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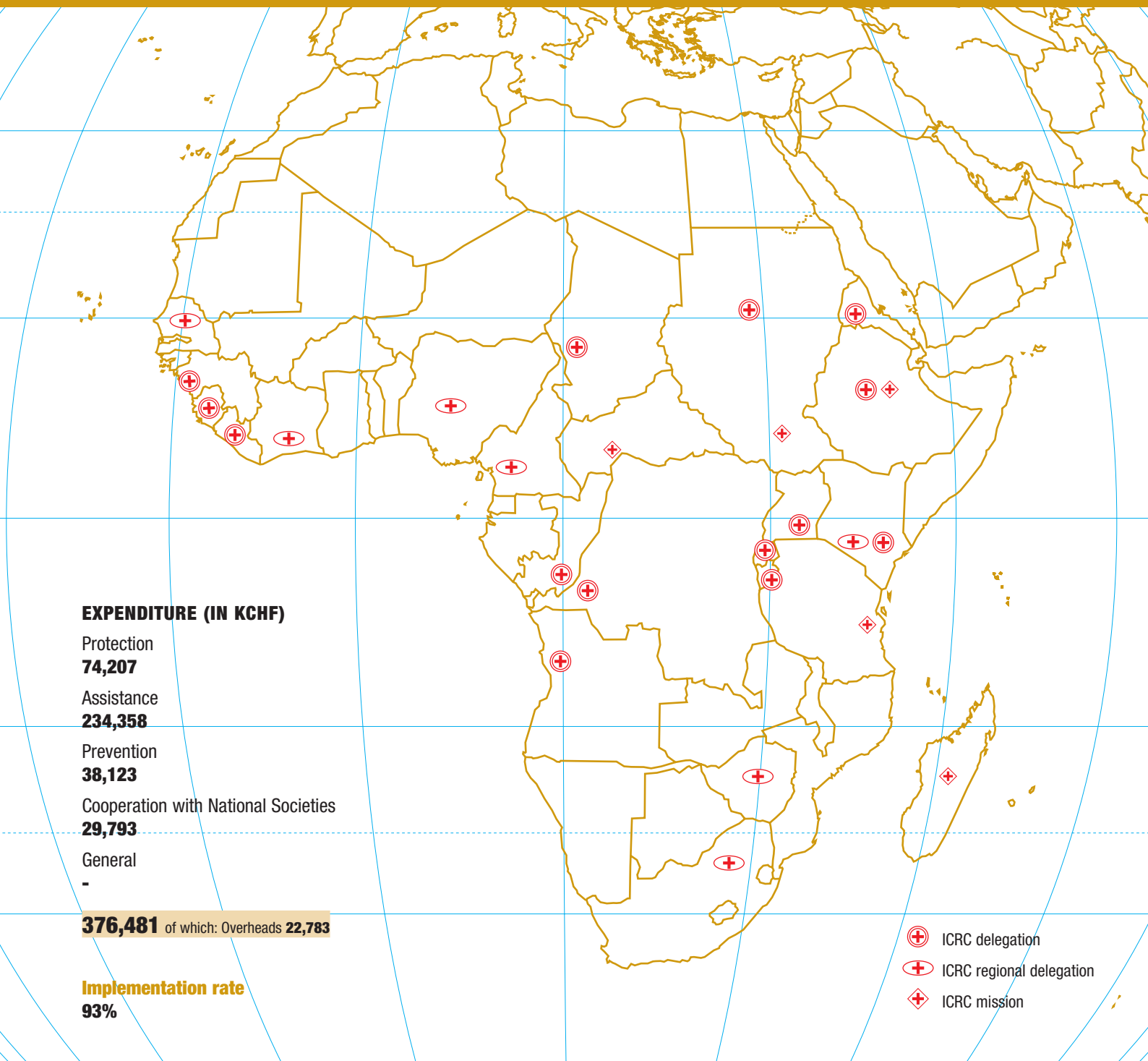
DELEGATIONS

- Angola
- Burundi
- Chad
- Congo
- Congo, Democratic Republic of the
- Eritrea
- Ethiopia
- African Union
- Guinea
- Liberia
- Rwanda
- Sierra Leone
- Somalia
- Sudan
- Uganda

REGIONAL DELEGATIONS

- Abidjan
- Abuja
- Dakar
- Harare
- Nairobi
- Pretoria
- Yaoundé

AFRICA



EXPENDITURE (IN KCHF)

- Protection **74,207**
- Assistance **234,358**
- Prevention **38,123**
- Cooperation with National Societies **29,793**
- General -

376,481 of which: Overheads **22,783**

Implementation rate
93%

- ICRC delegation
- ICRC regional delegation
- ICRC mission

AFRICA

In 2007, the ICRC maintained a strong operational presence in its Africa region (hereafter referred to as Africa), with 28 delegations and missions carrying out a wide range of activities to protect and assist victims of present and past armed conflicts or other situations of violence. Just over 2.2 million people (91% of them IDPs) received ICRC relief goods, some 932,000 (74% of them IDPs) were provided with food rations, and 2.3 million benefited from quick-impact livelihood-support projects designed to improve their economic situation. In parallel, the ICRC worked to promote much wider implementation of IHL throughout Africa, both to protect vulnerable populations and to ensure that its staff had safe access to people in need.

Sudan was the ICRC's largest operation worldwide for the fourth consecutive year, while Chad, the Democratic Republic of the Congo (DRC), Somalia and Uganda were among the top ten. Despite international peace initiatives, conflict erupted again in North and South Kivu in the DRC, escalated in Sudan's Darfur region and in central and southern Somalia, and was ongoing in eastern Chad, resulting in casualties, population displacement and economic hardship. ICRC activities were also stepped up in the conflict-affected northern areas of the Central African Republic (CAR) and Niger, and in Guinea, which experienced internal unrest.

In countries where peace agreements were in progress or in post-conflict situations, the ICRC gradually adapted its operations, shifting from emergency aid to helping communities rebuild their livelihoods, and scaled down its set-up, where appropriate.

In Ethiopia, activities were significantly curtailed from July after the government expelled the ICRC from the Somali Regional State, where conflict between government troops and armed groups had escalated.

Despite security constraints, the ICRC was able to operate in most regions of Africa affected by ongoing non-international armed conflict. In Darfur, it even managed to regain access to some areas where it had suffered security incidents. This was in large part because of the organization's strict principles of neutrality and independence, which allowed it to develop contacts with all parties to conflict, thus gaining acceptance in the field. The ICRC also stressed to all parties their obligations under IHL towards those not or no longer taking part in hostilities. This message was reinforced in Sudan by the ICRC president during his visit there in February. Delegates documented allegations of IHL violations and, where necessary, made representations to the relevant parties to halt the abuses.

Flexibility was another key factor which allowed the ICRC to respond effectively in conflict situations. Delegations constantly adapted their operations to the scale and urgency of needs, basing their activities on a realistic assessment of the constraints on the ground and the activities of other organizations.

In many countries, the ICRC and the National Red Cross or Red Crescent Society worked together to deliver relief goods, carry out assistance projects, run family-links services and promote IHL, and the National Societies received ongoing ICRC support to strengthen their capacities in these fields. In Senegal's Casamance region, where operations remained suspended (see *Dakar regional*), the Senegalese Red Cross Society, with ICRC support, ensured the continuation of certain ICRC health, sanitation and agricultural projects. National Societies' knowledge of local conditions also helped the ICRC work effectively and safely, as in Somalia.

The ICRC continued to coordinate its activities with those of Movement partners, UN agencies and other humanitarian actors working in areas of common interest, in order to maximize impact, bridge gaps and avoid duplication, including through its attendance as an observer at UN cluster meetings.

ICRC relief and assistance programmes aimed, among other things, to prevent population displacement. In Darfur, the ICRC focused on helping rural communities preserve their livelihoods so that they were not forced to join the crowded urban IDP camps, where the bulk of international aid was concentrated. Assistance included shelter materials, essential household items, seed and tools, veterinary training, livestock vaccination campaigns and micro-economic projects. Vulnerable resident communities in the DRC and central and southern Somalia also benefited from a range of assistance to help them avoid destitution and aid dependency, including seed, farm tools, fishing gear, and cash-for-work and irrigation projects.

Displaced families were assisted, wherever possible, in their place of refuge, usually close to their village or in a host community, thus favouring their return home, security permitting, rather than their placement in a camp, where they could become dependent on outside aid. In the CAR, Chad, the DRC and Somalia, IDPs received, as needed, shelter materials, essential household items, seed and tools and, in case of urgent need, food rations. Vulnerable residents in communities hosting IDPs were given similar assistance, and the ICRC initiated micro-economic projects to help boost those communities' income and productivity.

In exceptional circumstances, the ICRC assisted IDPs in camps. In northern Uganda, several hundred thousand IDPs still in camps or in transit camps en route home received relief goods. In South Darfur, following a security incident targeting other humanitarian organizations in late 2006 (see *Sudan*), the ICRC was obliged to provide the full range of services to the some 125,000 people in Gereida IDP camp.

In countries where IDPs were returning home, such as Côte d'Ivoire, Eritrea, Liberia and Uganda, the ICRC worked with the returnees and their communities to restore livelihoods. Returnees received basic household items, staple- and cash-crop seed to provide food and income, and, where needed, one-off food rations. In Eritrea and Liberia, communities with returnees were assisted in building homes and starting market gardens, and in Eritrea received vouchers to hire tractors to plough their fields and had their livestock treated against parasites.

The ICRC also worked to ensure that vulnerable residents and IDPs had an adequate supply of clean drinking water and access to basic health care. By year-end, some 7.4 million people faced fewer health risks after the ICRC built or rehabilitated key urban and rural water facilities in conflict-affected Burundi, Côte d'Ivoire, the CAR, Chad, Congo, the DRC, Eritrea, Ethiopia, Somalia, Sudan, Rwanda and Uganda. Similarly, a total catchment population of 1.1 million people had access to health care at over 100 ICRC-supported clinics. Most of those clinics offered curative and mother and child care, as well as vaccination, malaria and hygiene programmes. In Darfur and North and South Kivu, they also provided treatment and counselling for victims of sexual violence.

Tens of thousands of refugees and IDPs restored or maintained contact with family members through the tracing and RCM services. In Africa, during 2007, some 159,000 messages of family news were collected from people for distribution to their relatives, and over

149,000 such messages were delivered. A total of 836 vulnerable people were reunited with their families, over half of them children. The tracing and RCM networks were reduced where security conditions and transportation and communication services had improved, such as in Angola, Guinea, Liberia, Sierra Leone and Southern Sudan. The ICRC also assisted in the voluntary repatriation of 2,482 civilians across the Eritrea-Ethiopia border, which remained closed.

The ICRC visited just over 157,000 people held in 976 detention facilities in Africa. Delegates followed the individual cases of 5,620 security detainees, including 3,270 registered during 2007, monitored general detention conditions, and informed the authorities confidentially of their findings and recommendations for improvements. Despite ongoing efforts, the ICRC had not yet gained or regained access to all detainees falling within its mandate in certain countries, including Ethiopia, Gambia, Guinea and Sudan. In countries such as Chad, Niger and Sudan, the organization, at the request of all parties, acted as a neutral intermediary in facilitating the release and handover to the relevant authorities of people, usually government soldiers, held by armed groups. In accordance with the 1949 Geneva Conventions, the ICRC also followed up with the relevant authorities the few cases of former POWs pending from the 1998–2000 international armed conflict between Eritrea and Ethiopia.

Detainees were offered the tracing and RCM network to contact families and received any basic items, mainly hygiene products, they lacked. Where necessary, the ICRC stepped in to improve detention conditions. Just over 135,800 detainees benefited from the ICRC's rehabilitation of infrastructure, mainly water and sanitation, in detention facilities in countries such as Burundi, Côte d'Ivoire, Chad, the DRC, Guinea, Ethiopia, Rwanda and Uganda. In emergencies, the ICRC ensured inmates received medical treatment and initiated therapeutic feeding programmes to save detainees' lives. In Côte d'Ivoire, for example, 552 malnourished detainees received monthly supplementary food aid during 2007, which helped stabilize prison mortality rates. In parallel, delegations encouraged and supported the authorities in their initiatives to upgrade detention conditions. For example, as advocated by the ICRC, a health department was set up within Rwanda's National Prison Service, with financing from the Global Fund to Fight AIDS, Tuberculosis and Malaria. In Uganda, as part of a joint Health Ministry, Prison Service and ICRC project, detainees in three prisons gained access to HIV/AIDS voluntary counselling and testing services provided by NGOs, and prisons received mesh and spraying equipment, which reduced the exposure to malaria of over 5,000 detainees.

To improve treatment of the wounded and the sick in conflict-affected countries, the ICRC supported an average of 16 hospitals a month, which treated some 68,950 inpatients during 2007, including over 5,000 weapon-wounded in Somalia. The hospitals received, as needed, funds, supplies, training, and help with infrastructure rehabilitation and maintenance. ICRC expatriate staff were working in hospitals in Chad, the DRC, Eritrea, Somalia, Southern Sudan and Uganda. In Darfur, a mobile ICRC surgical team flew out on 32 missions to operate on fighters and civilians without access to medical care. Somali hospitals received over 200 tonnes of ICRC medical supplies, and a Qatar Red Crescent Society surgical team, working in partnership with the ICRC, joined Mogadishu's Keysaney Hospital. In Uganda, Kitgum Government Hospital began a three-year project with the ICRC to improve patient care, while in Southern Sudan, 14 years of ICRC support to the 500-bed Juba Teaching Hospital ended, as planned, in December 2007.

To boost the availability of physical rehabilitation services, the ICRC supported a total of 21 prosthetic/orthotic centres in Angola, Chad, the DRC, Ethiopia and Sudan, which treated 22,468 war-amputees and other disabled people. In coordination with the authorities, the ICRC also began building Southern Sudan's first physical rehabilitation referral centre, located in Juba.

IHL promotion remained a cornerstone of ICRC activities in Africa. The aim was to prevent IHL violations and ensure that the authorities and all weapon bearers supported the mandates, Fundamental Principles and activities of the Movement's components.

Delegations maintained a dialogue on IHL and humanitarian issues with the national, regional and international authorities concerned, including the African Union, African regional economic communities and the diplomatic community. The ICRC lent governments its expertise to ratify IHL treaties and adopt national laws incorporating their provisions, and sponsored ministry officials to participate in regional and international IHL events abroad. Such initiatives contributed in 2007 to Gabon's ratification of the Convention on Certain Conventional Weapons and its Protocols I and II, South Africa's passing of a law on the protection of the red cross emblem and Sudan's adoption of a new Armed Forces Act incorporating sanctions for IHL violations.

Armed, security and police forces worked with the ICRC to integrate IHL, international human rights law and humanitarian principles into their training, doctrine and operations, while African and other troops deployed as peacekeepers on the continent were briefed on IHL. With ICRC support, for example, Burundi's Defence Ministry approved new regulations integrating IHL into all armed forces instruction and Chad established a national school for military IHL instructors. Regular contact with armed groups in countries in conflict helped ensure that they too were familiar with IHL.

Initiatives were also developed to broaden support for IHL among civil society sectors with an influence on public opinion and policy decisions, such as traditional and religious leaders, the media, academics, women's groups and NGOs. The ICRC was assisting Burundi, Cameroon, Côte d'Ivoire, Djibouti, Mauritius, Rwanda, Senegal and South Africa in integrating the Exploring Humanitarian Law programme into their secondary school curricula. In parallel, in universities throughout Africa, delegations ran seminars and competitions, gave presentations and provided teaching materials to spark interest in and support the teaching of IHL.