

# NEAR AND MIDDLE EAST

## KEY RESULTS/CONSTRAINTS IN 2018

- The ICRC reminded parties to armed conflicts to fulfil their obligations under IHL to respect and protect civilians, including patients and medical workers, and ensure that they had access to essential services and humanitarian aid.
- Millions of people in total – including many from Iraq, the Syrian Arab Republic and Yemen – received food and essential household items or cash for purchasing them from the ICRC and/or pertinent National Societies.
- Nearly 28 million people gained or maintained access to water and other basic services through various ICRC initiatives, including repairs or renovations to infrastructure and material and other support to local service providers.
- Ill or injured people across the region received appropriate care at ICRC-supported facilities. In Gaza, the ICRC set up a surgical ward at the Shifa hospital, in response to the increased need for surgery and post-operative care.
- Detainees in several contexts received visits from the ICRC, which monitored their treatment and living conditions. Where necessary, prisons benefited from ICRC donations of essential supplies and upgrades to key facilities.
- Families dispersed by conflict, migration or detention reconnected through the Movement's family-links services. The fate of thousands of people missing in relation to past or current conflicts remained unknown, however.

PROTECTION	Total
<b>CIVILIANS</b>	
<b>Restoring family links</b>	
RCMs collected	6,821
RCMs distributed	7,271
Phone calls facilitated between family members	18,929
Tracing cases closed positively (subject located or fate established)	1,800
People reunited with their families	13
<i>of whom unaccompanied minors/separated children</i>	7
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
<b>ICRC visits</b>	
Places of detention visited	291
Detainees in places of detention visited	131,311
<i>of whom visited and monitored individually</i>	8,845
Visits carried out	1,134
<b>Restoring family links</b>	
RCMs collected	10,830
RCMs distributed	4,297
Phone calls made to families to inform them of the whereabouts of a detained relative	27,852

EXPENDITURE IN KCHF	
Protection	71,093
Assistance	416,140
Prevention	30,617
Cooperation with National Societies	23,910
General	3,176
<b>Total</b>	<b>544,938</b>
<i>Of which: Overheads</i>	<i>33,193</i>

IMPLEMENTATION RATE	
Expenditure/yearly budget	95%

PERSONNEL	
Mobile staff	566
Resident staff (daily workers not included)	2,950

ASSISTANCE		Total
<b>CIVILIANS</b>		
<b>Economic security</b>		
Food consumption	Beneficiaries	3,961,543
Food production	Beneficiaries	859,483
Income support	Beneficiaries	204,529
Living conditions	Beneficiaries	2,794,821
Capacity-building	Beneficiaries	86
<b>Water and habitat</b>		
Water and habitat activities	Beneficiaries	27,978,051
<b>Health</b>		
Health centres supported	Structures	101
<b>WOUNDED AND SICK</b>		
<b>Medical care</b>		
Hospitals supported	Structures	137
<b>Physical rehabilitation</b>		
Projects supported	Projects	36
People benefiting from ICRC-supported projects	Aggregated monthly data	138,060
<b>Water and habitat</b>		
Water and habitat activities	Beds	9,934

## DELEGATIONS

Egypt  
Iran, Islamic Republic of  
Iraq  
Israel and the Occupied Territories  
Jordan

Kuwait (regional)  
Lebanon  
Syrian Arab Republic  
Yemen



ICRC delegation



ICRC regional delegation



ICRC mission





**Iraq, Sinjar Mountains, IDP camp.** Some 2,000 families coped with winter with the help of cash grants – for purchasing blankets and other essential supplies – from the ICRC.

## HUMANITARIAN NEEDS AND RESPONSES

In 2018, ICRC operations in the Middle East continued to focus on addressing the humanitarian consequences of ongoing armed conflicts and other situations of violence in the region. In the Syrian Arab Republic (hereafter Syria), the ICRC's work to protect and assist conflict-affected people remained one of its biggest undertakings: the organization maintained its region-oriented approach, helping alleviate the plight of people who remained in Syria and those who had fled to neighbouring countries such as Iraq, Jordan and Lebanon. As casualties of protest-related violence in Gaza rose, the ICRC scaled up some of its activities to support beleaguered health-care services. It launched a budget extension appeal in October to that end. Volatile conditions in large swaths of the region impeded the ICRC's humanitarian action to varying degrees. Specific challenges – such as the large number of armed groups in Syria, limited contact with certain parties to the conflict in Iraq, and security incidents which led the ICRC to reduce its staff and field movements in Yemen – hampered the implementation of some activities. The ICRC nevertheless remained committed to carrying out its work, especially where there were few humanitarian organizations or where needs were most acute.

The ICRC monitored the situation of vulnerable people, such as those affected by the Syrian crisis, returnees and IDPs in Iraq, and conflict-affected people in Yemen. When possible, it shared documented allegations of abuse with parties to conflicts and reminded them of their obligation to respect IHL, particularly by protecting civilians from hostilities and ensuring that they had access to essential services and humanitarian aid. Owing to such efforts, patients in Iraq gained access to some facilities previously occupied by weapon bearers. The ICRC also continued to engage in dialogue with authorities on protecting people who had fled violence in their home countries; for instance, it shared its position paper on returning Syrian refugees with the Jordanian, Lebanese and Syrian authorities. Following sustained exchanges between the ICRC and armed factions in Ein el-Helwe camp in Lebanon, the latter signed a document declaring their commitment to protect medical personnel and facilities in the event of armed violence.

The region's National Societies conducted their own activities effectively, partly thanks to ICRC support. Partnerships with them were crucial to reaching as many beneficiaries as possible. For example, the ICRC's relief distributions in Syria were conducted primarily with the Syrian Arab Red Crescent. In Yemen, the ICRC drew on the National Society's vast network of staff and volunteers to ensure continued implementation of its activities, when ICRC personnel were temporarily relocated to Djibouti.

Millions of people – many of them IDPs, residents and returnees in Iraq, Syria and Yemen – received urgently needed food and household essentials distributed by the ICRC, usually with National Societies; some received cash to purchase these basic goods. With ICRC support, collective kitchens and local bakeries in Syria and/or Yemen helped provide food to beneficiaries. More people than planned benefited from such emergency support in Syria, where the ICRC improved its proximity to conflict-affected communities, and in Iraq, where it filled gaps in assistance at IDP camps.

Impeded access to health care was one of the most life-threatening consequences of the widespread violence. When in contact with the parties concerned and other influential actors, the ICRC emphasized the need to safeguard patients and health services from abuse. With ICRC training, thousands of emergency responders – among them weapon bearers and National Society volunteers – bolstered their first-aid skills. Medical service providers in Egypt, Iraq and Jordan improved their readiness to respond to mass-casualty situations and other emergencies. With ICRC support, the Lebanese Red Cross provided emergency medical services for wounded people in Lebanon, and the Palestine Red Crescent Society delivered the same services throughout the occupied Palestinian territory.

People in need of hospital care, many of them weapon-wounded, were treated at facilities that maintained their services with the ICRC's help. In Gaza, the ICRC bolstered the provision of life-saving care at hospitals that admitted the largest influx of patients; it set up a surgical ward at the Shifa hospital, in response to the increased need for surgery and post-operative care. In Yemen, the ICRC supported more hospitals – including those near front lines – as emergency needs grew. In Iraq, injured people were referred for treatment to facilities provided with staff training, infrastructural upgrades and medical equipment. In Tripoli, Lebanon, an ICRC team continued to run the Weapon Traumatology and Training Centre, comprising a reconstructive surgery unit and a post-operative rehabilitation unit. People treated at the centre included patients from Iraq and Syria, and people wounded in relation to conflicts in Yemen. The ICRC conducted specialized workshops – for instance, in Gaza, on vascular surgery – to help boost local capacities to provide care.

Millions of people were able to access basic health care thanks to the ICRC's work. In Syria, people obtained preventive and curative health care at 28 fixed and mobile health clinics run by the National Society with support from the ICRC. Refugees and residents received similar care at ICRC-supported facilities along the Lebanese-Syrian border and in Palestinian camps in Lebanon. In the Islamic Republic of Iran, the ICRC and the National Society helped thousands of Afghan migrants and a number of vulnerable Iranians to obtain health-care services at a partner NGO's clinic and through home visits. To help make treatment for diabetics available, the ICRC supported haemodialysis centres in Syria and Yemen, and donated enough insulin for 70,000 people to the Yemeni health ministry.

The ICRC managed or supported physical rehabilitation centres in Iraq, Lebanon, Syria, Yemen and the Gaza Strip, to help ensure that physically disabled people – including those injured during protests in Gaza – had access to rehabilitative care. It also provided material assistance to one hospital in Jordan providing services for disabled people, and built a new centre in Mosul, Iraq. People availed themselves of physiotherapy and other services, and assistive devices, at these facilities. In parallel, the ICRC pursued efforts to mitigate the humanitarian consequences of weapon contamination in parts of the region. In the Islamic Republic of Iran, for instance, over 385,000 residents and migrants learnt to protect themselves against mines and explosive remnants of war (ERW) at dissemination sessions conducted by the National Society with ICRC support. In Iraq, the ICRC surveyed and helped clear weapon-contaminated areas. In Gaza, it coordinated the removal and destruction of ERW and helped brief civilians on the risks posed by mines/ERW.

Nearly 28 million people gained or maintained access to water and other basic services through various ICRC initiatives. In Syria, the ICRC worked on projects – in partnership with the authorities, local entities or the National Society – to help ensure a stable water supply and adequate living conditions for 17 million people countrywide; it distributed materials in larger quantities than anticipated. In Iraq, ICRC infrastructural renovations and donations of water-treatment supplies helped stabilize the water supply for about 3.4 million people in places where large-scale fighting had occurred or in underserved areas. In Yemen, roughly 5.1 million people had a stable supply of clean water and were less at risk of contracting cholera and other diseases, thanks to ICRC infrastructural support and capacity-building initiatives for service providers; support for two waste-water treatment plants benefited virtually the entire urban population in two governorates.

Where security and/or market conditions were relatively stable, the ICRC helped hundreds of thousands of internally displaced, vulnerable resident or returnee households gain a measure of self-sufficiency. In Syria, farmers grew more food with seed and/or other agricultural supplies from the ICRC. In Yemen, households had their livestock vaccinated and/or were given animal feed. In Iraq, farming households paid for ploughing services and agricultural supplies with cash from the ICRC, which enabled them to cultivate their fields. Vulnerable households – for example, those living near functional markets in Iraq and women-led Syrian households in Jordan – covered their basic expenses, paid for essential services and/or bolstered their earning capacities, with cash and/or training from the ICRC.

The ICRC visited detainees and other people deprived of their freedom in Bahrain, Iraq, Israel, Jordan, Kuwait, Lebanon, Qatar and Yemen, Syria and in the occupied Palestinian territory; however, visits and some other activities for detainees in Yemen were suspended for part of the year owing to the security situation. During visits, the ICRC monitored detainees' treatment and living conditions; it also helped foreign detainees to reconnect with their relatives and/or notify the UNHCR or



their consular representatives of their situation. The ICRC shared its findings confidentially with the authorities; discussions centred on respect for judicial guarantees and adherence to the principle of *non-refoulement*. Penitentiary authorities and/or staff – for instance, in Kuwait and Jordan – drew on ICRC support to improve prison management or detainees' access to health care. Inmates in some prisons benefited from ICRC donations of medical equipment and supplies, and/or upgrades to water, sanitation or other facilities.

Thousands of residents, IDPs, migrants and detainees contacted relatives through Movement family-links services. People sent RCMs and/or made phone or video calls to relatives detained either domestically or abroad; others – such as former detainees relocated in third countries and Palestinians detained in Israel – benefited from ICRC-facilitated family visits. People returned home or resettled in third countries with the help of ICRC travel documents. In several contexts, the ICRC acted as a neutral intermediary between the parties concerned to enable movements of people and official documents across borders, demarcation lines or front lines for humanitarian purposes.

The ICRC continued to help families obtain information on missing relatives. It resolved some 1,800 cases of missing persons across the region, but the fate of thousands of others missing in relation to past or current conflicts remained unknown. At the request of the families concerned, the ICRC submitted enquiries to the pertinent parties – for instance, in Syria – regarding people allegedly arrested or detained. With the ICRC acting as a neutral intermediary, the parties concerned pursued their work to ascertain the fate of people missing in connection with the 1980–1988 Iran–Iraq war and the 1990–1991 Gulf War. Joint excavations conducted by Iranian and Iraqi experts, with ICRC support, led to the recovery and repatriation of the remains of 461 people. The Israeli authorities acted on ICRC representations and returned the remains

of five Palestinians – reportedly killed during attacks on Israelis – to their families. However, no progress was made in clarifying the fate of people missing in connection with the 2014 hostilities, of Israelis missing in action or of Jordanians missing in Israel since the 1980s. The Lebanese parliament enacted a law – drafted with ICRC expertise – calling for the establishment of a mechanism for ascertaining the fate of people missing in relation to past conflicts. In addition, the ICRC helped strengthen forensic capacities in Egypt, Iraq, the Islamic Republic of Iran, Lebanon, Syria and Yemen.

The ICRC continued reaching out to government authorities, including national IHL committees, military and police forces, and civil society leaders, through dialogue, training and events, to broaden acceptance of humanitarian principles, IHL and the Movement. The regional delegation in Kuwait intensified its efforts to strengthen support among a broader range of stakeholders for IHL and for the ICRC's principled humanitarian work, particularly in Iraq, Syria and Yemen. The ICRC pursued its work with the League of Arab States, based in Cairo, Egypt, to promote IHL implementation in the country and other Arab States. Its dialogue with the Iranian authorities on IHL and humanitarian issues related to the conflicts in the region was reinforced by visits to their country by the ICRC president.

Jordan continued hosting the ICRC's logistical hub for operations in the region and beyond, and the main training centre for ICRC staff working in the Balkans, the Caucasus and the Middle East. The regional communication centre in Cairo supported ICRC efforts to promote IHL throughout the Arabic-speaking world. The ICRC maintained a logistics base in Salalah, Oman, to support its activities for conflict-affected people in Yemen. It opened an office in Riyadh, Saudi Arabia, with a view to strengthening relationships and networking with influential parties in the region.



## PROTECTION MAIN FIGURES AND INDICATORS

### NEAR AND MIDDLE EAST

	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	Human remains transferred/repatriated	Tracing cases closed positively (subject located or fate established)	People to whom travel documents were issued	Places of detention visited	Detainees in places of detention visited	of whom women
Egypt	90	100	3,314	19		5					168	262			
Iran, Islamic Republic of	137	146	6	8		1	1	12		78	61				
Iraq	1,647	3,006	229					72		383	1,049	5	91	54,284	2,488
Israel and the Occupied Territories	597	852				6	6		3		56		111	14,933	222
Jordan	300	405	15,136								52	14	21	14,944	678
Kuwait (regional)	154	166	79								2	1	21	12,921	555
Lebanon	79	257									52	9	18	7,122	672
Syrian Arab Republic	1,698	809	8			1		20			239	37	14	19,576	301
Yemen	2,119	1,530	157						1	529	121	3	15	7,531	141
<b>TOTAL</b>	<b>6,821</b>	<b>7,271</b>	<b>18,929</b>	<b>27</b>		<b>13</b>	<b>7</b>	<b>104</b>	<b>4</b>	<b>990</b>	<b>1,800</b>	<b>331</b>	<b>291</b>	<b>131,311</b>	<b>5,057</b>

\* Unaccompanied minors/separated children

PEOPLE DEPRIVED OF THEIR FREEDOM																	
<i>of whom minors</i>	Visits carried out	Detainees visited and monitored individually	<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>	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
															298		Iran, Islamic Republic of
4,261	312	2,581	714	39	245	1,192	156	36	130	5,806	2,441	22,973			220		Iraq
518	518	2,383	50	2	132	1,532	24	1	123	858	621	3,279	7,547		10,701		Israel and the Occupied Territories
83	58	1,202	209	1	8	924	197	1	7	366	101	255			15		Jordan
194	34	80	23		48	69	23		43	379	96	38		49	1,118		Kuwait (regional)
221	152	875	35	1	20	487	30	1	16	873	430	530			7		Lebanon
578	31	977	37	11	91	913	35	11	87	2,512	606	607			2		Syrian Arab Republic
175	29	747	5		19	599	5		18	36	2	170		3	25	Yemen	
6,030	1,134	8,845	1,073	54	563	5,716	470	50	424	10,830	4,297	27,852	7,547	52	12,386	TOTAL	



## ASSISTANCE MAIN FIGURES AND INDICATORS

### NEAR AND MIDDLE EAST

	CIVILIANS									PEOPLE DEPRIVED OF THEIR FREEDOM			
	ECONOMIC SECURITY					WATER AND HABITAT	HEALTH			ECONOMIC SECURITY		WATER AND HABITAT	HEALTH
	BENEFICIARIES									BENEFICIARIES			
	Food consumption	Food production	Income support	Living conditions	Capacity-building	Beneficiaries of water and habitat activities	Health centres supported	Consultations	Immunizations (patients)	Food consumption	Living conditions	Water and habitat activities	Health facilities supported in places of detention visited by health staff
Egypt	46,216		64	1,909									
Iran, Islamic Republic of							1	7,715	2,470				
Iraq	347,340	81,113	124,476	275,340	71	3,403,975	28	359,681	386,452		60,745	10,135	14
Israel and the Occupied Territories			12,050	1,168		1,432,007					19,527	1,611	2
Jordan	22,315		8,691	22,310		198,146					1,408		7
Lebanon	13,235		9,284	1,410		88,283	12	160,702	5,888		10,008	4,145	3
Syrian Arab Republic	2,799,967	194,980	4,900	2,280,554	15	17,746,570	28	137,001			20,535	5,505	3
Yemen	732,470	583,390	45,064	212,130		5,109,070	32	630,728	280,858	1,200	15,304	5,223	3
TOTAL	3,961,543	859,483	204,529	2,794,821	86	27,978,051	101	1,295,827	675,668	1,200	127,527	26,619	32
of whom women	1,229,797	336,747	64,886	877,668	28	8,295,898				120	10,199	858	
of whom children	1,593,414	326,097	89,665	1,105,464		11,367,981				60	6,685	140	
of whom IDPs	2,930,784	53,239	64,405	2,187,863	1	5,860,299							

1. Based on monthly aggregated data.

WOUNDED AND SICK													
FIRST AID		HOSPITALS					PHYSICAL REHABILITATION						
		HOSPITALS SUPPORTED	SERVICES AT HOSPITALS MONITORED BY ICRC STAFF										
			SURGICAL ADMISSIONS										
Training sessions	Participants of training sessions¹	Hospitals supported	<i>including hospitals reinforced with or monitored by ICRC staff</i>	Weapon-wound admissions	Non-weapon-wound admissions	Operations performed	Projects supported	People benefiting from ICRC-supported projects¹	New patients fitted with prostheses	Prostheses delivered	New patients fitted with orthoses	Orthoses delivered	
22	545												Egypt
							1	199	5	6	50	50	Iran, Islamic Republic of
432	9,260	26	2	359	2,521	3,149	16	39,418	1,375	2,725	9,305	17,997	Iraq
		10	8	7,843	150,690	41,656	2	3,344	77	193	1,235	1,685	Israel and the Occupied Territories
18	409	7					2	101	49	49	3	3	Jordan
20	455	19	8	614	2,298	2,862	4	1,414	157	206	421	744	Lebanon
59	1,864	32					2	5,328	738	921	204	270	Syrian Arab Republic
14	280	42	13	14,774	40,167	57,923	9	88,256	801	1,034	11,902	23,559	Yemen
565	12,813	137	31	23,590	195,676	105,590	36	138,060	3,202	5,134	23,120	44,308	TOTAL
								24,245	525	771	3,719	6,801	of whom women
								57,827	408	668	14,267	28,231	of whom children

# EGYPT

**COVERING:** Egypt, League of Arab States

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 or institutions to help them boost their preparedness to address needs arising from situations of violence; as necessary, it provides aid to people fleeing violence abroad. It seeks to visit people detained in Egypt. The ICRC's regional legal advisory, communication and documentation centre works with the League of Arab States and other ICRC delegations to promote the incorporation of IHL in domestic legislation, military training and academic curricula throughout the Arab world.

## YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

**MEDIUM**



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 2018

- People displaced by the violence in Sinai met some of their essential needs with ICRC aid – which was distributed by the Egyptian Red Crescent Society, as the area was inaccessible to the ICRC owing to various restrictions.
- Members of families separated by conflict, detention or migration kept in touch through Movement family-links services. An ICRC-backed NGO provided assistance and psychosocial care to migrant unaccompanied minors.
- In Sinai, security and other constraints occasionally strained the delivery of health care. However, the ICRC managed to train health workers in providing first aid and emergency-room and surgical care to people injured by violence.
- The ICRC continued to discuss with the authorities the possibility of supporting them in addressing the needs of detainees and people affected by the situation in Sinai. Despite these efforts, it remained without access to both groups.
- Military instructors were trained to teach IHL at ICRC courses. Officials from the military and security forces learnt more about IHL and other applicable norms, and international policing standards, at ICRC training sessions.

## EXPENDITURE IN KCHF

Protection	664
Assistance	2,272
Prevention	983
Cooperation with National Societies	306
General	55
<b>Total</b>	<b>4,280</b>
<i>Of which: Overheads</i>	<i>261</i>

## IMPLEMENTATION RATE

Expenditure/yearly budget	95%
---------------------------	-----

## PERSONNEL

Mobile staff	11
Resident staff (daily workers not included)	55

PROTECTION	Total
<b>CIVILIANS</b>	
<b>Restoring family links</b>	
RCMs collected	90
RCMs distributed	100
Phone calls facilitated between family members	3,314
Tracing cases closed positively (subject located or fate established)	172
People reunited with their families	17
<i>of whom unaccompanied minors/separated children</i>	<i>12</i>

ASSISTANCE		2018 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Food consumption	Beneficiaries	25,800	46,216
Income support	Beneficiaries	150	64
Living conditions	Beneficiaries	25,800	1,909
Capacity-building	Beneficiaries	9	

## CONTEXT

Egyptian government forces continued their campaign against armed groups in Sinai, which has been under a state of emergency since 2014; a large-scale military operation was launched in February, and fighting subsequently hampered people's access to basic goods and services. Arrests, displacement and casualties were reported; the safety of medical personnel was said to have come under threat. Security and other constraints prevented most humanitarian groups and international organizations from assisting the people affected.

Elsewhere in Egypt, attacks and bombings, and other violence, wounded or killed several dozens of people. Security forces stepped up their law enforcement operations in response.

Armed conflict and other situations of violence in neighbouring countries continued to have an impact on Egypt. Thousands of migrants, including asylum seekers and refugees, continued to pass through the country or remain there; unaccompanied minors – especially migrant girls – were at particular risk of abuse or exploitation, including sexual violence, and deaths along the migration route were not uncommon. There were reports of migrants being arrested for allegedly crossing into Egypt unlawfully.

Cairo, the capital, hosted the headquarters of the Arab Inter-parliamentary Union (AIPU) and the League of Arab States (LAS). Egypt had a non-permanent seat on the UN Security Council (2016–2017), and a seat with a three-year term (2016–2019) on the UN Human Rights Council.

## ICRC ACTION AND RESULTS

The ICRC worked to address humanitarian needs in Egypt, despite various constraints that limited its access to certain areas. It partnered with the Egyptian Red Crescent Society to assist people in need, especially in Sinai, which was accessible to the National Society.

Egyptians and migrants, including refugees and asylum seekers, used the Movement's family-links services to re-establish or maintain contact with relatives separated from them. The ICRC supported the National Society and local forensic institutions in developing their ability to manage human remains during emergencies. Unaccompanied minors, especially migrant girls and other particularly vulnerable children, met their basic needs and received psychosocial support through a partnership between the ICRC and St. Andrew's Refugee Services (StARS).

Despite security and other constraints which sometimes hampered the delivery of health services in Sinai, the ICRC backed Egyptian health-care providers and institutions in responding to emergencies and helped them become more capable of ensuring access to adequate and timely medical care. It conducted training sessions and other drills, for various first responders, on first aid and emergency care during mass-casualty incidents; it also provided support for

the National Society's emergency action teams. Hospital staff – such as military doctors and nurses – were able to expand their capacities in emergency-room trauma management and war surgery, through ICRC courses. At dissemination sessions and meetings, and during training, the ICRC reminded participants – military and security forces personnel, health-care staff and first responders – of the protection due to those seeking or providing medical care.

Military and security forces personnel advanced their understanding of IHL and other pertinent norms, and international policing standards, through ICRC information sessions and training. At courses in Egypt and elsewhere, organized or supported by the ICRC, senior military officers broadened their understanding of IHL provisions pertinent to their duties. The ICRC worked with the LAS to promote IHL implementation in Egypt and other Arab States. Government officials, including diplomats and judges, and academics learnt more about IHL and its implementation in domestic legislation at courses in Egypt and abroad. The ICRC also used these occasions to: inform relevant actors of its activities and role in situations of violence; broaden awareness of the potential contribution it could make in addressing the needs of migrants and detainees; and draw attention to issues of humanitarian concern.

The regional communication centre in Cairo supported the ICRC's efforts to promote IHL throughout the Arabic-speaking world, by producing printed and audiovisual materials and updating the ICRC's Arabic-language online platforms.

## CIVILIANS

The ICRC discussed a number of subjects with Egyptian authorities and weapon bearers: its role in situations of violence; how it could help them address the needs of violence-affected people, particularly those in Sinai; and respecting IHL and other relevant norms (see *Actors of influence*).

### People meet some of their basic needs with ICRC aid

Almost 44,320 people (8,000 households) affected by the situation in Sinai received ICRC aid, which was distributed by the Egyptian Red Crescent; they were given food parcels in January, as part of a relief distribution activity that was carried over from the previous year. Another round of these distributions was to have taken place by year's end; however, owing to various logistical obstacles, this was put off until the beginning of January 2019. The ICRC helped National Society staff develop their ability to conduct activities related to economic-security initiatives.

Unaccompanied minors – including migrant girls, new arrivals and other vulnerable minors – obtained assistance from StARS. On a monthly basis, 1,897 of them received both food parcels and hygiene kits; particularly vulnerable children – such as some male minors – also received one-off assistance, including blankets or sleeping bags. Beginning December, some unaccompanied youth were given support for obtaining post-natal care. Hundreds of unaccompanied minors obtained psychosocial support and additional information on the mental-health services available to them. StARS personnel

were not able to undergo on-the-job training to bolster their capacities in assisting unaccompanied minors; instead, the ICRC provided StARS with financial, material and technical support for carrying out the activities mentioned above.

StARS and the ICRC launched an initiative in September, through which unaccompanied youth over the age of 18 years were given financial and technical assistance to earn an income and become more self-sufficient. Five small business owners and five unaccompanied youth over the age of 18 (supporting a total of 10 households) underwent vocational training for running small businesses or pursuing other income-generating activities; another 15 unaccompanied youth over the age of 18, and five small business owners supporting 25 people, obtained cash for finding work through employment agencies or for enhancing their small businesses.

Three Egyptian nationals formerly detained at the US detention facility at Guantanamo Bay Naval Station in Cuba were given vouchers to help them, and their families, cover their essential needs.

#### **Members of families separated by migration or violence restore or maintain contact**

Egyptians, migrants – including refugees and asylum-seekers – and people with relatives detained abroad, used the Movement's family-links services to restore or maintain contact with relatives separated from them by violence, detention, migration or other circumstances. Migrants made 3,314 phone calls to family members overseas; 344 of these calls were made for the benefit of unaccompanied and separated minors. Ninety RCMs were collected and 100 were distributed, and 11 short oral messages were delivered. People continued to use tracing services to report that their relatives were missing or detained; some of these cases were followed-up with the relevant authorities. Together with StARS, the ICRC helped bolster the provision of family-links and tracing services at community centres, by equipping these with laptops and paying for internet services.

In December, the ICRC – together with the Egyptian Red Crescent and the Libyan Red Crescent, and in coordination with the pertinent authorities – helped repatriate 12 Egyptian minors from Libya, to reunite them with their families (see *Libya*). These minors were also given essential household items, to help ease their living conditions.

Migrants and other potential beneficiaries, and influential actors, broadened their awareness of the available family-links services through dissemination sessions, leaflets and other communication materials produced by the ICRC (see also *Actors of influence*). ICRC training helped National Society personnel to develop their capacities in providing family-links services.

#### **Emergency responders develop their ability to manage human remains**

The ICRC provided the authorities, local forensic institutions and first responders with material and technical support for the management and future identification of the remains of

people who died during migration or violence. It conducted briefings and workshops – on managing and identifying human remains – for forensic professionals from the Egyptian Forensic Medicine Authority (EFMA), Cairo University, the Military Medical Academy, the National Society and elsewhere; the ICRC sponsored some of them to attend training courses and other events on the topic abroad. It gave the EFMA a DNA amplification kit; the Egyptian Ambulance Organization (EAO) was given 150 body bags for use in the event of an emergency.

#### **PEOPLE DEPRIVED OF THEIR FREEDOM**

The ICRC continued to monitor detainees' situation through information collected from pertinent organizations and government agencies, as it did not have direct access to detainees. In its dialogue with the authorities, the ICRC endeavoured to build acceptance for its experience and expertise in detention-related work; this was done with a view to gaining access to places of detention in order to carry out humanitarian activities for detainees, and to potentially contributing to the authorities' efforts of ensuring that detainees' living conditions and treatment meet internationally recognized standards. Dialogue was maintained with pertinent stakeholders, such as the National Council for Human Rights, on the humanitarian situation in prisons and other related issues of concern.

During ICRC-organized training sessions on IHL and international human rights law, officials in the interior ministry were briefed on international law enforcement standards, such as those for arrests and detention (see also *Actors of influence*).

#### **WOUNDED AND SICK**

The ICRC continued to back first responders and local health institutions, including those working in Sinai and the surrounding governorates, in the provision of casualty care, from first aid to advanced hospital care; this helped to ensure that people injured during situations of violence received appropriate and timely medical care. Administrative obstacles prevented the ICRC from carrying out certain activities with the EAO: providing mental-health and psychosocial support, facilitating referrals for those in need of additional care, and helping to revise the EAO's guidelines and working procedures.

ICRC training helped health workers to further their understanding of the protection due to people seeking or providing medical care (see below); military and security forces personnel learnt more about this subject at ICRC briefings and other events (see *Actors of influence*).

#### **Emergency responders become more capable of providing first aid**

Egyptian health personnel – with ICRC support – continued to provide pre-hospital care to wounded people, particularly during mass-casualty incidents. Through ICRC sessions, over 500 first responders from the medical services of the Egyptian Armed Forces (EAF), the Military Medical Academy, the interior ministry and the National Society expanded their capacities in emergency response.

Doctors from the EAF's medical services – the main provider of health care in Sinai during the military operation in progress – learnt how to conduct first-aid courses through ICRC train-the-trainer sessions, and later trained soldiers in first aid; an ICRC mass-casualty drill, covering both pre-hospital and hospital care, was conducted for officers and military doctors and nurses. Instructors from the Military Medical Academy and police officers from the interior ministry attended ICRC courses in first aid.

The National Society – one of the only humanitarian organizations with access to people in need in Sinai – and the ICRC organized refresher courses in first aid for experienced volunteers, and conducted first-aid training for ten new National Society emergency action teams; participants also discussed the mental-health and psychosocial needs of violence-affected people, particularly those in Sinai, and how to address these. The ICRC donated wound-dressing kits to the National Society for use in emergencies.

### **Medical professionals reinforce their skills through ICRC courses**

Hospital staff – with ICRC support – provided good-quality emergency-room and surgical care to people injured during situations of violence.

ICRC courses enabled 39 military doctors and nurses from the EAF's medical services, and 24 doctors from the interior ministry, to advance their knowledge in emergency-room trauma care; 10 instructors at the Military Medical Academy attended an ICRC train-the-trainer course on the subject. Twenty-six doctors attended a course in war surgery organized by the ICRC in coordination with the interior ministry's medical services.

At the Military Medical Academy, 21 surgeons, including two from South Sudan and two from Tanzania, learnt more about war surgery through an ICRC module implemented together with the EAF's medical services; information sessions promoted the module to 168 cadets.

## **ACTORS OF INFLUENCE**

Government officials, State weapon bearers and other pertinent actors familiarized themselves with the Movement's neutral, impartial and independent action at ICRC events – at which the ICRC clarified its role in situations of violence; described the added value of its work, including the Movement's family-links and tracing services; and helped stakeholders to identify areas of common interest.

The ICRC discussed with the authorities the ways in which it could help them address the needs of detainees, migrants and violence-affected people. Together with the National Society, it established a dialogue with the EAF and the foreign ministry on a consolidated, principled humanitarian response by the ICRC and the National Society to the situation in Sinai (see *Red Cross and Red Crescent Movement*).

### **Weapon bearers learn more about standards applicable to their duties**

Armed forces and security forces personnel furthered their understanding of IHL and other relevant norms, particularly those applicable to the conduct of hostilities and the use of force, at ICRC training sessions, some of which were held at regional military command centres. The ICRC conducted three IHL training sessions in Egypt for Libyan military officers (see *Libya*).

Aided by the ICRC, the EAF incorporated IHL more fully in its training. Military instructors enhanced their ability to teach IHL at train-the-trainer courses. The military also included IHL principles in its teaching guidelines, and military training centres received IHL manuals, which helped the EAF to further integrate IHL into its doctrine and training. The ICRC sponsored senior military officers to attend advanced IHL courses in San Remo, Italy, and in the United Arab Emirates (see *International law and policy*).

The ICRC and the interior ministry continued to discuss incorporating international policing standards in the security forces' doctrine, training and operations, through courses for officers on the interplay between IHL and international human rights law.

### **Authorities and legal experts discuss IHL implementation**

The ICRC continued to work with the LAS to promote IHL and its implementation among Arab States. In September, IHL experts from LAS Member States attended a regional meeting in Egypt – organized by the ICRC with the LAS and the national IHL committee – and discussed best practices in IHL implementation. They also discussed other pressing issues – ascertaining the fate of missing people and addressing their families' needs, and safeguarding the provision of medical care – and the ICRC's work in the region. The ICRC sponsored representatives from LAS Member States, including military personnel, to attend IHL training in Egypt. At a regional train-the-trainer's course held in Rabat (see *Morocco*), organized by the LAS and the ICRC, influential Egyptian stakeholders learnt about teaching IHL.

The national IHL committee and the ICRC continued to provide the Egyptian authorities with expert assistance in implementing IHL.

### **Key members of civil society strengthen their grasp of IHL**

The ICRC drew on Egypt's regional influence to spread knowledge of IHL and promote respect for it in the Arabophone world. It produced written and audiovisual materials in Arabic, which it posted on its website and disseminated through social media; it also organized events to mark World Red Cross and Red Crescent Day (8 May). With ICRC support, the National Society conducted a workshop for media representatives – who have a long reach in the country – on accurate and impartial reporting during times of armed conflict and situations of violence; its staff also strengthened its capacities in public communication through ICRC training.



The ICRC sponsored judges and professors to attend regional IHL courses in Beirut (see *Lebanon*) and Tunis (see *Tunis*). Students and professors from eight universities participated in a national moot court competition. The ICRC maintained its dialogue with Islamic scholars, including academics from Al-Azhar University, on the points of correspondence between IHL and Islamic jurisprudence.

## RED CROSS AND RED CRESCENT MOVEMENT

The ICRC worked closely with the National Society in responding to the immediate needs of violence-affected people (see *Civilians*). Following the National Society's distribution of ICRC aid to people affected in Sinai, the ICRC organised a workshop with its volunteers to further assess these people's needs. The National Society and the ICRC then agreed on a set of short and mid-term activities for responding to the needs in Sinai, and engaged in dialogue on this with the pertinent authorities (see *Actors of influence*).

ICRC training helped the National Society build its operational capacities; it also sponsored National Society personnel to attend courses abroad, particularly in human-remains management and first aid (see *Civilians*, *Wounded and sick* and *Actors of influence*). The ICRC delegation in Egypt donated wound-dressing kits to the Palestine Red Crescent Society amid the deteriorating situation in the Gaza Strip (see *Israel and the Occupied Territories*).

Whenever possible, the ICRC worked with other Movement partners and coordinated its activities with those of other organizations.

## MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
<b>RCMs and other means of family contact</b>		<b>UAMs/SC</b>		
RCMs collected	90			
RCMs distributed	100			
Phone calls facilitated between family members	3,314			
Names published in the media	19			
<b>Reunifications, transfers and repatriations</b>				
People reunited with their families	17			
<i>including people registered by another delegation</i>	12			
<b>Tracing requests, including cases of missing persons</b>		<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered	539	142	113	100
<i>including people for whom tracing requests were registered by another delegation</i>	6			
Tracing cases closed positively (subject located or fate established)	172			
<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)	1,023	232	173	203
<i>including people for whom tracing requests were registered by another delegation</i>	48			
<b>Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers</b>		<b>Girls</b>		<b>Demobilized children</b>
UAMs/SC reunited with their families by the ICRC/National Society	12	7		
<i>including UAMs/SC registered by another delegation</i>	12			
<b>Documents</b>				
People to whom travel documents were issued	262			

## MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
<b>Economic security</b>				
Food consumption	Beneficiaries	46,216	17,727	12,977
	<i>of whom IDPs</i>	44,319	17,727	11,080
Income support	Beneficiaries	64	38	9
Living conditions	Beneficiaries	1,909		1,909
<b>WOUNDED AND SICK</b>				
<b>First aid</b>				
First-aid training				
	Sessions	22		
	Participants (aggregated monthly data)	545		



# IRAN, ISLAMIC REPUBLIC OF

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

## YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

**HIGH**

## KEY RESULTS/CONSTRAINTS IN 2018

- Iranian and Iraqi authorities, with ICRC support, recovered the remains of people missing in relation to past conflict. Training for social workers assisting missing people's families was suspended owing to various challenges.
- Hundreds of thousands of vulnerable people learnt how to protect themselves around mines and explosive remnants of war, through awareness-raising activities supported by the ICRC.
- Vulnerable migrants, and residents, in Mashhad received health-care services, including physical rehabilitation and psychosocial support, through an ICRC-supported project run by a local NGO and the National Society.
- Afghan migrants learnt about preventing loss of family contact along the migratory route – and getting back in touch with relatives, when necessary – after tracing and other family-links services were extended to Mashhad.
- The ICRC president's visits to the country reinforced dialogue with the authorities on IHL and humanitarian issues related to conflicts in the region.

## EXPENDITURE IN KCHF

Protection	1,562
Assistance	1,244
Prevention	1,649
Cooperation with National Societies	457
General	89
<b>Total</b>	<b>5,000</b>
<i>Of which: Overheads</i>	<i>305</i>

## IMPLEMENTATION RATE

Expenditure/yearly budget	84%
---------------------------	-----

## PERSONNEL

Mobile staff	6
Resident staff (daily workers not included)	44



PROTECTION	Total
<b>CIVILIANS</b>	
<b>Restoring family links</b>	
RCMs collected	137
RCMs distributed	146
Phone calls facilitated between family members	6
Tracing cases closed positively (subject located or fate established)	62
People reunited with their families	1
<i>of whom unaccompanied minors/separated children</i>	<i>1</i>

ASSISTANCE		2018 Targets (up to)	Achieved
CIVILIANS			
Health			
Health centres supported	Structures	2	1
WOUNDED AND SICK			
Physical rehabilitation			
Projects supported	Projects		1
People benefiting from ICRC-supported projects	Aggregated monthly data		199

## CONTEXT

Thousands of families in the Islamic Republic of Iran remained without news of relatives missing in connection with the 1980–1988 Iran–Iraq war. People in provinces bordering Iraq continued to be at risk from mines and explosive remnants of war (ERW), despite the mine-clearance operations being undertaken by local actors.

According to UNHCR estimates, there were around 3 million migrants, including refugees, in the Islamic Republic of Iran. Some of them were passing through the country, usually on their way to Europe; and some others – risking injury or death from mines and ERW – attempted to return to Afghanistan. Most of them were irregular migrants, and therefore had little or no access to basic services, which was a major concern for Afghans settled in the suburbs of the north-eastern city of Mashhad.

Many people were unable to contact relatives from whom they had become separated as a result of armed conflict or other situations of violence, migration, detention or other circumstances.

The Islamic Republic of Iran closely followed security-related developments and the humanitarian situation in the region and beyond, especially in Afghanistan, Iraq, Pakistan, the Syrian Arab Republic, and Yemen.

Situated in one of the world's most active seismic belts, the Islamic Republic of Iran continued to be prone to earthquakes.

## ICRC ACTION AND RESULTS

The ICRC continued to work closely with the Red Crescent Society of the Islamic Republic of Iran, particularly in such areas as: restoring family-links; making health-care services available for vulnerable people; raising mine-risk awareness; and promoting IHL and humanitarian principles. The National Society benefited from capacity-building support from the ICRC – for instance, to develop its emergency response capacities; it signed a new partnership agreement with the ICRC in March.

Engagement with the Iranian authorities, on IHL and on the ICRC's neutral, impartial and independent humanitarian action, was sustained: the ICRC sought the authorities' cooperation in addressing issues of humanitarian concern in the region, particularly in countries where the Islamic Republic of Iran was influential. This was reinforced by two visits to the country – in March and October – by the ICRC's president. Dialogue on the points of correspondence between Islamic jurisprudence and IHL remained at a standstill, owing to the closure in late 2017 of the Centre for Comparative Studies on Islam and IHL in Qom (Qom Centre). Nevertheless, the ICRC continued to foster awareness of IHL among academics and other members of civil society – for example, by sponsoring their participation in seminars, conferences and moot court competitions within the country and elsewhere.

The ICRC maintained its support for the Iranian and Iraqi governments in ascertaining the fate of people missing in connection with the 1980–1988 Iran–Iraq war; it chaired both the tripartite committee on missing persons and the committee's joint working group. The working group's efforts led to the recovery of hundreds of sets of remains; the ICRC served as a neutral intermediary in the handover of remains from one country to the other. Forensic experts from the two countries and the ICRC discussed various issues related to retrieving and identifying human remains; the experts also agreed to exchange working procedures. Local forensic actors benefited from the ICRC's expertise.

With ICRC support, the National Society and local actors such as the Iranian Mine Action Centre (IRMAC) and the State Welfare Organization (SWO) broadened awareness of the dangers posed by mines and ERW; these parties also agreed to establish a national secretariat for mine-risk education. Vulnerable people living in or passing through weapon-contaminated areas – Iranian residents of western provinces and Afghan migrants returning home – learnt safe practices in the vicinity of mines and ERW. IRMAC, which coordinated mine action in the country, continued to develop its capacities with the ICRC's help. However, the authorities suspended the SWO's year-old partnership with the ICRC.

Because of various logistical obstacles, the ICRC also suspended psychosocial support and training for social workers at the Foundation for Martyrs and Veterans Affairs (Martyrs Foundation).

The Movement's family-links services enabled migrants in the country – particularly Afghans – to restore contact with their families, and Iranians to do so with relatives detained abroad. The ICRC maintained technical and financial support for a project in Mashhad that was run jointly by the Society for Recovery Support (SRS) and the National Society. Through this project, thousands of migrants, and some vulnerable residents, obtained health-care services – including physical rehabilitation and psychosocial and harm-reduction support – and learnt how to maintain good hygiene and safeguard their health.

The National Society and the ICRC organized a training course – in handling mass-casualty situations – for health workers and humanitarian personnel. With the ICRC's help, National Society personnel learnt more about the goals of the Health Care in Danger initiative.

## CIVILIANS

### Joint Iranian–Iraqi efforts lead to the recovery and transfer of missing people's remains

The Iranian and Iraqi governments sustained their joint efforts to clarify the fate of people missing in connection with the 1980–1988 Iran–Iraq war. As per agreements concluded with these governments, the ICRC continued to chair both the tripartite committee on missing persons, which tackled broader, structural issues, and its joint working group, which dealt with forensics and other technical matters. At a meeting in July, forensic experts from the two countries and the ICRC

discussed issues related to retrieving and identifying human remains; the experts agreed to exchange working procedures, with a view to building up each other's forensic capacities.

The working group facilitated excavations of human remains in southern Iraq and the Iraqi Kurdistan region. The ICRC acted as a neutral intermediary in transferring the remains of 383 people to the Iranian authorities (see *Iraq*), and those of 78 people, exhumed from Iranian sites, to the Iraqi authorities.

The ICRC continued to offer technical support to local forensic personnel for managing human remains in line with best practices and internationally accepted standards for data protection. The Search and Recovery Committee, the Iranian institution in charge of exhumations on Iraqi soil, was given expert advice on the use of mechanical excavators. To improve genetic analysis – for forensic identification – at a local research facility, the ICRC shared recommendations drawn from a study it had commissioned on the procedures followed by the facility; it also provided the facility with reference materials on human remains management. A member of the facility's staff attended a meeting organized by the ICRC in March and exchanged best practices in forensic medicine with regional counterparts (see *Kuwait*); logistical constraints prevented a forensic expert from the Legal Medicine Organization from attending this meeting. Family-links focal points from the National Society learnt more about managing human remains at a training session facilitated by the ICRC.

Dialogue with the Iranian authorities on the necessity of clarifying the fate of missing people, and on preventing disappearances – including of migrants – continued; the ICRC shared a concept note on these subjects with the authorities. The National Society and the ICRC marked the 30th anniversary of the end of the Iran–Iraq war with an art exhibition in October that also commemorated the repatriation of POWs from that war.

The National Society and the ICRC had previously provided support – through train-the-trainer initiatives – to social workers at the Martyrs Foundation, which ran psychosocial support services for missing people's families. However, this was suspended until further notice because of various logistical impediments.

### **Migrants and other vulnerable people reconnect with their families**

Migrants from Afghanistan and other countries who were staying in or passing through the Islamic Republic of Iran restored or maintained contact with relatives through RCMs and other family-links services provided by the National Society and the ICRC. Roughly 60 tracing cases were resolved, some of them through the ICRC's "Trace the Face" service (see *Paris*). With ICRC support, an Afghan child was reunited with relatives abroad.

Family-links services – particularly tracing – were also extended to vulnerable Afghan migrants living in the suburbs of Mashhad. Together with the National Society and the SRS, a local NGO, the ICRC helped more than 700 Afghan migrants

learn how to prevent loss of family contact along the migratory route; at information sessions facilitated by the ICRC, they also learnt about the family-links services available to them. National Society and SRS personnel were trained by the ICRC to provide family-links services, particularly during emergencies associated with disasters or migration.

Iranians detained abroad, including at the US detention facility at Guantanamo Bay Naval Station in Cuba, connected with their relatives at home through family-links services such as RCMs and ICRC-facilitated video calls. No notifications or repatriations of Iranians detained or stranded abroad took place during the reporting period.

### **Vulnerable residents and Afghan migrants in Mashhad meet their health-care needs**

An ICRC-supported project run by the National Society and the SRS enabled thousands of Afghan migrants and some vulnerable Iranians in Mashhad to obtain health-care services at an SRS clinic and through home visits. Some 7,700 community members benefited from curative consultations with a general practitioner, and at least 2,400 people were immunized. Around 4,400 people were referred for specialized diagnosis and care, including at a National Society-run centre where 199 people<sup>1</sup> received physical-rehabilitation services.

Through information sessions and training organized by the National Society and the ICRC, thousands of people, including women and children, learnt more about: good hygiene, nutrition and health practices; practical life skills; maternal-health care; prevention of HIV and hepatitis; and mental health.

Hundreds of vulnerable community members obtained psychosocial support – for instance, through consultations with ICRC-supported psychologists – or other services to mitigate the consequences of drug use or violence; some women obtained these services through an SRS-run shelter set up to help address their specific vulnerabilities. Those in need of social assistance were referred to the pertinent NGOs.

### **People learn to protect themselves against mines and ERW**

Over 385,000 residents and migrants learnt to protect themselves against mines and ERW at dissemination sessions conducted by the National Society with ICRC technical, financial and material support. At an ICRC workshop, National Society personnel finalized the first draft of their guidelines for conducting mine-risk education activities. IRMAC produced a series of animated educational videos on the hazardousness of mines and ERW; the ICRC provided funding. Senior National Society officials attended an ICRC workshop to learn how to mount an effective response to emergencies created by the use of chemical, biological, radiological or nuclear weapons or agents.

IRMAC – which coordinated all activities related to mine action – continued to develop its capacities with the ICRC's help. Staff involved in humanitarian demining were given first-aid training and personal protective equipment. IRMAC experts learnt more

1. Beneficiary figures for physical rehabilitation projects are derived from aggregated monthly data, including repeat beneficiaries.

about IHL – particularly legal instruments concerning the use of weapons – at an ICRC workshop. The National Society, IRMAC and the SWO met jointly with the ICRC twice, after which all three agreed to establish a national secretariat for mine-risk education.

The SWO and the ICRC signed a memorandum of understanding in March 2017 to carry out activities to prevent mine- and ERW-related injuries or deaths. They cooperated successfully for a year, after which the authorities suspended the partnership until further notice.

## WOUNDED AND SICK

### Health professionals

#### build their emergency response capacities

Health professionals and humanitarian workers from four countries attended a Health Emergencies in Large Populations (HELP) course organized by a local university, the National Society and the ICRC, at which they also learnt about the Health Care in Danger initiative. Moreover, at a regional conference organized by the International Committee of Military Medicine in Tehran, the ICRC discussed such matters as war surgery, and the protection due to people seeking or delivering medical services, with participants.

Four National Society personnel broadened their understanding of the goals of the Health Care in Danger initiative during ICRC-facilitated meetings and workshops abroad; plans to organize an event with the National Society on this subject did not materialize yet.

The National Society and the ICRC signed a new partnership agreement, which included physical rehabilitation among the areas of cooperation (see *Red Cross and Red Crescent Movement*). The National Society was given expert advice for developing programmes and policies aimed at fostering the socio-economic inclusion of physically disabled people. Because of various logistical obstacles, a physical-rehabilitation course for National Society staff was postponed to 2019.

## ACTORS OF INFLUENCE

### Authorities and journalists discuss IHL and issues of humanitarian concern

The ICRC continued to engage the Iranian authorities, academics and members of civil society in dialogue. They discussed the ICRC's activities and its neutral, impartial and independent approach, and IHL-related issues, especially in relation to ongoing conflicts in the region. This dialogue was reinforced by the ICRC president's two visits to the country. At the 13th Session of the Parliamentary Union of the OIC (Organization of Islamic Cooperation) Member States, held in Tehran in January, the ICRC delivered a statement that emphasized the necessity of preventing violence against health-care workers and ensuring the safety of people seeking or providing health care during armed conflict.

Around 40 government officials from Afghanistan, Bangladesh, Bhutan, India, the Islamic Republic of Iran, the Maldives, Nepal, Pakistan and Sri Lanka exchanged ideas about the applicability of IHL to new weapon technologies at a regional conference organized by the Iranian government and the ICRC in Tehran. National Society staff and volunteers strengthened their grasp of IHL principles and the Movement at two workshops organized by the National Society and the national IHL committee, with ICRC technical and financial support. The ICRC sponsored a foreign ministry official to attend a workshop on humanitarian access in armed conflicts (see *Jakarta*).

Contact with members of the Iranian media was reinforced, with a view to improving coverage of humanitarian issues and the ICRC's activities in key contexts. The authorities, academics and the general public broadened their awareness of these matters through news releases, ICRC multimedia materials, and books and other publications, some of which were translated into Farsi; the ICRC's Farsi-language website was launched at year's end.

National Society staff members built up their capacities in public communication at an ICRC workshop; two senior National Society officials, sponsored by the ICRC, attended a regional Movement communication meeting in Lebanon. A workshop on community engagement for the SRS was postponed to 2019, because of logistical impediments.

No events on the points of correspondence between Islam and IHL took place in the country, as the ICRC-supported Qom Centre had been closed since the end of 2017.

### Authorities and academics strengthen their grasp of IHL

The ICRC met with the national IHL committee on several occasions and provided its members with advice to help it advance the domestic implementation of IHL. ICRC support enabled Iranian academics and foreign ministry officials to attend seminars held abroad (see *New Delhi* and *Sri Lanka*) and broaden their understanding of IHL.

University students tested their grasp of IHL at the Jean Pictet Competition on IHL (see *Balkans*) and other moot court competitions held within the country and elsewhere (see, for example, *Beijing*). One such competition was hosted by the national IHL committee and the ICRC in Tehran; ten teams – from India, the Islamic Republic of Iran, Nepal, Pakistan and Sri Lanka – took part.

## RED CROSS AND RED CRESCENT MOVEMENT

The Red Crescent Society of the Islamic Republic of Iran and the ICRC signed a new partnership agreement that covered a number of areas: physical rehabilitation; IHL promotion; family-links services; migration; public communication; mine action; and health, including the Health Care in Danger initiative. Activities were conducted jointly throughout the year (see *Civilians* and *Actors of influence*). National Society personnel built their capacities in the areas mentioned above, and developed their ability to work in accordance with the Safer Access Framework, through ICRC training in the country or elsewhere.

The National Society and the ICRC provided health-care services to migrants and vulnerable residents in Mashhad through a joint project with the SRS (see *Civilians*); the tripartite project agreement was renewed in 2018.

The ICRC also facilitated the delivery of ten ambulances – a donation from the National Society – to the Palestine Red Crescent Society in the Gaza Strip.

## MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
<b>RCMs and other means of family contact</b>		<b>UAMs/SC</b>		
RCMs collected	137			
RCMs distributed	146			
Phone calls facilitated between family members	6			
Names published in the media	8			
<b>Reunifications, transfers and repatriations</b>				
People reunited with their families	1			
Human remains transferred or repatriated	78			
<b>Tracing requests, including cases of missing persons</b>		<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered	170	30	34	43
<i>including people for whom tracing requests were registered by another delegation</i>	11			
Tracing cases closed positively (subject located or fate established)	62			
<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)	499	99	119	118
<i>including people for whom tracing requests were registered by another delegation</i>	17			
<b>Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers</b>		<b>Girls</b>		<b>Demobilized children</b>
UAMs/SC newly registered by the ICRC/National Society	4	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	12	6		
<b>Documents</b>				
People to whom official documents were delivered across borders/front lines	1			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>RCMs and other means of family contact</b>				
People to whom a detention attestation was issued	298			

## MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
<b>Health</b>				
Health centres supported	Structures	1		
Average catchment population		270,000		
Consultations		7,715		
<i>of which curative</i>		7,715	4,658	790
Immunizations	Patients	2,470		
Referrals to a second level of care	Patients	4,399		
<i>of whom gynaecological/obstetric cases</i>		161		
<b>WOUNDED AND SICK</b>				
<b>Physical rehabilitation</b>				
Projects supported	Projects	1		
People benefiting from ICRC-supported projects	Aggregated monthly data	199	42	96
<i>of whom beneficiaries of physical rehabilitation services</i>		199	42	96
New patients fitted with prostheses	Patients	5	1	
Prostheses delivered	Units	6	1	
<i>of which for victims of mines or explosive remnants of war</i>		1		
New patients fitted with orthoses	Patients	50	10	27
Orthoses delivered	Units	50	10	27
Patients receiving physiotherapy	Patients	73	13	47
Walking aids delivered	Units	35	12	3
Wheelchairs or tricycles delivered	Units	48	18	5



# IRAQ

The ICRC has been present in Iraq since the outbreak of the Iran–Iraq war in 1980. It engages the relevant parties in dialogue on the protection due to civilians, monitors the treatment and living conditions of detainees in the country, and works to ascertain the fate of missing persons. It also helps IDPs, returnees and residents meet their basic needs during emergencies and/or restore their livelihoods; supports physical rehabilitation, primary health care and hospital services; and repairs water, health and prison infrastructure. It seeks to promote compliance with IHL 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

## KEY RESULTS/CONSTRAINTS IN 2018

- Parties to conflict were urged by the ICRC to fulfil their obligations under IHL and other applicable norms, particularly to protect civilians, and address the concerns of IDPs and returnees. Contact with certain armed groups was limited.
- Weapon bearers and community leaders facilitated the ICRC's access to vulnerable people, the result partly of dialogue and IHL training. Administrative or security constraints, however, impeded a few of the ICRC's activities.
- Newly displaced people and recent returnees received ICRC emergency aid; the ICRC's efforts made water and health care available to a large number of people, and helped vulnerable households towards economic stability.
- Physical rehabilitation was within the reach of disabled people after the ICRC built a new centre in Mosul and helped get it operational; it supported 14 other State- or NGO-run centres and continued to manage a centre in Erbil.
- Unaccompanied foreign children contacted their relatives through ICRC family-links services. The authorities worked on boosting their capacity to manage human remains, with ICRC technical and material assistance.
- Aided by the ICRC, penitentiary authorities sustained pilot projects for promoting medical ethics and managed health emergencies; malnourished women and children received ICRC-provided nutritional supplements.

## EXPENDITURE IN KCHF

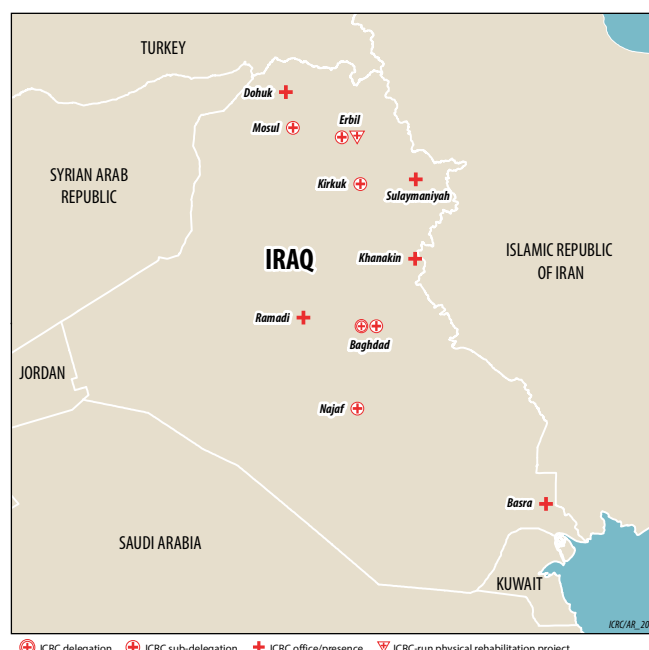
Protection	22,740
Assistance	86,203
Prevention	7,358
Cooperation with National Societies	2,645
General	527
<b>Total</b>	<b>119,473</b>
<i>Of which: Overheads</i>	<i>7,251</i>

## IMPLEMENTATION RATE

Expenditure/yearly budget	91%
---------------------------	-----

## PERSONNEL

Mobile staff	153
Resident staff (daily workers not included)	1,009



## PROTECTION

Total

### CIVILIANS

#### Restoring family links

RCMs collected	1,647
RCMs distributed	3,006
Phone calls facilitated between family members	229
Tracing cases closed positively (subject located or fate established)	1,058

### PEOPLE DEPRIVED OF THEIR FREEDOM

#### ICRC visits

Places of detention visited	91
Detainees in places of detention visited	54,284
<i>of whom visited and monitored individually</i>	2,581
Visits carried out	312

#### Restoring family links

RCMs collected	5,806
RCMs distributed	2,441
Phone calls made to families to inform them of the whereabouts of a detained relative	22,973

## ASSISTANCE

2018 Targets (up to)

Achieved

### CIVILIANS

#### Economic security

Food consumption	Beneficiaries	210,000	347,340
Food production	Beneficiaries	78,000	81,113
Income support <sup>1</sup>	Beneficiaries	115,213	124,476
Living conditions	Beneficiaries	150,000	275,340
Capacity-building	Beneficiaries	350	71

#### Water and habitat

Water and habitat activities	Beneficiaries	1,468,300	3,403,975
------------------------------	---------------	-----------	-----------

#### Health

Health centres supported	Structures	22	28
--------------------------	------------	----	----

### WOUNDED AND SICK

#### Medical care

Hospitals supported	Structures	3	26
---------------------	------------	---	----

#### Physical rehabilitation

Projects supported	Projects	15	16
People benefiting from ICRC-supported projects	Aggregated monthly data	36,000	39,418

#### Water and habitat

Water and habitat activities	Beds	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.

## CONTEXT

The conflict between government forces and various armed groups continued. Forces of the central government, including “popular mobilization units”, and those of the government of the Iraqi Kurdistan region (IKR) – backed by an international coalition – mounted small-scale operations against remnants of the Islamic State group; they concluded their main offensive against the group in 2017. Hundreds of people, including civilians, were wounded or killed; violations of IHL were reported. Numerous arrests were made in connection with the fighting.

Millions of people displaced by conflict within Iraq reportedly returned home. Some 2 million IDPs, displaced when the conflict began, remained unable to do so, partly because of violence linked to ethnic and sectarian tensions in their places of origin. Others were reportedly forced to return home. Recent returnees and people displaced by small-scale fighting – in some cases, repeatedly – were dependent on humanitarian aid. Security conditions improved in some areas, but access to water, basic services and sources of livelihood was limited by other factors, such as the extensive damage caused by large-scale fighting to basic infrastructure, local markets and agricultural land. Mines and explosive remnants of war (ERW) continued to threaten public safety.

The conflict’s effects were compounded by other violence. Mass protests against unemployment and lack of public services, mainly in southern Iraq, took a violent turn; and tensions rose in northern Iraq, along the border with Turkey.

Some refugees, including people from the Syrian Arab Republic, were still in the IKR.

## ICRC ACTION AND RESULTS

The ICRC focused on helping people recover from the effects of large-scale fighting in 2017, while continuing to respond to their emergency needs. It coordinated its efforts with central and IKR authorities; contact with certain armed groups, however, remained limited. Together with other Movement components, the ICRC provided support for the Iraqi Red Crescent Society; whenever possible, the ICRC conducted activities jointly with it.

During its interaction with them, the ICRC urged parties to conflict to fulfil their obligations under IHL and other applicable norms, particularly to protect civilians. Whenever possible, it made representations to them on specific issues, such as access to education and health care, and the concerns of IDPs and returnees. ICRC training helped to promote respect for IHL among front-line troops and commanders. The ICRC also gave the national authorities expert advice on IHL-related matters and on tackling humanitarian issues such as the plight of missing people’s families. The ICRC met with authorities, weapon bearers, community leaders and members of civil society to explain its mandate and activities to them. All these efforts enabled the ICRC to reach vulnerable people, but administrative constraints or uncertain security conditions in some areas impeded the implementation of some of its activities.

Conflict-affected people, mostly returnees and IDPs, received food and household essentials. The ICRC carried out infra-structural projects to make water and basic services available to them and to residents in violence-prone or underserved areas. It provided material, financial and technical assistance for primary-health-care centres that were serving conflict-affected communities. Where security conditions were relatively stable, and markets functioning, the ICRC gave vulnerable households cash and other assistance, for supplementing their income or producing food; in conflict-affected areas, it sought to help people mitigate the threat to their safety from mines/ERW. Most of these efforts benefited more people than envisaged.

The ICRC continued to ensure the availability of life-saving treatment throughout the casualty care chain. It focused on helping emergency responders to teach others first aid and referred injured or wounded people to hospitals. It maintained its regular support for two hospitals in violence-prone areas and its ad hoc donations of supplies to other hospitals during emergencies. It sought to make physical rehabilitation services more widely available in Iraq. The ICRC built a new centre in Mosul and helped get it operational, and continued to manage a centre in Erbil and support State- or NGO-run centres. It also conducted outreach activities in areas without physical rehabilitation services.

The ICRC visited detainees throughout Iraq, including people held in relation to the conflict, and assessed their situation. It helped the authorities improve detainees’ treatment and living conditions – for example, by tackling cases of severe malnutrition and other emergencies in prisons, sustaining pilot health projects, and enabling detainees, particularly foreigners, to contact their relatives.

Members of dispersed families – especially unaccompanied children – reconnected through ICRC family-links services. The ICRC, acting as a neutral intermediary, continued to support the authorities involved in ascertaining the fate of people missing in connection with past international armed conflicts. To help the authorities prevent disappearances, it expanded its material assistance and training for institutions and people involved in managing human remains, including in Mosul.

## CIVILIANS

The ICRC urged authorities at all levels and weapon bearers – those with whom it had contact – to fulfil their obligations under IHL and other applicable norms to protect civilians and ensure their safe access to basic services and humanitarian aid. It made representations to them based on documented instances of obstructed access to health care or education, restriction of IDPs’ movements and threats to the safety of returnees; it also monitored incidents of sexual violence in IDP camps. Some of these efforts helped students and patients to gain access to facilities previously occupied by weapon bearers.

Interaction with the authorities, weapon bearers and community leaders – and various public-communication initiatives – helped to raise awareness of the ICRC’s work and facilitate its



access to vulnerable people (see *Actors of influence*). The ICRC launched a communication campaign to broaden respect for health services in Iraq.

### **Recent returnees and newly displaced people receive emergency aid**

The ICRC provided emergency aid to recent returnees, newly displaced people and some residents in host communities. This benefited more people than planned because the ICRC made additional distributions of such aid to help fill gaps in assistance at IDP camps, and – in conjunction with the Iraqi Red Crescent Society – to assist flood-affected people. In all, 57,890 households (347,340 people) received one-off or repeated distributions of food. Cooking utensils, blankets, hygiene kits and household essentials were given to around 45,890 households (275,340 people) – including flood-affected people – which helped them improve their living conditions and keep warm; solar lamps enabled 3,386 of these households (20,316 people) to have light at night. ICRC workshops helped 45 government workers and some National Society personnel to develop their needs-assessment and emergency response capacities.

### **Vulnerable households cover their basic expenses**

Where security conditions were relatively stable, and markets functioning, the ICRC helped vulnerable households build their resilience to the conflict's effects. More people than planned benefited from the following activities, despite administrative obstacles to implementing some of them.

Over 20,800 households (nearly 124,500 people) supplemented their income with cash or through training from the ICRC. The ICRC helped 19,947 returnee or long-displaced households (119,683 people) to meet their basic expenses: rent, utilities and school fees, for instance; missing people's families and some refugees were among those who benefited. A total of 836 breadwinners (supporting 4,619 others) – who were women and/or disabled, relatives of missing people, and ICRC-sponsored graduates of vocational courses – started small businesses. Budgetary constraints limited State assistance for women: only 40 breadwinners (supporting 160 people) registered for it with ICRC-provided cash. Some livestock herders benefited from the animal vaccination services from an ICRC-backed veterinary clinic.

Around 13,100 farming and other households (supporting 81,100 people) produced food. Many of them cultivated their fields by paying for ploughing services and agricultural supplies with ICRC-provided cash, and/or used irrigation canals cleaned by the ICRC itself or through its cash-for-work projects.

ICRC-supported training centres provided vocational courses; 26 young jobseekers attended these courses – a smaller number than envisaged, and mainly because the lack of available jobs deterred other people's attendance.

### **Millions of people gain access to clean water**

Owing to the ICRC's activities, coordinated with the authorities, approximately 3.4 million people in all had access to potable water and other basic services in places where large-scale fighting had occurred or in underserved areas. Roughly

2 million people – mostly residents of Mosul and other densely populated urban areas – benefited from renovations to water systems. Upgrades to water-treatment facilities, including those in universities, and donations of supplies aided some 1 million returnees and others in these areas. Around 400,000 returnees, IDPs and residents benefited from the ICRC's emergency repairs to water and other facilities; well-lit facilities protected IDPs from the risk of sexual violence. About 1,700 returnee and displaced children resumed their studies, at recently renovated schools. The ICRC provided training, and repaired a training centre's facilities, enabling 520 technicians to develop their ability to operate and maintain water infrastructure. All in all, these efforts benefited more people than planned, because many were carried out in areas where populations were larger than expected.

Residents, returnees and IDPs received good-quality care at 24 primary-health-care centres receiving ICRC support: medical supplies and equipment, financial incentives and training for staff, and infrastructural repairs. The ICRC covered a certain number of staff salaries at selected centres in Mosul. Four of these centres regularly received fuel for generators. ICRC training helped some health workers to treat patients who were emotionally distressed or chronically ill. Four other centres received ad hoc donations of supplies; because large-scale fighting had ended, fewer centres than in 2017 requested for such support.

The ICRC briefed security forces personnel, journalists and other people on protecting themselves from mines/ERW. It surveyed and helped clear weapon-contaminated areas before implementing its assistance activities in those areas. The authorities were given mine-clearance gear and informational materials for conducting mine-risk education sessions.

### **Unaccompanied children reconnect with relatives**

Members of dispersed families – including IDPs and foreigners – reconnected through the Movement's family-links services. They included people whose relatives had gone missing in connection with recent fighting, or had been arrested and detained (see *People deprived of their freedom*). A total of 1,058 tracing cases were resolved. Unaccompanied children in orphanages made video calls to relatives who were detained or living abroad. The agencies concerned repatriated many of these children; the ICRC issued travel documents for the children or explained the process to them. Missing people's families discussed their needs with the ICRC, which evaluated existing legislation for assisting these families (see *Actors of influence*); the ICRC provided income support for some of these families (see above).

### **The authorities bolster their capacity to manage human remains**

The ICRC served as a neutral intermediary between the parties involved in resolving missing-persons cases linked to the 1980–1988 Iran–Iraq war and the 1990–1991 Gulf War. It chaired the tripartite committees and their supporting mechanisms that led the effort to resolve missing-persons cases, and lent them its forensic expertise. With regard to the Iran–Iraq war, a working group led by the ICRC undertook excavations in southern Iraq and in the IKR; afterwards, under ICRC auspices,

the remains of 383 people were handed over to the Iranian authorities, and those of 78 people, to the Iraqi authorities (see *Iran, Islamic Republic of*). The Tripartite Commission adopted recommendations from an ICRC-commissioned review of its activities, with a view to improving the search process for Gulf-War cases (see *Kuwait*).

With a view to helping the authorities prevent disappearances, the ICRC expanded its material support – body bags, protective gear and equipment for excavations – and training for medico-legal professionals, defence officials and emergency responders to manage human remains, especially in Mosul. Forensic doctors were sponsored to attend a conference abroad.

## PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited detainees at 91 detention facilities; 2,581 detainees, including people held in relation to the conflict, were individually monitored. Findings and recommendations were communicated confidentially to the pertinent authorities, to help them improve detainees' treatment and living conditions. The ICRC drew their attention to certain issues of concern: prolonged solitary confinement; respect for judicial guarantees; overcrowding; access to health care; and the specific needs of foreign detainees. Administrative delays caused the cancellation of workshops on these subjects for the authorities.

### Foreign detainees reconnect with their families

Foreigners and other detainees reconnected with relatives through RCMs, oral messages, and phone calls made by the ICRC on their behalf. The ICRC informed families of their relatives' detention, after visiting these detainees or after following up allegations of their arrest with the authorities; it helped foreigners notify their embassies or the UNHCR of their detention. At their request, the ICRC provided 220 people with attestations of detention, for legal or administrative proceedings.

### Malnourished women and children receive treatment

The ICRC helped the authorities improve detainees' access to health care; it supported health facilities at 14 places of detention. ICRC-backed pilot projects promoted medical ethics and made health care more readily available at three prisons; because of budgetary constraints, these projects were implemented at fewer prisons than planned. Through these projects, the authorities tested protocols for patient confidentiality at two of these prisons, for replication elsewhere; health staff were given the necessary training and lockable filing cabinets. Two prison officials attended an ICRC course, held abroad, on health care in prisons.

The ICRC provided three prisons in Ninewa Governorate with medical supplies; it sought to reduce its direct support – in view of services there becoming more self-sufficient – by giving health staff financial incentives instead of fully covering their salaries. It helped the authorities at these prisons, at a women's prison, and at another facility deal with scabies outbreaks and other emergencies. Malnourished expectant or lactating mothers, and children accompanying them, received nutritional supplements. Some people were referred for hospital care or physical rehabilitation services (see *Wounded and sick*).

In all, 10,135 detainees at several prisons had clean water, better ventilation and sanitary surroundings, after the ICRC renovated facilities there. Staff were given maintenance training. The ICRC provided hygiene kits, clothes, and blankets for detainees, and diapers and milk bottles for babies; disabled detainees also received walking aids.

## WOUNDED AND SICK

### First responders learn to teach first aid

The ICRC sustained its efforts to ensure that life-saving treatment, throughout the casualty care chain, was both available and accessible. It reminded the pertinent parties that patients, and medical personnel and facilities, were protected under IHL.

People in violence-affected areas had access to ICRC-supported pre-hospital care. Around 9,000 first responders – including weapon bearers – attended first-aid training organized by the ICRC, or the National Society with the ICRC-provided material aid. Among them, some 2,800 State ambulance workers, and civil-defence and police officials learnt to teach first aid at these sessions, which were part of an ICRC three-year training programme that ended in 2018.

Wounded or injured people were referred for surgical and other care to two hospitals in Tooz, Salahuddin Governorate and in Al Qaim, Anbar Governorate, which regularly received ICRC support: staff training; infrastructural upgrades; and medical equipment. The ICRC regularly supported fewer hospitals than planned because of administrative constraints. It provided expert advice to the Tooz hospital for improving infection-control guidelines and managing emergencies. Poor security conditions delayed some of its activities at the Al Qaim hospital. Two surgeons from these hospitals attended an ICRC course, held abroad, in wound treatment. At the authorities' request, the ICRC arranged training in mass-casualty management for staff at a hospital in southern Iraq. It upgraded a ward for detainees in a hospital in Mosul. Twenty-five hospitals, including the Al Qaim hospital, received ad hoc donations of ICRC medical supplies.

Sixteen patients – more than envisaged – were referred for treatment to the ICRC's Weapon Traumatology and Training Centre in Tripoli, Lebanon (see *Lebanon*).

### Disabled people receive treatment at a new centre in Mosul

Around 39,400 disabled people<sup>2</sup> were treated at 16 physical rehabilitation centres for which the ICRC provided expert guidance, staff training and raw materials for producing mobility aids. These facilities included 14 State-run centres – one of which the ICRC built and helped get operational in Mosul; one NGO-run centre; and one centre in Erbil that the ICRC managed. The newly built centre in Mosul increased the availability of services in northern Iraq, including for refugees; the ICRC also ensured that the centre's facilities were accessible to disabled people. It completed the design of the new centre in Erbil, and scheduled construction for 2019. A total of 9,305 patients were fitted with orthoses; others received

2. Beneficiary figures of physical rehabilitation projects are derived from aggregated monthly data, including repeat beneficiaries.

over 400 wheelchairs. The ICRC covered transportation and accommodation costs for 747 people, most of them patients at the Erbil centre. Disabled people in prisons and remote areas were referred to the 16 centres, through the ICRC's outreach activities.

At ICRC workshops, technicians learnt how to train others in prosthetic and orthotic services, and caregivers for children with cerebral palsy developed their skills in physiotherapy. At the Erbil centre, ICRC-trained counsellors helped patients who were emotionally distressed. The ICRC sponsored three technicians to attend workshops on physical rehabilitation held abroad.

The ICRC helped the authorities to improve instruction in physical rehabilitation, by making recommendations for school curricula and training students. It promoted the social inclusion of disabled people; for instance, it referred some patients to its income support programmes (see *Civilians*) and sponsored a wheelchair basketball team's participation in a tournament held abroad.

## ACTORS OF INFLUENCE

The ICRC cultivated support for its mandate and activities, and broadened awareness of humanitarian issues – such as protecting the provision of health care – through dialogue, particularly with the authorities, and information sessions for weapon bearers and members of civil society. These efforts helped it to secure safe access to conflict-affected people (see *Civilians*).

Contact with certain armed groups remained limited.

### Front-line troops and commanders strengthen their grasp of IHL

ICRC briefings and training enabled military commanders – including those leading “popular mobilization units” – and military and police personnel from the central forces and the IKR forces to familiarize themselves with IHL and/or other applicable norms. Intelligence officers learnt about internationally recognized standards for detention; they also developed their ability to teach IHL. Military generals attended an ICRC conference in Kuwait on the principle of proportionality in IHL (see *Kuwait*).

Aided by ICRC expertise, the Iraqi defence ministry took steps to incorporate IHL in military doctrine and operations; it created a commission for this purpose. The ministry also incorporated human-rights principles in a training manual for military personnel.

### Authorities and academics learn about the similarities between IHL and Islamic jurisprudence

The ICRC sought to provide members of the national IHL committee expert guidance in implementing IHL. Together with other government officials, and academics, they learnt more about IHL at ICRC courses abroad (see *Lebanon*, *Morocco*, and *Tunis*). Iraqi judges and law students attended ICRC training sessions on IHL and tackling issues of humanitarian concern. Students and lecturers discussed the similarities between IHL and Islamic jurisprudence at ICRC-supported workshops.

To help the authorities strengthen IHL-related legislation, the ICRC undertook to study the legal framework applicable to missing people in Iraq; it continued to prepare a similar study on protection for medical personnel and facilities. Owing to administrative impediments, it was unable to help the authorities review measures for resolving IHL-related issues in prisons.

## RED CROSS AND RED CRESCENT MOVEMENT

The Iraqi Red Crescent Society responded to the needs of vulnerable people in Iraq, with ICRC support.

As per an agreement with the ICRC, it continued to receive financial and material assistance for conducting various activities. It bolstered its emergency response capacities and assisted people affected by floods (see *Civilians*). Other National Societies in Iraq and the ICRC helped ensure that the Iraqi Red Crescent's first-aid training programme did not duplicate the efforts of other Movement components. They also helped the Iraqi Red Crescent to strengthen its capacities in financial management and logistics.

Movement components met regularly and worked on improving mechanisms for coordinating assistance during emergencies.

## MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
<b>RCMs and other means of family contact</b>		<b>UAMs/SC</b>		
RCMs collected	1,647	30		
RCMs distributed	3,006	17		
Phone calls facilitated between family members	229			
<b>Reunifications, transfers and repatriations</b>				
Human remains transferred or repatriated	383			
<b>Tracing requests, including cases of missing persons</b>		<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered	5,247	230	165	544
<i>including people for whom tracing requests were registered by another delegation</i>	140			
Tracing cases closed positively (subject located or fate established)	1,058			
<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)	18,490	826	754	1,635
<i>including people for whom tracing requests were registered by another delegation</i>	509			
<b>Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers</b>		<b>Girls</b>		<b>Demobilized children</b>
UAMs/SC newly registered by the ICRC/National Society	2	1		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	72	30		
<b>Documents</b>				
People to whom travel documents were issued	5			
People to whom official documents were delivered across borders/front lines	8			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>ICRC visits</b>		<b>Women</b>	<b>Minors</b>	
Places of detention visited	91			
Detainees in places of detention visited	54,284	2,488	4,261	
Visits carried out	312			
		<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually	2,581	714	39	245
<i>of whom newly registered</i>	1,192	156	36	130
<b>RCMs and other means of family contact</b>				
RCMs collected	5,806			
RCMs distributed	2,441			
Phone calls made to families to inform them of the whereabouts of a detained relative	22,973			
People to whom a detention attestation was issued	220			

## MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
<b>Economic security</b>				
Food consumption	Beneficiaries	347,340	118,762	134,103
	<i>of whom IDPs</i>	155,370	53,304	57,321
Food production	Beneficiaries	81,113	27,212	32,436
	<i>of whom IDPs</i>	368	111	146
Income support <sup>3</sup>	Beneficiaries	124,476	41,295	56,130
	<i>of whom IDPs</i>	40,047	14,023	16,022
Living conditions	Beneficiaries	275,340	93,227	105,303
	<i>of whom IDPs</i>	161,094	55,359	59,611
Capacity-building	Beneficiaries	71	25	
	<i>of whom IDPs</i>	1	1	
<b>Water and habitat</b>				
Water and habitat activities	Beneficiaries	3,403,975	1,012,232	1,379,512
	<i>of whom IDPs</i>	448,046	125,453	197,140
<b>Health</b>				
Health centres supported	Structures	28		
Average catchment population		698,453		
Consultations		359,681		
	<i>of which curative</i>	344,940	102,949	138,456
	<i>of which antenatal</i>	14,741		
Immunizations	Patients	386,452		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	209,861		
Referrals to a second level of care	Patients	6,040		
	<i>of whom gynaecological/obstetric cases</i>	1,470		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>Economic security</b>				
Living conditions	Beneficiaries	60,745	6,288	5,660
<b>Water and habitat</b>				
Water and habitat activities	Beneficiaries	10,135		
<b>Health</b>				
Places of detention visited by health staff	Structures	33		
Health facilities supported in places of detention visited by health staff	Structures	14		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	26		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	2		
<b>Services at hospitals reinforced with or monitored by ICRC staff</b>				
Surgical admissions				
	Weapon-wound admissions	359	24	32
	(including those related to mines or explosive remnants of war)	46	1	2
	Non-weapon-wound admissions	2,521		
	Operations performed	3,149		
Gynaecological/obstetric admissions		1,591	1,511	80
Consultations		32,827		
<b>Services at hospitals not monitored directly by ICRC staff</b>				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		24,185		
Weapon-wound admissions (surgical and non-surgical admissions)		1,511		
Weapon-wound surgeries performed		828		
<b>First aid</b>				
First-aid training				
	Sessions	432		
	Participants (aggregated monthly data)	9,260		
<b>Physical rehabilitation</b>				
Projects supported	Projects	16		
People benefiting from ICRC-supported projects	Aggregated monthly data	39,418	4,425	20,942
	<i>of whom beneficiaries of physical rehabilitation services</i>	39,418	4,425	20,942
New patients fitted with prostheses	Patients	1,375	220	94
Prostheses delivered	Units	2,725	344	206
	<i>of which for victims of mines or explosive remnants of war</i>	577	29	11
New patients fitted with orthoses	Patients	9,305	932	6,980
Orthoses delivered	Units	17,997	1,228	14,745
	<i>of which for victims of mines or explosive remnants of war</i>	60	8	26
Patients receiving physiotherapy	Patients	18,039	2,459	8,285
Walking aids delivered	Units	1,298	122	305
Wheelchairs or tricycles delivered	Units	442	50	150

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



# ISRAEL AND THE OCCUPIED TERRITORIES

The ICRC has been present in Israel and the occupied territories since the 1967 Arab–Israeli war. It strives to ensure respect for IHL, in particular its provisions relating to the protection of civilians living under occupation. It monitors the treatment and living conditions of detainees held by the Israeli and Palestinian authorities and provides assistance to the Palestinian population, particularly during emergencies. As the lead agency for the Movement in this context, the ICRC coordinates the work of its Movement partners and supports the activities of Magen David Adom in Israel and the Palestine Red Crescent Society.

## YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

## KEY RESULTS/CONSTRAINTS IN 2018

- The Gazan health services – for which the ICRC provided material and technical support – treated people injured during protests. The ICRC set up a surgical ward at the Shifa hospital, to ease the strain on the health-care system.
- Physically disabled people, including those injured during protests, obtained rehabilitative services at an ICRC-supported centre, and improved their mobility.
- ICRC assistance helped enable Gazan farmers to increase their yield, and people affected by protests to restore their livelihoods. West Bank residents whose homes were destroyed received cash or other aid from the ICRC.
- The ICRC helped roughly 1.4 million Gazans to gain better access to essential services, by renovating infrastructure and assisting water and electricity providers in system maintenance and emergency preparedness.
- Israeli and Palestinian authorities and weapon bearers were reminded, via ICRC representations, of their obligations under IHL to protect civilians and civilian infrastructure – including patients, and medical personnel and facilities.
- Detainees in Gaza benefited from ICRC-facilitated family visits, and had improved access to health care and better living conditions after the ICRC trained penitentiary health staff, renovated prison clinics and upgraded infrastructure.

## EXPENDITURE IN KCHF

Protection	16,392
Assistance	26,389
Prevention	5,416
Cooperation with National Societies	2,693
General	315
<b>Total</b>	<b>51,205</b>
<i>Of which: Overheads</i>	<i>3,125</i>

## IMPLEMENTATION RATE

Expenditure/yearly budget	94%
---------------------------	-----

## PERSONNEL

Mobile staff	68
Resident staff (daily workers not included)	291



PROTECTION	Total
<b>CIVILIANS</b>	
<b>Restoring family links</b>	
RCMs collected	597
RCMs distributed	852
Tracing cases closed positively (subject located or fate established)	56
People reunited with their families	6
<i>of whom unaccompanied minors/separated children</i>	<i>6</i>
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>	
<b>ICRC visits</b>	
Places of detention visited	111
Detainees in places of detention visited	14,933
<i>of whom visited and monitored individually</i>	<i>2,383</i>
Visits carried out	518
<b>Restoring family links</b>	
RCMs collected	858
RCMs distributed	621
Phone calls made to families to inform them of the whereabouts of a detained relative	3,279

ASSISTANCE		2018 Targets (up to)	Achieved
CIVILIANS			
Economic security			
Income support <sup>1</sup>	Beneficiaries	19,770	12,050
Living conditions <sup>1</sup>	Beneficiaries	900	1,168
Capacity-building	Beneficiaries	35	
Water and habitat			
Water and habitat activities	Beneficiaries	463,000	1,432,007
WOUNDED AND SICK			
Medical care			
Hospitals supported	Structures	11	10
Physical rehabilitation			
Projects supported	Projects	2	2
People benefiting from ICRC-supported projects	Aggregated monthly data	4,500	3,344
Water and habitat			
Water and habitat activities	Beds	2,417	2,312

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 the Gaza Strip, people grappled with difficulties linked to: the longstanding political deadlock between the Palestinian Authority (PA) and the Hamas *de facto* authorities; the Israeli blockade; the closure of crossing points by Egypt; and past hostilities. Because of the restrictions imposed by Israel and the PA, and deteriorating socio-economic and political conditions, basic goods, essential services and livelihood resources were not readily accessible. Other humanitarian agencies assisting vulnerable Palestinians suffered funding cuts, which limited the delivery of aid.

Beginning 30 March, Gazans began to stage demonstrations along the border with Israel. These often turned violent: encounters between protesters and the Israel Defence Forces (IDF) caused thousands of casualties that strained Gazan health services; the security situation constrained Gazans from seeking treatment elsewhere. Protest-related violence also disrupted farming. Rockets and shells were reportedly launched from Gaza into Israel, which responded with air strikes; these incidents resulted in multiple casualties and property damage on both sides.

Palestinians in East Jerusalem and on the West Bank struggled with the effects of Israeli occupation policies, including those which contravened IHL – confiscation or destruction of their property, for instance – and which sometimes fuelled tensions with Israelis. Some people's economic prospects were bleak.

Owing to regional developments – such as armed conflict (see *Syrian Arab Republic*) that affected the Israeli-occupied Golan Heights – security conditions remained volatile: weapon bearers were re-deployed, and air strikes were reported.

Israeli and Palestinian authorities held people, in connection with the incidents mentioned above and for security reasons. Detainees in Israel and on the West Bank sometimes protested against their living conditions through hunger strikes.

## ICRC ACTION AND RESULTS

The ICRC worked to protect and assist vulnerable people – including Palestinians living under occupation – in coordination with the authorities, the Palestine Red Crescent Society and Magen David Adom. As casualties of protest-related violence in Gaza rose, the ICRC sought to scale up some of its activities to support the beleaguered Gazan health-care services. In October, it launched a budget extension appeal<sup>2</sup> to this end.

Aided by the ICRC, the Palestine Red Crescent provided emergency medical services (EMS) throughout the occupied territories. The ICRC stepped up its efforts to ensure that Gazan medical staff had the necessary supplies, equipment, training and facilities to treat people injured during protests. It set up a surgical ward at the Shifa hospital, in response to the

increased need for surgery and post-operative care. It bolstered services at the Artificial Limb and Polio Centre (ALPC) in Gaza, to help more disabled people improve their mobility. It also strengthened local capacities in the provision of psychological support to violence-affected people.

Gazan farmers received support for cultivating arable land near the border with Israel. However, owing to security constraints, the ICRC postponed its land-rehabilitation activities, and instead coordinated with bomb-disposal technicians in removing and destroying mines and explosive remnants of war (ERW) in affected areas. Other vulnerable Gazans participated in cash-for-work projects or utilized ICRC-provided cash to pursue livelihoods. On the West Bank, people whose homes had been confiscated or destroyed obtained emergency aid to help them cope, while those struggling with unemployment were given help to restore their livelihoods.

The ICRC helped over 1.4 million Gazans improve their access to essential services. It assisted local service providers to sustain electrical and water systems, and prepare for emergencies.

The ICRC continued to advocate protection for civilians and help alleviate the situation of Palestinians under occupation. It reinforced its dialogue with the Israeli authorities on IHL compliance and addressing the consequences of certain occupation policies. The ICRC broadened awareness of humanitarian issues in Israel and the occupied territories, and helped build acceptance for IHL and the Movement, through public-communication initiatives and events arranged specifically for influential civil-society figures.

Through engagement with weapon bearers, the ICRC promoted respect for IHL and other applicable norms. Discussions with the IDF continued – on lessons learnt from the hostilities in 2014, and on incorporating IHL more fully in the IDF's decision-making. In parallel, it briefed Gazan armed groups on pertinent provisions of IHL. Israeli and Palestinian security forces learnt more about international law enforcement standards, at ICRC-conducted workshops.

The ICRC visited – in accordance with its standard procedures – places of detention run by Israeli and Palestinian authorities; it communicated its findings confidentially to detaining authorities, to help them improve detainees' treatment and living conditions. Detainees in Gaza benefited from infrastructural upgrades and material aid provided by the ICRC.

Members of dispersed families reconnected through the Movement's family-links services. The ICRC organized family visits once a month for Palestinians in Israeli custody; thousands of detainees benefited. It provided the PA with technical support for organizing a second visit every month in the future.

Magen David Adom and the Palestine Red Crescent boosted their capacities with sustained support from the ICRC.

2. For more information on the budget extension appeal, please see: [https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/o/FE097127F3A3ED36C125831C0036FBCE/\\$File/BEA\\_2018\\_ILOT\\_Final.pdf](https://xnet.ext.icrc.org/applic/extranet/rexdonors.nsf/o/FE097127F3A3ED36C125831C0036FBCE/$File/BEA_2018_ILOT_Final.pdf)



## CIVILIANS

The ICRC made representations to Israeli and Palestinian authorities, based on documented and first-hand allegations. It encouraged them to protect civilians and civilian infrastructure – including patients, medical staff and facilities – and to ensure IHL compliance within occupation policies and practices (see *Actors of influence*), including by working to alleviate the situation in the occupied territories.

In Gaza, the ICRC promoted respect for IHL and other applicable principles among the *de facto* authorities and armed groups.

To help a vulnerable Israeli community along the border with Gaza enhance its safety, the ICRC helped community members to identify their needs and develop self-protection measures.

### Gazans have better access to essential services

Roughly 1,432,000 people had improved access to clean water and sanitation after the ICRC – in coordination with water-service providers – refurbished eight wastewater treatment plants and water-supply networks, and rehabilitated water and sewage infrastructure in Gaza City. Electricity and water providers maintained and repaired infrastructure at 151 facilities, using ICRC-donated spare parts and equipment.

Local service technicians prepared for emergencies by maintaining critical machinery; installing fuel sensors; and undergoing training. The ICRC provided them with material and technical support for this.

### Gazan farmers increase their agricultural productivity

Roughly 2,070 Gazan households (11,883 people) pursued livelihoods with the ICRC's assistance. Although farmers – including members of local cooperatives – were not able to undergo training to enhance their agricultural techniques, they instead received supplies and equipment for sustainable farming: almond and wheat seed, fertilizer, environmentally-friendly pest traps, and biogas plants. Farmers who lost crops and people disabled or made destitute – as a result of protest-related violence and/or past fighting – received cash to resume farming or to launch small businesses. Some of the above-mentioned farmers and other people benefited from agricultural infrastructure constructed and/or rehabilitated by the ICRC, and community infrastructure maintained, and services provided, by unemployed youth and disabled people participating in ICRC cash-for-work projects.

Owing to security constraints, the ICRC could not clear farmlands near the Gaza–Israel border of mines/ERW. However, it coordinated the removal and destruction of ERW with the relevant authorities, and continued to support them in briefing civilians on the risks posed by mines/ERW. The Palestine Red Crescent and the ICRC instructed some 21,000 Gazans, including students, on safe practices around mines/ERW.

### People on the West Bank receive emergency aid

In East Jerusalem and on the West Bank, people whose homes had been confiscated or destroyed by the Israeli authorities received ICRC aid. For example, in Hebron, Nablus and

elsewhere, 48 households (419 people) obtained cash, to help cope with their situation; and two households (19 people), including Bedouins, received household essentials and shelter materials, as did 54 Gazan households (280 people).

The ICRC gave cash grants to 32 households (167 people) affected by settler violence: some of them used this to start small businesses, and others chose to attend vocational training or pay for essential services – such as electricity – instead. Trees and fencing materials were given to farmers near settlements, to demarcate their lands; and underserved households received solar panels.

### Members of dispersed families reconnect

The ICRC reminded the authorities of the right to family contact. People used Movement family-links services to contact relatives separated from them. Three blind people from the West Bank, and one person formerly held at the US detention facility at Guantanamo Bay Naval Station in Cuba, visited their relatives in Gaza. Three children from Gaza rejoined their father in Sweden; and the ICRC accompanied two Swedish children to the Gaza–Israel border, and facilitated their transfer from Gaza by the Swedish consulate. People received news of missing relatives as 56 tracing cases, mostly protest-related, were resolved. Wounded Syrians in Israel informed their families of their whereabouts (see *Wounded and sick*). Security constraints prevented the ICRC from facilitating people's passage, for educational or humanitarian purposes, to and from the Israeli-occupied Golan Heights to Syria proper.

The Israeli authorities, prompted by ICRC representations, returned the remains of five Palestinians – reportedly killed during attacks on Israelis – to their families. Little or no progress was made in clarifying the fate of: people missing in connection with the 2014 hostilities; Israeli soldiers missing in action; or Jordanians who went missing in Israel in the 1980s.

## PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited – in accordance with its standard procedures – places of detention in Gaza and on the West Bank holding people under interrogation or death sentence; and Israeli prisons and interrogation or provisional-detention centres holding Palestinians and foreigners, including migrants.

Certain people were visited individually: in Gaza and on the West Bank, security detainees, people under interrogation and people held in police stations; and in Israel, people in administrative detention or in prolonged solitary confinement, migrants and others with special needs. Hunger strikers, including those who had been hospitalized, were also monitored. Following these visits, the ICRC confidentially shared its feedback with the detaining authorities, to help them improve detainees' treatment and living conditions, particularly access to health care and respect for judicial guarantees (see *Actors of influence*).

### Detainees receive family visits

With the ICRC's help, 7,547 detainees detained in Israel were visited by relatives from Gaza and the West Bank. The PA was reminded of its obligation under IHL to ensure family visits for detainees, and was given advice for organizing a second

monthly family visit in the future. Certain Gazan detainees for whom family visits were unavailable, people under interrogation and people held in prolonged solitary confinement, sent short oral messages to their relatives through the ICRC.

The ICRC – in coordination with the pertinent authorities – helped detainees' families acquire attestations of detention and other official documents needed to obtain State social services.

### **Detainees have broader access to health care**

Prison health staff in Gaza and on the West Bank learnt more about health-care provision, including medical ethics, at ICRC workshops. At two places of detention in Gaza, the ICRC implemented pilot projects providing prison clinics with medical supplies and equipment.

Detainees had improved living conditions after the ICRC restored two Gazan prisons, and gave detainees and staff at six prisons the equipment necessary to repair and maintain infrastructure. Prison officials on the West Bank were provided with technical advice for renovating two prisons, and ensuring the sustainability of infrastructure at ten others.

Particularly vulnerable detainees eased their confinement with the help of ICRC donations, such as: hygiene items (Gaza); clothes and medicines (West Bank); educational or recreational materials and, for foreigners and migrants, cash for food (Israel).

Detention and health authorities in Gaza drew on ICRC expertise to draft operational standards for the penitentiary health-care system, and to better manage detainees' health information. The ICRC discussed with West Bank prison health authorities specific issues associated with caring for hunger strikers.

### **WOUNDED AND SICK**

The ICRC discussed people's access to medical care (see *Civilians*) with the Gazan *de facto* authorities and armed groups, and with the West Bank authorities. ICRC representations enabled 12 Gazans and one person from the West Bank to obtain permits to seek medical treatment in Israel.

As casualties of protest-related violence in Gaza rose (see *Context*), the ICRC scaled up its support throughout the casualty care chain, from emergency treatment – enabling the Palestine Red Crescent Society to provide EMS throughout the occupied territories – to surgical and post-operative care. Protesters with wounded or lost limbs could not receive the prolonged rehabilitation that they needed, owing to the shortage in health-care resources; the ICRC increased its efforts to provide for their long-term care.

### **Protest-injured people receive appropriate treatment**

The ICRC bolstered the provision of life-saving care at numerous hospitals – particularly the Aqsa, European Gaza, Nasser and Shifa hospitals in Gaza, as these had the largest influx of patients. It provided medical supplies and equipment, and training for medical personnel, to ten hospitals; and spare parts and/or fuel for power systems to 13 hospitals and 26 clinics,

and seven generators to four of the 13 hospitals. ICRC surgeons worked alongside staff at the European Gaza and Shifa hospitals to help them handle the rise in protest-related casualties. In August, the ICRC set up a surgical ward at the Shifa hospital, which was run by an ICRC medical team; it also renovated the electrical infrastructure at this hospital and at one other clinic.

ICRC training helped roughly 720 doctors and nurses expand their abilities in managing trauma – with 16 doctors trained to be instructors – conducting triage and responding to mass-casualties. Some 200 surgeons enhanced their capabilities in vascular surgery, diabetic care and mass-casualty management at ICRC courses.

Given the prevalence of emotional trauma related to the worsening conditions in Gaza, including because of violent protests, the ICRC provided psychological care to patients, including recent amputees, and health workers. It provided support for local mental-health staff to visit patients at home, in hospitals and at the ALPC. ICRC briefings enabled health workers to learn about providing psychosocial support for their peers.

The ICRC monitored the condition of wounded Syrians in Israeli hospitals, and gave them clothes, hygiene items and assistive devices, and provided them with mental-health and psychosocial support for coping with disability-related trauma; it also relayed brief oral messages from them to their families. However, owing to developments in the security situation (see *Context*), these activities ended mid-year.

### **Disabled people obtain rehabilitative care**

The ICRC-supported ALPC provided physical rehabilitation services for 2,891 people<sup>3</sup> disabled during protests; 165 people received ICRC-provided transportation allowances.

ICRC training helped physiotherapists expand their skills, and ALPC staff develop their ability to deal with large numbers of patients; staff were compensated by the ICRC for working overtime. Patients received 1,878 prostheses and orthoses. Over a hundred patients were referred to ICRC livelihood programmes (see *Civilians*).

Because of the strain on the ALPC's capacities, and other obstacles, the ICRC was unable to carry out certain planned activities, such as treating clubfoot patients.

## **ACTORS OF INFLUENCE**

### **Israeli authorities and the ICRC discuss relevant IHL-related issues**

Dialogue between the ICRC and the Israeli authorities focused on IHL – including the consequences of certain occupation policies and practices – and humanitarian issues, such as the fate of missing people. The ICRC made representations to the Israeli authorities on the need to respect the principle of *non-refoulement*, and on detainees' sentencing procedures.

3. Beneficiary figures for physical rehabilitation projects are derived from aggregated monthly data, including repeat beneficiaries.

The ICRC stimulated public discussions on certain humanitarian issues: the plight of detainees and missing people's families; and protection for people seeking or providing medical care. Photo exhibitions, videos, TV spots and articles channelled through the media or published on the delegation's Arabic, English and Hebrew digital platforms, helped broaden awareness of these.

Israel published a review of the IDF's actions during the 2014 hostilities which reflected issues raised by the ICRC, and enriched the dialogue between the ICRC and the IDF on the lessons learnt from the 2014 hostilities. The two also discussed incorporating IHL more fully in the IDF's decision-making. During a large-scale military exercise attended by the ICRC, IDF troops practised responding to humanitarian needs. The ICRC sponsored the attendance of senior IDF officers to an advanced IHL course in San Remo, Italy (see *International law and policy*). It briefed security personnel on international standards regarding the use of force applicable to policing operations and protests.

#### **Palestinian weapon bearers learn more about international policing standards**

At ICRC workshops, Gazan security forces and West Bank cadets learnt more about international standards applicable to their duties. Aided by the ICRC, the Gazan *de facto* interior ministry reinforced the fuller incorporation of international human rights law in police training; ICRC courses enabled some officers to become instructors. The ICRC and the Gazan *de facto* authorities discussed internationally recognized standards for detention – particularly judicial guarantees and disciplinary measures for detainees. Members of Gazan armed groups familiarized themselves with specific IHL-related issues at ICRC workshops.

The ICRC continued to support the PA's accession to international treaties (see *International law and policy*). In coordination with the Palestine Red Crescent, it advised the PA on the proper use of the red crescent emblem. It offered its expertise to the revived national IHL committee, and sponsored some of its members – including legal advisers from the foreign affairs ministry working in support of it – to attend IHL trainings abroad (see *Egypt* and *Tunis*). Key Palestinian stakeholders, such as representatives of the national IHL committee, were also sponsored to attend an IHL train-the-trainer's course in Rabat (see *Morocco*).

#### **Academics and other civil society actors tackle IHL-related issues**

Israeli academics attended several ICRC events, on such subjects as IHL principles and rules, detention and the use of artificial intelligence in warfare (see *Washington*). Students tested their grasp of IHL at an ICRC moot court competition. The ICRC funded law clinics at two universities; they produced studies on the legal aspects of disaster management, and on refugees' rights. Israeli and Palestinian lawyers attended an annual IHL course organized by the ICRC and an Israeli NGO.

Students from universities in Gaza and on the West Bank learnt about IHL and humanitarian issues through ICRC presentations; the ICRC sponsored professors from Palestinian universities to attend IHL courses abroad (see *Lebanon* and *Tunis*). Islamic scholars and religious leaders attended various events on the points of correspondence between IHL and Islamic jurisprudence; the ICRC's role in promoting IHL; and humanitarian issues.

The ICRC conducted public-communication initiatives (see above) and dissemination sessions, and organized events, to broaden awareness of its mandate and activities among Gazan community leaders, and throughout Israel and the occupied territories. For example, in Gaza, 40 journalists learnt more about the ICRC's work by visiting ICRC farming projects.

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

Support from the ICRC and other Movement partners helped Magen David Adom and the Palestine Red Crescent to assist vulnerable people (see *Civilians* and *Wounded and sick*) and bolster their operational capacities.

The Palestine Red Crescent and the ICRC worked more closely together, particularly in responding to emergencies. Comprehensive ICRC assistance enabled the Palestine Red Crescent to provide EMS to casualties of violent protests and obtain permits to operate in the Gaza–Israel border area. Its staff were trained, in line with the Safer Access Framework, in emergency response, monitoring cash-assistance programmes, dealing with mines/ERW and public communication.

Magen David Adom, with the authorities and other Movement partners, trained its personnel in emergency preparedness. It incorporated the Safer Access Framework in its training curriculum. It became more involved in the Movement's rapid-deployment processes, assigning some staff to assist people affected by natural disasters abroad (see *Mexico City*). It continued to conduct community outreach activities for vulnerable Israeli communities.

The ICRC continued to help monitor the implementation of the 2005 memorandum of understanding between the two National Societies. Movement components in the region coordinated their activities and security measures with the ICRC.

## MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
<b>RCMs and other means of family contact</b>		<b>UAMs/SC</b>		
RCMs collected	597	4		
RCMs distributed	852			
<b>Reunifications, transfers and repatriations</b>				
People reunited with their families	6			
People transferred or repatriated	3			
<b>Tracing requests, including cases of missing persons</b>		<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered	78		6	8
Tracing cases closed positively (subject located or fate established)	56			
Tracing cases still being handled at the end of the reporting period (people)	185	4	9	23
<i>including people for whom tracing requests were registered by another delegation</i>	1			
<b>Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers</b>		<b>Girls</b>		<b>Demobilized children</b>
UAMs/SC newly registered by the ICRC/National Society	4	2		
UAMs/SC reunited with their families by the ICRC/National Society	6	4		
<b>Documents</b>				
People to whom official documents were delivered across borders/front lines	897			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>ICRC visits</b>		<b>Women</b>	<b>Minors</b>	
Places of detention visited	111			
Detainees in places of detention visited	14,933	222	518	
Visits carried out	518			
		<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually	2,383	50	2	132
<i>of whom newly registered</i>	1,532	24	1	123
<b>RCMs and other means of family contact</b>				
RCMs collected	858			
RCMs distributed	621			
Phone calls made to families to inform them of the whereabouts of a detained relative	3,279			
Detainees visited by their relatives with ICRC/National Society support	7,547			
People to whom a detention attestation was issued	10,701			

## MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
<b>Economic security</b>				
Income support	Beneficiaries	12,050	3,742	5,215
	<i>of whom IDPs</i>	1,467	581	587
Living conditions <sup>4</sup>	Beneficiaries	1,168	228	285
	<i>of whom IDPs</i>	614	94	132
<b>Water and habitat</b>				
Water and habitat activities	Beneficiaries	1,432,007	400,964	615,766
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>Economic security</b>				
Living conditions <sup>4</sup>	Beneficiaries	19,527	57	45
<b>Water and habitat</b>				
Water and habitat activities	Beneficiaries	1,611	32	16
<b>Health</b>				
Places of detention visited by health staff	Structures	30		
Health facilities supported in places of detention visited by health staff	Structures	2		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	10		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	8		
<b>Services at hospitals reinforced with or monitored by ICRC staff</b>				
Surgical admissions				
	Weapon-wound admissions	7,843		6
	Non-weapon-wound admissions	150,690		
	Operations performed	41,656		
Consultations		757,775		
<b>Services at hospitals not monitored directly by ICRC staff</b>				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		599		
Weapon-wound admissions (surgical and non-surgical admissions)		283	27	33
Weapon-wound surgeries performed		161		
<b>Patients whose hospital treatment was paid for by the ICRC</b>				
		221		
<b>Water and habitat</b>				
Water and habitat activities	Beds	2,312		
<b>Physical rehabilitation</b>				
Projects supported	Projects	2		
People benefiting from ICRC-supported projects	Aggregated monthly data	3,344	405	1,439
	<i>of whom beneficiaries of physical rehabilitation services</i>	2,891	310	1,439
	<i>of whom beneficiaries referred to economic programmes</i>	103	11	
	<i>of whom beneficiaries of sporting activities</i>	350	84	
New patients fitted with prostheses	Patients	77	16	8
Prostheses delivered	Units	193	37	14
	<i>of which for victims of mines or explosive remnants of war</i>	3		
New patients fitted with orthoses	Patients	1,235	77	934
Orthoses delivered	Units	1,685	99	1,308
Patients receiving physiotherapy	Patients	928	176	58
Walking aids delivered	Units	162	10	2
Wheelchairs or tricycles delivered	Units	81	6	3

4. 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.

# JORDAN

The ICRC has been present in Jordan since the 1967 Arab–Israeli war. In cooperation with the Jordan National Red Crescent Society, the ICRC provides assistance to asylum seekers and refugees from neighbouring countries. 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. With the National Society, it promotes respect for IHL among the authorities, weapon bearers and other relevant actors. The delegation provides logistical support to ICRC relief operations in the region and beyond.

## YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

**HIGH**

## KEY RESULTS/CONSTRAINTS IN 2018

- The authorities were apprised of the needs of people who had fled conflict abroad, and reminded to respect the principle of *non-refoulement* and the rights of asylum seekers.
- The ICRC shifted its focus to helping people become self-sufficient; cash grants and training from the Jordan National Red Crescent Society and the ICRC helped refugees to pursue their livelihoods.
- Despite changing its focus, the ICRC, aided by the National Society, tackled people's urgent needs. Refugees and vulnerable Jordanians received food and hygiene items, and benefited from repairs to critical water infrastructure.
- Wounded Syrians received life-saving treatment at Jordanian hospitals, through arrangements made by the ICRC – which donated medical supplies and equipment to the hospitals.
- Detainees had access to better medical screening and better-equipped health facilities at places of detention that received various kinds of support from the ICRC.
- Staff and volunteers from Islamic charities and community-based humanitarian actors familiarized themselves with IHL and the ICRC. Authorities incorporated IHL in a military science course compulsory for all Jordanian students.

## EXPENDITURE IN KCHF

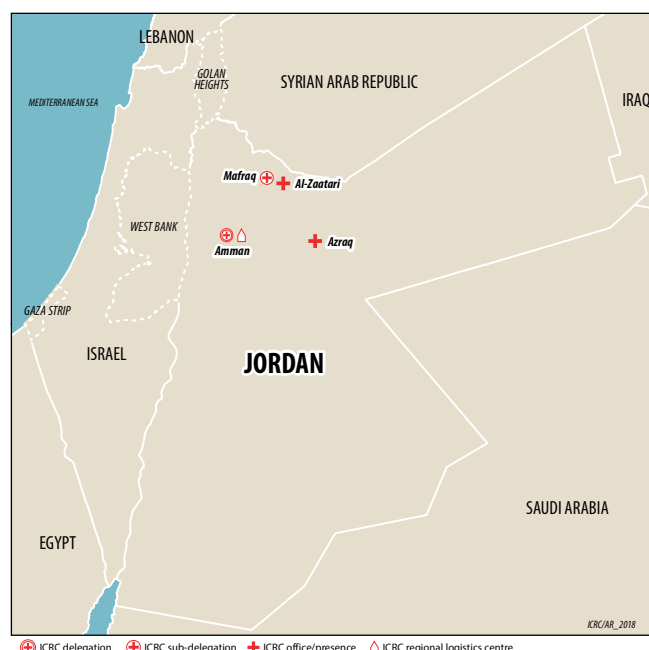
Protection	3,691
Assistance	17,407
Prevention	2,464
Cooperation with National Societies	1,299
General	555
<b>Total</b>	<b>25,417</b>
<i>Of which: Overheads</i>	<i>1,551</i>

## IMPLEMENTATION RATE

Expenditure/yearly budget	90%
---------------------------	-----

## PERSONNEL

Mobile staff	61
Resident staff (daily workers not included)	230



PROTECTION	Total
<b>CIVILIANS</b>	
<b>Restoring family links</b>	
RCMs collected	300
RCMs distributed	405
Phone calls facilitated between family members	15,136
Tracing cases closed positively (subject located or fate established)	52
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>	
<b>ICRC visits</b>	
Places of detention visited	21
Detainees in places of detention visited	14,944
<i>of whom visited and monitored individually</i>	1,202
Visits carried out	58
<b>Restoring family links</b>	
RCMs collected	366
RCMs distributed	101
Phone calls made to families to inform them of the whereabouts of a detained relative	255

ASSISTANCE	2018 Targets (up to)	Achieved
<b>CIVILIANS</b>		
<b>Economic security</b>		
Food consumption	Beneficiaries 20,000	22,315
Income support	Beneficiaries 14,500	8,691
Living conditions	Beneficiaries 20,000	22,310
<b>Water and habitat</b>		
Water and habitat activities	Beneficiaries 155,000	198,146
<b>WOUNDED AND SICK</b>		
<b>Medical care</b>		
Hospitals supported	Structures 7	7
<b>Physical rehabilitation</b>		
Projects supported	Projects 2	2
People benefiting from ICRC-supported projects	Aggregated monthly data 100	101
<b>Water and habitat</b>		
Water and habitat activities	Beds	218



## CONTEXT

Jordan continued to cope with the consequences of armed conflict in the region. It participated in international military operations against the Islamic State group. In October, the Jordanian government reopened the Nassib crossing point on the border with the Syrian Arab Republic (hereafter Syria), which had been closed since June 2016.

Some 660,000 people who had fled Syria, and were registered by the UNHCR, remained in Jordan, along with thousands of un-registered migrants. The scarcity of resources and employment opportunities affected both residents and refugees, particularly in the southern governorates. The Jordanian government maintained its stance within the international community that it could not admit any more asylum seekers from Syria, citing security-related and economic concerns. Roughly 50,000 of these asylum seekers were stranded at a camp in Rukban, near Jordan's north-eastern border with Syria; they had only limited access to humanitarian aid.

Domestically, government forces conducted operations against perceived threats to national security, which often led to arrests. The increased number of detainees strained health services in several prisons.

Migrants, including refugees and asylum seekers, often lacked the means to restore contact with relatives separated from them by armed conflict in other countries or by detention.

## ICRC ACTION AND RESULTS

Together with the Jordan National Red Crescent Society, the ICRC strove to address the spillover effects of the armed conflict in Syria. In March, the ICRC closed its office in Ruwayshid: it had gradually scaled back its activities there after the closure of the Jordan–Syria border. The delegation in Amman remained a key logistical hub for ICRC operations in the Middle East and beyond. Amman hosted the main training centre for ICRC staff members working in the Middle East, the Balkans and the Caucasus.

The ICRC documented some of the protection concerns of people who had fled to Jordan from Syria, including some who were detained. It communicated its findings to the Jordanian authorities, and reminded them of their obligations under international law, particularly with respect to the principle of *non-refoulement*, and of the right of conflict-affected people – including those stranded in Rukban (see *Context*) – to obtain appropriate assistance. It shared a position paper on the return of refugees to Syria with authorities and others.

The delegation shifted its approach to assistance activities: away from emergency aid towards helping communities become self-sufficient. The ICRC provided monthly cash transfers for Syrian refugee households – many headed by women – to cover rent and other expenses; some households started small businesses with seed money and technical support from the ICRC. Refugee and vulnerable Jordanian households received food parcels and hygiene kits. They had a more reliable supply of clean water after the ICRC repaired or constructed critical infrastructure.

Wounded Syrians received life-saving treatment at Jordanian hospitals through arrangements made by the ICRC – which donated medical supplies and equipment to the hospitals. Training and material support from the ICRC enabled local medical personnel and the National Society to be more prepared for emergencies. Students and instructors in the physical rehabilitation faculty at one university received training and individual mentoring from the ICRC.

The ICRC conducted a study aimed at reaching a fuller understanding of the psychosocial, socio-economic, legal and other needs of missing people's families; this was a step towards developing a response to those needs.

Members of families separated by armed conflict, detention or other circumstances reconnected through the Movement's family-links services. Syrians made phone calls to relatives abroad and lodged requests to trace members of their families, including through the ICRC's family-links website ([familylinks.icrc.org](http://familylinks.icrc.org)) in Arabic. Through the ICRC, foreign detainees notified their consular representatives, the UNHCR or the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) of their detention.

Detention authorities identified three pilot sites for a joint project with the ICRC to improve health-care services in prisons; depending on the results, the project will be replicated elsewhere. With technical advice from the ICRC, eight places of detention improved medical screening for detainees. At an ICRC seminar, health and detention authorities discussed how to foster adherence to medical ethics in places of detention. Repairs carried out at a ward for female detainees in a hospital in Amman improved ventilation and access to heated water, and enabled the medical isolation of detainees with communicable diseases.

The ICRC helped staff and volunteers from Islamic charities, and community-based humanitarian actors assisting Syrians in Jordan, to familiarize themselves with IHL, humanitarian principles and the ICRC. With ICRC technical assistance, the armed forces' command and staff college took steps to incorporate IHL principles in its classes on military operations planning. Military and security forces personnel learnt more about norms applicable to their duties at ICRC training sessions. IHL was incorporated in a military science course that all Jordanian students had to take, as a result of the national IHL committee's efforts.

## CIVILIANS

### Authorities are reminded of the protection due to people who have fled to Jordan from Syria

ICRC delegates documented some of the protection concerns of people who had fled to Jordan from Syria. Where necessary, it raised them with Jordanian authorities at field level and, in cooperation with the UNHCR and other humanitarian actors, with central authorities as well. The authorities were reminded of the principle of *non-refoulement* and the right of conflict-affected people – including those stranded in Rukban, at the Jordan–Syria border (see *Context*) – to obtain appropriate assistance. Allegations of arrests made in Syria were documented for discussion with the relevant parties



there (see *Syrian Arab Republic*). The ICRC shared – with Jordanian authorities and others concerned – a position paper on returning refugees to Syria. Copies of the latest edition of the ICRC's *Professional Standards for Protection Work* were distributed among other humanitarian actors, to help enhance dialogue and coordination with them on addressing protection issues.

The ICRC informed conflict-affected people, authorities and community leaders of the shift in its approach – away from emergency aid and towards helping communities build self-sufficiency; it also told them about the ICRC services available to help build communities' self-sufficiency; it did all this through the media and through leaflets that it distributed.

### **Refugees cover their basic expenses and start small businesses**

Syrian refugee households – many of them headed by women – covered rent and other basic expenses through regular cash transfers from the National Society and the ICRC; 2,303 households (8,177 people) received such assistance at least once. Throughout the year, the UNHCR gradually took responsibility for about half of these families: it distributed cash to them under a similar programme; some 1,080 households (4,080 people) remained under the ICRC's programme at year's end. The heads of 98 households (514 people) started small businesses with seed money and technical support from the ICRC; the National Society provided similar livelihood assistance to vulnerable Syrian and Jordanian women. Some of them also received monthly cash transfers (see above), which enabled them to sustain themselves before they began generating income. Some activities for building self-sufficiency among vulnerable Jordanian households, such as veterinary support for raising livestock, were suspended because of human-resource and other constraints.

### **Syrian refugees and vulnerable Jordanians have access to food and water**

Roughly 186,000 refugees and residents from urban host communities in Jordan had a more reliable supply of clean water after the ICRC repaired or constructed critical infrastructure. The authorities operating and maintaining some of these facilities received vital equipment from the ICRC, which also trained their personnel. Around 12,100 people in Beshryyeh, a rural community, collected water for their livestock at filling points repaired by the ICRC.

Some 3,500 refugee households (over 17,600 people) and 930 vulnerable Jordanian households (over 4,600 people) benefited, at least once, from the National Society and the ICRC's quarterly distributions of food parcels and hygiene kits. Post-distribution monitoring found that 90% of beneficiaries were satisfied with the quality of the items. The ICRC trained National Society volunteers and staff to carry out some of these distribution and monitoring activities.

### **Members of separated families reconnect**

Members of families separated by armed conflict, detention or other circumstances maintained or restored contact through family-links services provided by the National Society and the ICRC. Syrians made phone calls to their relatives abroad and

lodged requests to trace members of their families, including through the ICRC's family-links website ([familylinks.icrc.org](http://familylinks.icrc.org)) in Arabic. Families in Jordan sent RCMs and brief oral messages through ICRC delegates to relatives detained in Syria, Iraq and other countries. The ICRC, in coordination with the embassies concerned, helped people obtain the documents they required to travel or reunite with family members, or in connection with legal or administrative matters. It also facilitated the reunion of a Jordanian family returning from Syria, and the resettlement of two Palestinian families in Brazil.

The ICRC conducted a study aimed at reaching a fuller understanding of the psychosocial, socio-economic, legal and other needs of missing people's families; this was a step towards developing a response to those needs. It also contributed to the development of a regional framework for action on the issue of missing people; to that end, it conducted a study of relevant legal frameworks in Jordan. Jordanian members of an ICRC-supported regional forensic network were sponsored to attend meetings abroad and discuss possibilities for cooperation with their counterparts in other countries.

### **PEOPLE DEPRIVED OF THEIR FREEDOM**

The ICRC visited 21 places of detention – including those run by the General Intelligence Department, correctional and rehabilitation centres, and temporary-detention facilities run by the interior ministry – in accordance with its standard procedures. It did so to check on the treatment and living conditions of detainees. Over 1,200 particularly vulnerable detainees, including security detainees and foreigners, were followed up individually; the ICRC assisted detainees with specific needs (see below).

The ICRC communicated its findings confidentially to the authorities, and reminded them of the necessity of informing families of the arrest of relatives, respecting the principle of *non-refoulement*, and ensuring that judicial guarantees were upheld.

### **Foreign detainees contact their relatives and their embassies**

Detainees – mainly foreigners and security detainees who could not receive family visits – contacted their relatives through RCMs and brief oral messages relayed by ICRC delegates. A total of 255 phone calls were made to inform families of the whereabouts of a detained relative.

Foreign detainees notified – through the ICRC – their consular representatives, the UNHCR or the UNRWA of their detention. The ICRC enabled detainees in Syria and Iraq that it had visited to notify their embassies in Jordan when they had no diplomatic representation in their country of detention.

### **Detainees have access to improved health-care facilities**

The authorities sought to improve detainees' access to health care, and signed an agreement with the ICRC in this regard. A technical working group was set up under the agreement: the ICRC representatives on it provided expert advice and support. The working group identified three pilot sites for a three-year project to improve health care for detainees; depending on the results, the project will be replicated elsewhere.

ICRC health staff visited 18 detention facilities; at eight priority facilities, technical advice provided to health personnel and improvements to tools used in medical screening helped improve health care for detainees. At an ICRC seminar, senior health and detention authorities – including from other countries – discussed how to foster adherence to medical ethics in places of detention. A detainee who had participated in a hunger strike was monitored individually. Medical equipment and supplies were provided to seven facilities. Repairs carried out at a ward for female detainees in a hospital in Amman, which often received detainees as patients, improved ventilation and access to heated water, and enabled the medical isolation of detainees with communicable diseases. The ICRC gave some female detainees hygiene kits.

The justice ministry set up a committee to study alternatives to detention, with a view to tackling overcrowding in prisons; it took the ICRC's recommendations into account. The ICRC referred 168 detainees to NGOs for legal aid.

## WOUNDED AND SICK

### Wounded Syrians receive urgent medical care

The ICRC enabled 20 wounded Syrians to cross the border and be admitted to either of two Jordanian hospitals where they received life-saving treatment and follow-up care; these two hospitals had previously signed agreements with the ICRC to receive such patients. ICRC support enabled local medical personnel and the National Society to be more prepared for emergencies. Various medical professionals received ICRC training in first aid and related areas; they included 132 first responders who strengthened their grasp of pre-hospital and advanced cardiac life support, 70 hospital workers who learnt more about managing mass casualties and 14 National Society members attending train-the-trainer sessions in first aid. Seven hospitals, including the two mentioned above, bolstered their emergency response capacities with ICRC support: donations of supplies and equipment, and repairs or renovations to emergency rooms.

During discussions with the health ministry, and interviews on public television stations, the ICRC emphasized messages related to the Health Care in Danger initiative, such as the necessity of protecting patients and medical workers and facilities.

### Disabled people receive physical rehabilitation services at the Al-Bashir hospital

Over 100 disabled people<sup>1</sup> availed themselves of physical rehabilitation services at the Al-Bashir hospital, which received material assistance from the ICRC. The ICRC also supported the development of courses in physical rehabilitation at the hospital's affiliate, the University of Jordan; the ICRC trained and mentored fifteen instructors, who had 80 students, in prosthetics and orthotics at the university.

## ACTORS OF INFLUENCE

### Local humanitarian actors learn more

#### about the ICRC's neutral, impartial and independent approach

The ICRC held dissemination sessions to enable staff and volunteers from Islamic charities, and community-based humanitarian actors assisting Syrians in Jordan, to familiarize themselves with IHL, humanitarian principles and the ICRC's neutral, impartial and independent approach to humanitarian action. Representatives of faith-based groups learnt more about the common ground between IHL and Islam at regional courses abroad, which they attended with ICRC support. The ICRC also sought to broaden public awareness of and acceptance for the Movement and its activities. It produced public-communications materials, and organized events, to explain its altered approach to providing assistance in Jordan (see *Civilians*).

As per their agreement, the ICRC provided financial and technical support for the National Committee for Demining and Rehabilitation to conduct mine-risk education sessions, specifically for people planning to return to Syria; as agreed with the committee, the ICRC concluded its support by the middle of the year.

### Military officers and security forces personnel strengthen their grasp of pertinent norms

At an event organized by the national IHL committee – which featured speakers from the ICRC – foreign ministry representatives advanced their understanding of IHL, particularly its applicability in their region, and of their role in promoting and shaping it.

The armed forces' command and staff college took steps to incorporate IHL principles in its classes on military operations planning; the ICRC provided technical assistance. Military officers strengthened their grasp of IHL, and security forces personnel learnt more about international human rights law and international policing standards, at ICRC training sessions.

### Jordanian students learn about IHL under the national curriculum

The national IHL committee received financial and technical assistance from the ICRC to support its efforts in promoting IHL (see above). The ICRC sponsored some committee members to go abroad for a regional meeting of national IHL committees. The committee and the ICRC conducted several joint initiatives to broaden understanding of and respect for IHL in Jordan. Owing to the committee's efforts, IHL was incorporated in a military science course compulsory for all Jordanian students, and in courses in human rights law at three universities; the committee's library, for which the ICRC donated equipment, was used by a number of students. Students from ten universities tested their grasp of IHL at a moot court competition organized by the committee and the ICRC. Academics at two universities attended ICRC seminars on the common ground between IHL and Islam, and four university professors participated in IHL courses abroad, with ICRC sponsorship.

1. Beneficiary figures for physical rehabilitation projects are derived from aggregated monthly data, including repeat beneficiaries.

## RED CROSS AND RED CRESCENT MOVEMENT

The Jordan National Red Crescent Society, often with the ICRC, worked to address the needs of Syrian asylum seekers and vulnerable Jordanians. Financial, material and technical support from the ICRC enabled it to train its volunteers and staff and develop its capacities – especially in advancing organizational development, managing financial and human resources, and applying the Safer Access Framework. Discussions with trainers from the Egyptian Red Crescent Society, arranged by the ICRC, enabled National Society staff to expand their understanding of the Safer Access Framework.

The National Society responded to people's needs (see *Civilians*) and played a key role in collecting beneficiaries' responses to the Movement's humanitarian activities. Material and technical support, and training, from the ICRC helped it to bolster its emergency preparedness – especially in connection with first aid (see *Wounded and sick*) – and maintain its vocational training programme for some 310 vulnerable Syrian and Jordanian women. Some staff received training in public communication. Movement components met regularly to coordinate their activities for asylum seekers from Syria.

## MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
<b>RCMs and other means of family contact</b>		<b>UAMs/SC</b>		
RCMs collected	300			
RCMs distributed	405			
Phone calls facilitated between family members	15,136			
<b>Tracing requests, including cases of missing persons</b>		<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered	565	26	7	34
Tracing cases closed positively (subject located or fate established)	52			
Tracing cases still being handled at the end of the reporting period (people)	2,678	75	29	112
<b>Documents</b>				
People to whom travel documents were issued	14			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>ICRC visits</b>		<b>Women</b>	<b>Minors</b>	
Places of detention visited	21			
Detainees in places of detention visited	14,944	678	83	
Visits carried out	58			
		<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually	1,202	209	1	8
<i>of whom newly registered</i>	924	197	1	7
<b>RCMs and other means of family contact</b>				
RCMs collected	366			
RCMs distributed	101			
Phone calls made to families to inform them of the whereabouts of a detained relative	255			
People to whom a detention attestation was issued	15			

## MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
<b>Economic security</b>				
Food consumption	Beneficiaries	22,315	12,269	5,583
Income support	Beneficiaries	8,691	4,243	3,129
Living conditions	Beneficiaries	22,310	12,266	5,582
<b>Water and habitat</b>				
Water and habitat activities	Beneficiaries	198,146	59,444	75,296
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>Economic security</b>				
Living conditions	Beneficiaries	1,408	106	
<b>Health</b>				
Places of detention visited by health staff	Structures	18		
Health facilities supported in places of detention visited by health staff	Structures	7		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	7		
<b>Services at hospitals not monitored directly by ICRC staff</b>				
Weapon-wound admissions (surgical and non-surgical admissions)		2,382		
<b>First aid</b>				
First-aid training				
	Sessions	18		
	Participants (aggregated monthly data)	409		
<b>Water and habitat</b>				
Water and habitat activities	Beds	218		
<b>Physical rehabilitation</b>				
Projects supported	Projects	2		
People benefiting from ICRC-supported projects	Aggregated monthly data	101	18	3
	<i>of whom beneficiaries of physical rehabilitation services</i>	101	18	3
New patients fitted with prostheses	Patients	49	7	1
Prostheses delivered	Units	49	7	1
New patients fitted with orthoses	Patients	3	2	1
Orthoses delivered	Units	3	2	1
Patients receiving physiotherapy	Patients	17	7	

## KUWAIT (regional)

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

The ICRC has been in Kuwait since the 1990–1991 Gulf War. It focuses on humanitarian needs remaining from that war or arising from current armed conflicts and other situations of violence in the wider region. Its work includes activities for people deprived of their freedom 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.

### YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

**MEDIUM**

### KEY RESULTS/CONSTRAINTS IN 2018

- Dialogue with the Emirati and Saudi Arabian authorities, on IHL and the conduct of military operations in Yemen, progressed; engagement with the Omani authorities facilitated ICRC activities for wounded people from Yemen.
- The Tripartite Commission adopted the recommendations of an ICRC-commissioned review of its activities to clarify the fate of people missing in connection with the 1990–1991 Gulf War.
- Members of families dispersed by conflict, detention or migration reconnected via Movement family-links services, such as phone/video calls to relatives held in the US detention facility at Guantanamo Bay Naval Station in Cuba.
- Penitentiary authorities in Bahrain, Kuwait and Qatar took steps to improve the management of prisons and/or detainees' access to health care; the ICRC provided support.
- The ICRC opened a new office in Riyadh, Saudi Arabia, with a view to strengthening relationships and networking with decision-makers and other influential parties in the region.
- Owing to various constraints, some of the ICRC's activities – for instance, visits to former Guantanamo Bay detainees who had been resettled in Oman and Saudi Arabia – were postponed or did not take place as planned.

### EXPENDITURE IN KCHF

Protection	2,283
Assistance	500
Prevention	3,239
Cooperation with National Societies	963
General	283
<b>Total</b>	<b>7,268</b>
<i>Of which: Overheads</i>	<i>444</i>

### IMPLEMENTATION RATE

Expenditure/yearly budget	106%
---------------------------	------

### PERSONNEL

Mobile staff	16
Resident staff (daily workers not included)	48



### PROTECTION

**Total**

#### CIVILIANS

##### Restoring family links

RCMs collected	154
RCMs distributed	166
Phone calls facilitated between family members	79
Tracing cases closed positively (subject located or fate established)	3

#### PEOPLE DEPRIVED OF THEIR FREEDOM

##### ICRC visits

Places of detention visited	21
Detainees in places of detention visited	12,921
<i>of whom visited and monitored individually</i>	80
Visits carried out	34

##### Restoring family links

RCMs collected	379
RCMs distributed	96
Phone calls made to families to inform them of the whereabouts of a detained relative	38

### ASSISTANCE

**2018 Targets (up to)**

**Achieved**

#### WOUNDED AND SICK

##### Medical care

Hospitals supported	Structures		1
---------------------	------------	--	---



## CONTEXT

The Member States of the Gulf Cooperation Council (GCC) continued to exert influence in matters related to armed conflict and humanitarian action in the Middle East and beyond. Some were involved in regional conflicts. Bahrain and the United Arab Emirates (hereafter UAE) were part of the international military coalition led by Saudi Arabia in Yemen. GCC governments and regional organizations – and local charities and organizations in the countries covered – conducted or supported humanitarian activities in the wider region, particularly in Iraq, the Syrian Arab Republic (hereafter Syria) and Yemen.

GCC Member States continued to deal with the consequences of the Qatar crisis: Bahrain, Saudi Arabia, the UAE and other States had had no diplomatic and trade relations with Qatar since June 2017; Kuwait and Oman remained neutral. In Bahrain, demonstrations against the government were smaller than in previous years. Major changes took place in the economic and political structure of Saudi Arabia.

GCC Member States continued to host large numbers of migrants, including people in search of work and people who had fled conflict-affected countries such as Iraq, Syria and Yemen.

## ICRC ACTION AND RESULTS

In 2018, the regional delegation in Kuwait intensified its efforts to strengthen support among a broader range of stakeholders for IHL and for the ICRC's neutral, impartial and independent humanitarian work – particularly in Iraq, Syria and Yemen.

The ICRC networked, pursued humanitarian diplomacy, gathered support for its work, and discussed possibilities for cooperation with various influential figures in GCC Member States – through high-level dialogue and public events such as forums and conferences. Dialogue with the Emirati and Saudi Arabian authorities, on IHL and its incorporation in their operations in Yemen, progressed. The ICRC maintained a logistics base in Salalah, Oman, to support its activities for conflict-affected people in Yemen. It opened an office in Riyadh, Saudi Arabia, with a view to strengthening relationships and networking with decision-makers and other influential parties in the region.

Detainees in Bahrain, Kuwait and Qatar were visited in accordance with standard ICRC procedures; particularly vulnerable inmates were monitored individually. Findings from these visits were communicated confidentially to the authorities concerned, with a view to helping them improve detainees' treatment and living conditions. Aided by the ICRC, penitentiary authorities took steps to improve prison management and/or detainees' access to health care. Discussions with the Emirati and Saudi Arabian authorities, on access to people detained in connection with the conflict in Yemen, continued. As a result of these discussions with the Emirati authorities, the ICRC's delegation in Yemen was able to visit a detention facility in southern Yemen. In Saudi Arabia, the ICRC was able to visit detainees at two places of detention.

In cooperation with the Omani authorities, the ICRC transferred wounded people and their caretakers from Yemen to its Weapon Traumatology and Training Centre (WTTC) in Lebanon. Doctors from various hospitals in Oman strengthened their skills in war surgery at a seminar organized by the ICRC and the health ministry.

Members of families separated by armed conflict, detention or migration maintained or restored contact through the Movement's family-links services. Some of them made phone or video calls to relatives detained abroad – for instance, at the US detention facility at Guantanamo Bay Naval Station in Cuba. As an agreement with the authorities in this matter was still pending, the ICRC was unable to visit former Guantanamo Bay detainees who had been resettled in Oman and Saudi Arabia. In 2016, the ICRC commissioned an independent review of the activities of the Tripartite Commission set up by Iraq, Kuwait and former coalition States (France, Saudi Arabia, the United Kingdom of Great Britain and Northern Ireland, and the United States of America) to clarify the fate of people missing in connection with the 1990–1991 Gulf War; the review was completed in 2017. In 2018, the Tripartite Commission adopted the recommendations in the review. The ICRC continued to promote best practices in humanitarian forensics. Forensic professionals from the Middle East and North Africa discussed forensic medicine and challenges associated with human-remains management at a meeting organized by the ICRC in Kuwait.

The ICRC sought to strengthen partnerships with GCC National Societies, in order to ensure an effective response to humanitarian needs in the wider region. The Qatar Red Crescent Society and the ICRC drafted operational partnership agreements for their activities in Iraq and Yemen.

## CIVILIANS

The ICRC's dialogue with the Emirati and Saudi Arabian authorities, on IHL and its incorporation in their operations in Yemen, progressed. Among the subjects covered were the necessity of preventing abuses against civilians, and facilitating their access to essential services. The opening of an ICRC office in Riyadh aided these discussions.

### Families stay in touch with relatives detained abroad

Members of families separated by armed conflict, detention or migration restored or maintained contact through family-links services offered by GCC National Societies and the ICRC. Families sent RCMs or made phone or video calls to relatives detained abroad – for instance, at the Guantanamo Bay detention facility or in Syria. In Kuwait, migrants without diplomatic representatives sought the ICRC's help to get travel and other official documents from their embassies outside the country; the ICRC enabled 24 people to receive official documents. Fewer people received travel and other official documents through the ICRC in 2018, mainly because of the increased diplomatic presence – which meant that more migrants could be assisted by their consulates or embassies in Kuwait itself. The ICRC also organized meetings with various organizations assisting detained migrants in Kuwait, with a view to coordinating activities more closely, particularly

the delivery of travel documents. The regional delegation in Kuwait followed up – with GCC National Societies and other ICRC delegations – the tracing requests made by families with relatives who had gone missing – in Iraq or Syria, for instance.

As an agreement with the authorities in this matter was still pending, the ICRC was unable to visit people resettled in Oman and Saudi Arabia after their release from the Guantanamo Bay detention facility. However, the ICRC was able to stay in touch with the ex-detainees in Oman through e-mail and phone calls; it also arranged family visits for them.

The ICRC sought to help GCC National Societies strengthen their provision of family-links services – through training, for instance. At a regional meeting organized by the ICRC in Kuwait, representatives of GCC National Societies discussed obstacles to restoring family links; they also learnt about how the Hellenic Red Cross and the ICRC helped migrants who had crossed the Mediterranean restore or maintain contact with their relatives. The Saudi Arabian Red Crescent drew on ICRC expertise to draft an action plan for providing family-links services during natural disasters.

### **Tripartite Commission adopts recommendations for improving its work**

The Tripartite Commission and its Technical Sub-Committee – both chaired by the ICRC – continued to pursue efforts to clarify the fate of people missing in connection with the 1990–1991 Gulf War. The ICRC urged the Commission to adopt a coordinated and uniform approach to the search for missing people. The Commission adopted the recommendations of an independent review of its activities that had been commissioned by the ICRC in 2016 and was completed in 2017. The recommendations, for excavations, included researching the subject thoroughly before going on missions; focusing on priority sites; and ensuring that scientific procedures were followed. Within the framework of the Commission, contemporary satellite images of possible burial sites – obtained from various sources – were analysed. Excavations took place in Kuwait and Iraq, but no human remains were recovered.

The ICRC continued to promote best practices and lent its expertise in humanitarian forensics, with a view to ensuring proper handling and identification of human remains within the region and beyond. Forensic professionals from the Middle East and North Africa discussed forensic medicine and challenges associated with human-remains management at a meeting organized by the ICRC in Kuwait. Participants in the regional meeting on restoring family links held in Kuwait – mentioned above – were also briefed on the proper management of human remains.

## **PEOPLE DEPRIVED OF THEIR FREEDOM**

The ICRC visited detainees in Bahrain, Kuwait and Qatar – in accordance with its standard procedures – to monitor their treatment and living conditions. It paid particular attention to vulnerable people, such as women and foreigners. In Kuwait, the ICRC also checked on the situation of migrants held in police stations. The ICRC communicated findings from these visits

– and where appropriate, its recommendations for improving detainees' living conditions and treatment, and for addressing overcrowding – confidentially to the authorities concerned. The ICRC also reminded them of the necessity of respecting judicial guarantees and the principle of *non-refoulement*.

The ICRC continued to discuss with the Emirati and Saudi Arabian authorities the issue of access to people detained in connection with the conflict in Yemen. As a result of these discussions with the Emirati authorities, the ICRC's delegation in Yemen was able to visit a detention facility in southern Yemen (see *Yemen*). In Saudi Arabia, the ICRC was able to visit detainees at two places of detention. It oversaw the hand-over of 49 Yemenis, including minors – by detaining authorities in Saudi Arabia to their Yemeni counterparts.

At the detention facilities visited, some detainees used the ICRC's family-links services to contact relatives. The ICRC reminded the authorities of the necessity of enabling detainees to maintain contact with their families. It issued attestations of detention for 1,118 people in Kuwait.

### **The authorities take steps to improve detainees' access to health care**

The ICRC sought to organize or provide assistance for training prison staff in internationally recognized standards for detention. In Kuwait, during meetings and training sessions organized by the ICRC, prison staff discussed the proper treatment of detainees and learnt about the ICRC's mandate and activities.

The ICRC sponsored Kuwaiti prison directors to attend the annual conference of the International Corrections and Prison Association, which was held in Canada. The event was also an opportunity for these officials to strengthen their capacities in prison management. Kuwaiti prison officials learnt more about the management of deportation centres through an ICRC study tour to a deportation centre in Doha, Qatar.

The ICRC urged – and provided support for – the authorities and other pertinent actors in Bahrain, Kuwait and Qatar to make health services, including psychological care, more readily available to detainees. In Qatar, the ICRC conducted information sessions for prison doctors on medical ethics and the importance of carrying out systematic medical screening of detainees. In Kuwait, during a round-table organized by the ICRC, officials from the health and interior ministries, and others, discussed how to tackle drug abuse and mental illness among detainees. At the ICRC's urging, the management and medical staff of a deportation centre in Kuwait agreed to give ailing deportees copies of their medical files – and at least a week's worth of medicines – to take to their home countries. The ICRC submitted – to the pertinent authorities in Bahrain – a paper on health-related issues in detention facilities, which included recommendations for addressing these. The ICRC sponsored health and prison staff from Bahrain, Kuwait and Qatar to attend a seminar – in Amman, Jordan – on health care in detention.

PEOPLE DEPRIVED OF THEIR FREEDOM	Bahrain	Kuwait	Qatar	Saudi Arabia
<b>ICRC visits</b>				
Places of detention visited	2	14	3	2
Detainees in places of detention visited	4,590	5,505	2,411	415
of whom women		435	120	
of whom minors	145	1		48
Visits carried out	2	26	3	3
Detainees visited and monitored individually	2	29		49
of whom women		23		
of whom boys				48
Detainees newly registered		25		44
of whom women		23		
of whom boys				43
<b>RCMs and other means of family contact</b>				
RCMs collected		39		340
RCMs distributed				96
Phone calls made to families to inform them of the whereabouts of a detained relative		38		
Detainees released and transferred/repatriated by/via the ICRC				49
People to whom a detention attestation was issued		1,118		

## WOUNDED AND SICK

In cooperation with the Omani authorities, the ICRC transferred wounded people and their caretakers from Yemen to the WTC in Lebanon (see *Lebanon*). At year's end, with the ICRC's assistance, five patients had completed their treatment at the WTC and returned to Oman.

A seminar organized by the ICRC and the health ministry enabled 60 doctors from hospitals in Oman to strengthen their skills in war surgery. The ICRC donated surgical equipment – for treating wounded Yemenis – to the Khaula hospital in Muscat, Oman.

## ACTORS OF INFLUENCE

The ICRC's regional delegation in Kuwait intensified its efforts to expand support for IHL, and for its neutral, impartial and independent humanitarian work – particularly in Iraq, Syria and Yemen. It pursued various forms of engagement with a broader range of stakeholders in the region. It also opened a new office in Riyadh, with a view to strengthening relationships and networking with decision-makers and other influential parties in the countries covered. However, some constraints delayed a few of the ICRC's planned activities for different actors of influence.

### Senior military officers from different countries strengthen their grasp of IHL

The ICRC urged government officials and others in the countries covered – including members of national IHL committees – and gave them expert advice and other support, to ratify and/or implement IHL and related treaties. In Oman, the ICRC provided the national IHL committee with books and other reference materials on IHL. The ICRC sponsored four members of the national IHL committee in Qatar to attend a regional course on IHL in Beirut, Lebanon (see *Lebanon*). The ICRC and the Qatari committee also signed a memorandum of understanding to strengthen cooperation in promoting IHL. In Abu Dhabi, the Emirati foreign ministry and the ICRC organized a regional course in IHL for diplomats from Arab

countries. Discussions between the ICRC and the Emirates Diplomatic Academy – on the incorporation of IHL in the academy's curriculum – progressed.

Military and security officers and other officials across the region furthered their understanding of IHL and other applicable norms at briefings, workshops, and other events organized by the ICRC. Senior military officers from GCC Member States and other countries strengthened their grasp of the IHL principle of proportionality at a meeting held in Kuwait. In Abu Dhabi, senior military officers from about 80 countries discussed the challenges of the modern battlefield and other related topics at the Senior Workshop on International Rules Governing Military Operations organized by the UAE defence ministry and the ICRC (see *International law and policy*). Officials from the UAE defence ministry – including legal advisers – learnt more about IHL and the ICRC's work during a training course at ICRC headquarters in Geneva, Switzerland. The ICRC also continued to offer armed forces in the region technical assistance for incorporating IHL in their training.

### The ICRC bolsters its humanitarian diplomacy

The ICRC networked, pursued humanitarian diplomacy, gathered support for its work, and discussed possibilities for cooperation with various influential figures, including people from the private sector, in GCC Member States. It did all this through high-level dialogue, and events such as forums and conferences. These events tackled a broad range of subjects, such as the localization of aid and the reconstruction of infrastructure in Iraq. During his visits to Kuwait, Qatar, Saudi Arabia and the UAE, the ICRC's president discussed issues of common interest, and explored possibilities for further cooperation, with numerous figures of high standing. The Oman Charitable Organization helped facilitate customs clearance for aid bound for the ICRC's logistics base in Salalah, and then to Yemen: this was another positive result of the ICRC's engagement with influential bodies in the region.

Dissemination sessions and other activities organized by the ICRC enabled representatives of local or regional organizations, academics and others to familiarize themselves with humanitarian issues, IHL and the ICRC's activities. Personnel from the King Salman Humanitarian Aid and Relief Centre, and the Saudi Arabian Red Crescent learnt more about neutral, independent and impartial humanitarian action, and protection-related issues that arise during armed conflict, at an ICRC training session in Saudi Arabia. In the UAE, the ICRC was awarded the Hamdan Award for Volunteers in Humanitarian Medical Services for 2017–2018, and the Emirates Prize for Humanitarian Action at the Zayed Humanitarian Forum.

The ICRC strengthened its engagement with the media and its presence on digital platforms, to broaden awareness of humanitarian issues arising from conflicts in the wider region and its response to them. Traditional and online media in the region covered the ICRC's activities, which helped build support for the Movement and IHL among the general public. The ICRC also sought to coordinate its public-communication initiatives with the National Societies.

## RED CROSS AND RED CRESCENT MOVEMENT

The ICRC pursued efforts to expand its operational partnerships with GCC National Societies – particularly the Kuwaiti and Qatari National Societies – in order to mount a more effective response to the needs of violence-affected people in the wider region. As a result of their regularly held discussions, the ICRC and the Qatari Red Crescent drafted operational partnership agreements for their activities in Iraq and Yemen. However, the security situation in Yemen and its lack of funds in Lebanon prevented the Kuwaiti Red Crescent from signing operational partnerships with the ICRC for their activities in those countries.

The ICRC provided capacity-building training and/or support for GCC National Societies in such areas as restoration of family links, disaster management and programme monitoring and evaluation. The ICRC also urged GCC National Societies and other Movement components in the region to meet regularly, in order to improve coordination among them.

Representatives of National Societies from the Middle East, Europe and Central Asia discussed the consequences of the use of nuclear weapons, and what they could do to eliminate these weapons, during a workshop organized by the Qatari Red Crescent and the ICRC in Doha.

## MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
<b>RCMs and other means of family contact</b>		<b>UAMs/SC</b>		
RCMs collected	154			
RCMs distributed	166			
Phone calls facilitated between family members	79			
<b>Tracing requests, including cases of missing persons</b>		<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered	29	3	1	
<i>including people for whom tracing requests were registered by another delegation</i>	3			
Tracing cases closed positively (subject located or fate established)	3			
<i>including people for whom tracing requests were registered by another delegation</i>	1			
Tracing cases still being handled at the end of the reporting period (people)	1,561	12	1	44
<i>including people for whom tracing requests were registered by another delegation</i>	1,396			
<b>Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers</b>		<b>Girls</b>		<b>Demobilized children</b>
UAMs/SC newly registered by the ICRC/National Society	2	2		
<b>Documents</b>				
People to whom travel documents were issued	1			
People to whom official documents were delivered across borders/front lines	24			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>ICRC visits</b>		<b>Women</b>	<b>Minors</b>	
Places of detention visited	21			
Detainees in places of detention visited	12,921	555	194	
Visits carried out	34			
		<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually	80	23		48
<i>of whom newly registered</i>	69	23		43
<b>RCMs and other means of family contact</b>				
RCMs collected	379			
RCMs distributed	96			
Phone calls made to families to inform them of the whereabouts of a detained relative	38			
Detainees released and transferred/repatriated by/via the ICRC	49			
People to whom a detention attestation was issued	1,118			

MAIN FIGURES AND INDICATORS: ASSISTANCE

PEOPLE DEPRIVED OF THEIR FREEDOM		Total		
Health				
Places of detention visited by health staff	Structures	8		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	1		



# LEBANON

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

## YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

## KEY RESULTS/CONSTRAINTS IN 2018

- Through representations from the ICRC, the authorities and weapon bearers were reminded of the protection due to people seeking or delivering medical services, and of the necessity of respecting the principle of *non-refoulement*.
- Syrian and Palestinian refugees, and Lebanese host communities, had better living conditions after the Lebanese Red Cross, the ICRC and other Movement components carried out infrastructural upgrades and other projects.
- Vulnerable refugees and residents covered their basic needs and launched small businesses, with ICRC financial support.
- Wounded, critically ill, and destitute people received medical attention, including rehabilitative and surgical care, at ICRC-supported medical facilities throughout the country.
- Detainees in three prisons had broader access to health care and benefited from infrastructural upgrades carried out by the ICRC.
- The Lebanese parliament passed a law on missing people. The new law – drafted with ICRC technical advice – called for the establishment of a mechanism for ascertaining the fate of people missing in relation to past conflicts.

## EXPENDITURE IN KCHF

Protection	6,018
Assistance	33,270
Prevention	1,797
Cooperation with National Societies	2,692
General	530
<b>Total</b>	<b>44,307</b>
<i>Of which: Overheads</i>	<i>2,704</i>

## IMPLEMENTATION RATE

Expenditure/yearly budget	98%
---------------------------	-----

## PERSONNEL

Mobile staff	71
Resident staff (daily workers not included)	275



PROTECTION	Total
<b>CIVILIANS</b>	
<b>Restoring family links</b>	
RCMs collected	79
RCMs distributed	257
Tracing cases closed positively (subject located or fate established)	52
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>	
<b>ICRC visits</b>	
Places of detention visited	18
Detainees in places of detention visited	7,122
<i>of whom visited and monitored individually</i>	875
Visits carried out	152
<b>Restoring family links</b>	
RCMs collected	873
RCMs distributed	430
Phone calls made to families to inform them of the whereabouts of a detained relative	530

ASSISTANCE	2018 Targets (up to)	Achieved
<b>CIVILIANS</b>		
<b>Economic security</b>		
Food consumption	Beneficiaries 2,000	13,235
Income support	Beneficiaries 29,000 <sup>1</sup>	9,284
Living conditions	Beneficiaries 2,000	1,410
<b>Water and habitat</b>		
Water and habitat activities	Beneficiaries 54,000	88,283
<b>Health</b>		
Health centres supported	Structures 8	12
<b>WOUNDED AND SICK</b>		
<b>Medical care</b>		
Hospitals supported	Structures 20	19
<b>Physical rehabilitation</b>		
Projects supported	Projects 5	4
People benefiting from ICRC-supported projects	Aggregated monthly data 600	1,414
<b>Water and habitat</b>		
Water and habitat activities	Beds 289	265

- This figure includes a cumulative target of 20,000 people (first-time and repeat beneficiaries) whom the ICRC planned to assist from 2018 to 2020.

## CONTEXT

The armed conflict in the Syrian Arab Republic (hereafter Syria; see also *Syrian Arab Republic*) continued to have a significant impact on Lebanon. Around 1.5 million refugees from Syria were reportedly living in host communities or informal settlements throughout the country. Their living conditions were dire and anti-refugee sentiment among residents was growing. Several thousand refugees had already returned to Syria. The Lebanese authorities enabled many of them to leave and indicated their intention to persuade others to do so as well.

Some 450,000 Palestinian refugees, most of them registered with the UN Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), lived in 12 overcrowded camps in Lebanon. Tensions between armed factions sometimes led to clashes in these camps, particularly in Ein el-Helwe – the largest and most overcrowded – in Saida.

Military and security operations in violence-prone areas often resulted in casualties and arrests. However, law enforcement operations in Syrian settlements were said to have become less frequent.

Gaps in State services for refugees were partially filled, albeit with difficulty, by humanitarian organizations working in Lebanon. Syrian and Palestinian refugees lacked access to public services, livelihood opportunities, and adequate housing. Refugees and destitute residents often could not afford medical services.

Thousands of missing-persons cases linked to past conflicts in Lebanon remained unresolved and a source of anguish for the families concerned. In November, the Lebanese parliament passed a law that established a legal framework for clarifying the fate of missing people.

General elections were held – for the first time in nine years – in May; however, a government had not yet been formed at year's end.

## ICRC ACTION AND RESULTS

The ICRC maintained its humanitarian response in Lebanon, particularly in connection with the effects of the Syrian conflict. It endeavoured to protect and assist Syrian and Palestinian refugees and destitute Lebanese residents, in partnership with the Lebanese Red Cross and other Movement components, and in close coordination with the authorities, UNRWA and other organizations.

Efforts were sustained to persuade the authorities to pass a law aimed at clarifying the fate of people missing in connection with past conflicts, which the parliament did in November. The ICRC enabled missing people's families to obtain psychosocial support and participate in commemorative events that raised awareness of their plight. It collected data on missing people from their relatives, to aid a future process for identifying human remains. Forensic professionals built up their capacities in managing human remains with ICRC support.

The ICRC visited places of detention in accordance with its standard procedures. It discussed its findings with the authorities about, *inter alia*, detainees' access to health care, and reminded them of the necessity of respecting judicial guarantees and the principle of *non-refoulement*. Infrastructural renovations by the ICRC improved detainees' living conditions.

Military and security personnel were aided by the ICRC to incorporate IHL and international policing standards in their operations. In its dialogue with the ICRC, weapon bearers were reminded of the necessity of ensuring safe access to education and medical services.

Members of families dispersed by armed conflict, detention or other circumstances restored or maintained contact through Movement family-links services. People lodged requests with the ICRC to trace relatives who had gone missing in Syria.

Cash grants enabled refugees – and residents of host communities – to cover their basic living expenses or launch small businesses. Other violence-affected people were given emergency material assistance. Refugee communities had better living conditions after the ICRC upgraded water, electrical and sanitation systems, and renovated shelters.

ICRC-supported primary-health-care centres provided vulnerable refugees and residents with preventive and curative care, psychosocial support and referrals to specialized treatment. Disabled people were given assistive devices and physiotherapy at ICRC-supported physical rehabilitation centres.

To ease the strain on Lebanon's health system, and ensure timely and suitable treatment for wounded people, the ICRC maintained its support throughout the casualty care chain; for instance, it provided first-aid training for community members and military personnel. At the ICRC's Weapon Traumatology and Training Centre (WTTC) in Tripoli, and at the ICRC-run emergency ward at the Rafik Hariri University Hospital (RHUH) in Beirut, the ICRC covered the costs of surgical treatment for wounded patients and other vulnerable people. The RHUH – Lebanon's largest public hospital – benefited from infrastructural upgrades, maintenance training, and on-site support for medical staff – all aspects of a multi-year capacity-building project.

News releases and various ICRC public-communication initiatives helped broaden awareness – in Lebanon and throughout the region – of the ICRC's activities and draw attention to issues of humanitarian concern.

The Lebanese Red Cross reinforced its emergency response capacities with the ICRC's support. Movement components in Lebanon coordinated their activities to ensure a coherent humanitarian response in the country, especially to emergencies.

## CIVILIANS

The ICRC monitored the situation of refugees and destitute residents in Lebanon and continued to discuss their protection-related concerns with the authorities and weapon bearers. It submitted representations to the authorities and other actors concerned on the necessity of respecting the principle of *non-refoulement* and facilitating access to medical services. In January, an ICRC position paper – on the necessity of ensuring that the repatriation of refugees to Syria is voluntary, safe and dignified – was shared with high-level authorities, weapon bearers and diplomats; this paper continued to be a source of constructive dialogue between the ICRC and the parties concerned. Following sustained exchanges with the ICRC, 15 armed factions in Ein el-Helwe signed a document declaring their commitment to protecting medical personnel and facilities in case of armed violence.

### Missing people's families address their specific needs

The ICRC continued to remind the authorities of the necessity of clarifying the fate of missing people and addressing the needs of the families concerned. Commemorative and awareness-raising events – organized with ICRC support – broadened public awareness of the plight of missing people's families. Some 80 families obtained psychosocial support via an ICRC-backed accompaniment programme, which was extended to seven additional districts; families were also made aware of the ICRC's procedures in searching for and identifying missing people.

In preparation for a future identification process for human remains, the ICRC continued to gather and preserve information pertaining to missing people: to that end, it interviewed their families and collected biological reference samples from them.

In November, the Lebanese parliament passed a law on missing people; parliamentarians had drawn on ICRC expertise to draft it. The law called for the establishment of a mechanism for ascertaining the fate of people missing in relation to past conflicts.

With a view to preventing future disappearances, authorities and forensic specialists were given technical and material support by the ICRC: for instance, military and security personnel and first responders were trained in best practices in managing human remains at ICRC workshops, and a morgue was provided with equipment to support its operations.

### Members of separated families stay in touch

Members of families dispersed by armed conflict, detention or other circumstances reconnected through RCMs and other Movement family-links services. Requests to trace people missing or allegedly arrested in Syria were coordinated with the ICRC's Damascus delegation (see *Syrian Arab Republic*), which forwarded these cases to the pertinent Syrian authorities. Syrian refugees learnt – through the ICRC's outreach activities – about the family-links services available to them.

Nine Syrian refugees were resettled in third countries with the help of ICRC travel documents. No ICRC-assisted repatriations from Israel took place in 2018.

### Refugees and vulnerable residents cover their basic needs

Support from the Lebanese Red Cross and the ICRC helped refugees – and their Lebanese host communities – to cover their basic living expenses and bolster their earning capacities. Roughly 1,260 households (6,279 people) were given a monthly allowance; households reportedly used at least 90% of it to pay for food, rent and health care. Using ICRC cash grants, 226 households (1,130 people) launched small businesses or raised livestock to increase their income; those households who had launched small businesses reported having at least half of their monthly expenses covered. Furthermore, 375 households (1,875 people) in Akkar were provided with dairy cattle and/or fodder.

Food parcels were given to 13,055 refugees (2,611 households) and some Lebanese families. Around 180 Palestinian refugees (36 households) whose homes had been damaged during clashes received cash and household essentials to ease their living conditions. Blankets, tarpaulins and other items helped 1,230 people (246 households), including Palestinian refugees from Syria, to see themselves through the winter.

### Vulnerable people benefit from restored water facilities and shelters

Various ICRC initiatives made water more readily available, and improved sanitation, for roughly 88,300 people.

Some 57,800 refugees and residents benefited from ICRC infrastructural upgrades: for instance, improvements to water pumping stations and electrical systems. The ICRC – in conjunction with the National Society and other Movement components – implemented projects that benefited some 21,600 Palestinian and Syrian refugees: for instance, it donated shelter kits, renovated shelters and installed solar lighting.

The National Society and the ICRC helped roughly 5,600 Syrians in informal settlements maintain sanitary surroundings, for example, through clean-up projects in settlements affected by flooding. One school in northern Lebanon (330 students and 10 teachers) was renovated. Roughly 2,900 students at four schools in Ein el-Helwe benefited from repairs to evacuation routes and designated safe areas; they learnt safe practices in case of outbreaks of violence through ICRC information sessions.

### Violence-affected people obtain primary-health-care services and psychosocial support

Twelve primary-health-care centres – one in Beirut, one at the Nahr el-Bared Palestinian camp and the rest in southern Lebanon and in areas in the north near the Lebanese–Syrian border – were supported by the ICRC with medical supplies, equipment and expert advice. In total, 150,824 curative consultations and 9,878 prenatal consultations were carried out through these facilities; and roughly 5,900 children were vaccinated. Refugees and residents learnt about good health practices, disease prevention and mental-health awareness at information sessions.

Victims of violence, including survivors/victims of sexual violence, obtained psychosocial support at three ICRC-supported clinics; this reportedly alleviated psychological distress among 80% of the patients.

### PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited, in accordance with its standard procedures, 18 places of detention run by the Internal Security Forces (ISF), the Lebanese Armed Forces (LAF) and the General Directorate of General Security (General Security). It followed up 875 detainees – security detainees, people under interrogation and foreigners – individually; some were referred for medical care or psychological support, or given material assistance.

Findings and recommendations were communicated confidentially to the detaining authorities, to help them bring detainees' living conditions and treatment, including access to health care, in line with internationally recognized standards. The authorities were reminded of the necessity of preventing ill-treatment, and of respecting judicial guarantees, the principle of *non-refoulement*, and families' right to know their detained relatives' whereabouts. Approximately 10,000 detainees received blankets, books or hygiene kits.

Roughly 190 detainees in prolonged pre-trial detention benefited from the services of an ICRC-commissioned lawyer. The ICRC had planned to organize prison visits for judges to show them the effects of delays in judicial proceedings on the prison population; owing to various obstacles, however, such a visit did not take place. Nevertheless, in meetings with detaining authorities, the ICRC emphasized the need to reduce overcrowding in detention facilities.

Detainees used the Movement's family-links services to contact their relatives. With the ICRC's help, detained foreigners notified their embassies, or the UNHCR, of their situation.

### Detainees' living conditions and access to health care improve

Detainees at three ISF-run prisons obtained health services at clinics supported by the ICRC with material assistance and staff training. The construction of clinics at two military prisons was being discussed with the LAF at year's end.

At ICRC workshops in the country and elsewhere (see *Jordan*), detaining authorities and health staff broadened their knowledge of best practices in health care for detainees; they also discussed such subjects as medical documentation of ill-treatment, including sexual violence, and medical ethics. The ISF and the LAF finalized their working procedures – drafted with ICRC advice – for managing hunger strikes among detainees.

Around 4,000 detainees had better access to water after the ICRC completed a water project at the Roumieh central prison; the ICRC also guided prison staff in dealing with a scabies outbreak among detained minors. Minor infrastructural upgrades were carried out at two detention facilities (145 detainees). Renovations at one ISF-run prison were postponed to 2019. The ICRC gave the authorities expert advice for planning the design and maintenance of two new prisons.

### WOUNDED AND SICK

The ICRC continued to support the casualty care chain: first-aiders; the Lebanese Red Cross's emergency medical services (EMS) and blood bank; trauma-care specialists; and hospitals. Health-care workers broadened their understanding of the Health Care in Danger initiative at ICRC information sessions. ICRC-trained NGO staff instructed 56 health personnel in basic counselling and psychological self-care.

### First responders strengthen their capacities

First-aid courses were conducted by the ICRC, in some cases with the National Society, for weapon bearers and members of vulnerable communities. It trained 21 LAF personnel to teach first aid, and supplied the LAF with materials for first-aid training. The National Society's EMS continued to provide emergency care and medical evacuation for wounded people, with ICRC technical and material support. The ICRC covered the cost of blood transfusions for some 1,900 Lebanese and Syrians.

A medical kit (for up to 50 people) was donated by the ICRC to one hospital in a violence-prone area. The ICRC identified 22 other hospitals for emergency medical support in the event of outbreaks of violence.

### Refugees and residents receive medical services

People living in violence-prone areas received medical attention at 19 ICRC-supported hospitals. These facilities included two field hospitals in Aarsal, three hospitals in Ein el-Helwe, five hospitals run by the Palestine Red Crescent Society's Lebanon branch, the RHUH in Beirut, and the WTTC (housed in two hospitals in Tripoli); they received training and material support: drugs and other medical supplies, and fuel for generators. At six other hospitals, in southern Lebanon and the Bekaa valley, 24 wounded people were stabilized before being referred to other facilities for further care; the ICRC covered their medical expenses.

### Wounded people obtain specialized medical care

The WTTC – which consisted of a reconstructive-surgery unit in Dar al-Chifae hospital and a post-operative rehabilitation unit in Dar al-Zahara hospital – continued to be run by an ICRC medical team made up of surgeons, nurses, psychologists, social workers, infectious-disease specialists and physiotherapists. Over the course of the year, 513 admissions were made at the WTTC: most of the patients were Syrian; others were referrals made by ICRC delegations in the region. Some patients also benefited from psychiatric consultations, financial assistance or physical rehabilitation services.

### Lebanon's largest public hospital receives capacity-building support

Vulnerable people also sought medical, surgical, maternal or paediatric care at the RHUH, where ICRC staff ran a 32-bed ward. The ICRC upgraded infrastructure at the RHUH and covered treatment costs for 877 patients. RHUH staff benefited from ICRC on-site support and training in trauma care and war surgery.



### **Medical professionals develop their skills in weapon-wound surgery**

A regional course organized by the Lebanese University and the ICRC enabled 45 medical students and professionals to sharpen their skills in wound surgery. Doctors and nurses developed their capacities in emergency-room trauma care at three ICRC training sessions. An ICRC course on managing large-scale health emergencies was held in Beirut; 29 health professionals from Lebanon and elsewhere took part.

### **Hospital facilities are upgraded**

The ICRC upgraded infrastructure at the RHUH (250 beds): it installed new generators, steam boilers, chillers and a water-treatment plant, repaired toilets, and renovated an operating theatre. With ICRC training, hospital staff learnt how to maintain these facilities, and were given maintenance manuals.

Rehabilitation of a hospital morgue (15 beds) in Tripoli was completed. Owing to logistical impediments, the ICRC no longer pursued infrastructural work at a hospital in Aarsal, and postponed renovations at the Human Call Hospital to 2019.

### **Physically disabled people receive suitable care**

Some 1,300 people<sup>2</sup> obtained physical rehabilitation services at four ICRC-supported centres; logistical impediments prevented the ICRC from supporting a fifth centre. Disabled people were able to obtain prostheses and orthoses at these centres; 530 patients benefited from free physiotherapy. To foster the social inclusion of disabled people, the ICRC sponsored two wheelchair basketball tournaments: teams from Afghanistan, India, Iraq, Lebanon and Syria participated. Some 50 disabled people were referred to the ICRC's economic security unit.

Physical rehabilitation professionals received training in amputee care at an ICRC-supported workshop.

## **ACTORS OF INFLUENCE**

### **Senior military and security personnel strengthen their grasp of IHL**

Military and security officials continued to be engaged by the ICRC in dialogue on incorporating IHL and international law enforcement standards more fully in their operations; to this end, it sponsored them to attend meetings, courses and workshops in Lebanon and elsewhere.

A senior LAF official attended an IHL workshop in the United Arab Emirates (see *International law and policy*). Three LAF officials learnt more about IHL and various humanitarian issues at a course in San Remo, Italy. At an experts' meeting in Switzerland, LAF and ISF officials, and their counterparts from elsewhere, discussed how to prevent ill-treatment in prisons. Other security personnel learnt about IHL and international policing standards at various ICRC workshops and train-the-trainer courses in Lebanon and elsewhere (see, for instance, *Morocco*).

At a regional IHL course in Arabic organized by the League of Arab States and the ICRC in Beirut, government representatives, academics, civil society members and National Society personnel from 17 countries broadened their knowledge of IHL; participants included three ISF and General Security officials.

### **Members of civil society broaden their understanding of humanitarian issues**

ICRC public-communication initiatives on social media, and various awareness-raising events organized with ICRC support, drew the general public's attention to the plight of missing people's families and to the ICRC's work to help address their needs. A law on missing people – drafted with ICRC input – was passed in November (see *Civilians*).

Public-communication efforts in Lebanon also sought to raise awareness of humanitarian issues in the country and throughout the region, and of the ICRC's neutral, impartial and independent humanitarian work. Lebanese and international media covered various subjects related to humanitarian work: ascertaining the fate of missing people; the situation of missing people's families; the ICRC's health- and detention-related activities; and the death of a Lebanese ICRC staff member (see *Yemen*).

With ICRC support, a law professor from a local university attended an IHL course abroad (see *Morocco*).

A study on public perceptions of the ICRC in refugee and host communities was finalized in June; the ICRC's delegation in Lebanon intends to be guided by its findings in its engagement with violence-affected communities in the country. The delegation responded to all the queries it received on its social media accounts.

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

The Lebanese Red Cross remained the ICRC's main partner in carrying out humanitarian activities in the country, particularly in connection with Syrian refugees (see *Civilians* and *Wounded and sick*). It received technical and financial support from the ICRC for its operations and organizational development; and for strengthening its capacities in these areas: management of finances and human resources; logistics; and public communication.

The Palestine Red Crescent Society's Lebanon branch provided health-care services to Palestinian refugees; the ICRC provided technical, financial and material support.

With ICRC training and advice, both National Societies developed their ability to operate in accordance with the Safer Access Framework.

Movement components met regularly to coordinate their activities and to continue drafting a contingency plan for large-scale emergencies arising from armed conflict or natural disasters in the country.

2. Beneficiary figures for physical rehabilitation projects are derived from aggregated monthly data, including repeat beneficiaries.



## MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
<b>RCMs and other means of family contact</b>		<b>UAMs/SC</b>		
RCMs collected	79			
RCMs distributed	257			
<b>Tracing requests, including cases of missing persons</b>		<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered	533	39	29	31
Tracing cases closed positively (subject located or fate established)	52			
Tracing cases still being handled at the end of the reporting period (people)	6,386	437	201	567
<i>including people for whom tracing requests were registered by another delegation</i>	27			
<b>Documents</b>				
People to whom travel documents were issued	9			
People to whom official documents were delivered across borders/front lines	4			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>ICRC visits</b>		<b>Women</b>	<b>Minors</b>	
Places of detention visited	18			
Detainees in places of detention visited	7,122	672	221	
Visits carried out	152			
		<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually	875	35	1	20
<i>of whom newly registered</i>	487	30	1	16
<b>RCMs and other means of family contact</b>				
RCMs collected	873			
RCMs distributed	430			
Phone calls made to families to inform them of the whereabouts of a detained relative	530			
People to whom a detention attestation was issued	7			

## MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
<b>Economic security</b>				
Food consumption	Beneficiaries	13,235	3,308	6,619
Income support	Beneficiaries	9,284	2,335	4,614
Living conditions	Beneficiaries	1,410	351	708
<b>Water and habitat</b>				
Water and habitat activities	Beneficiaries	88,283	17,657	52,970
<i>of whom IDPs</i>		88,283	17,657	52,970
<b>Health</b>				
Health centres supported	Structures	12		
Average catchment population		476,000		
Consultations		160,702		
<i>of which curative</i>		150,824	48,500	27,802
<i>of which antenatal</i>		9,878		
Immunizations	Patients	5,888		
<i>of whom children aged 5 or under who were vaccinated against polio</i>		3,146		
Referrals to a second level of care	Patients	8,130		
<i>of whom gynaecological/obstetric cases</i>		725		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>Economic security</b>				
Living conditions	Beneficiaries	10,008	114	10
<b>Water and habitat</b>				
Water and habitat activities	Beneficiaries	4,145		124
<b>Health</b>				
Places of detention visited by health staff	Structures	18		
Health facilities supported in places of detention visited by health staff	Structures	3		

WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	19		
<i>including hospitals reinforced with or monitored by ICRC staff</i>		8		
Services at hospitals reinforced with or monitored by ICRC staff				
Surgical admissions				
Weapon-wound admissions		614	104	67
(including those related to mines or explosive remnants of war)		17	2	3
Non-weapon-wound admissions		2,298		
Operations performed		2,862		
Medical (non-surgical) admissions		3,096	915	1,348
Gynaecological/obstetric admissions		4,040	3,923	117
Consultations		45,214		
Services at hospitals not monitored directly by ICRC staff				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		1,634		
Weapon-wound admissions (surgical and non-surgical admissions)		23	3	3
Weapon-wound surgeries performed		15		
Patients whose hospital treatment was paid for by the ICRC		1,572		
First aid				
First-aid training				
Sessions		20		
Participants (aggregated monthly data)		455		
Water and habitat				
Water and habitat activities	Beds	265		
Physical rehabilitation				
Projects supported	Projects	4		
People benefiting from ICRC-supported projects	Aggregated monthly data	1,414	181	716
<i>of whom beneficiaries of physical rehabilitation services</i>		1,305	160	687
<i>of whom beneficiaries referred to economic programmes</i>		51	5	29
<i>of whom beneficiaries of sporting activities</i>		58	16	
New patients fitted with prostheses	Patients	157	26	10
Prostheses delivered	Units	206	33	18
<i>of which for victims of mines or explosive remnants of war</i>		4		1
New patients fitted with orthoses	Patients	421	40	282
Orthoses delivered	Units	744	55	541
Patients receiving physiotherapy	Patients	530	62	323
Walking aids delivered	Units	165	36	29
Wheelchairs or tricycles delivered	Units	69	11	21

# SYRIAN ARAB REPUBLIC

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

## YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

HIGH

## KEY RESULTS/CONSTRAINTS IN 2018

- Increased proximity to conflict-affected communities enabled the Syrian Arab Red Crescent and/or the ICRC to provide food and essential household items to more vulnerable people than planned.
- Millions of people throughout the country benefited from the ICRC's water-and-habitat activities. Public utilities serving IDPs, residents and returnees improved their services with comprehensive support from the ICRC.
- The National Society and other Syrian medical providers – including in hard-to-reach areas and, at the beginning of the year, in besieged areas – sustained their health-care services for conflict victims with support from the ICRC.
- With ICRC support, prison authorities improved the treatment and living conditions of detainees in central prisons, especially with regard to health care. The ICRC conducted visits to detainees held by armed groups in the north-east.
- Parties to the conflict were reminded by the ICRC to uphold IHL and other pertinent norms, in particular, to fulfil their obligation to protect civilians and ensure safe access for them to medical and humanitarian aid.
- The ICRC continued to face security-related, logistical and other difficulties in carrying out its activities safely, because of the fighting and the multiplicity of armed groups.

## EXPENDITURE IN KCHF

Protection	7,503
Assistance	163,954
Prevention	4,172
Cooperation with National Societies	7,227
General	429
<b>Total</b>	<b>183,284</b>
<i>Of which: Overheads</i>	<i>11,180</i>

## IMPLEMENTATION RATE

Expenditure/yearly budget	104%
---------------------------	------

## PERSONNEL

Mobile staff	96
Resident staff (daily workers not included)	523



## PROTECTION

Total

### CIVILIANS

#### Restoring family links

RCMs collected	1,698
RCMs distributed	809
Phone calls facilitated between family members	8
Tracing cases closed positively (subject located or fate established)	361
People reunited with their families	1

### PEOPLE DEPRIVED OF THEIR FREEDOM

#### ICRC visits

Places of detention visited	14
Detainees in places of detention visited	19,576
<i>of whom visited and monitored individually</i>	977
Visits carried out	31

#### Restoring family links

RCMs collected	2,512
RCMs distributed	606
Phone calls made to families to inform them of the whereabouts of a detained relative	607

## ASSISTANCE

2018 Targets (up to)

Achieved

### CIVILIANS

#### Economic security

Food consumption	Beneficiaries	2,368,000	2,799,967
Food production	Beneficiaries	250,000	194,980
Income support	Beneficiaries	5,000	4,900
Living conditions	Beneficiaries	1,850,000	2,280,554
Capacity-building	Beneficiaries		15

#### Water and habitat

Water and habitat activities	Beneficiaries	12,000,000	17,746,570
------------------------------	---------------	------------	------------

#### Health

Health centres supported	Structures	33	28
--------------------------	------------	----	----

### WOUNDED AND SICK

#### Medical care

Hospitals supported	Structures	21	32
---------------------	------------	----	----

#### Physical rehabilitation

Projects supported	Projects	2	2
People benefiting from ICRC-supported projects	Aggregated monthly data	3,600	5,328

#### Water and habitat

Water and habitat activities	Beds	400	1,833
------------------------------	------	-----	-------

## CONTEXT

In the Syrian Arab Republic (hereafter Syria), the armed conflict between government forces and various armed groups continued, as did fighting among these factions. Third-party States carried out and/or supported operations against these groups.

Its military operations – and agreements reached with armed groups – enabled the government to regain control over some opposition-held parts of the country. While these efforts contributed to the abatement of violence in some places, fighting persisted and, for a time, even intensified in areas such as Afrin in the Aleppo governorate and Eastern Ghouta in the Rural Damascus governorate; by the end of the year the conflict had become more localized.

Since the fighting began in 2011, hundreds of thousands of civilian casualties, tens of thousands missing or detained, and millions displaced in Syria or abroad had been reported. Parties to the conflict have breached IHL and other norms applicable to the conduct of hostilities. The country's economy and public services have been crippled by violence and international sanctions. In 2018, humanitarian needs were acute in areas besieged by government forces or armed groups, and in places made inaccessible by insecurity or logistical obstacles.

A total of 74 Syrian Arab Red Crescent and Palestine Red Crescent Society personnel have been killed since the conflict began. The abduction of three ICRC staff members in 2013 remained unresolved.

Internationally backed talks made little progress in effecting a political solution to the crisis.

## ICRC ACTION AND RESULTS

The ICRC – together with the Syrian Arab Red Crescent and other local partners, and in coordination with Movement components and others – strove to respond to humanitarian needs in Syria, despite security-related and logistical impediments to the full implementation of its activities.

In all its interaction with the authorities and other key contacts, the ICRC sought to promote support for neutral, impartial and independent humanitarian action and to maintain and/or increase its proximity to conflict-affected communities. It reminded parties to the conflict of the necessity of upholding IHL and other applicable norms. The national IHL committee drew on ICRC expertise to implement a plan of action for promoting IHL throughout the country. It conducted workshops on IHL for members of the judiciary and for officials from the defence, justice, and other ministries. The ICRC also sought to expand contact with beneficiaries, current and potential, to help them become fully aware of their rights and the services available to them.

The ICRC prioritized helping IDPs and others affected by the intensified fighting – in Afrin and Eastern Ghouta, in particular – and people in hard-to-reach areas and, at the beginning of the year, in besieged areas. The National Society

and the ICRC continued to conduct large-scale distributions of food and household essentials; millions of IDPs, residents and returnees benefited. The ICRC maintained its extensive support for local partners, to help ensure that millions, including IDPs, had access to drinking water, and better shelters and other basic facilities. Increased proximity to conflict-affected communities enabled the ICRC and the National Society to assist more people than planned. Farming households grew more food with supplies from the ICRC; and vulnerable heads of households received financial and technical assistance to launch small businesses.

ICRC support enabled primary-health-care providers under the health ministry, or managed by the National Society, to bolster their services for vulnerable communities. The ICRC also helped emergency responders and hospital staff to strengthen their life-saving services for the wounded and the sick. Delivering surgical supplies and equipment to health-care facilities, however, remained difficult to do. The ICRC shifted its focus in providing material aid to hospitals: it dedicated more resources to providing comprehensive regular support to a selected few hospitals, and less towards providing ad hoc support to many. Disabled people were treated at physical rehabilitation centres run by the ICRC, and by the National Society with ICRC support. The ICRC pursued various efforts to foster their social inclusion.

The ICRC visited people held in central prisons – and in facilities controlled by armed groups in the north-east – to monitor their treatment and living conditions; it communicated its findings confidentially to the pertinent officials. Various types of ICRC support were given to some of these prisons, to improve living conditions and health services. The ICRC strove to gain access to other places of detention, including those run by the security forces.

The Movement's family-links services helped members of dispersed families reconnect; but thousands of people were still unaccounted for, such as many allegedly arrested or detained in relation to the conflict. The ICRC established dialogue with local and international stakeholders on missing people and their families in Syria, and offered to make its expertise available for building local capacity to address the issue.

The National Society bolstered its operational and organizational capacities with ICRC support. Movement components in Syria met regularly to coordinate their activities.

## CIVILIANS

### The ICRC reaches more conflict-affected areas despite barriers to humanitarian action

The ICRC continued to face security-related, logistical and other difficulties in carrying out its activities safely, because of the fighting and the multiplicity of armed groups. It adapted its activities to restrictions imposed by parties to the conflict. Nonetheless, the Syrian Arab Red Crescent and the ICRC expanded their interaction with key contacts which, along with abatement in the violence (see *Context*), improved their proximity to conflict-affected people.

The ICRC sought – in all its interaction with the authorities and other key figures – to promote support for neutral, impartial and independent humanitarian action and to maintain and/or increase its proximity to conflict-affected communities. Through dialogue and written representations, it reminded parties to the conflict to: uphold IHL and other applicable norms; protect people not and no longer participating in hostilities; and ensure civilians' safe access to basic services and humanitarian aid. An ICRC position paper on the returns of displaced people was shared with high-level authorities, diplomats and weapon bearers.

Aided by the Syrian Arab Red Crescent, the ICRC sought to increase its accountability to beneficiaries, including detainees, by devising ways for them to give feedback on ICRC activities. It used traditional and social media to broaden awareness among conflict-affected people of their rights and of Movement services available to them.

### **Conflict-affected people obtain relief assistance**

The National Society and the ICRC prioritized helping IDPs and others affected by the intensified fighting – particularly in Afrin and Eastern Ghouta – and people in besieged and remote areas, including at a camp in Rukban near the Syria–Jordan border (see *Jordan*). Closer proximity to these communities enabled the ICRC to provide more people than planned with emergency assistance. National Society personnel developed – through ICRC training – their ability to carry out relief and livelihood-support activities.

Roughly 2.8 million people (over 559,900 households) received bread packs and other food items from the National Society and the ICRC, and/or from their local partners, such as collective kitchens supported by them. Fifteen food-producing utilities such as bakeries and mills maintained or increased production with ICRC infrastructural support.

The National Society and the ICRC provided some 2.3 million people (over 455,000 households) with hygiene kits, school kits and other essentials.

### **Breadwinners grow more food or launch small businesses**

Roughly 37,900 farmers (supporting some 195,000 people) – including returnees and IDPs – grew more food with agricultural supplies from the ICRC. About 980 heads of vulnerable households – including women and disabled people (benefiting 4,900 people in total) – launched small businesses with financial and technical support from the ICRC; some of them earned enough money to cover half of their monthly expenses.

### **Communal facilities for vulnerable communities are upgraded and potable water made available**

Partnerships involving the water ministry and other local authorities, the National Society, and the ICRC helped restore or maintain essential infrastructure serving some 17.7 million people in all. Roughly 13.6 million benefited from repairs or improvements to communal facilities such as water and electrical infrastructure; water and sewage utilities serving roughly 15 million received spare parts, water purification materials and other consumables, and expert guidance and

training for their staff. The ICRC assisted more people than planned owing to permission from the authorities to transport and distribute the necessary materials for these activities in larger quantities. Additionally, approximately 310,000 IDPs and returnees benefited from newly built or renovated shelters and sanitation facilities and/or water-trucking services. Public bakeries and similar food-producing facilities – serving some 1.2 million people – resumed or increased production following ICRC repairs and improvements to their infrastructure.

### **Authorities and the National Society check the spread of communicable diseases**

People obtained health-care services at facilities run by the health ministry or the National Society – which included mobile clinics sent to Afrin and Eastern Ghouta; their services included treatment for communicable and non-communicable diseases, ante/post-natal care and/or referrals for specialized treatment. The ICRC donated medical supplies and equipment to 12 such facilities regularly, and to 16 others on an ad-hoc basis.

The health ministry and the National Society – with material support from the ICRC – distributed bed nets and organized delousing campaigns, respectively, to help prevent the spread of communicable diseases; about 140,000 people benefited.

The ICRC repaired and renovated water, waste-management, and electrical infrastructure at several health-care facilities that collectively provided 2,570 consultations every day.

With ICRC training, National Society staff and volunteers bolstered their capacity to offer psychosocial support for victims of conflict and for their own peers.

Some 40 medical professionals learnt more about identifying cases of sexual violence and providing services to victims/survivors that respect their dignity and privacy.

### **People in weapon-contaminated areas learn safe practices**

Roughly 22,000 people living in areas contaminated with mines and explosive remnants of war learnt self-protection measures at information sessions conducted by the National Society and the ICRC. Journalists and National Society personnel were trained to disseminate such information.

### **Some people reconnect with relatives but thousands of others remain without news of family members**

People within and outside Syria continued to seek the National Society and/or the ICRC's assistance in locating or restoring contact with relatives; they included Syrians and foreigners – some of them relatives of people allegedly involved in the fighting – in IDP camps in the north-east. By year's end, 361 tracing cases were closed; however, thousands of people remained unaccounted for. At their request, some foreigners were also notified to the authorities in their countries of origin.

Some residents of the Israeli-occupied Golan relayed official documents through the ICRC to relatives in Syria proper, to help them advance legal or administrative proceedings; however, despite the reopening in 2018 of the crossing point between Golan and Syria proper, the ICRC did not receive requests to facilitate travel for humanitarian reasons. In coordination with



other organizations, the ICRC issued travel documents for 37 people to expedite their resettlement in third countries. One displaced minor in Turkey was reunited with relatives in Syria.

The ICRC established dialogue with local and international stakeholders on missing people and their families in Syria, and offered its expertise for building local capacity to address the issue. It served as a technical advisor to a working group on detainees, missing people and the transfer of human remains set up under the Astana peace process for Syria by the Islamic Republic of Iran, the Russian Federation and Turkey.

The ICRC took steps to reach a fuller understanding of the needs of missing people's families and of the services available to them; this included reviewing the legal framework for such services.

To assist efforts to clarify the fate of the missing, the ICRC helped build local forensic capacities. Emergency responders and forensic specialists learnt more about the proper and dignified management of human remains – at ICRC workshops or at others that the ICRC enabled them to attend. The ICRC donated body bags and other equipment to the National Society, and renovated infrastructure at four morgues.

## PEOPLE DEPRIVED OF THEIR FREEDOM

### The ICRC visits people held by authorities and armed groups

The ICRC visited people held in central prisons under the interior ministry's responsibility – and in facilities controlled by armed groups in the north-east – to monitor their treatment and living conditions. A total of 977 particularly vulnerable people, such as foreigners, were individually monitored.

Findings – on such matters as respect for detainees' judicial guarantees – were communicated confidentially to the pertinent authorities. Prison officials implemented some of the ICRC's recommendations for improving detainees' treatment and living conditions. The ICRC continued to seek access to other places of detention, including those run by the security forces.

The ICRC followed up – with the pertinent authorities – allegations of arrests or detention in relation to the conflict; it was able to obtain information about some of the people in question. People re-established or maintained contact with their relatives through RCMs and oral messages relayed by ICRC delegates. Through the ICRC, foreigners notified their respective embassies of their detention.

### Prison authorities improve health-care services for detainees

Authorities at seven prisons improved health-care services for detainees – for example, by implementing medical screenings, and providing separate examination rooms for female detainees wherever possible. The ICRC assisted them with expert guidance and by renovating or expanding their health facilities. The ICRC also provided X-ray machines, assistive devices for physically disabled people, diagnostic kits, and/or other supplies and equipment to three of those prisons. Prison staff attended ICRC seminars on health care in prisons.

The ICRC sponsored prison authorities and interior and health ministry officials to attend workshops abroad, where they discussed how to strengthen implementation of international standards for mental-health care and compliance with medical ethics.

The ICRC renovated water and other facilities at five prisons, serving some 5,500 detainees. Similar projects at other sites were scheduled for completion in 2019. The ICRC conducted seminars at two prisons to explain its work to repair and maintain infrastructure, as a precursor to training prison officials and staff in these areas. Approximately 20,500 inmates were given hygiene items, winter clothes and other essentials to ease their living conditions.

## WOUNDED AND SICK

Based on documented instances of unlawful conduct against health workers – including attacks against them and the systematic denial of access and/or obstruction of passage – the ICRC reminded parties to the conflict of the protection due to patients and medical workers and facilities, regardless of affiliation, under IHL and other applicable norms.

### Hospitals serve conflict-affected people

Volunteers from the Syrian Arab Red Crescent – with comprehensive ICRC support – administered first aid and transported the wounded or the seriously ill to hospitals. The ICRC covered treatment costs, at hospitals in Syria and an ICRC-run facility in Lebanon, for some wounded IDPs; a number of them were evacuated from a besieged area in Eastern Ghouta.

Support to medical facilities remained limited: deliveries of surgical supplies were seldom permitted, and then only in small quantities. The ICRC shifted its focus in providing material aid to hospitals: it dedicated more resources to providing comprehensive regular support to a selected few hospitals, and less towards providing ad hoc support to many. In all, 20 hospitals and 12 haemodialysis centres were supported; of these, eight hospitals and eight haemodialysis centres received comprehensive regular support. The support entailed donations of medical supplies and repairs to, or the provision of, critical equipment. Some 80 doctors and nurses benefited from an ICRC course in wound care.

Nine hospitals and the physical rehabilitation centre in Aleppo (see below), with a combined capacity of 1,833 beds, reinforced their electrical and water-supply systems through infrastructural upgrades carried out by the National Society and the ICRC in coordination with the health ministry and local authorities.

### Physically disabled people obtain suitable care

Around 5,000 disabled people<sup>1</sup> received rehabilitative services at two centres: an ICRC-run facility in Aleppo and another, recently relocated within Damascus, run by the National Society with ICRC material, technical and financial support. A shuttle service was arranged for people living far from the Damascus centre. About 740 people were fitted with prostheses.

1. Beneficiary figures for physical rehabilitation projects are derived from aggregated monthly data, including repeat beneficiaries.

The ICRC strove to foster the social inclusion of disabled people. It provided livelihood support to some 240 patients from the Aleppo centre, and enabled about 70 people to participate in sporting activities, including a wheelchair basketball competition abroad.

The ICRC provided wheelchairs – and the National Society distributed other assistive devices – to disabled people living beyond the reach of the two centres.

Three physical rehabilitation trainees continued to pursue their studies abroad, on ICRC scholarships.

The ICRC was unable to identify additional centres to support.

## ACTORS OF INFLUENCE

Local and central government authorities, community leaders, and members of certain armed groups helped facilitate access to vulnerable people for the Syrian Arab Red Crescent and the ICRC, but impediments to principled humanitarian action remained (see *Civilians* and *Wounded and sick*). The ICRC continued to pursue closer engagement with other government authorities and military officials, with a view to discussing the protection concerns of people affected and securing humanitarian access to them.

During meetings with government officials – when the ICRC's president visited Syria, for instance – and in reports and public statements, the ICRC reiterated the right of all wounded people to medical treatment and that of all civilians, including people in besieged and/or hard-to-reach areas, to humanitarian assistance. The ICRC sought to familiarize certain armed groups with humanitarian principles, basic IHL principles and the Movement.

### The national IHL committee conducts IHL workshops for government officials

The national IHL committee drew on ICRC expertise to implement a plan of action for promoting IHL throughout the country. At workshops conducted by the two, members of the judiciary and officials from the defence, justice and other ministries learnt more about IHL.

Following an agreement with the ICRC, the Syrian Virtual University established the first master's programme in IHL in the country. Students and professors from many other universities added to their knowledge of IHL at events organized by the ICRC; reference materials on IHL were distributed to universities, the diplomatic institute of the foreign ministry and the national police academy.

### Syrians and others are kept abreast of the Movement's response to the conflict

People in Syria – including potential and current beneficiaries – and elsewhere were kept abreast of the Movement's activities in the country and the services made available by this. The ICRC did this partly through events it arranged and information provided by it through print and social media. Through these efforts, the ICRC also raised awareness among other actors, such as local and foreign authorities, to raise support for the Movement's work in Syria.

The ICRC maintained contact with members of the local and international media – regardless of their affiliation in relation to the conflict – to help them cover the situation in Syria, and its immediate and longer-term humanitarian consequences. Media professionals advanced their understanding of various humanitarian issues, IHL and the Movement through a series of workshops and public events organized by the ICRC.

The National Society drew on financial and technical support from the ICRC to develop its capacities in broadening awareness of the Movement's activities among beneficiaries and the general public, and in promoting respect for IHL among authorities.

## RED CROSS AND RED CRESCENT MOVEMENT

The Syrian Arab Red Crescent remained the ICRC's main partner in the field. Often in coordination with the ICRC, it responded to humanitarian needs in accordance with the Fundamental Principles and the Safer Access Framework. It continued to benefit from comprehensive financial, material and technical support from the ICRC, as per a 2017–2019 partnership agreement. Such support helped cover operating costs at its headquarters, 14 branches, and 13 disaster response or first-aid centres.

The National Society signed numerous project agreements with the ICRC, to bolster its capacities in areas such as financial and administrative management, and in carrying out assistance activities (see *Civilians*). Training and equipment from the ICRC helped the National Society improve the reliability of its field radio communications system.

The ICRC also provided some support for the Palestine Red Crescent Society's activities for Palestinian refugees in Syria.

Movement components in Syria met monthly to plan and coordinate activities related, for instance, to the Health Care in Danger initiative and access to education.

## MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
<b>RCMs and other means of family contact</b>		<b>UAMs/SC</b>		
RCMs collected	1,698			
RCMs distributed	809			
Phone calls facilitated between family members	8			
<b>Reunifications, transfers and repatriations</b>				
People reunited with their families	1			
<b>Tracing requests, including cases of missing persons</b>		<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered	4,808	316	258	389
<i>including people for whom tracing requests were registered by another delegation</i>	1,074			
Tracing cases closed positively (subject located or fate established)	361			
<i>including people for whom tracing requests were registered by another delegation</i>	122			
Tracing cases still being handled at the end of the reporting period (people)	15,029	788	616	949
<i>including people for whom tracing requests were registered by another delegation</i>	6,464			
<b>Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers</b>		<b>Girls</b>		<b>Demobilized children</b>
UAMs/SC newly registered by the ICRC/National Society	16	12		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	20	13		
<b>Documents</b>				
People to whom travel documents were issued	37			
People to whom official documents were delivered across borders/front lines	26			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>ICRC visits</b>		<b>Women</b>	<b>Minors</b>	
Places of detention visited	14			
Detainees in places of detention visited	19,576	301	578	
Visits carried out	31			
		<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually	977	37	11	91
<i>of whom newly registered</i>	913	35	11	87
<b>RCMs and other means of family contact</b>				
RCMs collected	2,512			
RCMs distributed	606			
Phone calls made to families to inform them of the whereabouts of a detained relative	607			
People to whom a detention attestation was issued	2			

## MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
<b>Economic security</b>				
Food consumption	Beneficiaries	2,799,967	840,046	1,119,875
	<i>of whom IDPs</i>	2,239,951	671,996	895,959
Food production	Beneficiaries	194,980	58,497	77,986
	<i>of whom IDPs</i>	51,808	15,544	20,720
Income support	Beneficiaries	4,900	1,475	1,950
	<i>of whom IDPs</i>	3,916	1,176	1,564
Living conditions	Beneficiaries	2,280,554	684,219	912,116
	<i>of whom IDPs</i>	1,827,110	548,162	730,786
Capacity-building	Beneficiaries	15	3	
<b>Water and habitat</b>				
Water and habitat activities	Beneficiaries	17,746,570	5,323,971	7,098,628
	<i>of whom IDPs</i>	5,323,970	1,597,191	2,129,588
<b>Health</b>				
Health centres supported	Structures	28		
Average catchment population		721,447		
Consultations		137,001		
	<i>of which curative</i>	130,543	50,472	42,480
	<i>of which antenatal</i>	6,458		
Referrals to a second level of care	Patients	299		
	<i>of whom gynaecological/obstetric cases</i>	106		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>Economic security</b>				
Living conditions	Beneficiaries	20,535	2,575	442
<b>Water and habitat</b>				
Water and habitat activities	Beneficiaries	5,505	826	
<b>Health</b>				
Places of detention visited by health staff	Structures	10		
Health facilities supported in places of detention visited by health staff	Structures	3		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	32		
Patients whose hospital treatment was paid for by the ICRC		181		
<b>First aid</b>				
First-aid training				
	Sessions	59		
	Participants (sum of monthly data)	1,864		
<b>Water and habitat</b>				
Water and habitat activities	Beds	1,833		
<b>Physical rehabilitation</b>				
Projects supported	Projects	2		
People benefiting from ICRC-supported projects	Aggregated monthly data	5,328	774	835
	<i>of whom beneficiaries of physical rehabilitation services</i>	5,018	755	834
	<i>of whom beneficiaries referred to economic programmes</i>	238	19	1
	<i>of whom beneficiaries of sporting activities</i>	72		
New patients fitted with prostheses	Patients	738	98	108
Prostheses delivered	Units	921	125	165
	<i>of which for victims of mines or explosive remnants of war</i>	351	57	64
New patients fitted with orthoses	Patients	204	33	57
Orthoses delivered	Units	270	44	126
	<i>of which for victims of mines or explosive remnants of war</i>	11	1	2
Patients receiving physiotherapy	Patients	3,121	477	446
Walking aids delivered	Units	476	53	75
Wheelchairs or tricycles delivered	Units	117	23	23

# YEMEN

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 medical assistance, emergency relief and livelihood support to those in need; monitoring the treatment and living conditions of people held in relation to the situation; and enabling detainees and civilians, including migrants, to restore contact with their relatives, including those abroad. The ICRC promotes respect for humanitarian principles and IHL, primarily among weapon bearers. The ICRC works with the Yemen Red Crescent Society.

## YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

**MEDIUM**

## KEY RESULTS/CONSTRAINTS IN 2018

- Safety considerations, especially after the killing of one of its personnel, forced the ICRC to scale back its staff and movements in Yemen. This significantly hampered its ability to implement numerous activities planned for the year.
- As security conditions further deteriorated, the ICRC repeatedly called on all parties to the conflicts to respect IHL, protect civilians and civilian infrastructure from attack, and ensure access to essential services and humanitarian aid.
- The wounded and the seriously ill received timely treatment from ICRC-trained first-aiders and at more ICRC-backed hospitals than before. The ICRC supported health centres that provided suitable care to women and children.
- IDPs and destitute residents received food and other necessities, and had uninterrupted access to clean water, thanks to various ICRC initiatives. Fewer people benefited from livelihood support because of the prevailing insecurity.
- The ICRC visited detainees – including in prisons to which it had regained access – and monitored their well-being. These visits and other activities for detainees had been suspended indefinitely, but some were gradually resumed.
- The Yemen Red Crescent Society reinforced its emergency response capacities with support from the ICRC and the International Federation. With ICRC support, it handed over the remains of over 500 people to the families concerned.

## EXPENDITURE IN KCHF

Protection	10,240
Assistance	84,902
Prevention	3,539
Cooperation with National Societies	5,629
General	394
<b>Total</b>	<b>104,703</b>
<i>Of which: Overheads</i>	<i>6,372</i>

## IMPLEMENTATION RATE

Expenditure/yearly budget	87%
---------------------------	-----

## PERSONNEL

Mobile staff	85
Resident staff (daily workers not included)	474



ICRC delegation ICRC sub-delegation ICRC mission ICRC regional logistics centre  
\*Map shows structures supporting ICRC operations in Yemen

PROTECTION	Total
<b>CIVILIANS</b>	
<b>Restoring family links</b>	
RCMs collected	2,119
RCMs distributed	1,530
Phone calls facilitated between family members	157
Tracing cases closed positively (subject located or fate established)	125
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>	
<b>ICRC visits</b>	
Places of detention visited	15
Detainees in places of detention visited	7,531
<i>of whom visited and monitored individually</i>	747
Visits carried out	29
<b>Restoring family links</b>	
RCMs collected	36
RCMs distributed	2
Phone calls made to families to inform them of the whereabouts of a detained relative	170

ASSISTANCE	2018 Targets (up to)	Achieved
<b>CIVILIANS</b>		
<b>Economic security</b>		
Food consumption	Beneficiaries 840,000	732,470
Food production	Beneficiaries 980,000	583,390
Income support	Beneficiaries 294,000	45,064
Living conditions	Beneficiaries 125,000	212,130
<b>Water and habitat</b>		
Water and habitat activities	Beneficiaries 3,120,000	5,109,070
<b>Health</b>		
Health centres supported	Structures 35	32
<b>WOUNDED AND SICK</b>		
<b>Medical care</b>		
Hospitals supported	Structures 20	42
<b>Physical rehabilitation</b>		
Projects supported	Projects 9	9
People benefiting from ICRC-supported projects	Aggregated monthly data 75,056	88,256
<b>Water and habitat</b>		
Water and habitat activities	Beds 2,075	5,306



## CONTEXT

Yemen remained the site of numerous armed conflicts and other situations of violence: heavy fighting, including shelling and airstrikes, continued almost without pause. The Saudi Arabia-led military coalition, active since 2015, launched a number of attacks throughout the year to retake Houthi strongholds and cut off their access to seaports; hostilities were particularly intense in Hodeida, Sa'ada and Taiz. Two years since the last peace talks failed, UN-brokered peace consultations between the Yemeni government and the Houthis took place in December in Stockholm, Sweden. They agreed to implement some confidence-building measures, including the release and repatriation of conflict-related detainees, and a ceasefire in Hodeida. In Aden, government forces clashed with the Southern Transitional Council, early in the year; the violence abated after a ceasefire was agreed. Fighting between government forces and other armed groups – such as Al-Qaeda in the Arab Peninsula and the Islamic State group – and among armed groups persisted in other parts of the country.

Allegations of IHL violations were widespread; thousands of civilians were reported wounded or killed, and millions of people were displaced. Most people were unable to meet their basic needs: food and other essential goods were in short supply, and import restrictions made matters worse. Health, water and sewage systems, already fragile, were weakened even more by the protracted violence. Disease outbreaks were a constant threat, and national capacities for tackling them were virtually non-existent. Overcrowding and lack of maintenance in prisons posed risks to detainees' health.

There had been numerous attacks against humanitarian workers and facilities. Since March 2015, seven Yemen Red Crescent Society volunteers and three ICRC personnel had been killed while carrying out their duties – including an ICRC staff member who was shot and killed in Taiz in April 2018.

## ICRC ACTION AND RESULTS

The ICRC strove to respond to the most urgent humanitarian needs in Yemen, while also ensuring – to the greatest extent possible – the safety of its staff. Some of its activities could not be carried out in full, or were delayed or cancelled, owing to the prevailing insecurity, which limited the ICRC's movements. A logistics base in Oman and a mission in Djibouti supported ICRC operations. The ICRC worked with the Yemen Red Crescent Society and other Movement components; it continued to cover gaps in aid in coordination with other humanitarian organizations.

Calls were made by the ICRC, repeatedly, for all parties to respect IHL, protect civilians and civilian infrastructure from attack, and ensure access to essential services and humanitarian aid. The ICRC brought documented allegations of IHL violations to their attention, whenever possible. As its working environment grew more volatile, the ICRC sought to build acceptance for its humanitarian activities among key parties, and to have its security guarantees renewed. It served as a neutral intermediary when human remains were handed over to the families concerned.

The ICRC maintained its comprehensive support throughout the casualty care chain, to ensure the availability of life-saving care for the wounded and the seriously ill. It trained weapon bearers and health workers in first aid, and gave them the necessary supplies. Material support and on-site assistance helped hospitals to cope with supply shortages and influxes of patients. It also reinforced local surgical capacities, including by assigning surgical teams to two hospitals in Aden and Sa'ada. Physically disabled people obtained suitable services at ICRC-supported physical rehabilitation centres. Preventive and curative care – such as treatment for cholera – were available at primary-health-care centres that received ICRC support regularly.

IDPs, vulnerable residents and returnees were given food parcels, bread vouchers and household items. Support for water authorities, repairs to critical facilities, and training for local committees helped ensure uninterrupted access to clean water for millions of people. Together with the agriculture ministry, the ICRC helped people to farm or improve the health of their livestock.

People used the Movement's family-links services to restore contact with relatives, including those detained. The ICRC provided material and technical support for first responders to ensure the proper handling and subsequent identification of human remains.

The ICRC visited detainees – including in prisons to which it had regained access – and monitored their well-being; it communicated its findings confidentially to the authorities concerned. It made improvements to kitchens, water and electrical systems and other key elements of infrastructure; and donated hygiene items and other essentials for detainees.

Through various public-communication platforms, the ICRC sought to broaden awareness of the plight of violence-affected Yemenis. It sought also to secure acceptance for its work by repeatedly drawing the attention of decision-makers to the seriousness of the humanitarian situation. It sponsored diplomats, academics and other influential figures to attend advanced IHL events abroad.

The Yemen Red Crescent Society and the ICRC continued to work together. The National Society was given material, financial and technical support, and expert safety advice. Movement partners continued to coordinate their activities.

## CIVILIANS

The ICRC strove to respond to the most urgent humanitarian needs in Yemen, while also ensuring – to the greatest extent possible – the safety of its staff. Security incidents (see *Situation*) significantly limited its ability to realize its plans for the year. Most mobile staff were temporarily relocated to its mission in Djibouti, from where they managed activities remotely. The ICRC worked with the Yemen Red Crescent Society and other Movement components, and continued to cover gaps in aid, in coordination with other humanitarian organizations.

### **ICRC urges weapon bearers to respect IHL and humanitarian action**

The situation of people affected by the prevailing situation in Yemen was monitored by the ICRC. Whenever possible, it presented documented allegations of IHL violations to the parties concerned. The ICRC called on them repeatedly – through bilateral dialogue, oral and written representations, and public statements – to respect IHL, particularly its injunction to protect civilians and ensure their access to basic services and humanitarian aid. It also recommended measures to halt violence against patients and health workers. Nearly 900 victims of armed conflict received ad hoc assistance, such as food and cash to cover their daily expenses, from the ICRC. Community-based protection workshops for IDP communities were suspended owing to security concerns.

ICRC dissemination sessions led authorities and weapon bearers to a fuller understanding of IHL, the ICRC's work and humanitarian issues such as those in relation to missing people. The ICRC worked to secure renewal of its security guarantees among all parties.

The ICRC used various digital channels and a community hotline to solicit vulnerable people's feedback on its activities; understand their needs more fully; inform them of available humanitarian services; and disseminate key safety messages.

People from weapon-contaminated areas learnt how to protect themselves against mines and explosive remnants of war, at workshops organized by the ICRC, the National Society and the Yemen Executive Mine Action Centre (YEMAC). Other support for YEMAC was postponed to 2019, partly because other activities had to be prioritized.

### **Vulnerable people obtain primary-health-care services**

Conflict-affected people had access to primary-health-care services at 32 health centres that covered roughly 560,000 people. Children under the age of five, pregnant women and malnourished people benefited from curative and antenatal consultations, vaccinations, assisted deliveries or therapeutic feeding. Critical cases were referred for specialized care. The centres benefited from monitoring visits, staff training and monthly donations of medicines and other supplies from the ICRC; health workers learnt more about their rights during training sessions. With such support, ten of the centres ran cholera-treatment units, which handled about 20,000 suspected cases. The ICRC renovated or upgraded facilities at six health-care centres and a national blood laboratory; it could not provide infrastructural support to more centres owing to security conditions.

The ICRC gave the health ministry insulin for diabetics (see *Wounded and sick*).

### **Conflict-affected people meet their immediate needs**

The ICRC and the National Society helped IDPs, destitute residents and returnees meet their most urgent needs. Particular attention was paid to physically disabled people, women, children and the elderly.

About 732,000 people (104,350 households) benefited from food assistance: some 639,000 people (91,300 households) received food parcels (about half of them also received soap); roughly 91,000 people (13,000 households) obtained bread from local bakeries with ICRC-issued vouchers; and around 2,200 food-insecure people received nutritional supplements.

Around 208,400 people (30,000 households) – nearly double the initial target – were given mattresses, hygiene kits and other essentials, which helped alleviate their living conditions. Some 3,730 students received school supplies; material donations to schools were put on hold until further assessments of needs could be done.

### **Vulnerable households gain a measure of self-sufficiency**

Where circumstances allowed, the ICRC, with the National Society or the agriculture ministry, provided livelihood support for vulnerable households. Because these activities were either suspended or postponed to 2019, significantly fewer people than planned benefited.

About 88,000 households (supporting 583,000 people) sustained their food-production activities: some 69,000 households (450,600 people) had their livestock vaccinated and/or were given a six-month supply of animal feed; roughly 11,670 households (81,700 people) received seed and tools for farming; about 100 fishing households (1,400 people) received boats, nets and other equipment; and some 7,000 households (49,000 people) used gloves, boots and equipment donated by the ICRC to the agriculture ministry.

Some 5,800 households (45,000 people) received one-off cash grants or earned money through cash-for-work projects that benefited the entire community (for instance, garbage-collection campaigns to avert the spread of disease).

### **Communities have a stable supply of clean water**

Roughly 5,100,000 people had a stable supply of clean water and were less at risk of contracting cholera and other diseases, thanks to various ICRC projects; the ICRC greatly exceeded its target number of beneficiaries because of its maintenance and emergency support for the Hodeida and Sana'a wastewater treatment plants, which benefited virtually the entire urban population in those areas. More specifically, water points, small networks and harvesting systems were renovated or built, and solar panels installed, benefiting some 286,000 people in rural areas; critical infrastructure – either damaged or aging – was repaired, benefiting about 4,260,000 people in urban areas; and about 2,600,000 people – including some of those mentioned above – benefited from ad hoc provisions of fuel, generators and water-testing equipment, water-trucking, and other emergency measures.

Staff at urban water corporations were given training and material support for maintaining key facilities and for strengthening their managerial capacities. The ICRC put on hold, indefinitely, the project to help ensure a more sustainable management of underground water.

### People reconnect with relatives or learn of their fate

Members of families separated by violence, migration and other circumstances reconnected through the ICRC's family-links services. The fate and whereabouts of 125 people were ascertained and their families informed. The ICRC helped several people return to their countries of origin or resettle elsewhere, by repatriating them with the authorities' consent or issuing travel documents for them. The ICRC arranged for some families in Yemen to visit their relatives who were formerly held at the US detention facility at the Guantanamo Bay Naval Station in Cuba and had resettled elsewhere.

### Human remains are handled properly

Together with the National Society, the ICRC provided the authorities, weapon bearers, forensic workers and first responders with training, technical advice and supplies for managing human remains properly, to enable their future identification. The ICRC served as a neutral intermediary when the human remains of seven people were handed over to the pertinent authorities; it provided financial support for the National Society to return another 522 sets of human remains to the respective families.

### PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC's activities for detainees were suspended for part of the year owing to the security situation. Some activities were gradually resumed, but their implementation was delayed and, as a result, fewer people than planned benefited. Nevertheless, it managed to visit 15 places of detention – including some to which it had regained access – and monitored detainees' treatment and living conditions. A total of 747 particularly vulnerable detainees were followed up individually. Findings, and recommendations for improvement, were communicated bilaterally and confidentially to the authorities, who were urged to ensure that detention conditions met internationally recognized standards – particularly with regard to respect for judicial guarantees and access to health care.

Family-links services were made available to detainees during ICRC visits. The ICRC repatriated three foreign detainees after their release; they were medically screened before their departure. It gave 25 ex-detainees attestations of detention for use in administrative or legal proceedings.

The ICRC was requested to act as a neutral intermediary and facilitate a mass release, transfer and repatriation of conflict-related detainees (see *Context*); it met with the concerned parties and made logistical and technical preparations.

### Detainees' living conditions improve

The ICRC provided infrastructural and emergency support for a number of prisons, benefiting some 5,200 detainees. This included the renovation of kitchens and water systems, restoration of sewage and electrical facilities, distribution of water filters, and repairs to generators. More than 15,000 detainees received hygiene items and other essentials for easing their living conditions; some 1,200 detainees among them received one-off donations of food.

ICRC health staff visited the clinics at three prisons; these clinics received technical assistance and/or ad hoc donations of medicines. Cleaning and disinfection campaigns were carried out in a few prisons, where possible.

The suspension of its activities, obstacles to regaining access to detention facilities, and a greatly reduced staff – all prevented the ICRC from carrying out a number of activities such as: efforts to prevent the spread of cholera and help improve access to primary health care, and training for staff in food-chain management.

### WOUNDED AND SICK

#### Wounded and sick people across Yemen obtain timely health care

Thousands of people obtained life-saving care from ICRC-trained first responders, or at ICRC-supported medical facilities that provided emergency treatment, surgical services and post-operative and inpatient care; the ICRC supported more facilities in 2018 as emergency needs grew.

The ICRC trained about 280 people in first aid and gave them the necessary kits; during their training, they also learnt about the protection due to those seeking or providing health care. Some 34 hospitals, including those near front lines, received medicines and other supplies, equipment, and staff incentives on a regular or ad hoc basis. Some 13 of them were reinforced with ICRC staff on site; these included the Al-Talh hospital in Sa'ada and the Al-Mansoura Hospital in Aden where ICRC surgical teams operated. The ICRC was unable to organize training courses as it had to focus on more urgent needs.

Services for people with chronic diseases had narrowed dangerously. The ICRC provided medical supplies and consumables for eight haemodialysis centres, to ensure uninterrupted treatment for diabetics; it also donated vials of insulin good for 70,000 people to the health ministry.

### Disabled people improve their mobility

Because of ICRC support for the physical rehabilitation sector, disabled people could obtain good-quality services and improve their mobility. Some 88,000 people<sup>1</sup> were treated at five physical rehabilitation centres – in Aden, Mukalla, Sa'ada, Sana'a and Taiz – that received fuel, raw materials, assistive devices, the necessary equipment and/or staff incentives. The ICRC covered expenses for transportation and accommodation, and/or food, for about 3,150 destitute patients among them. About 50 other disabled people received financial assistance from the ICRC.

The ICRC supported the physical-rehabilitation programmes of the social affairs ministry and a disabled sports union, and helped a local NGO to organize events to help broaden awareness of disabled people's rights. A national training institute started offering a course in prosthetics and orthotics, with ICRC technical support. Some 26 people were given scholarships to study locally – including at the national institute –

1. Beneficiary figures for physical rehabilitation projects are derived from aggregated monthly data, which include repeat beneficiaries.

or abroad; six of them graduated in 2018. The ICRC planned to help draft a national strategy for physical rehabilitation, but given the circumstances, these had to be postponed.

The ICRC provided infrastructural support – including renovation of emergency rooms and surgical wards, but mostly provisional repairs to critical facilities – at 25 hospitals (about 5,183 beds) and four physical rehabilitation centres (123 consultations per day). This helped address disruptions of water, electricity and other essential services, and allowed staff to sustain or improve their daily operations.

## ACTORS OF INFLUENCE

### The ICRC promotes respect for IHL and humanitarian action

The ICRC sought to secure acceptance for its work among decision-makers at all levels – the parties to the conflicts, and actors with some influence over them – civil society and the general public. In particular, it urged the parties to respect IHL and humanitarian action (see *Civilians*).

Dissemination sessions held throughout the country helped relevant actors – authorities, *de facto* authorities, weapon bearers, members of civil society, and the media – to reach a fuller understanding of various humanitarian issues and the ICRC's neutral, impartial and independent humanitarian action. These sessions also provided opportunities to discuss IHL principles with participants. The ICRC sponsored two military officials and a professor to attend advanced IHL courses and seminars abroad (see *Kuwait*). It produced digital content to broaden understanding of IHL – such as infographics on its points of correspondence with Islamic jurisprudence.

### Public-communication initiatives draw attention to pressing issues

The ICRC gave more than a hundred media interviews, to broaden awareness of the humanitarian situation and make its concerns known. It used various means of public-communication – news releases, operational updates and social media – to remind parties to conflicts of their obligations under IHL and foster acceptance for its activities. It produced printed and audiovisual materials describing the scale and gravity of the needs: supply shortages, the prevalence of cholera, the plight of IDPs, and issues related to health care were emphasized. Local and international news organizations picked up some of these materials, and helped to draw attention to them. The ICRC organized round-tables for journalists on the protection afforded to them by IHL and reporting humanitarian issues more accurately.

The ICRC provided financial and technical support to the Yemen Red Crescent to help develop its ability to promote and communicate the Movement's work accurately, and foster support for its activities (see *Red Cross and Red Crescent Movement*).

## RED CROSS AND RED CRESCENT MOVEMENT

The Yemen Red Crescent Society remained the ICRC's main partner in the field: its vast network of staff and volunteers enabled the ICRC to continue implementing its activities after scaling down its staff in the country. Emergency response – for example, distribution of food and essential household items to vulnerable communities, and providing first aid to wounded people – remained the focus of their joint activities.

The ICRC provided the National Society support – financial, material and technical assistance, and/or training – for expanding its capacities in response to a broad range of humanitarian needs, and for fostering acceptance and support for the Movement. The ICRC gave the National Society food stocks, vehicles, first-aid supplies, office equipment, and body bags; it regularly provided expert advice on working safely in extremely testing conditions. It covered some of the National Society's running costs and staff salaries, and made improvements at some of its offices. The National Society was given technical and financial support for hiring more personnel. It jointly defined its areas of development with the ICRC and the International Federation; the ICRC financed the International Federation's support towards the National Society's institutional development and other capacity-building efforts.

The International Federation, the Yemen Red Crescent, and other Movement partners in the country met regularly to coordinate their activities and sign partnership agreements, including on security management.

## MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
<b>RCMs and other means of family contact</b>		<b>UAMs/SC</b>		
RCMs collected	2,119			
RCMs distributed	1,530			
Phone calls facilitated between family members	157			
<b>Reunifications, transfers and repatriations</b>				
People transferred or repatriated	1			
Human remains transferred or repatriated	529			
<b>Tracing requests, including cases of missing persons</b>		<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered	17,053	8	9	32
<i>including people for whom tracing requests were registered by another delegation</i>	32			
Tracing cases closed positively (subject located or fate established)	125			
<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)	18,402	75	48	183
<i>including people for whom tracing requests were registered by another delegation</i>	119			
<b>Documents</b>				
People to whom travel documents were issued	3			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>ICRC visits</b>		<b>Women</b>	<b>Minors</b>	
Places of detention visited	15			
Detainees in places of detention visited	7,531	141	175	
Visits carried out	29			
		<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually	747	5		19
<i>of whom newly registered</i>	599	5		18
<b>RCMs and other means of family contact</b>				
RCMs collected	36			
RCMs distributed	2			
Phone calls made to families to inform them of the whereabouts of a detained relative	170			
Detainees released and transferred/repatriated by/via the ICRC	3			
People to whom a detention attestation was issued	25			



## MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
<b>Economic security</b>				
Food consumption	Beneficiaries	732,470	237,685	314,257
	<i>of whom IDPs</i>	491,144	162,694	212,954
Food production	Beneficiaries	583,390	251,038	215,675
	<i>of whom IDPs</i>	1,063	267	583
Income support	Beneficiaries	45,064	11,758	18,618
	<i>of whom IDPs</i>	18,975	4,744	5,624
Living conditions	Beneficiaries	212,130	87,377	79,561
	<i>of whom IDPs</i>	199,045	83,449	73,021
<b>Water and habitat</b>				
Water and habitat activities	Beneficiaries	5,109,070	1,481,630	2,145,809
<b>Health</b>				
Health centres supported	Structures	32		
Average catchment population		558,027		
Consultations		630,728		
	<i>of which curative</i>	597,638	158,908	303,669
	<i>of which antenatal</i>	33,090		
Immunizations	Patients	280,858		
	<i>of whom children aged 5 or under who were vaccinated against polio</i>	157,711		
Referrals to a second level of care	Patients	3,748		
	<i>of whom gynaecological/obstetric cases</i>	869		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>Economic security</b>				
Food consumption	Beneficiaries	1,200	120	60
Living conditions	Beneficiaries	15,304	1,059	528
<b>Water and habitat</b>				
Water and habitat activities	Beneficiaries	5,223		
<b>Health</b>				
Places of detention visited by health staff	Structures	3		
Health facilities supported in places of detention visited by health staff	Structures	3		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	42		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	13		
<b>Services at hospitals reinforced with or monitored by ICRC staff</b>				
Surgical admissions				
	Weapon-wound admissions	14,774	300	1,368
	(including those related to mines or explosive remnants of war)	570	21	74
	Non-weapon-wound admissions	40,167		
	Operations performed	57,923		
Gynaecological/obstetric admissions		291		
Consultations		361,695		
<b>Services at hospitals not monitored directly by ICRC staff</b>				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		10,521		
Weapon-wound admissions (surgical and non-surgical admissions)		13,725	7	19
Weapon-wound surgeries performed		5,790		
Patients whose hospital treatment was paid for by the ICRC		7,130		
<b>First aid</b>				
First-aid training				
	Sessions	14		
	Participants (aggregated monthly data)	280		
<b>Water and habitat</b>				
Water and habitat activities	Beds	5,306		
<b>Physical rehabilitation</b>				
Projects supported	Projects	9		
People benefiting from ICRC-supported projects	Aggregated monthly data	88,256	18,400	33,796
	<i>of whom beneficiaries of physical rehabilitation services</i>	88,203	18,392	33,792
	<i>of whom beneficiaries referred to economic programmes</i>	53	8	4
New patients fitted with prostheses	Patients	801	157	187
Prostheses delivered	Units	1,034	224	264
	<i>of which for victims of mines or explosive remnants of war</i>	32	3	
New patients fitted with orthoses	Patients	11,902	2,625	5,986
Orthoses delivered	Units	23,559	5,363	11,483
Patients receiving physiotherapy	Patients	37,733	9,435	16,974
Walking aids delivered	Units	2,245	475	780
Wheelchairs or tricycles delivered	Units	641	156	292