents its financial statements, particularly the explanatory notes. Comparative figures are represented accordingly.

5. INVESTMENTS

In accordance with its documented investment management policy, the organization recognizes its investments at fair value. Financial assets at fair value are held-for-trading. A financial asset is classified under this category if acquired principally for the purpose of selling in the short term. All assets in this category are classified as current assets, as they are expected to be settled within 12 months.

(in KCHF)	2015	2014
Investments at fair value		
Quoted equity securities	6,910	6,772
Quoted debt securities	17,330	16,848
Total Current investments	24,240	23,620

6. STAFF COSTS

The organization has no employee.

7. FINANCIAL INCOME, NET

(in KCHF)	2015	2014
Investments at fair value		
Net fair value result	-130	263
Net income	378	384
Total Financial income, net	248	647

8. RELATED PARTIES

The balance of the current account with the ICRC is as follows:

(in KCHF)	2015	2014
Balance due to the International Committee of the Red Cross	585	18

9. SUBSEQUENT EVENT

The Foundation Board committed to pay contributions to the ICRC for a total of KCHF 538 in 2016.

CONDENSED FINANCIAL STATEMENTS FOR THE SEVEN FUNDS MANAGED BY THE ICRC

<p>The investments of these seven funds are managed in two global portfolios by external asset managers in order to optimize returns, risk management and bank charges.</p> <p>The portfolios are held jointly by the seven funds. Each fund holds a share of these portfolios proportional to its initial investment and subsequent inflows/outflows.</p>	<p>The Augusta Fund (est. 1890) was established to commemorate the services rendered to the Red Cross by the German Empress Augusta. In 1969, it was decided that receipts from the Augusta Fund would be allocated to the Florence Nightingale Medal Fund.</p>	<p>The income of the Clare Benedict Fund (est. 1968) is used for assistance activities for victims of armed conflicts, in accordance with Miss Benedict's wishes.</p>	<p>The purpose of the Maurice de Madre French Fund (est. 1974) is to assist first-aid workers, delegates and nurses of international or national Red Cross or Red Crescent institutions who have suffered injury and find themselves in straitened circumstances or in reduced health.</p>
<p>The income of the Omar El Mukhtar Fund (est. 1980) is made up of one or more donations by the authorities of Libya and is used to finance the ICRC's general assistance activities.</p>	<p>The income of the Florence Nightingale Medal Fund (est. 1907) is used to award a medal to honor Florence Nightingale. The medal may be awarded to Red Cross and Red Crescent nurses and voluntary aides for having distinguished themselves by their service to sick and wounded people in time of peace or war. The medal is awarded every two years.</p>	<p>The purpose of the Jean Pictet Fund (est. 1985) is to encourage and promote knowledge and dissemination of international humanitarian law, giving priority to co-financing the annual "Jean Pictet competition on IHL".</p>	<p>The initial capital of the Paul Reuter Fund (est. 1983) was donated by Professor Paul Reuter (the amount of his Balzan Prize). The purpose of the fund is to encourage and promote knowledge and dissemination of international humanitarian law. To that end, the fund awards a prize every two years.</p>

STATEMENTS OF INCOME

(in KCHF)	2015								2014 Total Seven funds
	Augusta Fund	Clare Benedict Fund	Maurice De Madre French Fund	Omar El Mukhtar Fund	Florence Nightingale Medal Fund	Jean Pictet Fund	Paul Reuter Fund	Total Seven funds	
Contributions	-	-	-	-	-	-	-	-	-
Purchase of goods and materials	-	-	-	-	-9.0	-	-	-9.0	-
Financial assistance	-	-	-101.0	-	-	-20.0	-	-121.0	-83.0
Legal and external counsel	-1.0	-1.0	-1.0	-1.0	-1.0	-1.0	-1.0	-7.0	-7.0
Other expenses	-	-	-	-	-1.0	-	-	-1.0	-1.0
Operating expenses	-1.0	-1.0	-102.0	-1.0	-11.0	-21.0	-1.0	-138.0	-91.0
Net deficit of operating activities	-1.0	-1.0	-102.0	-1.0	-11.0	-21.0	-1.0	-138.0	-91.0
Financial income, net	1.0	27.0	67.0	12.0	4.0	10.0	5.0	126.0	215.0
Net surplus of non-operating activities	1.0	27.0	67.0	12.0	4.0	10.0	5.0	126.0	215.0
Surplus/(deficit) for the year	-	26.0	-35.0	11.0	-7.0	-11.0	4.0	-12.0	124.0
Contributions to the ICRC	-	-43.0	-	-20.0	-	-	-	-63.0	-39.1
(Deficit)/surplus for the year after contributions to the ICRC	-	-17.0	-35.0	-9.0	-7.0	-11.0	4.0	-75.0	84.9

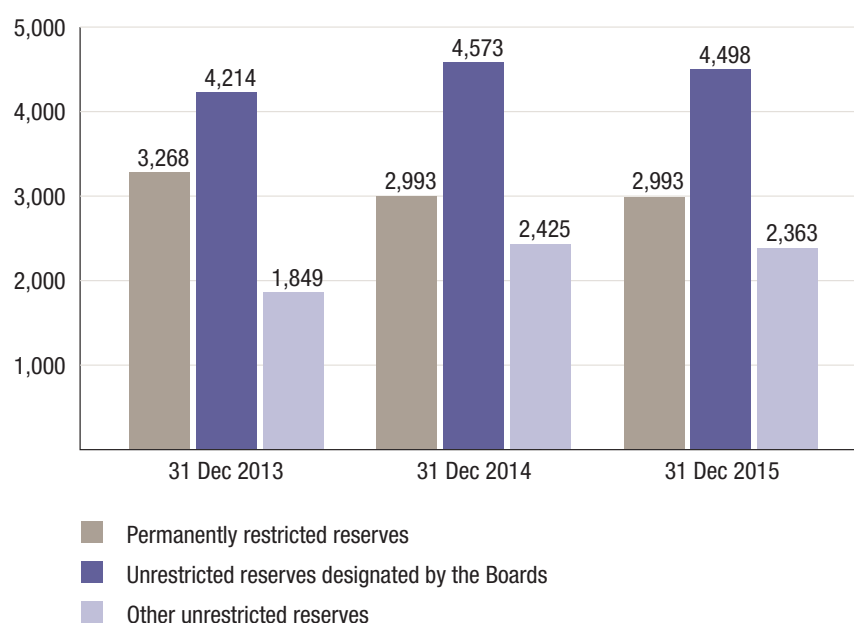
STATEMENTS OF CHANGES IN RESERVES

(in KCHF)	Augusta Fund	Clare Benedict Fund	Maurice De Madre French Fund	Omar El Mukhtar Fund	Florence Nightingale Medal Fund	Jean Pictet Fund	Paul Reuter Fund	Total Seven funds
Balance at 1 January 2015	145	2,186	4,796	1,015	552	661	636	9,991
Net surplus/(deficit) for the year	-	26	-35	11	-7	-11	4	-12
Contributions to the ICRC	-	-43	-	-20	-	-	-	-63
Net allocation of unrealized portfolio result	-1	-13	-35	-5	-1	-6	-1	-62
Balance at 31 December 2015	144	2,156	4,726	1,001	544	644	639	9,855

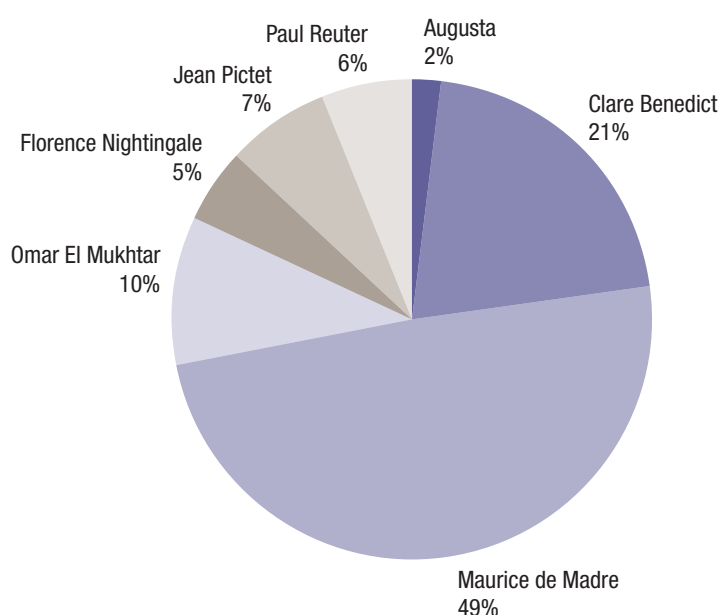
Balance at 1 January 2014	134	2,046	4,472	949	513	630	588	9,332
Net surplus/(deficit) for the year	2	43	42	20	9	-5	13	123
Contributions to the ICRC	-	-28	-	-11	-	-	-	-39
Net allocation of unrealized portfolio result	9	125	282	57	30	36	37	575
Balance at 31 December 2014	145	2,186	4,796	1,015	552	661	636	9,991

(in KCHF)

Breakdown of reserves by nature



Breakdown of investments by fund



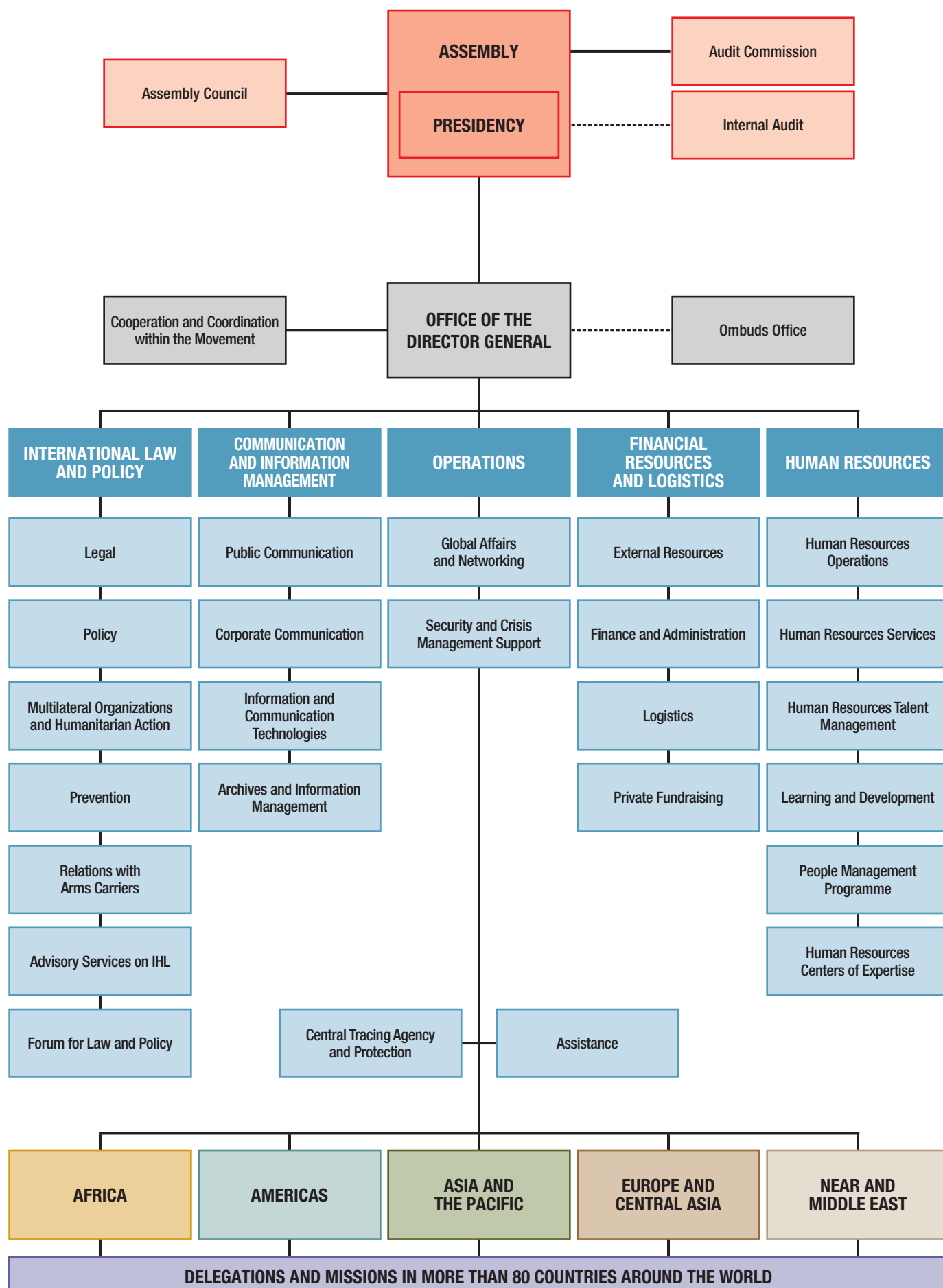
STATEMENTS OF FINANCIAL POSITION

(in KCHF)	2015								2014 Total Seven funds
	Augusta Fund	Clare Benedict Fund	Maurice De Madre French Fund	Omar El Mukhtar Fund	Florence Nightingale Medal Fund	Jean Pictet Fund	Paul Reuter Fund	Total Seven funds	
Investments	145	2,157	4,940	1,002	511	665	640	10,061	10,210
Inventories	-	-	-	-	35	-	-	35	44
Current assets	145	2,157	4,940	1,002	546	665	640	10,096	10,254
Assets	145	2,157	4,940	1,002	546	665	640	10,096	10,254
Accounts payable and accrued expenses	1	1	214	1	2	21	1	241	263
Current liabilities	1	1	214	1	2	21	1	241	263
Liabilities	1	1	214	1	2	21	1	241	263
Permanently restricted reserves	100	1,633	-	761	-	500	-	2,993	2,993
Restricted reserves	100	1,633	-	761	-	500	-	2,993	2,993
Unrestricted reserves designated by the Boards	10	16	3,565	5	424	-12	489	4,498	4,573
Other unrestricted reserves	34	507	1,160	235	120	156	150	2,363	2,425
Unrestricted reserves	44	523	4,725	240	544	144	639	6,861	6,998
Reserves	144	2,156	4,726	1,001	544	644	639	9,855	9,991
Liabilities and reserves	145	2,157	4,940	1,002	546	665	640	10,096	10,254

The statutory financial statements of these seven funds are available upon request through the accounting department of the ICRC.

ANNEXES

ICRC ORGANIZATIONAL CHART



As at 01.01.2016

ICRC DECISION-MAKING STRUCTURES¹

ASSEMBLY

The Assembly is the supreme governing body of the ICRC and oversees all its activities. It defines general objectives and institutional strategy, adopts policy, approves the budget and accounts, and appoints the directors and the head of Internal Audit. Composed of between 15 and 25 co-opted Committee members of Swiss nationality, the Assembly is collegial in character. The Recruitment and Remuneration Commission, which is made up of members of the Assembly, handles matters relating to the Committee's composition and submits proposals to the Assembly for the co-optation of new members. The Assembly's president and vice-president are the president and vice-president of the ICRC. The Assembly convenes four to six times a year in ordinary session and can decide to hold an extraordinary session at any time.

Mr Peter Maurer, president, PhD in contemporary history from the University of Bern, former ambassador and permanent representative of Switzerland to the UN in New York (United States of America), former secretary of State for foreign affairs in Bern (Switzerland), ICRC president since 1 July 2012

Ms Christine Beerli, vice-president, lawyer, former director of the School of Engineering and Information Technology at Bern University of Applied Sciences, former member of the Swiss parliament, chairwoman of Swissmedic Agency Council, ICRC vice-president since 1 January 2008

Mr Mauro Arrigoni, PhD in mathematics from the University of Zurich, author of numerous scientific papers on mathematical models in biology, founder of the scientific journal *Il Volteriano*, dean of a high school in Mendrisio (Switzerland)

Mr Hugo Bänziger, PhD in banking history from the University of Bern, managing partner at the private bank Lombard Odier & Cie, former chief risk officer of Deutsche Bank, member of the European Union's High-level Expert Group on structural reforms in the banking sector, chairman of the Eurex Group, lecturer on finance at the Universities of Chicago and London

Mr François Bugnion, PhD in political science, independent consultant in the fields of IHL and humanitarian action, author of numerous books and articles, former ICRC delegate and director

Mr Jacques Chapuis, psychiatric nurse, anaesthesia and resuscitation specialist, vice-president of the international secretariat of nurses in the French-speaking world (SIDIIEF), director of La Source Institute and Faculty of Applied Health Sciences, former ICRC delegate

Mr Bernard G.R. Daniel, degree in law from the University of Geneva, former secretary-general and secretary to the board of directors of the Nestlé Group, member of the International Corporate Governance Network, former ICRC delegate

Mr Melchior de Muralt, PhD in political science from the University of Lausanne, partner in the asset management firm Pury Pictet Turrettini & Cie, president of Cadmos Fund Management and Guilé Engagement Funds, chairman of BlueOrchard Finance

Ms Paola Ghillani, pharmacist and businesswoman, former chief executive officer of the Max Havelaar Foundation, founder of Paola Ghillani & Friends Ltd, which promotes and implements sustainable development and ethics in business

Ms Maya Hertig Randall, PhD in law from the University of Fribourg and Master of Laws from Cambridge University, professor of constitutional law and co-director of the Certificate of Advanced Studies in Human Rights at the University of Geneva, member of the Swiss Federal Commission against Racism

Mr Alexis Keller, professor, PhD in political science from the University of Geneva, former fellow of the Carr Center for Human Rights Policy at Harvard University, former Swiss special representative for the Middle East peace process, professor at the Universities of Geneva and Paris (Sciences Po)

Mr Jürg Kesselring, physician, head of the Department of Neurorehabilitation at the Valens Rehabilitation Centre, professor of clinical neurology and neurorehabilitation at the Universities of Bern and Zurich, chairman of the Swiss Multiple Sclerosis Society and of the Swiss Brain Council, former ICRC delegate

Mr Thierry Lombard, private banker, former managing partner at Lombard Odier & Cie, chairman of the board of the Family Business Network International

Ms Doris Schopper, professor, PhD in public health from Harvard University, former president of Médecins Sans Frontières (MSF) Switzerland and of the MSF International Council, professor at the University of Geneva and director of the Centre for Education and Research in Humanitarian Action, chair of MSF's ethics review board

Mr Rolf Soiron, PhD from Harvard Business School, chairman of the boards of Holcim, Lonza and Nobel Biocare, former member of the Riehen Communal Council and of the State Council of the Canton of Basel-City, former chairman of the Council of Basel University

Ms Béatrice Speiser, PhD in law from the University of St Gallen, attended the Advanced Management Program at the University of Pennsylvania's Wharton School and the European Institute of Business Administration in France, founding president and executive director of Crescenda (a Swiss organization providing professional development opportunities for migrant women), independent lawyer and substitute judge at the Basel Civil Court

Mr Bruno Staffelbach, professor, PhD in business administration from the University of Zurich, professor at the Universities of Fribourg, Lucerne and Zurich, former Swiss army brigadier-general, former chairman of the Council of the University of Lucerne

Ms Heidi Tagliavini, PhD in philology from the Universities of Geneva and Moscow, former Swiss ambassador having served mainly in conflict resolution (Georgia, 2008), peacekeeping

1. As at 31 December 2015

(Georgia, 2002–06) and electoral observation missions (Ukraine, 2009, Russian Federation, 2011 and Armenia, 2013). Returned from temporary leave on 1 July 2015

Mr Daniel Thürer, professor, PhD in law from the University of Zurich, member of the International Court of Arbitration and of the Court of Arbitration of the Organization for Security and Co-operation in Europe, professor emeritus of international, comparative constitutional and European law at the University of Zurich

Honorary members: Mr Jean Abt, Mr Peter Arbenz, Mr Jean-Philippe Assal, Mr Jean-François Aubert, Ms Christiane Augsburg, Mr Paolo Bernasconi, Mr Ernst Brugger, Ms Suzy Bruschweiler, Mr Jean de Courten, Mr Georges-André Cuendet, Mr Max Daetwyler, Mr Josef Feldmann, Mr Jacques Forster, Ms Renée Guisan, Mr Rodolphe de Haller, Mr Jakob Kellenberger, Mr Pierre Keller, Ms Liselotte Kraus-Gurny, Mr Pierre Languetin, Ms Claude Le Coultre, Mr Jacques Moreillon, Ms Gabrielle Nanchen, Mr Jakob Nüesch, Ms Anne Petitpierre, Ms Francesca Pometta, Mr Eric Roethlisberger, Mr Yves Sandoz, Mr Dietrich Schindler, Mr Cornelio Sommaruga, Mr Jenö Staehelin, Mr Olivier Vodoz, Mr André von Moos

ASSEMBLY COUNCIL

The Assembly Council is a subsidiary body of the Assembly and comprises the president, the vice-president and three members elected by the Assembly. The Assembly Council oversees the functioning of the organization, ensuring that institutional risks and finances are properly managed and monitoring the development of key institutional projects. It facilitates the Assembly's work by holding initial discussions of key topics and adopting budget extensions when needed. Its members are in regular contact with the members of the Directorate.

- ▶ **Mr Peter Maurer**, president
- ▶ **Ms Christine Beerli**, vice-president
- ▶ **Mr Rolf Soiron**, member of the Committee
- ▶ **Mr Bruno Staffelbach**, member of the Committee
- ▶ **Ms Heidi Tagliavini**, member of the Committee (returned from temporary leave on 1 July 2015)

PRESIDENCY

The Presidency is composed of the president and the vice-president. The president of the ICRC has primary responsibility for the organization's external relations. As president of the Assembly and of the Assembly Council, he ensures that the spheres of competence of these two bodies are safeguarded and leads their work. The president engages in ongoing dialogue with the Directorate on all activities conducted by the ICRC and can take appropriate measures in cases of extreme urgency.

OVERSIGHT MECHANISMS

Audit Commission

The Audit Commission is composed of five members of the Assembly who are not members of the Assembly Council. It helps the Assembly oversee the work of the organization. It controls the implementation of Assembly decisions, ensures that ICRC activities are conducted efficiently, reviews the reports of the external and internal auditors, and monitors implementation of audit recommendations. It meets six times a year.

Internal Audit

Internal Audit helps the ICRC to accomplish its objectives, using a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes. It reports its findings directly to the president and the Audit Commission, and issues recommendations to management. The head of Internal Audit is appointed by the Assembly.

External audit

The Assembly appoints the external auditors for the ICRC's financial statements. The external auditors report their audit opinion to the Assembly and prepare a management letter addressed to the Directorate. Since 2007, the external audit has been carried out by Ernst & Young.

DIRECTORATE

The Directorate is the executive body of the ICRC and is in charge of ensuring that the general objectives and institutional strategy established by the Assembly or the Assembly Council are fulfilled and implemented. The Directorate is also responsible for the smooth running of the ICRC and for the efficiency of its staff as a whole.

The director-general sets the administration's general priorities, directs the decision-making process and supervises implementation of the decisions taken. The director-general is accountable to the Presidency and the Assembly as regards the Directorate's objectives and activities, and the results achieved.

- ▶ **Mr Yves Daccord**, director-general
- ▶ **Ms Helen Alderson**, director of financial resources and logistics
- ▶ **Mr Dominik Stillhart**, director of operations
- ▶ **Ms Charlotte Lindsey-Curtet**, director of communication and information management
- ▶ **Ms Helen Durham**, director of international law and policy
- ▶ **Mr Gherardo Pontrandolfi**, director of human resources

ICRC STRATEGY 2015–2018

INTRODUCTION

The purpose of the ICRC's Institutional Strategy 2015–2018 is to inform and guide the work of the organization over the next four years. It was developed on the basis of consultations with major stakeholders in ICRC action, including National Red Cross and Red Crescent Societies and major donors, ICRC staff at headquarters and in the field, as well as various professional circles engaged in humanitarian action. The ICRC's supreme governing body, the Assembly, adopts the Strategy.

Building on an analysis of the operational and policy challenges facing the ICRC, the Strategy presents a selection of orientations and objectives for the period 2015–2018 designed to assist in the elaboration of ICRC programmes and activities over the coming years. It provides a framework to support ICRC decision-makers in setting operational and thematic priorities in addressing challenges, as they emerge. It further situates the ICRC's actions within the larger international humanitarian response to armed conflicts and other situations of violence, particularly in relation to the International Red Cross and Red Crescent Movement, United Nations agencies, and international non-governmental organizations (INGOs). The results of these actions and the relevance of these programmes to the ICRC's mission will be regularly monitored through concrete indicators and progress reports.

ICRC VISION FOR 2015–2018

The ICRC's overarching goal is to address the needs and vulnerabilities of people affected by armed conflicts and other situations of violence – in all their many dimensions – in line with the core principles of its action: humanity, neutrality, impartiality, and independence. At the centre of its action is the commitment to protect and assist victims, based on the applicable international legal frameworks and through a sustained dialogue with all the parties concerned.

In striving to reach this goal, the ICRC rises to the challenge and harnesses the opportunities of an increasingly complex operational and policy environment, finding ways to seek the acceptance and broad-based support of all stakeholders. The ICRC is committed to building its capacity to respond to increasing needs, to addressing evolving legal and policy challenges, and to continuously reviewing its performance in order to bolster the relevance of its action. Supported by recent innovations, it connects more effectively with the beneficiaries of its programmes, integrating them into the assessment of their needs and the formulation of a relevant response, including through the use of new information and communication technologies. It contributes to the design and coordination of international, regional, and national humanitarian responses, drawing from its specific operational and legal experience. Building on a growth strategy linked to greater needs and an expanding international response, the ICRC seeks cooperation with other components of the Movement, as well as the broader humanitarian community including the specialized UN agencies and INGOs, national and local organizations, government agencies and professional associations involved in responding to humanitarian crises. It aims to distinguish itself by the collaborative and innovative nature of its work at field level as well as within legal and policy circles.

ASSESSING THE OPERATING ENVIRONMENT OF THE ICRC

A changing global political environment

The ICRC has observed a definite shift, in recent years, in the dynamic of international relations. While humanitarian operations have expanded steadily over recent decades in parallel with an increasingly active debate on humanitarian policies and standards, these operations are taking place in a considerably more fluid multipolar world. On the one hand, there is a more diverse set of security and political agendas shaping current debates – especially among emerging powers – triggering exchanges on response strategies at the national and regional levels. In some contexts, these exchanges have called into question the prevalence of traditional principles and methods, such as the impartial and secular character of emergency aid or the distinction between humanitarian and development programming, in light of differentiated humanitarian values and practices.

On the other hand, national governments affected by armed conflict or other situations of violence are taking a more active role in designing humanitarian response strategies and coordinating relief efforts, questioning at times the relevance of independent humanitarian action. The growing role of national governments has had a definite impact on the structure and chain of command of international organizations, requiring increasing the autonomy of field representatives and an improved capacity to engage in policy and operational dialogue, particularly within regional humanitarian hubs. The regionalization of policy debates has, in turn, contributed to the emergence of regional humanitarian response models dealing, for example, with the impact of forced migration, gender-based violence, and the resilience of communities.

Attempts to maintain the integrity of internationally accepted procedures and to mitigate the effects of this ongoing decentralization have yielded limited results so far. Despite their best efforts to connect with local communities and maintain a sense of overall coherence, many international humanitarian organizations are perceived by national governments as foreign entities guided by international political and security agendas, often acting as a substitute or, in some cases, a catalyst, for greater security interventions by Western-led intergovernmental organizations. Emerging regional powers from the Global South remain guarded in their relationship with humanitarian actors and reluctant to participate in protection initiatives that put pressure on States and non-State actors to respect the rules of international humanitarian law (IHL), preferring less intrusive informal bilateral dialogue and common standard-setting approaches.

Consequently, the ICRC is confronted with increasingly divergent and dispersed views as to how humanitarian operations should be conducted and how to mobilize governments to respect and to ensure respect for IHL. Whereas some governments have explicitly questioned the core principles of international humanitarian action in times of crisis, others have been openly politicizing humanitarian operations and access to require more robust and direct interventions in the domestic affairs of particular States.

An increasingly complex operational environment

The ICRC is working in conflict environments that are increasingly fragmented and volatile, where unexpected emergencies unfold

alongside protracted and complex armed conflicts; where violence and instability are both causes and consequences of recurring conflict and suffering; and where natural disasters, environmental problems, urbanization, migration, and socio-economic crises exacerbate situations of chronic hardship. Non-State armed groups are no longer clearly defined entities with distinct political and security agendas similar to those in the late 20th century. Rather, they often operate in the vacuum left by increasingly fragile States, composed of varying combinations of formal and informal armed elements animated by a mixture of motives, including control over natural resources, conduct of criminal activities, and predatory intentions towards the local population. Most current conflicts are not conducted along delineated front lines either. They take place in a multitude of locations with a multitude of evolving actors and alliances, and without a clear end in sight, as the legal and institutional configurations needed to restore a minimum of stability and respect for law and order are often absent. Ensuring respect for IHL and other legal norms by all parties to a conflict – States and non-State armed groups alike – is a perennial challenge.

Further difficulties have arisen with the intensification and diversification of counter-terrorism efforts that amalgamate law enforcement activities and the conduct of hostilities, question the relevance of clearly established legal frameworks applicable to these situations, and project military power across sensitive political and security borders. While terrorism undermines the very roots of humanitarian principles, the fast-evolving weapons technology used in counter-terrorism operations, such as combat drones, poses new challenges to respecting IHL and international human rights law. Legal and administrative restrictions imposed on the delivery of humanitarian assistance in these contexts have already seriously impacted the ability of major agencies to respond to specific crises. This politicization of humanitarian programmes has also led, in certain contexts, to the militarization of essential public services such as health care and electricity and water networks – including the use of siege warfare tactics and direct attacks – depriving entire populations of the necessary means of survival in times of crisis.

As a result of these developments, many armed conflicts are becoming long-lasting affairs, because the parties and the international community are unable to address the root causes of the conflict, and humanitarian action is unable to mitigate the impact of hostilities on the population. The protracted character of these conflicts gives rise to long-term needs in terms of education, health care, food security, water, electricity, law and order, etc. The multiple origins of violence (conflict-related, criminal, inter-communal) and its long-term impact on public infrastructure and the economy have become significant sources of internal displacement and refugee flows, spilling over borders and further destabilizing neighbouring countries and regions. The collapse of health, water or educational systems in conflict environments reverberates across entire regions, as populations seek essential services abroad, overloading public and private infrastructure in neighbouring countries and causing regional and even at times global challenges. These movements also serve as channels for human trafficking, child labour, and other severe abuses, as criminal groups take advantage of the vulnerabilities of these populations that are in flux.

A widening international humanitarian response

Since the adoption of the United Nations General Assembly Resolution 46/182 in 1991, which established the UN Guiding

Principles for strengthening the coordination of emergency humanitarian assistance in the UN system, UN agencies, INGOs, and major donors have contributed to establishing a cogent international humanitarian response that has grown considerably over recent years. It currently accounts for between 80 and 90% of all international humanitarian assistance in armed conflict and natural disasters. This response is centred on the recognition of common standards of practice among humanitarian organizations, and on the need to ensure effective coordination of humanitarian operations, as exemplified by the Cluster Approach, the main outcome of the 2005 UN humanitarian reform. While contributing to exchanges on increased effectiveness of humanitarian operations, the ICRC has generally kept some distance between its sphere of operations and the UN-based response system so as to maintain its specific neutral and independent approach. This distance has allowed the ICRC to safeguard its autonomy in view of the perceived increasing politicization of some UN-led humanitarian operations and their integration into political and peacekeeping efforts. It has also facilitated the maintenance of the ICRC's distinct multidisciplinary approach to the needs of populations affected by armed conflict and other situations of violence from and alongside specialized UN agencies and INGOs, as well as its direct contacts with these populations and communities. Ultimately, it has allowed the ICRC to retain its focus on the essential needs of populations affected by armed conflicts and other situations of violence, distinct from the growing movement to address the demands of people under a more transformative "rights-based" agenda and from discussions associated with this effort.

Despite the ICRC's efforts to keep its distance from such debates, its access to populations affected is not immune to the overall politicization of humanitarian assistance. It is particularly vulnerable to the confusion arising from UN agencies and INGOs referring to the same principles of humanity, impartiality, and neutrality contained in both General Assembly Resolution 46/182 and the Fundamental Principles of the Movement. As the ICRC often works alongside these organizations, confronting the same operational challenges and cooperating substantially at the field level in building the resilience of communities affected, it is becoming increasingly difficult to demonstrate unambiguously the distinctly independent character of the ICRC within the larger humanitarian response. Such confusion may increase as UN-led response to conflict situations is foreseen as an area of priority concern in the post-2015 Millennium Development Goals. This evolution will parallel the growing tendency to integrate humanitarian objectives with political resolutions of the UN Security Council, the UN Human Rights Council's more assertive reviews of the implementation of IHL obligations by States in accordance with human rights concerns, and the provision of specific mandates to UN peacekeeping forces to use military force to protect civilians from attacks, hence taking an active part in armed hostilities as part of an overall international "humanitarian" response.

Finally, a critical factor impacting the ICRC's operations and perception in some contexts is the need for components of the Movement as a whole to work according to their distinct roles and in adherence with the Fundamental Principles. This is particularly important in times of armed conflict and other situations of violence. Contexts in which National Societies are directed by governments or used as implementing partners by UN agencies can present a major perception risk and thus impede the capacity to respond.

ADDRESSING THE CHALLENGES

A number of dilemmas and tensions arise as the ICRC considers ways to improve the impact of its operations on the vulnerabilities of populations affected by armed conflicts and other situations of violence. Identifying the main issues confronting the ICRC in the implementation of its mission is a first step towards developing the strategic orientations and objectives of the organization for the coming years.

Throughout its history, the ICRC has been at the centre of numerous processes aimed at developing, clarifying and interpreting IHL in order to address new and evolving protection, prevention and assistance challenges. In recent times, the trend appears to have accelerated owing to the emergence of new technology in the battlefield, the diversification of actors in conflict, and the spread of violence targeting civilians.

Not only does the ICRC lead a variety of initiatives to ensure that the law remains relevant, it also has to face rising difficulties in terms of compliance. Indeed, State and non-State actors alike flout basic rules of IHL with negative repercussions on the protection of civilians in armed conflicts and other situations of violence. How should the ICRC, in such circumstances, adapt and make use of IHL to ensure stronger protection? How far should the ICRC join other humanitarian actors in mobilizing attention to the violations of IHL in some of the most desperate situations? These questions embody the most difficult and recurring dilemmas encountered by the ICRC in its protection activities.

Paradoxically, these vexing issues arise in the context of the growing engagement of international humanitarian and human rights organizations in the protection of civilians. The protection of civilians has now become a priority goal of the UN system as well as many INGOs, increasingly blurring the distinct historic character of the ICRC's mission within the overall international response. Underpinning these developments, international human rights law is also becoming a major framework of reference in assessing the legality of the conduct of parties to armed conflict and other situations of violence, along with IHL. Human rights institutions, such as the Human Rights Council and its review and monitoring mechanisms as well as ad hoc bodies, are taking an increasingly important role in assessing compliance with the rules of IHL and international human rights law. This concurrence of approaches can be mutually reinforcing and result in better protection; conversely, the mixing of legal frameworks may create confusion or ambiguities when international human rights law and IHL take distinct perspectives, supporting differing actions by States or humanitarian organizations.

In this regard, the ICRC will continue to invest significant intellectual energy, diplomatic skills, operational capacities and resources to support the enhancement of respect for and implementation of IHL, international human rights law and other relevant norms, with a view to asserting the organization's distinctive pragmatic and experiential perspective on the protection of people and communities affected by armed conflicts and other situations of violence. Overall, the ICRC will focus its energies on affirming a critical role in the orientation of the international humanitarian response dealing with the protection of civilians. While doing so the ICRC will continue to promote and broaden quality exchanges amongst professionals on IHL, stimulating rigorous, evidence-based reflections and promoting nuanced and sophisticated perspectives on the development and implementation of IHL.

A growing challenge facing the ICRC remains its ability to work in close proximity with populations affected, and continuing to operate in line with the Fundamental Principles, where few other actors can. Proximity is a distinct feature of the organization that is necessary for understanding people's needs and influencing relevant actors and stakeholders. In many cases, this proximity facilitates harnessing the necessary security guarantees from local actors. It also involves a greater exposure to security risks that need to be mitigated. To maintain its presence and approach, the ICRC must mobilize the necessary human resources and skills to negotiate with all relevant stakeholders, particularly at field level. This requires the sharing of experience among senior negotiators and learning from institutional best practices. Also, proximity to victims, their community, and the ongoing humanitarian response will require definite efforts to devolve responsibility to the level closest to implementation and to simplify the operational planning and reporting processes of the ICRC.

A further challenge in this regard is to see how protection strategies can be integrated practically across the various aspects of ICRC operations: health care, food security, water, detention activities and family reunification, as well as outreach, public communication, fundraising and cooperation with National Societies. At the same time, new technology and regulatory developments will present both challenges and opportunities for the ICRC, including in terms of how it interacts with beneficiaries, gathers and shares information and protects data, as well as with regard to its ability to analyse 'big data' to strengthen its response to humanitarian needs. The overall impact of the ICRC's efforts to prioritize protection will depend on the extent to which experts and managers communicate with each other on protection matters and build synergies in their activities, in particular between prevention, assistance and protection programming.

Finally, the ICRC will remain focused on its core humanitarian objectives, i.e. addressing the protection and assistance needs of populations affected by violence, while building bridges with other specialized agencies that could enhance its impact on the longer term needs of populations affected – in terms of development, health, education, economic security, environmental preservation, etc. In doing so, the ICRC will consider ways of scaling up its operational capacities through new partnerships with National Societies, and pragmatic cooperation with specialized UN agencies, NGOs and the private sector, while preserving the integrity of the Fundamental Principles of its action.

The ICRC's relationship and cooperation with the other components of the Movement will remain paramount to its operational approaches, but with the understanding that National Societies are increasingly confronted with more assertive governments, increasing competition for funding from humanitarian agencies and NGOs, as well as shifting political environments at the national and international levels. The ICRC will need to engage in a pragmatic dialogue with all National Societies on how it can support these organizations in fulfilling their humanitarian mission and identify operational synergies while, at the same time, being ready to maintain some distance from those who opt to participate in integrated responses impacting on the protection needs of populations affected. In taking a more assertive coordination role within the Movement during armed conflict and other situations of violence and, as appropriate, in major emergencies, the ICRC will offer donors a more direct way of financing principled humanitarian assistance through the Movement.

The ICRC's humanitarian diplomacy has relied on interactions with States, international organizations and non-State actors to build a consensus on negotiating access to vulnerable groups and compliance

with IHL. These confidential and pragmatic interactions have been a distinctive asset of the ICRC that should continue to be nurtured in terms of engagement with actors of influence. Yet, the increasing fluidity and diversity of agendas in the international system explain in part the growing obstacles to effective humanitarian diplomacy. To address these obstacles, the ICRC will continue to develop its political understanding of the current global environment and connect with emerging actors and networks of influence, while maintaining an independent needs-based approach. It will invest in relationships with world religious and social leaders, approach business leaders and philanthropists, particularly in the Global South, and engage with global academic and policy hubs to mobilize their efforts in support of humanitarian action. It should maintain these efforts while preserving a strong focus on its overall protection mission.

In this regard, its capacity to work beyond national programmes and contacts is likely to acquire a strategic importance for the whole organization. The ICRC will need to strengthen the policy and planning capacity of its operations beyond national contexts to respond to the increasingly transnational impact of crisis situations, with the goal of participating and engaging more actively in professional and diplomatic exchanges on emerging challenges in major regional humanitarian hubs including Geneva, Amman, Nairobi, Bangkok, and New York. Such regional capacities of the ICRC's planning and coordination role should also allow exploring new partnerships with local, national, and regional organizations, particularly within the Movement.

At headquarters, the ICRC should expand its policy anchoring within Geneva's political, social and scientific networks to support its research and development initiatives, building on its historic roots in Geneva as well as among Geneva-based humanitarian agencies and policy centres.

Over the past decade, the ICRC has maintained a steady level of operational activity while most major humanitarian agencies and INGOs have significantly expanded their operational engagements, investing heavily in national partnerships. In view of the multiplicity of UN agencies and INGOs active in armed conflicts and other situations of violence, and the relative decrease in the ICRC's share of the international humanitarian response, the ICRC's reputation as a leading actor in humanitarian action has been facing some challenges. Overcoming such challenges will require a more ambitious footprint that builds on the ICRC's unique features as a distinct independent, impartial and neutral actor, its relevance in a host of very different contexts, and consistent excellence in the field of protection and assistance.

In this regard, the ICRC will continue to explore new avenues of humanitarian engagement to respond to existing needs in traditional armed conflicts, as well as multiple sources of violence in hazardous environments, such as violence against conflict migrants, urban violence, sexual violence and the humanitarian consequences of the collapse of health-care systems in times of crisis. To do so will require resources, strategic vision, and renewed operational engagement to learn from experience and take controlled risks in expanding the scope and outreach of operations. It is crucial in this regard that the ICRC consider ways to mobilize the required human, financial and operational resources it needs to expand its operations. This mobilization will entail an expansion of its own capacity to operate, as well as the crafting of new arrangements with other humanitarian actors. In particular, it will need to connect and cooperate more effectively

with local organizations so as to achieve maximum impact in addressing humanitarian needs.

By doing so, the ICRC will ensure a broader funding basis, while preserving the commitment of traditional donors. It will also enhance its personnel, financial, organizational, communication and information management capacities, as well as its technological capacities, with a view to becoming a larger, more global, more diverse and more connected ICRC. It will develop a definite growth strategy, aimed at increasing the relevance of its action in both qualitative and quantitative terms, especially as needs continue to grow.

Key to achieving all aspects of the ICRC's ambitions and priorities are the organization's 13,000 staff members. It is essential that the ICRC continue to capitalize on its rich and increasingly diverse human resources through improved people management policies and programmes, with the goal of strengthening and empowering a global workforce. It will invest proactively in the development of field competencies, support exchanges with professional circles inside and outside the organization, and seek to attract the best minds and most committed professionals.

To do so, it will need to offer career prospects that value individual aspirations and allow for lateral progression. It will enforce a strict policy of field and headquarter rotation as a means of exposing staff to the various and changing realities of operations in all their aspects. The ICRC will continue the devolution of responsibilities from its centre to the field, at the national level and in the regional humanitarian hubs, where a larger number of staff can develop their skills and bring their experience to bear on ICRC standards and methods. The ICRC must also continue to look to the future and further develop its information management capacity and systems, including better incorporation of the use of new technologies, to facilitate informed decision-making in order to adapt its humanitarian response to constantly changing situations.

DEFINING THE ICRC'S STRATEGIC ORIENTATIONS AND OBJECTIVES

In order to realize its vision in such a complex and dynamic environment, with such wide-ranging humanitarian needs, the ICRC needs to make bold, progressive choices in the face of some fundamental dilemmas. It must build on existing strengths and find new ways to overcome challenges and constraints to its mission. This section presents the strategic orientations of the organization to respond to the challenges identified above:

1. Strengthen the ICRC's capacity to protect through law, operations and policy
2. Enhance the ICRC's distinctive response to growing needs
3. Secure the widest possible support for ICRC action
4. Contribute to a more significant response by the Movement to large-scale emergencies
5. Adapt and strengthen organizational capacities to sustain growth and the continued relevance of ICRC action

This section details how these strategic orientations are translated into strategic objectives.

1. Strengthen the ICRC's capacity to protect through law, operations and policy

- Align the ICRC's initiatives and contributions in terms of IHL development, clarification and implementation with a focus on overcoming protection challenges.

- ▶ Strengthen and systematize protection dimensions in assistance and prevention activities, and build synergies around priority themes across the ICRC's programmes.
- ▶ Strengthen capabilities to use a range of legal frameworks and methods – including international human rights law and refugee law, along with IHL – in operational, legal and policy activities.
- ▶ Further develop methods and tools for engaging non-State armed groups, in particular relating to their compliance with IHL.
- ▶ Contribute to the development of IHL monitoring and compliance mechanisms.
- ▶ Enhance the ICRC's capacity to conduct evidence-based analysis on legal and policy challenges to reinforce its protection work, respecting state-of-the-art standards of professional scrutiny and research.
- ▶ Improve the ICRC's ability to inform policy debates on key humanitarian issues, such as the protection of civilians, in relevant international fora.
- ▶ Influence and ensure compliance with emerging data protection regulatory developments given their direct or potential impact on the ICRC's continued ability to fulfil its mandate and to carry out its humanitarian activities.

2. Enhance the ICRC's distinctive response to growing needs

- ▶ Enhance humanitarian access and proximity of the ICRC's operations through local partnerships and collaboration.
- ▶ Strengthen the ICRC's crisis management and security capacity.
- ▶ Increase the response to health needs, particularly surgical care for wounded persons, health care in detention and the rehabilitation of persons with disabilities.
- ▶ Consolidate and expand the ICRC's focus on preventing and responding to sexual violence by gaining a better understanding of the phenomenon, developing comprehensive, multidisciplinary responses, and sharing good practices and lessons learnt.
- ▶ Consolidate and reinforce the ICRC's approach to addressing the humanitarian needs of internally displaced persons, refugees, populations affected by urban violence and vulnerable migrants, in order to bridge identified protection and assistance gaps and position the organization's operational response across the various international agendas addressing such needs.
- ▶ Support development and analysis of the ICRC's negotiation experience as a policy tool to improve the ability of staff throughout the organization to negotiate and persuade at field and headquarters levels.
- ▶ Engage in a more structured and systematic way with beneficiaries, with a view to better involving them in the assessment of their needs and in the determination of adequate responses.

3. Secure the widest possible support for ICRC action

- ▶ Develop and strengthen the ICRC's humanitarian diplomacy to respond to an increasingly diverse, multifaceted and dynamic environment and organize the organization's external relations accordingly; consider evolving interests and concerns of emerging powers as well as regional and sub-regional organizations.
- ▶ Enhance the capacities of ICRC delegations to engage in humanitarian policy and diplomacy, in particular at national and regional levels.
- ▶ Strengthen and expand the ICRC's donor base by continued engagement with its traditional donors and greater engagement with emerging powers, private donors, global philanthropy and the corporate sector.

- ▶ Strengthen the ICRC's reputation, positioning and support base, particularly in strategic contexts and with key actors of influence, including civil society actors and the general public, notably through social media.
- ▶ Improve synergies between resource-mobilization and public communication content and tools, notably through continued investment in digital fundraising.
- ▶ Identify and seize opportunities for building stronger relationships within the ICRC's political, social and scientific environment in Geneva.

4. Contribute to a more significant response by the Movement to large-scale emergencies

- ▶ Enhance joint planning between the ICRC, National Societies and the International Federation of Red Cross and Red Crescent Societies for humanitarian response.
- ▶ Provide support to National Societies in the fields of capacity building, security management, communication and fundraising to enhance the planning, coordination and management of humanitarian operations in accordance with Movement decisions.
- ▶ Strengthen partnerships with selected National Societies in line with the ICRC's mission.
- ▶ Engage with all the components of the Movement to establish a pragmatic dialogue and cooperation on Red Cross and Red Crescent issues, capitalizing on the ICRC's specific international mandate.

5. Adapt and strengthen organizational capacities to sustain growth and the continued relevance of ICRC action

- ▶ Review work streams within the ICRC in order to promote lean and efficient processes, strengthen responsible leadership and devolve planning, decision-making and reporting responsibilities to the level closest to implementation.
- ▶ Complete the implementation of the People Management Programme, with a view to strengthening and empowering a global workforce; develop leadership capabilities at all levels through the ICRC's Humanitarian Leadership and Management School.
- ▶ Improve collaboration and mobility throughout the organization and with partners by reinforcing the systems and tools for information management and exchange.
- ▶ Identify key domains for investment in new technologies to reinforce the ICRC's humanitarian response and communication capabilities.
- ▶ Develop the ICRC's ability to capitalize on available information in order to make appropriate and timely management decisions, and rationalize reporting requirements by refining how data is gathered, used and shared.
- ▶ Revamp the management and delivery of the organization's corporate services in order to enhance their efficiency and effectiveness.

The Strategy will be put into practice by ICRC staff members around the world, in accordance with clearly defined management priorities. Indicators will be developed to monitor results, and progress reports prepared at regular intervals.

THE ICRC AND ITS WORK WITH OTHER COMPONENTS OF THE INTERNATIONAL RED CROSS AND RED CRESCENT MOVEMENT

The Movement is made up of the National Societies, their International Federation and the ICRC. Although each of the Movement's components engages in different activities, they are all united by the same mission: to alleviate human suffering, protect life and health, and uphold human dignity, especially during armed conflicts and other emergencies. Moreover, they share the same Fundamental Principles: humanity, impartiality, neutrality, independence, voluntary service, unity and universality.

As the founding institution of the Movement, the ICRC has certain statutory responsibilities towards the other components. In particular, it is responsible under the Statutes of the Movement for ensuring respect for and promoting knowledge of the Fundamental Principles, recognizing new National Societies that meet the requisite conditions, and discharging the mandates entrusted to it by the International Conference. The ICRC is actively involved in the organization of the Council of Delegates and the International Conference, which is a unique global forum bringing together the States Parties to the Geneva Conventions and the International Red Cross and Red Crescent Movement.

National Societies in their respective countries and the ICRC both have the mandate to assist those affected by armed conflict and other situations of violence. National Societies are the primary partners of the ICRC, particularly in the fields of medical and relief assistance and restoring family links. Efforts to strengthen partnerships between National Societies and the ICRC contribute to a more effective Movement, optimizing each component's ability to fulfil their common mission.

Complementing the efforts of the International Federation in the area of organizational development, the ICRC contributes to the development of National Societies in the following fields:

- ▶ disseminating knowledge of IHL and promoting the Fundamental Principles
- ▶ taking measures to ensure the implementation of IHL
- ▶ preparing for activities in the event of armed conflict and other situations of violence, particularly in fields such as the evacuation of the wounded, pre-hospital care and relief assistance
- ▶ restoring family links
- ▶ responding to weapon contamination, including risk reduction and victim assistance
- ▶ supporting the authorities in efforts to ensure the well-being of detained migrants

In addition, the ICRC helps National Societies build a strong legal and organizational basis for independent action, including by:

- ▶ providing technical and legal assistance for the establishment and the recognition of National Societies within the Movement
- ▶ together with the International Federation, helping revise and strengthen National Society statutory and legal base instruments
- ▶ together with the International Federation, supporting National Societies in their efforts to apply and adhere at all times to the Fundamental Principles and to the Movement's regulatory framework
- ▶ using the Safer Access Framework, advising National Societies on ways to foster acceptance for their work, increase their access to communities in need, and ensure their safety, especially in contexts affected by conflict and other situations of violence

Finally, the ICRC may act as the lead agency, or support the National Society of the affected country in its responsibility as the lead agency, in coordinating the international relief operations conducted by the Movement. These operations may be carried out in response to the direct consequences of armed conflicts and other situations of violence, or of situations of armed conflict that coincide with natural or technological disasters. The ICRC also coordinates activities to restore family links in all situations that require an international response.

The work of the ICRC is based on the 1949 Geneva Conventions, the 1977 Additional Protocols, Additional Protocol III, the Statutes of the International Red Cross and Red Crescent Movement, and the resolutions of the International Conferences of the Red Cross and Red Crescent. The ICRC's mission is to provide the victims of armed conflict with protection and assistance. To that end, the ICRC takes direct and immediate action in response to emergency situations, while at the same time promoting preventive measures, such as the dissemination and national implementation of IHL.

It was on the ICRC's initiative that States adopted the original Geneva Convention of 1864. Since then, the ICRC, with the support of the entire Movement, has put constant pressure on governments to adapt IHL to changing circumstances, in particular, to modern developments in the means and methods of warfare, so as to provide more effective protection and assistance for conflict victims.

Today, all States are bound by the 1949 Geneva Conventions, which, in times of armed conflict, protect wounded, sick and shipwrecked members of the armed forces, prisoners of war and civilians.

Over three-quarters of all States are currently party to the 1977 Additional Protocols. Additional Protocol I protects the victims of international armed conflicts, while Additional Protocol II protects the victims of non-international armed conflicts. These instruments have, in particular, codified the rules protecting the civilian population against the effects of hostilities.

The legal bases of any action undertaken by the ICRC may be summed up as follows:

- ▶ The 1949 Geneva Conventions and Additional Protocol I confer on the ICRC a specific mandate to act in the event of international armed conflict. In particular, the ICRC has the right to visit prisoners of war and civilian internees. The Conventions also give the ICRC a broad right of initiative.
- ▶ In situations of armed conflict that are not international in character, the ICRC enjoys a right of humanitarian initiative recognized by the international community and enshrined in Article 3 common to the 1949 Geneva Conventions.
- ▶ In the event of internal disturbances and tensions, and in any other situation that warrants humanitarian action, the ICRC also enjoys a right of initiative, which is affirmed and recognized in the Statutes of the International Red Cross and Red Crescent Movement. Thus, wherever IHL does not apply, the ICRC may offer its services to governments without that offer constituting interference in the internal affairs of the State concerned.

UNIVERSAL ACCEPTANCE OF THE GENEVA CONVENTIONS AND THEIR ADDITIONAL PROTOCOLS

In 2015, Palestine acceded to Additional Protocol II. In addition, Belgium, Luxembourg, Palestine and Romania became party to Additional Protocol III. A total of 196 States are party to the 1949 Geneva Conventions. The number of States party to Additional Protocols I, II and III is brought to 174, 168 and 72 respectively.

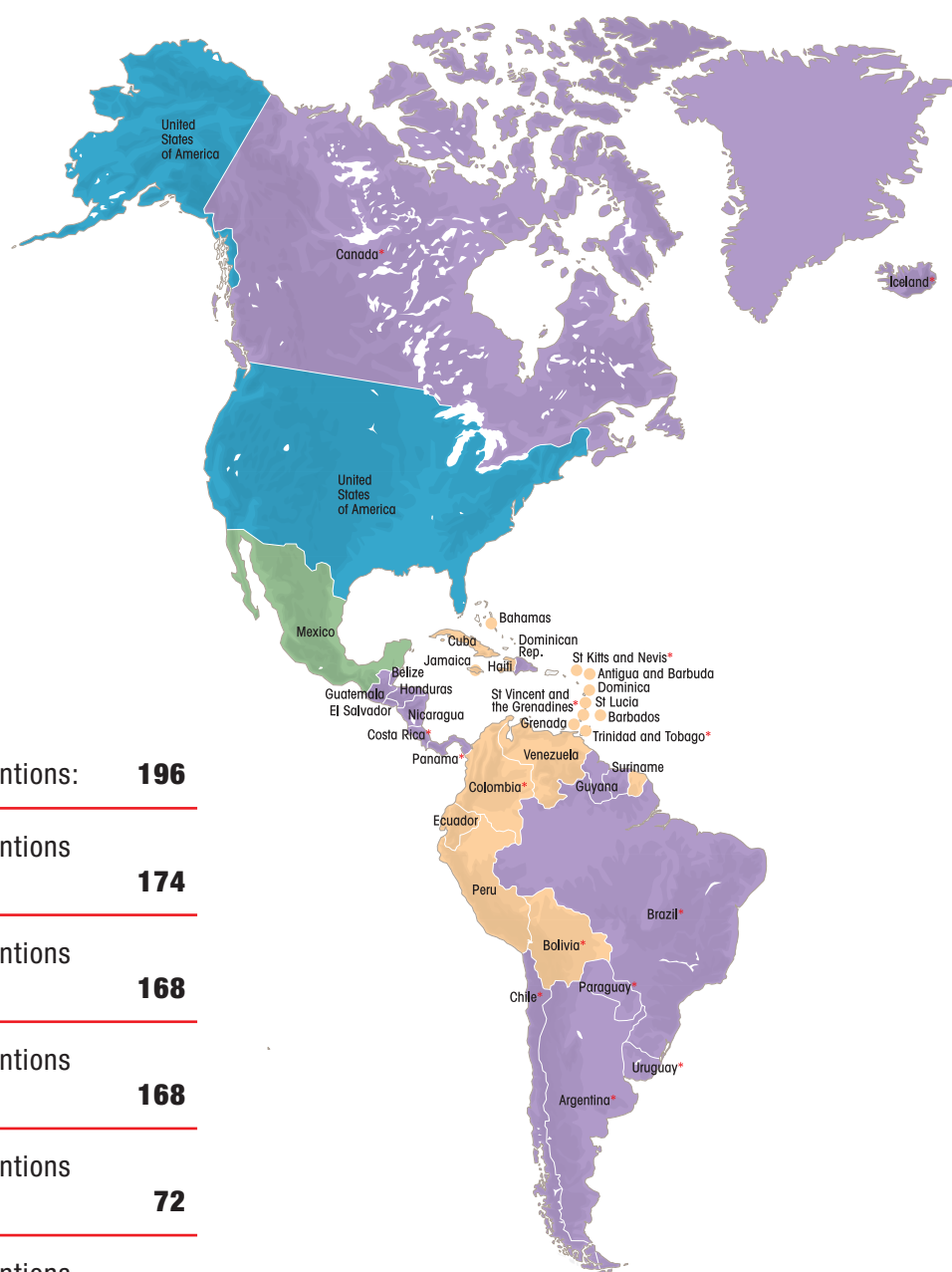
By 2015, 76 States have made declarations under Article 90 of Additional Protocol I, which provides for the establishment of an International Fact-Finding Commission to enquire into allegations of serious violations of humanitarian law.

On 23 June 2015, the Polisario Front deposited with the Swiss Federal Council a declaration, pursuant to Article 96, paragraph 3, of Additional Protocol I, to undertake to apply the 1949 Geneva Conventions and this Protocol.

STATES PARTY TO THE GENEVA CONVENTIONS

This map shows which States were party to the 1949 Geneva Conventions and to their Additional Protocols, as at 31 December 2015. It also indicates which States had made the optional declaration under Article 90 of Additional Protocol I, recognizing the competence of the International Fact-Finding Commission.

N.B. The names of the countries given on this map may differ from their official names



States party to the 1949 Geneva Conventions: **196**

States party to the 1949 Geneva Conventions and to Additional Protocol I: **174**

States party to the 1949 Geneva Conventions and to Additional Protocol II: **168**

States party to the 1949 Geneva Conventions and to both 1977 Additional Protocols: **168**

States party to the 1949 Geneva Conventions and to Additional Protocol III: **72**

States party to the 1949 Geneva Conventions, to 1977 Additional Protocols and to Additional Protocol III: **68**


States having made the declaration under Article 90 of Additional Protocol I: **76**

AND THEIR ADDITIONAL PROTOCOLS



States party to the 1949 Geneva Conventions
and to 1977 Additional Protocol I only

States party to the 1949 Geneva Conventions
and to 2005 Additional Protocol III only

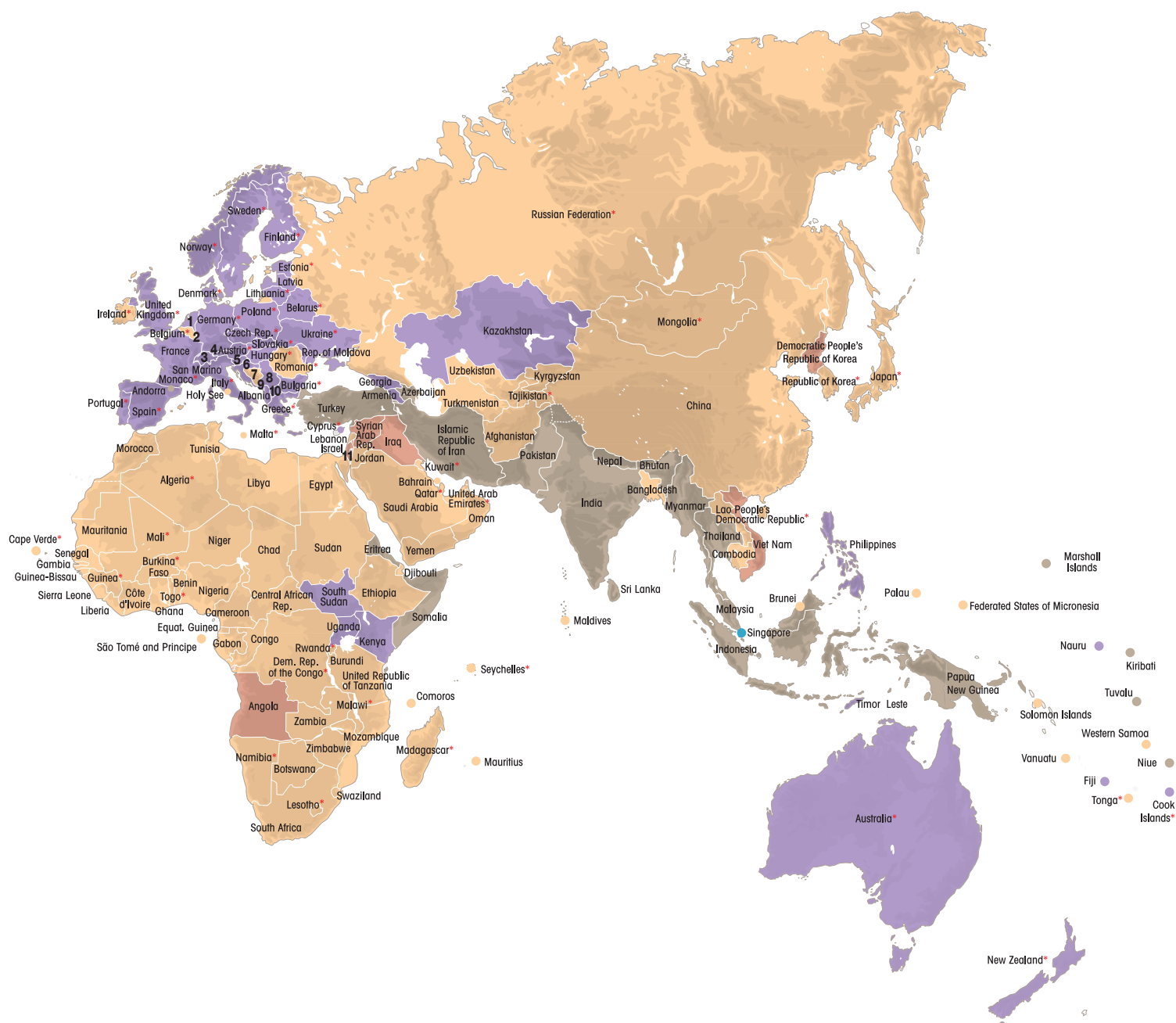
 States party to the 1949 Geneva Conventions
and to 1977 Additional Protocol I and II

States party to the 1949 Geneva Conventions,
to both 1977 Additional Protocols and to
2005 Additional Protocol III

States party to the 1949 Geneva Conventions,
1977 Additional Protocol I and
2005 Additional Protocol III

State*

States having made the declaration
under Article 90 of 1977 Additional Protocol I



- | | | | | | |
|----------------|------------------|-------------|---------------------------|-------------------|---------------|
| 1 Netherlands* | 3 Switzerland* | 5 Slovenia* | 7 Bosnia and Herzegovina* | 9 Montenegro* | 11 Palestine* |
| 2 Luxembourg* | 4 Liechtenstein* | 6 Croatia* | 8 Serbia* | 10 FYR Macedonia* | |

ABBREVIATIONS

R/A/S =

Ratification: a treaty is generally open for signature for a certain time following the conference that has adopted it. However, a signature is not binding on a State unless it has been endorsed by ratification. The time limits having elapsed, the Conventions and the Protocols are no longer open for signature. The States that have not signed them may at any time accede or, in the appropriate circumstances, succeed to them.

Accession: instead of signing and then ratifying a treaty, a State may become party to it by the single act called accession.

Succession (declaration of): a newly independent State may declare that it will abide by a treaty which was applicable to it prior to its independence. A State may also declare that it will provisionally abide by such treaties during the time it deems necessary to examine their texts carefully and to decide on accession or succession to some or all of the said treaties (declaration of provisional application of the treaties). At present no State is bound by such a declaration.

R/D = **Reservation/Declaration:** unilateral statement, however phrased or named, made by a State when ratifying, acceding or succeeding to a treaty, whereby it purports to exclude or to modify the legal effect of certain provisions of the treaty in their application to that State (provided that such reservations are not incompatible with the object and purpose of the treaty).

D90 = **Declaration** provided for under article 90 of Protocol I (prior acceptance of the competence of the International Fact-Finding Commission).

DATES

The dates indicated are those on which the Swiss Federal Department of Foreign Affairs received the official instrument from the State that was ratifying, acceding to or succeeding to the Conventions or Protocols or accepting the competence of the Commission provided for under Article 90 of Protocol I. They thus represent neither the date on which ratification, accession, succession or acceptance of the Commission was decided upon by the State concerned nor that on which the corresponding instrument was sent.

N.B.: The dates given for succession to the Geneva Conventions by **Congo, Democratic Republic of the Congo, Jamaica, Madagascar, Mauritania, Niger, Nigeria, Rwanda, Senegal, and Sierra Leone** used to be those on which the corresponding instruments had been officially adopted. They have now been replaced by the dates on which the depositary received those instruments.

ENTRY INTO FORCE

Except as mentioned in footnotes at the end of the tables, for all States the entry into force of the Conventions and of the Protocols occurs six months after the date given in the present document; for States which have made a declaration of succession, entry into force takes place retroactively, on the day of their accession to independence. The 1949 Geneva Conventions entered into force on 21 October 1950. The 1977 Additional Protocols entered into force on 7 December 1978. The 2005 Additional Protocol III entered into force on 14 January 2007.

NAMES OF COUNTRIES

The names of countries given in the following list may differ from the official names of States.

UPDATE SINCE 31.12.2015

196 States are party to the four Geneva Conventions of 1949.

Ratifications, accessions or successions to Additional Protocol I: 0

Ratifications, accessions or successions to Additional Protocol II: 1

► Palestine 04.01.2015

Ratifications, accessions or successions to Additional Protocol III: 4

► Belgium 12.05.2015

► Luxembourg 27.01.2015

► Palestine 04.01.2015

► Romania 15.05.2015

TOTALS:

Number of States Parties to the 1949 Geneva Conventions: 196

Number of States Parties to Additional Protocol I: 174

Number of States having made the declaration under Article 90: 76

Number of States Parties to Additional Protocol II: 168

Number of States Parties to Additional Protocol III: 72

Number of States Members of the United Nations: 193

States Parties to the Geneva Conventions but not members of the United Nations: **Cook Islands, Holy See and Palestine**

STATES PARTY TO THE GENEVA CONVENTIONS AND THEIR ADDITIONAL PROTOCOLS

	GENEVA CONVENTIONS			PROTOCOL			PROTOCOL II			PROTOCOL III			
COUNTRY	R/A/S		R/D	R/A/S		R/D	D90	R/A/S		R/D	R/A/S		R/D
Afghanistan	26.09.1956	R		10.11.2009	A			10.11.2009	A				
Albania	27.05.1957	R	X	16.07.1993	A			16.07.1993	A		06.02.2008	A	
Algeria	20.06.1960	A		16.08.1989	A	X	16.08.1989	16.08.1989	A				
	03.07.1962			16.08.1989			16.08.1989	16.08.1989	A				
Andorra	17.09.1993	A											
Angola	20.09.1984	A	X	20.09.1984	A	X							
Antigua and Barbuda	06.10.1986	S		06.10.1986	A			06.10.1986	A				
Argentina	18.09.1956	R		26.11.1986	A	X	11.10.1996	26.11.1986	A	X	16.03.2011	R	X
Armenia	07.06.1993	A		07.06.1993	A			07.06.1993	A		12.08.2011	A	
Australia	14.10.1958	R	X	21.06.1991	R	X	23.09.1992	21.06.1991	R		15.07.2009	R	
Austria	27.08.1953	R		13.08.1982	R	X	13.08.1982	13.08.1982	R	X	03.06.2009	R	
Azerbaijan	01.06.1993	A											
Bahamas	11.07.1975	S		10.04.1980	A			10.04.1980	A				
Bahrain	30.11.1971	A		30.10.1986	A			30.10.1986	A				
Bangladesh	04.04.1972	S	X	08.09.1980	A			08.09.1980	A				
Barbados	10.09.1968	S	X	19.02.1990	A			19.02.1990	A				
Belarus	03.08.1954	R		23.10.1989	R		23.10.1989	23.10.1989	R		31.03.2011	A	
Belgium	03.09.1952	R		20.05.1986	R	X	27.03.1987	20.05.1986	R		12.05.2015	R	
Belize	29.06.1984	A		29.06.1984	A			29.06.1984	A		03.04.2007	A	
Benin	14.12.1961	S		28.05.1986	A			28.05.1986	A				
Bhutan	10.01.1991	A											
Bolivia, Plurinational State of	10.12.1976	R		08.12.1983	A		10.08.1992	08.12.1983	A				
Bosnia and Herzegovina	31.12.1992	S		31.12.1992	S		31.12.1992	31.12.1992	S				
Botswana	29.03.1968	A		23.05.1979	A			23.05.1979	A				
Brazil	29.06.1957	R		05.05.1992	A		23.11.1993	05.05.1992	A		28.08.2009	R	
Brunei Darussalam	14.10.1991	A		14.10.1991	A			14.10.1991	A				
Bulgaria	22.07.1954	R		26.09.1989	R		09.05.1994	26.09.1989	R		13.09.2006	R	
Burkina Faso	07.11.1961	S		20.10.1987	R		24.05.2004	20.10.1987	R				
Burundi	27.12.1971	S		10.06.1993	A			10.06.1993	A				
Cabo Verde	11.05.1984	A		16.03.1995	A		16.03.1995	16.03.1995	A				
Cambodia	08.12.1958	A		14.01.1998	A			14.01.1998	A				
Cameroon	16.09.1963	S		16.03.1984	A			16.03.1984	A				
Canada	14.05.1965	R		20.11.1990	R	X	20.11.1990	20.11.1990	R	X	26.11.2007	R	X
Central African Republic	01.08.1966	S		17.07.1984	A			17.07.1984	A				
Chad	05.08.1970	A		17.01.1997	A			17.01.1997	A				
Chile	12.10.1950	R		24.04.1991	R		24.04.1991	24.04.1991	R		06.07.2009	R	
China	28.12.1956	R	X	14.09.1983	A	X		14.09.1983	A	X			
Colombia	08.11.1961	R		01.09.1993	A		17.04.1996	14.08.1995	A				
Comoros	21.11.1985	A		21.11.1985	A			21.11.1985	A				
Congo	04.02.1967	S		10.11.1983	A			10.11.1983	A				
Congo, Democratic Republic of the	24.02.1961	S		03.06.1982	A		12.12.2002	12.12.2002	A				
Cook Islands	07.05.2002	S		07.05.2002	A		07.05.2002	07.05.2002	A		07.09.2011	A	
Costa Rica	15.10.1969	A		15.12.1983	A		09.12.1999	15.12.1983	A		30.06.2008	R	
Côte d'Ivoire	28.12.1961	S		20.09.1989	R			20.09.1989	R				
Croatia	11.05.1992	S		11.05.1992	S		11.05.1992	11.05.1992	S		13.06.2007	R	
Cuba	15.04.1954	R		25.11.1982	A			23.06.1999	A				
Cyprus	23.05.1962	A		01.06.1979	R		14.10.2002	18.03.1996	A		27.11.2007	R	
Czech Republic	05.02.1993	S		05.02.1993	S		02.05.1995	05.02.1993	S		23.05.2007	R	
Denmark	27.06.1951	R		17.06.1982	R	X	17.06.1982	17.06.1982	R		25.05.2007	R	
Djibouti	06.03.1978	S		08.04.1991	A			08.04.1991	A				
Dominica	28.09.1981	S		25.04.1996	A			25.04.1996	A				
Dominican Republic	22.01.1958	A		26.05.1994	A			26.05.1994	A		01.04.2009	R	
Ecuador	11.08.1954	R		10.04.1979	R			10.04.1979	R				
Egypt	10.11.1952	R		09.10.1992	R	X		09.10.1992	R	X			
El Salvador	17.06.1953	R		23.11.1978	R			23.11.1978	R		12.09.2007	R	
Equatorial Guinea	24.07.1986	A		24.07.1986	A			24.07.1986	A				
Eritrea	14.08.2000	A											
Estonia	18.01.1993	A		18.01.1993	A		20.02.2009	18.01.1993	A		28.02.2008	R	
Ethiopia	02.10.1969	R		08.04.1994	A			08.04.1994	A				
Fiji	09.08.1971	S		30.07.2008	A			30.07.2008	A		30.07.2008	A	
Finland	22.02.1955	R		07.08.1980	R	X	07.08.1980	07.08.1980	R		14.01.2009	R	

STATES PARTY TO THE GENEVA CONVENTIONS AND THEIR ADDITIONAL PROTOCOLS (cont.)

COUNTRY	GENEVA CONVENTIONS			PROTOCOL			PROTOCOL II			PROTOCOL III		
	R/A/S	R/D		R/A/S	R/D	D90	R/A/S	R/D		R/A/S	R/D	
France	28.06.1951	R		11.04.2001	A X		24.02.1984	A X		17.07.2009	R	
Gabon	26.02.1965	S		08.04.1980	A		08.04.1980	A				
Gambia	20.10.1966	S		12.01.1989	A		12.01.1989	A				
Georgia	14.09.1993	A		14.09.1993	A		14.09.1993	A		19.03.2007	R	
Germany	03.09.1954	A X		14.02.1991	R X	14.02.1991	14.02.1991	R X		17.06.2009	R	
Ghana	02.08.1958	A		28.02.1978	R		28.02.1978	R				
Greece	05.06.1956	R		31.03.1989	R X	04.02.1998	15.02.1993	A		26.10.2009	R	
Grenada	13.04.1981	S		23.09.1998	A		23.09.1998	A				
Guatemala	14.05.1952	R		19.10.1987	R		19.10.1987	R		14.03.2008	R	
Guinea	11.07.1984	A		11.07.1984	A	20.12.1993	11.07.1984	A				
Guinea-Bissau	21.02.1974	A X		21.10.1986	A		21.10.1986	A				
Guyana	22.07.1968	S		18.01.1988	A		18.01.1988	A		21.09.2009	A	
Haiti	11.04.1957	A		20.12.2006	A		20.12.2006	A				
Holy See	22.02.1951	R		21.11.1985	R X		21.11.1985	R X				
Honduras	31.12.1965	A		16.02.1995	R		16.02.1995	R		08.12.2006	R	
Hungary	03.08.1954	R		12.04.1989	R	23.09.1991	12.04.1989	R		15.11.2006	R	
Iceland	10.08.1965	A		10.04.1987	R X	10.04.1987	10.04.1987	R		04.08.2006	R	
India	09.11.1950	R										
Indonesia	30.09.1958	A										
Iran (Islamic Republic of)	20.02.1957	R X										
Iraq	14.02.1956	A		01.04.2010	A							
Ireland	27.09.1962	R		19.05.1999	R X	19.05.1999	19.05.1999	R X				
Israel	06.07.1951	R X								22.11.2007	R X	
Italy	17.12.1951	R		27.02.1986	R X	27.02.1986	27.02.1986	R		29.01.2009	R	
Jamaica	20.07.1964	S		29.07.1986	A		29.07.1986	A				
Japan	21.04.1953	A		31.08.2004	A X	31.08.2004	31.08.2004	A				
Jordan	29.05.1951	A		01.05.1979	R		01.05.1979	R				
Kazakhstan	05.05.1992	S		05.05.1992	S		05.05.1992	S		24.06.2009	A	
Kenya	20.09.1966	A		23.02.1999	A		23.02.1999	A		28.10.2013	R	
Kiribati	05.01.1989	S										
Korea, Democratic People's Republic of	27.08.1957	A X		09.03.1988	A							
Korea, Republic of	16.08.1966	A X		15.01.1982	R X	16.04.2004	15.01.1982	R				
Kuwait	02.09.1967	A X		17.01.1985	A	21.06.2013	17.01.1985	A				
Kyrgyzstan	18.09.1992	S		18.09.1992	S		18.09.1992	S				
Lao People's Democratic Republic	29.10.1956	A		18.11.1980	R	30.01.1998	18.11.1980	R				
Latvia	24.12.1991	A		24.12.1991	A		24.12.1991	A		02.04.2007	R	
Lebanon	10.04.1951	R		23.07.1997	A		23.07.1997	A				
Lesotho	20.05.1968	S		20.05.1994	A	13.08.2010	20.05.1994	A				
Liberia	29.03.1954	A		30.06.1988	A		30.06.1988	A				
Libya	22.05.1956	A		07.06.1978	A		07.06.1978	A				
Liechtenstein	21.09.1950	R		10.08.1989	R X	10.08.1989	10.08.1989	R X		24.08.2006	R	
Lithuania	03.10.1996	A		13.07.2000	A	13.07.2000	13.07.2000	A		28.11.2007	R	
Luxembourg	01.07.1953	R		29.08.1989	A	12.05.1993	29.08.1989	R		27.01.2015	R	
Macedonia, the Former Yugoslav Republic of	01.09.1993	S X		01.09.1993	S X	01.09.1993	01.09.1993	S		14.10.2008	R	
Madagascar	18.07.1963	S		08.05.1992	R	27.07.1993	08.05.1992	R				
Malawi	05.01.1968	A		07.10.1991	A	10.01.2014	07.10.1991	A				
Malaysia	24.08.1962	A										
Maldives	18.06.1991	A		03.09.1991	A		03.09.1991	A				
Mali	24.05.1965	A		08.02.1989	A	09.05.2003	08.02.1989	A				
Malta	22.08.1968	S		17.04.1989	A X	17.04.1989	17.04.1989	A X				
Marshall Islands	01.06.2004	A										
Mauritania	30.10.1962	S		14.03.1980	A		14.03.1980	A				
Mauritius	18.08.1970	S		22.03.1982	A X		22.03.1982	A X				
Mexico	29.10.1952	R		10.03.1983	A					07.07.2008	R	
Micronesia (Federated States of)	19.09.1995	A		19.09.1995	A		19.09.1995	A				
Moldova, Republic of	24.05.1993	A		24.05.1993	A		24.05.1993	A		19.08.2008	R X	
Monaco	05.07.1950	R		07.01.2000	A	26.10.2007	07.01.2000	A		12.03.2007	R	
Mongolia	20.12.1958	A		06.12.1995	R X	06.12.1995	06.12.1995	R				
Montenegro	02.08.2006	A		02.08.2006	A	02.08.2006	02.08.2006	A				
Morocco	26.07.1956	A		03.06.2011	R		03.06.2011	R				
Mozambique	14.03.1983	A		14.03.1983	A		12.11.2002	A				
Myanmar	25.08.1992	A										

STATES PARTY TO THE GENEVA CONVENTIONS AND THEIR ADDITIONAL PROTOCOLS (cont.)

COUNTRY	GENEVA CONVENTIONS			PROTOCOL				PROTOCOL II			PROTOCOL III		
	R/A/S	S	R/D	R/A/S	A	X	D90	R/A/S	A	R/D	R/A/S	R	R/D
Namibia	22.08.1991	S		17.06.1994	A	X	21.07.1994	17.06.1994	A	X			
Nauru	27.06.2006	A		27.06.2006	A			27.06.2006	A		04.12.2012	R	
Nepal	07.02.1964	A											
Netherlands	03.08.1954	R		26.06.1987	R	X	26.06.1987	26.06.1987	R	X	13.12.2006	R	X
New Zealand	02.05.1959	R		08.02.1988	R	X	08.02.1988	08.02.1988	R	X	23.10.2013	R	
Nicaragua	17.12.1953	R		19.07.1999	R			19.07.1999	R		02.04.2009	R	
Niger	21.04.1964	S		08.06.1979	R			08.06.1979	R				
Nigeria	20.06.1961	S		10.10.1988	A			10.10.1988	A				
Norway	03.08.1951	R		14.12.1981	R		14.12.1981	14.12.1981	R		13.06.2006	R	
Oman	31.01.1974	A		29.03.1984	A	X		29.03.1984	A	X			
Pakistan	12.06.1951	R	X										
Palau	25.06.1996	A		25.06.1996	A			25.06.1996	A				
Palestine	02.04.2014	A		02.04.2014	A			04.01.2015	A		04.01.2015	A	
Panama	10.02.1956	A		18.09.1995	R		26.10.1999	18.09.1995	R		30.04.2012	R	
Papua New Guinea	26.05.1976	S											
Paraguay	23.10.1961	R		30.11.1990	A		30.01.1998	30.11.1990	A		13.10.2008	R	
Peru	15.02.1956	R		14.07.1989	R			14.07.1989	R				
Philippines	06.10.1952	R		30.03.2012	R	X		11.12.1986	A		22.08.2006	R	
Poland	26.11.1954	R		23.10.1991	R		02.10.1992	23.10.1991	R		26.10.2009	R	
Portugal	14.03.1961	R	X	27.05.1992	R	X	01.07.1994	27.05.1992	R	X	22.04.2014	R	
Qatar	15.10.1975	A		05.04.1988	A	X	24.09.1991	05.01.2005	A				
Romania	01.06.1954	R		21.06.1990	R		31.05.1995	21.06.1990	R		15.05.2015	R	
Russian Federation	10.05.1954	R	X	29.09.1989	R	X	29.09.1989	29.09.1989	R	X			
Rwanda	05.05.1964	S		19.11.1984	A		08.07.1993	19.11.1984	A				
Saint Kitts and Nevis	14.02.1986	S		14.02.1986	A		17.04.2014	14.02.1986	A				
Saint Lucia	18.09.1981	S		07.10.1982	A			07.10.1982	A				
Saint Vincent and the Grenadines	01.04.1981	A		08.04.1983	A		04.11.2013	08.04.1983	A				
Samoa	23.08.1984	S		23.08.1984	A			23.08.1984	A				
San Marino	29.08.1953	A		05.04.1994	R			05.04.1994	R		22.06.2007	R	
Sao Tome and Principe	21.05.1976	A		05.07.1996	A			05.07.1996	A				
Saudi Arabia	18.05.1963	A		21.08.1987	A	X		28.11.2001	A				
Senegal	18.05.1963	S		07.05.1985	R			07.05.1985	R				
Serbia	16.10.2001	S		16.10.2001	S		16.10.2001	16.10.2001	S		18.08.2010	R	
Seychelles	08.11.1984	A		08.11.1984	A		22.05.1992	08.11.1984	A				
Sierra Leone	10.06.1965	S		21.10.1986	A			21.10.1986	A				
Singapore	27.04.1973	A									07.07.2008	R	
Slovakia	02.04.1993	S		02.04.1993	S		13.03.1995	02.04.1993	S		30.05.2007	R	
Slovenia	26.03.1992	S		26.03.1992	S		26.03.1992	26.03.1992	S		10.03.2008	R	
Solomon Islands	06.07.1981	S		19.09.1988	A			19.09.1988	A				
Somalia	12.07.1962	A											
South Africa	31.03.1952	A		21.11.1995	A			21.11.1995	A				
South Sudan	25.01.2013	A		25.01.2013	A			25.01.2013	A		25.01.2013	A	
Spain	04.08.1952	R		21.04.1989	R	X	21.04.1989	21.04.1989	R		10.12.2010	R	
Sri Lanka	28.02.1959	R											
Sudan	23.09.1957	A		07.03.2006	A			13.07.2006	A				
Suriname	13.10.1976	S	X	16.12.1985	A			16.12.1985	A		25.06.2013	A	
Swaziland	28.06.1973	A		02.11.1995	A			02.11.1995	A				
Sweden	28.12.1953	R		31.08.1979	R	X	31.08.1979	31.08.1979	R		21.08.2014	R	
Switzerland	31.03.1950	R		17.02.1982	R		17.02.1982	17.02.1982	R		14.07.2006	R	
Syrian Arab Republic	02.11.1953	R		14.11.1983	A	X							
Tajikistan	13.01.1993	S		13.01.1993	S		10.09.1997	13.01.1993	S				
Tanzania, United Republic of	12.12.1962	S		15.02.1983	A			15.02.1983	A				
Thailand	29.12.1954	A											
Timor-Leste	08.05.2003	A		12.04.2005	A			12.04.2005	A		29.07.2011	R	
Togo	06.01.1962	S		21.06.1984	R		21.11.1991	21.06.1984	R				
Tonga	13.04.1978	S		20.01.2003	A		20.01.2003	20.01.2003	A				
Trinidad and Tobago	24.09.1963	A		20.07.2001	A		20.07.2001	20.07.2001	A				
Tunisia	04.05.1957	A		09.08.1979	R			09.08.1979	R				
Turkey	10.02.1954	R											X
Turkmenistan	10.04.1992	S		10.04.1992	S			10.04.1992	S				
Tuvalu	19.02.1981	S											
Uganda	18.05.1964	A		13.03.1991	A			13.03.1991	A		21.05.2008	A	

STATES PARTY TO THE GENEVA CONVENTIONS AND THEIR ADDITIONAL PROTOCOLS (cont.)

COUNTRY	GENEVA CONVENTIONS			PROTOCOL			PROTOCOL II			PROTOCOL III		
	R/A/S	R/D		R/A/S	R/D	D90	R/A/S	R/D		R/A/S	R/D	
Ukraine	03.08.1954	R		25.01.1990	R		25.01.1990	25.01.1990	R		19.01.2010	R
United Arab Emirates	10.05.1972	A		09.03.1983	A	X	06.03.1992	09.03.1983	A	X		
United Kingdom of Great Britain and Northern	23.09.1957	R	X	28.01.1998	R	X	17.05.1999	28.01.1998	R	X	23.10.2009	R
United States of America	02.08.1955	R	X								08.03.2007	R
Uruguay	05.03.1969	R	X	13.12.1985	A		17.07.1990	13.12.1985	A		19.10.2012	R
Uzbekistan	08.10.1993	A		08.10.1993	A			08.10.1993	A			
Vanuatu	27.10.1982	A		28.02.1985	A			28.02.1985	A			
Venezuela, Bolivarian Republic of	13.02.1956	R		23.07.1998	A			23.07.1998	A			
Viet Nam	28.06.1957	A	X	19.10.1981	R							
Yemen	16.07.1970	A	X	17.04.1990	R			17.04.1990	R			
Zambia	19.10.1966	A		04.05.1995	A			04.05.1995	A			
Zimbabwe	07.03.1983	A		19.10.1992	A			19.10.1992	A			

NOTES

Djibouti

Djibouti's declaration of succession in respect of the First Geneva Convention was dated 26.01.1978.

France

On accession to Additional Protocol II, France made a communication concerning Additional Protocol I.

Ghana

Entry into force of Additional Protocols I and II on 07.12.1978.

Namibia

An instrument of accession to the Geneva Conventions and the 1977 Additional Protocols was deposited by the United Nations Council for Namibia on 18.10.1983. In an instrument deposited on 22.08.1991, Namibia declared its succession to the Geneva Conventions, which were previously applicable pursuant to South Africa's accession on 31.03.1952.

Niue

Pursuant to New Zealand law at the time of accession, and consistent with customary international law, the Geneva Conventions apply to Niue by virtue of New Zealand's accession, on 02.05.1959, to the four 1949 Geneva Conventions.

Philippines

The First Geneva Convention was ratified on 07.03.1951.

Republic of Korea

The Geneva Conventions entered into force on 23.09.1966, the Republic of Korea having invoked Art.62/61/141/157 common respectively to the First, Second, Third and Fourth Conventions (immediate effect).

Sri Lanka

Accession to the Fourth Geneva Convention on 23.02.1959 (Ceylon had signed only the First, Second, and Third Geneva Conventions).

Switzerland

Entry into force of the Geneva Conventions on 21.10.1950.

Trinidad and Tobago

Accession to the First Geneva Convention on 17.03.1963.

MISSION

The International Committee of the Red Cross (ICRC) is an impartial, neutral and independent organization whose exclusively humanitarian mission is to protect the lives and dignity of victims of armed conflict and other situations of violence and to provide them with assistance. The ICRC also endeavours to prevent suffering by promoting and strengthening humanitarian law and universal humanitarian principles. Established in 1863, the ICRC is at the origin of the Geneva Conventions and the International Red Cross and Red Crescent Movement. It directs and coordinates the international activities conducted by the Movement in armed conflicts and other situations of violence.



ICRC