

# NEAR AND MIDDLE EAST

PROTECTION	Total
<b>CIVILIANS</b>	
<b>Restoring family links</b>	
RCMs collected	8,346
RCMs distributed	5,799
Phone calls facilitated between family members	19,980
Tracing cases closed positively (subject located or fate established)	2,554
People reunited with their families	34
<i>of whom unaccompanied minors/separated children</i>	33
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>	
<b>ICRC visits</b>	
Places of detention visited	283
Detainees in places of detention visited	146,840
<i>of whom visited and monitored individually</i>	11,028
Visits carried out	907
<b>Restoring family links</b>	
RCMs collected	13,159
RCMs distributed	5,848
Phone calls made to families to inform them of the whereabouts of a detained relative	15,439
<b>EXPENDITURE IN KCHF</b>	
Protection	79,783
Assistance	363,487
Prevention	34,035
Cooperation with National Societies	26,435
General	5,481
<b>Total</b>	<b>509,221</b>
<i>Of which: Overheads</i>	<i>31,066</i>
<b>IMPLEMENTATION RATE</b>	
Expenditure/yearly budget	91%
<b>PERSONNEL</b>	
Mobile staff	619
Resident staff (daily workers not included)	3,193

ASSISTANCE		2019 Targets (up to)	Achieved
<b>CIVILIANS</b>			
<b>Economic security</b>			
Food consumption	Beneficiaries	2,013,575	1,970,217
Food production	Beneficiaries	769,340	528,637
Income support	Beneficiaries	467,042	385,585
Living conditions	Beneficiaries	1,401,575	1,730,855
Capacity-building	Beneficiaries	929	751
<b>Water and habitat</b>			
Water and habitat activities	Beneficiaries	19,115,766	26,167,471
<b>Health</b>			
Health centres supported	Structures	149	140
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>			
<b>Economic security</b>			
Food consumption	Beneficiaries	2,500	2,650
Living conditions	Beneficiaries	99,000	159,119
<b>Water and habitat</b>			
Water and habitat activities	Beneficiaries	19,160	29,746
<b>WOUNDED AND SICK</b>			
<b>Medical care</b>			
Hospitals supported	Structures	94	121
<b>Physical rehabilitation</b>			
Projects supported	Projects	49	47
<b>Water and habitat</b>			
Water and habitat activities	Beds (capacity)	5,264	9,589

### 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



# 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. 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**



ICRC delegation

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

## KEY RESULTS/CONSTRAINTS IN 2019

- People affected by the situation in Sinai met some of their immediate needs with ICRC emergency aid; this was distributed by the Egyptian Red Crescent Society, as the area was inaccessible to the ICRC owing to various constraints.
- Members of families separated by conflict, detention or migration reconnected through the Movement's family-links services. Unaccompanied migrant children obtained psychosocial and other support from an ICRC-supported NGO.
- The ICRC trained first responders and health workers in first aid, and in emergency-room and surgical care; in Sinai, however, security constraints and other obstacles limited the provision of health care.
- 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 and security officers added to their knowledge of IHL and other applicable norms, and of international policing standards, at ICRC training sessions. Senior military officers and military judges attended courses in IHL.

## EXPENDITURE IN KCHF

Protection	963
Assistance	2,495
Prevention	1,104
Cooperation with National Societies	340
General	53
<b>Total</b>	<b>4,956</b>
<i>Of which: Overheads</i>	<i>302</i>

## IMPLEMENTATION RATE

Expenditure/yearly budget	89%
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## PERSONNEL

Mobile staff	14
Resident staff (daily workers not included)	69

PROTECTION	Total
<b>CIVILIANS</b>	
<b>Restoring family links</b>	
RCMs collected	125
RCMs distributed	108
Phone calls facilitated between family members	4,782
Tracing cases closed positively (subject located or fate established)	211

ASSISTANCE	2019 Targets (up to)	Achieved
<b>CIVILIANS</b>		
<b>Economic security</b>		
Food consumption	Beneficiaries 38,575	52,200
Income support	Beneficiaries 2,562	661
Living conditions	Beneficiaries 26,175	52,232
Capacity-building	Beneficiaries 9	9
<b>WOUNDED AND SICK</b>		
<b>Medical care</b>		
Hospitals supported	Structures 4	

## CONTEXT

Government forces and armed groups continued to clash in Sinai; a large-scale military operation launched in February 2018 was still in progress. The fighting limited people's access to basic goods and services. Casualties, displacement and arrests were reported; attacks against medical personnel, vehicles and facilities remained an issue of concern. Owing to security constraints and other obstacles, Sinai remained inaccessible to most humanitarian groups and international organizations.

Elsewhere in Egypt, attacks and bombings, and other violence, wounded or killed dozens of people; such incidents were responded to by security forces.

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 especially at 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 and the League of Arab States (LAS). Egypt was appointed to chair the African Union Assembly until January 2020; it also had a three-year term (2016–2019) on the UN Human Rights Council.

## ICRC ACTION AND RESULTS

In Egypt, various constraints limited the ICRC's access to certain areas. Nevertheless, the ICRC maintained its commitment to addressing humanitarian needs in partnership with the Egyptian Red Crescent Society, especially in Sinai, which was inaccessible to the ICRC.

Egyptians and migrants – including refugees and asylum seekers – used the Movement's family-links services to reconnect with relatives from whom they had become separated. The ICRC helped the National Society and local forensic institutions to develop their ability to manage human remains, particularly during emergencies.

People affected by the situation in Sinai received emergency aid from the ICRC, which was distributed by the National Society. The ICRC, in partnership with St. Andrew's Refugee Services (StARS), enabled unaccompanied minors – especially migrant girls and others who were particularly vulnerable – to meet their basic needs and obtain psychosocial support.

The ICRC sought to help ensure the availability of health services despite security and other constraints, for instance in Sinai. It provided support for Egyptian health-care providers to respond to emergencies, and helped them become more capable of ensuring people's access to appropriate and timely medical care. It conducted training sessions and drills for various first responders on first aid and emergency care during mass-casualty incidents. Hospital staff, including military

doctors and nurses, attended ICRC courses in emergency-room trauma management and war surgery. At meetings, and during dissemination and training sessions, the ICRC briefed military and security forces personnel, health-care staff and first responders on the protection due to those seeking or providing medical care.

Military and security forces personnel added to their knowledge of IHL and other pertinent norms, and of international policing standards, at ICRC briefings and training sessions. At courses in Egypt, and elsewhere, organized or supported by the ICRC, military officers strengthened their grasp of IHL provisions pertinent to their duties. The ICRC continued to work with the LAS to promote IHL implementation in Egypt and other Arab States. Judges and other government officials, and academics, attended courses in Egypt and elsewhere on IHL and its incorporation in domestic legislation. The ICRC used these occasions to also inform relevant actors of its activities and role in situations of violence; broaden awareness of the help it could provide to address the needs of migrants and detainees; and draw attention to issues of humanitarian concern.

The regional communication centre in Cairo continued to support 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

In its discussions with Egyptian authorities and weapon bearers, the ICRC drew attention to certain matters, such as: its role in situations of violence; how it could help them address the needs of violence-affected people, particularly in Sinai; and the necessity of respecting IHL and other relevant norms (see *Actors of influence*).

### People meet some of their basic needs with ICRC emergency assistance

In January, 50,000 people (10,000 households) affected by the situation in Sinai received ICRC emergency aid – food parcels, and hygiene kits and blankets – that was distributed by the Egyptian Red Crescent Society; this distribution was carried over from December 2018. Another round of these distributions was to have taken place in December, but owing to various logistical obstacles, was postponed to January 2020. The ICRC helped National Society staff develop their ability to implement economic-security projects. The ICRC and the National Society continued to explore possibilities for carrying out other assistance activities, such as the provision of cash grants for starting income-generating ventures.

Unaccompanied minors – including migrant girls and others who were particularly vulnerable – received assistance from StARS with support from the ICRC (see below); a total of 2,200 of them benefited from this aid. Most of them received food parcels and hygiene kits on a monthly basis; some particularly vulnerable children – such as some male minors – received such assistance on a one-off basis. Unaccompanied young people were given support for obtaining post-natal care, and hygiene and other items specific to their needs. Hundreds of unaccompanied minors were given psychosocial support and told about the other mental-health services available to them.

StARS and the ICRC maintained an initiative they had launched in 2018, through which unaccompanied youth over the age of 18 years were given financial and other assistance for earning an income and becoming more self-sufficient. In 2019, over 30 people began to receive this assistance: small business owners and unaccompanied youth over the age of 18 received vocational training and cash grants for running small businesses or pursuing other income-generating activities.

Nine StARS personnel boosted their capacities in assisting unaccompanied minors at ICRC-led training sessions; the ICRC also provided StARS with other financial, material and technical support for carrying out its activities.

Three Egyptian nationals formerly detained at the US detention facility at the Guantanamo Bay Naval Station in Cuba, and their families (16 people in all) were given vouchers to buy basic necessities.

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

Egyptians and migrants – including refugees and asylum seekers – 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 thousands of phone calls to their relatives at home; some of these calls were made on behalf of unaccompanied and separated minors. In all, 125 RCMs were collected and 108 were distributed. People continued to file requests to trace missing or detained relatives; some of these cases were followed up with the relevant authorities. To help StARS bolster its capacity to provide family-links and tracing services at community centres, the ICRC provided training for StARS staff and installed equipment for placing international phone calls and accessing the internet at these centres. Some children reunited with their families, and their households received hygiene kits, food parcels and other forms of assistance.

Families of missing persons were referred by the ICRC to organizations that could give them legal assistance, health care, livelihood support and other services. The ICRC also gave the families of missing people (some 570 people in all) assistance on an ad hoc basis, such as cash to help them cover their expenses.

Migrants and other potential beneficiaries of family-links services, and officials from the defence ministry and other influential actors, learnt about the availability of these services at ICRC information sessions and from leaflets and other communication materials produced by the ICRC (see also *Actors of influence*). ICRC training helped National Society personnel to develop their family-links capacities.

### **Emergency responders enhance their capacity to manage human remains**

Authorities, local forensic institutions and first responders received material and technical support from the ICRC to manage – and subsequently identify – the remains of people who died during migration or violence. Notably, it conducted

workshops for and provided reference materials on managing and identifying human remains to various groups of people: forensic professionals from the Egyptian Forensic Medicine Authority (EFMA); students at the military’s medical college; the Egyptian Ambulance Organization (EAO); and the National Society. Representatives from these organizations were helped to go abroad to attend similar events. The ICRC also helped organize regional and international conferences and meetings of forensic professionals.

### **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 detention-related work, with a view to eventually carrying out humanitarian activities for detainees and helping the authorities ensure that detention conditions met 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.

The ICRC organized training sessions on IHL and other applicable law for officials from the defence and interior ministries; it also briefed them on international standards for law enforcement – particularly those applicable to arrests and detention – and other matters (see also *Actors of influence*).

### **WOUNDED AND SICK**

The ICRC endeavoured to provide support throughout the casualty care chain – from first responders delivering first aid to providers of advanced medical care – in Sinai and the surrounding governorates, and elsewhere. This increased the likelihood of access to timely and suitable medical attention for people wounded or injured during violence. In Sinai, security constraints and other obstacles continued to limit the provision of health care.

Nurses and doctors strengthened their grasp of the protection due to people seeking or providing medical care during ICRC training sessions (see below); military and security forces personnel did so at briefings and other ICRC events (see *Actors of influence*).

### **First responders strengthen their ability to provide emergency medical care**

With the ICRC’s support, Egyptian medical personnel continued to provide pre-hospital care to wounded people, for instance, during mass-casualty incidents. Hundreds of first responders – including medical personnel from the Egyptian Armed Forces (EAF), the interior ministry, and the Egyptian Red Crescent Society – expanded their capacities in emergency care, including first aid, through ICRC training. Some of the training sessions were led by instructors from the Military Medical Academy or by others who had attended ICRC train-the-trainer sessions, where they all learnt how to conduct courses in first aid.

Military troops developed their ability to provide pre-hospital care during mass-casualty situations, through drills organized by the EAO and the ICRC. EAO staff boosted their capacities in this regard through workshops organized by the National Society and the ICRC.

At ICRC workshops, EAO staff and National Society volunteers learnt how to provide their colleagues with psychological support in order to help them cope with stressful and traumatic situations.

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. During aid distributions in communities in northern Sinai, the National Society also conducted information sessions on first aid.

### **Medical professionals attend ICRC courses in war surgery and emergency-room trauma care**

Medical personnel continued to provide emergency-room and surgical care to casualties of violence, with the ICRC's support. The ICRC organized courses in emergency-room trauma care for 45 doctors and nurses from the EAF's medical services, and 21 doctors from the interior ministry; military instructors helped to conduct some of these courses. The ICRC also organized a train-the-trainer course in emergency-room trauma care for military nurses, specifically with a view to enabling them to conduct such courses independently for their colleagues.

Twenty-six doctors attended a course in weapon-wound surgery organized by the ICRC in coordination with the police academy, which was under the authority of the interior ministry; plans for conducting a similar course with the Military Medical Academy did not push through because of administrative difficulties.

### **ACTORS OF INFLUENCE**

Government officials, State weapon bearers and others learnt about the Movement's neutral, impartial and independent action at briefings and other ICRC events. On these occasions, 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 to identify areas of common interest.

Discussions with the authorities – on how the ICRC could help them address the needs of detainees, migrants and violence-affected people – continued. Together with the Egyptian Red Crescent Society, the ICRC also continued to engage the authorities in dialogue 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 advance their understanding of norms and 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 these sessions were held at regional military command centres.

The EAF took steps towards integrating IHL more fully into their doctrine and training; during a course in IHL, military judges learnt more about IHL integration. The ICRC sponsored a senior military officer to attend a workshop in the Russian Federation (see *International law and policy*).

The ICRC and the interior ministry continued to discuss the incorporation of international policing standards in the security forces' doctrine, training and operations; among the subjects discussed was the possibility of conducting 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 November, experts on IHL and Islamic law from LAS Member States attended a regional meeting in Egypt that was organized by the ICRC together with the LAS. They discussed IHL implementation and humanitarian issues arising from armed conflict, such as displacement. At an advanced regional course on IHL in Rabat, Morocco (see *Morocco*), organized by the LAS and the ICRC, academics and other influential Egyptian stakeholders learnt more about promoting IHL.

The national IHL committee and the ICRC continued to give the Egyptian authorities expert advice on implementing IHL.

### **Key members of civil society expand their knowledge of IHL**

The ICRC drew on Egypt's regional influence to spread knowledge of IHL and promote respect for it in the Arabic-speaking world. It produced written and audiovisual materials in Arabic, including a quarterly publication; it also posted materials on its website and disseminated these through social media. Training and other forms of ICRC support enabled National Society staff to strengthen their capacities in public communication.

The ICRC sponsored judges and professors to attend IHL courses abroad (see *Lebanon* and *Tunis*). It also helped students and professors to participate in national and regional moot court competitions. The ICRC maintained its dialogue with Islamic scholars, including academics from Al-Azhar University, on the points of correspondence between IHL and Islamic law; law professors attended a workshop at the university on the subject, and the ICRC sponsored a professor from the university to attend a regional course in IHL.

## RED CROSS AND RED CRESCENT MOVEMENT

The ICRC and the Egyptian Red Crescent Society worked closely together to help violence-affected people meet their immediate needs (see *Civilians*). They continued to jointly assess and respond to the needs of people in Sinai, and kept up their dialogue with the pertinent authorities (see *Actors of influence*).

ICRC training helped the National Society to build its operational capacities; National Society personnel were also sponsored to attend courses, including ones held abroad,

in pertinent topics such as managing human remains (see *Civilians, Wounded and sick and Actors of influence*). National Society personnel were also given training and technical support to more fully incorporate the Safer Access Framework in their activities.

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	125			
RCMs distributed	108			
Phone calls facilitated between family members	4,782			
Names published in the media	42			
<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	729	180	135	139
<i>including people for whom tracing requests were registered by another delegation</i>	5			
Tracing cases closed positively (subject located or fate established)	211			
<i>including people for whom tracing requests were registered by another delegation</i>	10			
Tracing cases still being handled at the end of the reporting period (people)	1,505	360	261	299
<i>including people for whom tracing requests were registered by another delegation</i>	50			
<b>Documents</b>				
People to whom travel documents were issued	625			

## MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
<b>Economic security</b>				
Food consumption	Beneficiaries	52,200	15,000	17,200
Income support	Beneficiaries	661	491	109
Living conditions	Beneficiaries	52,232	15,000	17,232
Capacity-building	Beneficiaries	9	2	
<b>First aid</b>				
First-aid training				
	Sessions	69		
	Participants (aggregated monthly data)	3,627		

# 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. The ICRC supports mine-risk education and access to health care for Afghan migrants.



⊕ ICRC delegation

## YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

**MEDIUM**

## KEY RESULTS/CONSTRAINTS IN 2019

- The authorities broadened their knowledge of IHL after the ICRC lent them expert advice or supported their participation in pertinent events abroad. The establishment of a working group on IHL implementation remained pending.
- Joint efforts of the Iranian and Iraqi governments led to the recovery of hundreds of sets of human remains linked to past conflict, which were then repatriated, under the auspices of the ICRC, to their respective countries.
- Afghan migrants and vulnerable Iranians learnt safe practices around mines and explosive remnants of war, through the ICRC-backed initiatives of the Red Crescent Society of the Islamic Republic of Iran and other local actors.
- Vulnerable migrants and residents in Mashhad obtained primary health care, physical rehabilitation and psychosocial support through a project run by a local NGO and the National Society, with support from the ICRC.
- Members of families dispersed by migration or detention reconnected through the Movement’s family-links services. Administrative challenges hindered dialogue with the authorities on migrants’ concerns.

## PROTECTION CIVILIANS

	Total
<b>Restoring family links</b>	
RCMs collected	124
RCMs distributed	122
Phone calls facilitated between family members	9
Tracing cases closed positively (subject located or fate established)	101
People reunited with their families	3
<i>of whom unaccompanied minors/separated children</i>	2

## ASSISTANCE CIVILIANS

	2019 Targets (up to)	Achieved
<b>Health</b>		
Health centres supported	Structures	1
<b>WOUNDED AND SICK</b>		
<b>Physical rehabilitation</b>		
Projects supported	Projects	1

## EXPENDITURE IN KCHF

Protection	1,107
Assistance	1,620
Prevention	1,436
Cooperation with National Societies	636
General	51
<b>Total</b>	<b>4,850</b>
<i>Of which: Overheads</i>	<i>296</i>

## IMPLEMENTATION RATE

Expenditure/yearly budget	90%
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## PERSONNEL

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



## CONTEXT

Thousands of families in the Islamic Republic of Iran still had no information on relatives missing in connection with the 1980–1988 Iran–Iraq war. People living in provinces bordering Iraq continued to be menaced by mines and explosive remnants of war (ERW) dating back to the 1980s.

According to UNHCR estimates, there were around 3 million Afghan migrants in the country. Most of them were irregular migrants and thus had little or no access to basic services, which was a major concern for large Afghan communities settled in the north-eastern city of Mashhad. Some migrants were passing through the country on their way to Europe; others were attempting to return to Afghanistan, risking injury or death in the process because of the ongoing conflicts in that country and the presence of mines and ERW along their route.

Many families were unable to contact relatives from whom they had become separated because of conflicts in the region, migration, detention or other circumstances.

People living in the Islamic Republic of Iran were menaced by natural disasters: severe floods caused casualties, disrupted people's livelihoods and damaged infrastructure; and earthquakes occurred periodically, as the country is situated on one of the world's most active seismic belts.

## ICRC ACTION AND RESULTS

The ICRC continued to work closely with the Red Crescent Society of the Islamic Republic of Iran, particularly in certain areas: restoring family links; making primary health care and physical rehabilitation available; raising mine-risk awareness; and promoting IHL and humanitarian principles. The National Society bolstered its ability to provide relief aid and implement other humanitarian activities, with technical and financial support from the ICRC.

Dialogue with the authorities on IHL and the ICRC's activities continued, with a view to encouraging their support for the ICRC's neutral, impartial and independent humanitarian action; dialogue on the protection-related concerns of migrants, however, was hindered by administrative challenges. The ICRC helped academics and members of civil society to strengthen their grasp of IHL, by enabling them to attend seminars, conferences and moot court competitions in the country and elsewhere. Public-communication initiatives – through both traditional and social media – promoted IHL among the general public.

The Iranian and Iraqi authorities sustained their joint efforts, within the framework of a tripartite committee established with the ICRC, to resolve missing-persons cases linked to the 1980–1988 Iran–Iraq war; the ICRC continued to chair both the tripartite committee on missing persons and the committee's joint working group. The efforts of the working group resulted in the recovery of hundreds of sets of human remains; the ICRC served as a neutral intermediary in their handover across the Iran–Iraq border. Material and technical support from the ICRC helped develop local forensic capacities, particularly in managing human remains.

The National Society and the Iranian Mine Action Centre (IRMAC) carried out their mine/ERW-related activities with material and technical support from the ICRC. Vulnerable people living in or passing through weapon-contaminated areas – residents of provinces bordering Iraq and Afghan migrants returning home – learnt safe practices around mines/ERW through the National Society's mine-risk education project. The IRMAC, which coordinated mine clearance and all other related activities in the country, developed its capacities with technical and financial support from the ICRC.

Afghan migrants restored or maintained contact with their families through the Movement's family-links services; Iranians also used these services to get in touch with relatives detained abroad. Thousands of migrants and vulnerable residents in Mashhad obtained health-care services – including physical rehabilitation and psychosocial and harm-reduction support – and learnt good hygiene and health practices through an ICRC-backed project run jointly by the National Society and the Society for Recovery Support (SRS). ICRC expertise aided the efforts of health workers and humanitarian personnel to make medical care available for ailing or injured people – for instance, through an ICRC-organized mass-casualty management course.

## CIVILIANS

### Iranian and Iraqi authorities work to recover and hand over missing people's remains

The Iranian and Iraqi governments continued to work together, within the framework of a tripartite committee established with the ICRC, to clarify the fate of people missing in connection with the 1980–1988 Iran–Iraq war. The ICRC, as a neutral intermediary, convened and chaired meetings of the committee – which tackled broader, structural issues – and its joint working group, where Iranian and Iraqi forensic experts discussed technical matters such as exhuming and transferring the remains of dead combatants.

The working group undertook excavations of human remains in southern Iraq and the Iraqi Kurdistan region. The ICRC served as a neutral intermediary in the handover of 185 sets of remains to the Iranian authorities (see *Iraq*) and 54 sets, exhumed from Iranian sites, to the Iraqi authorities.

The ICRC continued to make its expertise available to help locally based forensic bodies – such as the Legal Medicine Organization (LMO), the Forensic Medicine Organization of Developing Countries (FMODC) and the Search and Recovery Committee – manage human remains properly within the context of conflict, natural disasters and migration; members of these organizations also attended ICRC information sessions to broaden their knowledge in this regard. At an ICRC course, first responders from the National Society learnt how to manage human remains during emergencies (see *Wounded and sick*); training in this subject for military doctors did not take place. The ICRC shared best practices in humanitarian forensics at a meeting in March with FMODC officials from nine countries. The Noor Centre, a research laboratory, received reference materials on humanitarian forensics from the ICRC; the head of the centre attended an ICRC workshop in Cyprus on resolving missing-persons cases (see *Paris*). At

another ICRC workshop, personnel from the Noor Centre and the LMO, and Iranian police personnel and National Society staff, developed their ability to manage forensic genetic data in connection with the identification of human remains.

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

The National Society continued to run its mine-risk education project in six provinces near the Iranian–Iraqi border and the Iranian–Afghan border, with ICRC technical, material and financial support; this enabled around 289,000 people – 210,000 of whom were Afghan – to learn how to protect themselves against mines/ERW. At an ICRC workshop, the National Society finalized its guidelines for conducting mine-risk education activities.

Aided by the ICRC, the IRMAC developed its capacities in mine clearance. IRMAC paramedics attended an ICRC workshop on managing blast injuries; the ICRC also gave them first-aid kits and stretchers for use in demining accidents. The IRMAC and the ICRC continued to produce animated educational videos on the hazardousness of mines/ERW in Farsi, English and other languages spoken in the country, such as Arabic, Kurdish and Azari; joint efforts to develop a mobile application on mine-risk awareness continued. In March, they organized a round table on challenges to and best practices in humanitarian mine action; 38 representatives from 15 countries and 4 international organizations participated. An IRMAC official was sponsored by the ICRC to attend a conference in Switzerland, where he learnt about assistance programmes for mine victims in other countries.

To broaden awareness of their mine/ERW-related activities in the Islamic Republic of Iran, the IRMAC and the ICRC took eight diplomats – posted to the country – on a one-day field trip to sites of IRMAC operations in Khuzestan Province, along the border with Iraq.

Discussions with the National Society – on organizing a train-the-trainer course in dealing with chemical, biological, radiological or nuclear incidents – were ongoing at year's end.

### **Migrants reconnect with their families**

Migrants from Afghanistan and other countries who were living in or passing through the Islamic Republic of Iran restored or maintained contact with relatives through RCMs, phone calls and other family-links services offered by the National Society and the ICRC. A total of 101 people being sought by their relatives were traced, some of them through the ICRC's "Trace the Face" service (see *Paris*). The ICRC helped reunite three people, including two minors, with their families. Roughly 1,700 vulnerable Afghan migrants living in the suburbs of Mashhad learnt how to prevent loss of family contact along the migration route, at information sessions conducted by the National Society, the SRS and the ICRC; they were also told about the family-links services available to them. National Society and ICRC staff undertook a field trip to Sistan and Baluchistan Province to assess the feasibility of extending family-links services to migrants living there.

National Society and SRS personnel built up their family-links capacities through ICRC workshops. Two National Society staff members shared best practices in restoring family links with

their counterparts from the region at a Movement meeting abroad, which they attended with ICRC financial support (see *Jordan*).

Iranians detained abroad, including at the US detention facility at the Guantanamo Bay Naval Station in Cuba, maintained contact with their families at home through RCMs and ICRC-facilitated video calls; some also received food parcels from their relatives, relayed to them by the ICRC. The ICRC issued attestations of detention for 433 Iraqi ex-POWs, to help facilitate their application for State benefits and other proceedings in Iraq. No notifications or repatriations of Iranians detained or stranded abroad took place throughout the year.

The ICRC's study on the legal framework governing migration in the Islamic Republic of Iran was in progress at year's end. Owing to administrative constraints, the ICRC was unable to engage in dialogue with the authorities on the protection-related concerns of migrants.

### **Migrants and vulnerable residents in Mashhad obtain health care**

Afghan migrants and indigent Iranian families living in Mashhad obtained preventive and curative health services through a clinic and a women's shelter run by the National Society and the SRS, with support from the ICRC; the SRS received medicines, medical supplies and financial support for running the clinic and the shelter.

In total, 12,572 curative consultations, mainly for non-communicable diseases, took place at the clinic, and about 2,800 immunizations were administered, mostly for hepatitis B. Nearly 3,500 referrals to other facilities – for diagnostic tests or specialized treatment – were made; the ICRC referred people for rehabilitative care at the National Society-run physical rehabilitation centre in Mashhad (see *Wounded and sick*).

The clinic made mental-health and psychosocial support available to patients suffering from psychological distress, including victims/survivors of sexual violence. Around 5,600 people benefited from one-on-one or group counselling, either at the clinic or through its community outreach activities.

Roughly 4,500 women and children attended information sessions organized by the National Society and the ICRC, on such subjects as: good health and hygiene practices; nutrition; life skills; reproductive health; HIV and hepatitis prevention; and mental health. Some women attended similar sessions at the SRS-run shelter, where they were also helped to mitigate the consequences of drug use.

## **WOUNDED AND SICK**

### **Medical professionals benefit from ICRC training**

The ICRC contributed its expertise to various events organized by the International Committee of Military Medicine (ICMM) in the Islamic Republic of Iran in 2019. At an ICMM symposium held in Tehran in August, it discussed the provision of psychological care, particularly for missing people's families, with participants. Attendees of other ICMM workshops deepened their knowledge of topics such as trauma management and medical ethics at ICRC presentations. Developments in the

political situation in Lebanon towards the end of the year prevented the ICRC from sponsoring military surgeons to attend a regional course on wound surgery there (see *Lebanon*).

In November, the ICRC, together with the National Society and the Tehran University of Medical Sciences, organized a Health Emergencies in Large Populations course; the 24 participants – from nine different countries – consisted of university students, personnel from humanitarian organizations, and others. With financial support from the ICRC, two National Society staff attended an ICRC regional workshop held abroad (see *Lebanon*), where they learnt more about the goals of the Health Care in Danger initiative.

### **National Society staff develop their capacities in physical rehabilitation**

Physically disabled people obtained rehabilitative care at a National Society-run centre in Mashhad, with the ICRC covering the costs of their treatment and/or assistive devices; the ICRC also supported the centre with expert advice and staff training. Five occupational therapists from the National Society and an SRS social worker broadened their knowledge of cerebral palsy at a train-the-trainer workshop, in which six families of children with cerebral palsy also participated. National Society and SRS personnel were trained in wheelchair measuring and provision at a three-day course at year's end; more than 20 Afghan patients received custom-made wheelchairs during the course.

Ten National Society staff learnt how to produce spinal orthoses at a training course conducted by an international NGO in Tehran with financial support from the ICRC. At a workshop in Mashhad, 18 National Society and SRS staff learnt how to incorporate the principles of community engagement, and the objective of social reintegration, in their activities, particularly in connection with health care.

## **ACTORS OF INFLUENCE**

### **Authorities and members of civil society learn about IHL and humanitarian issues**

The ICRC – sometimes with the National Society – engaged government officials, diplomats, academics, journalists and members of civil society in dialogue to broaden their awareness of IHL and pertinent humanitarian issues, and of the ICRC's mandate and activities, especially in connection with ongoing conflicts in the region (see, for example, *Syrian Arab Republic*). The Islamic Republic of Iran continued to host the headquarters of the Parliamentary Union of the OIC (Organization of Islamic Cooperation) Member States (PUIC) in Tehran; the ICRC participated in the 14th Session of the PUIC held in Morocco, where it drew participants' attention to the importance of IHL and to the pressing issue of missing migrants.

The ICRC expanded its contact with local media organizations, to encourage more accurate coverage of humanitarian issues and the ICRC's work: news releases, television interviews, and audio-visual materials produced and disseminated by the ICRC – including on an Iranian social-media site – also helped to broaden awareness of such matters. The ICRC continued to maintain its Farsi-language website, where it published articles on such topics as “Islam and IHL”.

Senior National Society officials were sponsored by the ICRC to attend a regional Movement meeting in Lebanon on public communication. The National Society and the SRS drew on technical support from the ICRC to incorporate community-engagement principles more fully in their activities; staff from both organizations attended an introductory workshop on community engagement that the ICRC organized for the first time. Development of a mobile application on mine-risk awareness was ongoing (see *Civilians*).

### **Authorities and academics strengthen their grasp of IHL**

The ICRC backed the activities of the national IHL committee – which was chaired by the National Society – with technical support and training, with a view to advancing the incorporation of IHL in domestic legislation. It provided them with reference materials – in English and Farsi – and sponsored three National Society staff members to attend an IHL course in Nepal (see *New Delhi*). Representatives of the national IHL committee exchanged best practices in IHL implementation with their counterparts at a meeting in Bangladesh, which the ICRC enabled them to attend (see *Bangladesh*). Owing to administrative constraints, a working group on IHL implementation, consisting of lawmakers and judges, had not yet been established.

The ICRC provided financial support for officials from the foreign ministry, and for military personnel, to attend IHL-related events abroad: for instance, a round table in San Remo, Italy and a workshop for senior military officers in Moscow, Russian Federation (see *International law and policy*). Representatives of the national judicial academy attended an experts' meeting organized by the ICRC in Nepal, at which they discussed how to incorporate IHL training in curricula for the professional development of judges (see *New Delhi*).

Academics from throughout the country discussed IHL-related issues at a conference organized by the national IHL committee with the ICRC's support. With a view to encouraging interest in IHL among academics, the ICRC sponsored three university professors to attend advanced IHL workshops and seminars in Nepal (see *New Delhi*) and Switzerland. University students broadened their knowledge of IHL at a conference co-organized by the ICRC abroad (see *Armenia*), and tested their grasp of IHL at moot court competitions abroad (see *New Delhi* and *Paris*).

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

The Red Crescent Society of the Islamic Republic of Iran and the ICRC continued to work together within the framework of a partnership agreement that they had signed in 2018. They reinforced their partnership by signing annexes to this agreement – on restoring family links, IHL promotion and public communication. Both organizations conducted activities jointly throughout the year, for vulnerable migrants and residents, and particularly in these areas: restoring family-links; mine-risk education; primary health care; and physical rehabilitation. National Society personnel benefited from the ICRC's expert advice, capacity-building support, and training in all these areas (see *Civilians*, *Wounded and sick* and *Actors of influence*). Administrative constraints prevented the ICRC from training National Society personnel in the Safer Access Framework; however, principles of the Safer Access Framework

were incorporated in an ICRC course on the Fundamental Principles for National Society staff in Kohgiluyeh and Boyer-Ahmad Province.

The National Society, with financial support from the ICRC, carried out relief operations for people affected by floods (see *Context*). Movement components, in the country and elsewhere,

began to discuss possibilities for developing a coordination mechanism for disaster response – for instance, to facilitate financial assistance for the National Society’s emergency-response activities.

## MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS	Total			
<b>RCMs and other means of family contact</b>		<b>UAMs/SC</b>		
RCMs collected	124			
RCMs distributed	122			
Phone calls facilitated between family members	9			
Names published in the media	6			
<b>Reunifications, transfers and repatriations</b>				
People reunited with their families	3			
Human remains transferred or repatriated	54			
<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	364	93	84	87
<i>including people for whom tracing requests were registered by another delegation</i>	127			
Tracing cases closed positively (subject located or fate established)	101			
<i>including people for whom tracing requests were registered by another delegation</i>	2			
Tracing cases still being handled at the end of the reporting period (people)	788	171	184	169
<i>including people for whom tracing requests were registered by another delegation</i>	143			
<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			
UAMs/SC reunited with their families by the ICRC/National Society	2	1		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	14	8		
<b>Documents</b>				
People to whom official documents were delivered across borders/front lines	6			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>RCMs and other means of family contact</b>				
People to whom a detention attestation was issued	433			

## MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
<b>Health</b>				
Health centres supported	Structures	1		
Average catchment population		70,000		
Consultations		12,572		
	<i>of which curative</i>	12,572	8,596	955
Immunizations	Doses	2,859		
Referrals to a second level of care	Patients	3,469		
	<i>of whom gynaecological/obstetric cases</i>	108		
<b>WOUNDED AND SICK</b>				
<b>Physical rehabilitation</b>				
Projects supported		1		
	<i>of which physical rehabilitation projects supported regularly</i>	1		
People benefiting from ICRC-supported projects	Aggregated monthly data	68	10	34
Prostheses delivered	Units	4		
Orthoses delivered	Units	82		
Physiotherapy sessions		39		
Walking aids delivered	Units	8		
Wheelchairs or postural support devices delivered	Units	22		

# 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 detainees’ treatment and living conditions, offers family-links services and works to ascertain the fate of missing persons. It provides violence-affected IDPs, returnees and residents with emergency aid, and/or support to help them 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 2019

- The authorities and weapon bearers were reminded by the ICRC of their obligations under IHL and other applicable norms to protect civilians and safeguard their access to basic services. Contact with certain armed groups was limited.
- IDPs, foreigners and detainees restored or maintained contact with relatives through ICRC family-links services. The authorities and the ICRC worked to clarify the fate of people missing in connection with past armed conflicts.
- Conflict-affected people, particularly returnees, supplemented or protected their income with cash-for-work projects or ICRC cash grants for covering basic needs, pursuing livelihoods or rebuilding homes.
- Nearly two million people had better access to clean water after the ICRC renovated water-supply systems in Mosul and elsewhere. ICRC donations of water tanks and fuel helped IDPs and refugees to cope with their situation.
- Ill or injured people, including those wounded during protests, were treated at ICRC-backed hospitals. Disabled people received rehabilitative care at ICRC-run or -supported centres; construction of a new centre began at year’s end.
- Some detainees received visits from their families after the authorities, at the ICRC’s urging, set up systems for family visits. Detaining authorities continued to draw on ICRC support to sustain health-care delivery in prisons.

## EXPENDITURE IN KCHF

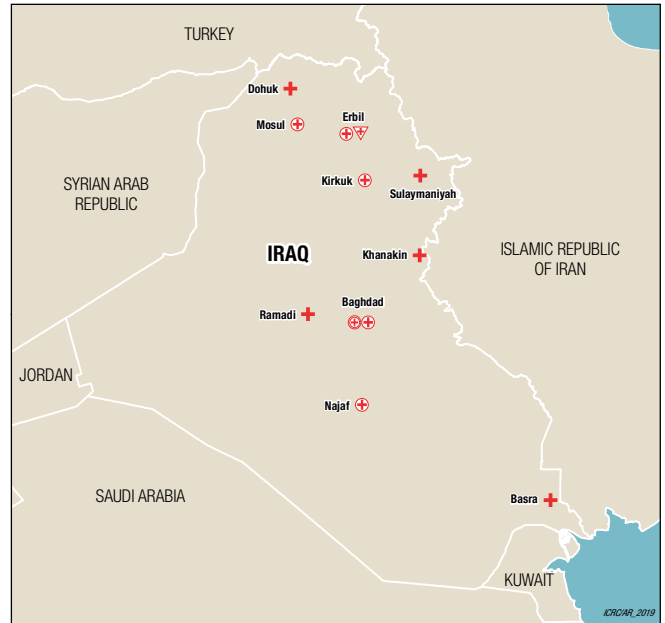
Protection	23,583
Assistance	76,906
Prevention	7,985
Cooperation with National Societies	1,837
General	747
<b>Total</b>	<b>111,058</b>
<i>Of which: Overheads</i>	<i>6,778</i>

## IMPLEMENTATION RATE

Expenditure/yearly budget	87%
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## PERSONNEL

Mobile staff	154
Resident staff (daily workers not included)	1,083



⊕ ICRC delegation ⊕ ICRC sub-delegation + ICRC office/presence ⊖ ICRC-run physical rehabilitation project

PROTECTION	Total
<b>CIVILIANS</b>	
<b>Restoring family links</b>	
RCMs collected	3,517
RCMs distributed	2,908
Phone calls facilitated between family members	160
Tracing cases closed positively (subject located or fate established)	1,412
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>	
<b>ICRC visits</b>	
Places of detention visited	78
Detainees in places of detention visited	58,018
<i>of whom visited and monitored individually</i>	3,984
Visits carried out	201
<b>Restoring family links</b>	
RCMs collected	6,475
RCMs distributed	4,327
Phone calls made to families to inform them of the whereabouts of a detained relative	11,736

ASSISTANCE	2019 Targets (up to)	Achieved	
<b>CIVILIANS</b>			
<b>Economic security</b>			
Income support	Beneficiaries	220,350	252,129
Capacity-building	Beneficiaries	50	329
<b>Water and habitat</b>			
Water and habitat activities	Beneficiaries	980,000	1,965,283
<b>Health</b>			
Health centres supported	Structures	30	22
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>			
<b>Economic security</b>			
Food consumption	Beneficiaries	1,500	1,656
Living conditions	Beneficiaries	50,000	65,174
<b>Water and habitat</b>			
Water and habitat activities	Beneficiaries	6,000	3,631
<b>WOUNDED AND SICK</b>			
<b>Medical care</b>			
Hospitals supported	Structures	15	22
<b>Physical rehabilitation</b>			
Projects supported	Projects	27	23
<b>Water and habitat</b>			
Water and habitat activities	Beds (capacity)	228	115

## CONTEXT

The country continued to struggle with the consequences of prolonged conflict.

Large-scale operations against the Islamic State group (ISg) ended in 2017. However, forces of the central government, including “popular mobilization units”, and of the government of the Iraqi Kurdistan region (IKR) – backed by an international coalition – continued to mount smaller-scale operations against remnants of the ISg. Civilians were wounded, killed or went missing. Some were arrested in connection with the fighting. According to the UNHCR, roughly 245,000 refugees from the Syrian Arab Republic (hereafter Syria) were in the IKR, including some 19,000 people who fled the intensifying violence in northern Syria towards the end of the year (see *Syrian Arab Republic*).

The humanitarian consequences of the conflict were compounded by the effects of past violence and by longstanding ethnic and sectarian tensions. Security conditions improved in some areas, but essential services and sources of livelihood were often inaccessible. This was partly because of the extensive damage to basic infrastructure, local markets and agricultural land. Mines and explosive remnants of war (ERW) continued to menace public safety. The UNHCR reported that some 4.6 million IDPs had returned home since 2017; however, roughly 1.4 million others could not yet return home, owing to many of the factors mentioned above. Many IDPs, including children, lost touch with their families.

In Baghdad and in southern Iraq, mass protests over political and economic issues – such as unemployment and lack of public services – persisted and grew increasingly violent towards the end of the year, reportedly killing hundreds and injuring thousands. Tensions continued to rise along the northern border with Turkey.

## ICRC ACTION AND RESULTS

The ICRC focused on addressing needs arising from the longer-term effects of armed conflict, while standing ready to respond to humanitarian emergencies linked to ongoing violence. It coordinated its humanitarian efforts with the 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 and, where possible, worked jointly with it.

The ICRC reminded the authorities and weapon bearers of their obligation under IHL and other applicable norms to protect civilians. It relayed the protection-related concerns of IDPs and returnees to them, through confidential representations. The authorities strengthened their grasp of IHL through ICRC training, with a view to integrating it into the military’s operations and advancing its incorporation in domestic legislation. The ICRC’s public-communication efforts broadened awareness of humanitarian issues and of the ICRC’s work among the general public. Members of vulnerable communities were made aware of the humanitarian services available to them, through a newly launched community contact centre and other means. The community contact centre was a mechanism that enabled people to phone in to ask for news of missing relatives or information about ICRC services.

The Movement’s family-links services enabled members of dispersed families – including unaccompanied children – to restore contact with one another. As a neutral intermediary, the ICRC continued to back the authorities’ efforts to resolve missing-persons cases linked to past international armed conflicts. It also made its expertise available to them and to other local actors to develop local capacities in managing human remains. The ICRC provided cash and other support for missing people’s families to help them cope with their situation.

The ICRC gradually scaled down its emergency aid and shifted its focus to helping vulnerable people, particularly returnees, to protect or supplement their income – where security conditions were relatively stable, and markets functioning – with cash grants for covering basic needs, pursuing livelihoods and rebuilding homes, with a view to strengthening their resilience to the consequences of large-scale fighting. Some conflict-affected people had better access to clean water after the ICRC renovated water-supply systems. ICRC information sessions helped others to protect themselves against mines/ERW.

The ICRC backed clinics providing health services for conflict-affected people, and sustained its support throughout the casualty care chain. It helped emergency responders become first-aid instructors themselves, and referred injured or wounded people to facilities elsewhere. Two hospitals in violence-prone areas received regular support from the ICRC; during emergencies, other hospitals received ad hoc donations of medicines and other supplies. The ICRC sought to make physical rehabilitation services more widely available in the country; to that end, it continued to operate a centre in Erbil, support State- or NGO-run centres, and provide technical support and training for physical rehabilitation professionals. Construction of a new centre in Erbil was under way at year’s end.

The ICRC visited, in accordance with its standard procedures, detainees in the country, including those held in relation to the conflict. It monitored their situation and supported the authorities’ efforts to improve their treatment and living conditions – for instance, by putting family-visit systems in place, addressing health emergencies and maintaining pilot projects to improve health care in detention.

## CIVILIANS

The ICRC reminded the authorities, and weapon bearers with whom it had contact, of their obligation under IHL and other applicable norms to protect civilians and safeguard their access to humanitarian aid and basic services, including health care. It made representations to them based on documented allegations of, for instance, forced return and restricted movement of IDPs.

Thousands of community members learnt about the humanitarian services available to them at ICRC information sessions. In May, the ICRC launched a community contact centre, a mechanism that allowed people to phone in to ask for news of missing relatives or information about the ICRC’s income-support programmes and other services.

### Members of dispersed families reconnect

The Movement's family-links services enabled conflict-affected people to reconnect with their families. These included IDPs, foreigners, and people whose relatives had gone missing in connection with recent fighting, or had been arrested and detained (see *People deprived of their freedom*). The ICRC continued to collect tracing requests; it resolved 1,412 tracing cases. The authorities, the ICRC and other actors continued to coordinate with one another to facilitate repatriations of foreigners detained in Iraq, particularly children. Some refugees resettled abroad using ICRC-issued travel documents.

Logistical constraints prevented the ICRC from training National Society personnel to provide family-links services.

### Authorities work towards resolving missing-persons cases

The ICRC provided missing people's families with appropriate support, to help them cope with their situation. About 150 families received cash for covering daily expenses (see below); others were referred elsewhere for legal or other support. ICRC-trained NGO personnel provided psychosocial care to missing people's families. The authorities and the ICRC continued to discuss the need to establish mechanisms to clarify the fate of missing people; government representatives learnt best practices in this regard at ICRC workshops abroad, which they attended with ICRC financial support (see *Balkans, Jordan and Paris*).

As a neutral intermediary, the ICRC continued to back the process of resolving missing-persons cases linked to the 1980–1988 Iran–Iraq war and the 1990–1991 Gulf War. It chaired their respective tripartite committees and their supporting mechanisms, and offered technical support – for instance, in mapping potential gravesites – for the authorities. Together with the authorities, it undertook excavations in southern Iraq and the IKR; under ICRC auspices, the remains of 185 and 46 people were handed over to the Iranian and Kuwaiti authorities, respectively. The remains of 54 people were repatriated to Iraq by the Iranian authorities (see *Iran, Islamic Republic of*).

First responders, medico-legal professionals, defence officials and others involved in managing human remains strengthened their capacities with ICRC material support, such as equipment for excavations and/or responding to emergencies, and guidance in reviewing procedures for data management. The Medico-Legal Directorate, guided by the ICRC, began to implement new guidelines for managing human remains; it also established a new department for forensic identification, which it then incorporated in its organizational structure.

### Returnees restore their livelihoods

Large-scale fighting having ended, the ICRC gradually scaled down emergency aid and focused on helping vulnerable IDPs, returnees and residents – 42,067 households (252,129 people) in all – protect or supplement their household income, partly with the National Society.

Nearly 188,500 people (31,398 households) met their basic needs after receiving one-off food parcels and household essentials, or cash to buy these or cover other expenses. ICRC

cash assistance enabled 9,921 households (over 58,600 people) to start small businesses, buy supplies for farming or raising livestock, and/or attend basic business skills or vocational training. With ICRC support, 551 farming households (over 3,800 people) installed greenhouses or drip-irrigation systems, enabling them to maintain their livelihoods. A total of 197 households (nearly 1,200 people) earned money through cash-for-work projects to rebuild damaged or destroyed community infrastructure. Under an ICRC pilot programme, 396 households (nearly 2,400 people) out of those mentioned above received cash to hire people to rebuild their houses with construction materials purchased from local businesses (see below).

Through ICRC training, around 90 government officials and veterinary officers bolstered their capacities in planning and monitoring relief and/or livelihood activities, and National Society personnel in Mosul became more capable of helping people start small businesses. Four vocational training centres (around 230 staff) received computers and other equipment to better enable them to conduct training courses.

### Nearly two million people have better access to clean water

Over 1,580,000 people had a better supply of clean water after the ICRC renovated 17 water systems and 2 wastewater-management systems. Local authorities received laboratory equipment for water-quality monitoring. The ICRC refurbished a water-treatment plant in Mosul (catchment population: 360,000); joint efforts with the local authorities to draft a long-term plan to expand the city's water-supply capacities continued at year's end. National Society staff – with ICRC training and material support – developed their ability to implement their own hygiene-promotion activities.

The ICRC renovated three schools and two clinics, enabling people to continue their studies and/or obtain health care. Plans to make repairs at a mortuary in Mosul were not realized, as the local authorities eventually did the repairs themselves. Owing to administrative constraints, the ICRC postponed renovations to medico-legal facilities in Baghdad to 2020. About 900 returnees rebuilt their homes using ICRC cash grants.

The ICRC also provided emergency assistance: fuel to 5,000 IDPs for cooking and for warming themselves in cold weather; and water tanks for 12,000 refugees who had fled hostilities in Syria (see *Context*).

### Vulnerable people obtain health services

Residents, returnees and IDPs obtained preventive, curative, maternal and paediatric health care at 22 centres that received material and infrastructural support, and training, from the ICRC; some services, such as vaccinations for children, were hindered by security constraints. ICRC-trained health workers provided counselling for emotionally distressed people.

The ICRC did not provide ad hoc support for primary-health-care centres, as there was no need for it.

### People protect themselves against mines/ERW

Around 20,400 people – including schoolchildren, journalists and health workers – learnt how to protect themselves against mines/ERW at ICRC risk-education sessions. The ICRC surveyed some 60 villages for mines/ERW, before implementing activities there. It trained National Society personnel to document mine-related incidents and conduct mine-risk education sessions.

### PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited, in accordance with its standard procedures, detainees at 78 places of detention, including people held in connection with the conflict, women, minors and foreigners; it monitored their treatment and living conditions, and communicated its findings and recommendations confidentially to the pertinent authorities. The ICRC drew their attention to various matters: prolonged solitary confinement; overcrowding; respect for judicial guarantees, and for medical ethics in health-care provision; and the specific needs of detained foreigners. At a round table with the pertinent authorities, the ICRC shared the findings of its assessment of IKR detention facilities. Discussions with the central authorities continued towards the signing of an agreement on prison visits.

Judges and detaining authorities strengthened their ability, through ICRC training, to address issues linked to overcrowding and ensuring respect for judicial guarantees.

### Detainees maintain contact with their families

The Movement's family-links services enabled detainees, including foreigners, to reconnect with their families. The ICRC informed families of the detention of their relatives, after visiting these detainees or after following up allegations of arrest with the authorities. With ICRC help, detained foreigners notified their embassies, or the UNHCR, of their situation. At the ICRC's urging, detaining authorities improved arrangements for family visits; detainees at three places of detention began to receive visits from relatives.

### Authorities work to improve detainees' living conditions and access to health care

The ICRC helped the authorities improve detainees' access to health services by providing material and technical support, and training, for clinics at several places of detention, including four facilities where ICRC pilot projects were under way to promote medical ethics and make health services more readily available to detainees. ICRC support enabled the authorities at these facilities to medically screen new detainees, maintain detainees' medical data without compromising their confidentiality, and develop strategies to improve health-care provision. Sponsored by the ICRC, a few prison officials attended an ICRC regional conference on health care in detention (see *Kuwait*).

Aided by the ICRC, detaining authorities took measures to address and prevent health emergencies. One detention facility implemented an anti-scabies campaign; elsewhere, detainees and prison staff were vaccinated against typhoid and the flu.

Around 1,600 malnourished pregnant or lactating women, and the children accompanying them, received nutritional supplements; at an ICRC seminar, prison health staff learnt how to

manage malnutrition cases. Doctors, social workers and nutritionists working in prisons also benefited from ICRC training, enabling them to promote good nutrition.

Roughly 65,000 detainees received blankets, clothes, medicines and hygiene items, which helped ease their living conditions. The ICRC carried out infrastructural upgrades at three prisons, benefiting 3,631 detainees; around 650 of them had better sanitation after the ICRC cleaned out septic tanks at their facility. The ICRC provided technical input at a workshop, organized by the authorities, on prison planning and design.

### WOUNDED AND SICK

#### People receive timely and appropriate medical care

Its first-aid training programme having ended in 2018, the ICRC focused on supervising train-the-trainer courses for emergency responders and civil-defence officials. It also provided first-aid training when asked – by the police, for instance. The National Society conducted a first-aid training session with financial and technical support from the ICRC.

Wounded or injured people obtained emergency and surgical care at two hospitals in Al Qaim, Anbar Governorate and Tooz, Salahuddin Governorate. The ICRC provided medicines and other supplies, expert advice and staff training for the hospitals, which performed a total of 5,113 surgeries. The Tooz hospital, guided by the ICRC, drafted a contingency plan for mass-casualty situations. Twenty hospitals received ICRC donations of medicines and supplies for treating people injured in protests.

Fourteen people were referred to the ICRC's Weapon Traumatology and Training Centre for specialized treatment (see *Lebanon*).

The Al Qaim hospital (100 beds) bolstered its surgical capacities after the ICRC renovated its operating theatre. A new physical rehabilitation centre, built by the ICRC, was opened in Mosul (15 beds); construction of a new centre in Erbil began in November.

#### The physical rehabilitation sector receives ICRC support

A total of 33,341 disabled people<sup>1</sup> received treatment at 16 physical rehabilitation centres: an ICRC-run centre in Erbil, which treated 4,245 people<sup>1</sup>; and 15 State- or NGO-run centres, including a training institute, that received ICRC support. The ICRC covered expenses – for transportation, accommodation and/or food – for some 358 patients receiving physical rehabilitation services. Emotionally distressed patients were given psychosocial support; others received livelihood support (see *Civilians*) to facilitate their social integration. Planned renovations to make recreational areas more accessible to disabled people did not materialize.

The 16 centres provided rehabilitative care for disabled people in prisons and in remote areas who had been referred to them through ICRC outreach visits. Plans to set up a referral system for physical rehabilitation services, and a network of

1. Based on aggregated monthly data, which include repeat beneficiaries.



technicians for repairing assistive devices, in two governorates were not realized, as the health ministry and the National Society began providing prosthetic/orthotic services there.

Health ministry staff learnt – at ICRC workshops – how to train prosthetists/orthotists. Aided by the ICRC, the health ministry conducted training courses for technicians producing ankle-foot orthoses, and for caregivers of children with cerebral palsy. In the IKR, physical rehabilitation professionals attended ICRC training in orthotics. Seven schools and training institutes received ICRC support: expert advice and educational materials to improve training for physiotherapists and prosthetists/orthotists. The ICRC supported the Erbil Polytechnic University's efforts to establish a prosthetics and orthotics department – for instance, by providing guidance to develop curricula.

### ACTORS OF INFLUENCE

The ICRC continued to broaden support for IHL and other pertinent norms, and for its humanitarian work, through dialogue, particularly with the authorities, and information sessions for members of civil society. It raised awareness of humanitarian issues – such as the necessity of protecting the provision of health care and addressing the needs of missing people's families – through news releases and other public-communication initiatives. Journalists bolstered their ability to report on all these matters after attending ICRC workshops.

Contact with certain armed groups remained limited.

### Military and police forces take steps to integrate IHL and other norms into their operations

During ICRC dissemination sessions, military and police personnel – including those engaged in counter-terrorism operations – and members of “popular mobilization units” strengthened their grasp of IHL, international human rights law and/or other applicable norms. The defence ministry drew on the ICRC's expertise to integrate IHL into military doctrine, operations and training. Guided by the ICRC, the interior ministry integrated human rights norms in its standard investigation protocols. With ICRC financial support, senior military officers attended an IHL workshop in the Russian Federation (see *International law and policy*).

### Authorities and academics discuss IHL and humanitarian issues

The ICRC sought to promote IHL and raise awareness of humanitarian issues among government officials, judges, academics and religious scholars; to that end, it organized workshops, round tables and training courses for them, and sponsored their participation in IHL courses abroad (see, for example, *Tunis*). Law students tested their grasp of IHL at a moot court competition (see *Lebanon*).

Developments linked to the political situation hampered the authorities' efforts to implement IHL, and the ICRC's plans to support them through training. The ICRC did however share with the authorities the results of its study on the legal framework governing the protection of medical personnel and facilities; a similar study concerning missing people in Iraq was in progress at year's end.

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

### RED CROSS AND RED CRESCENT MOVEMENT

The Iraqi Red Crescent Society, with the ICRC's support, responded to the humanitarian needs of people in Iraq. It received financial and material assistance for implementing various activities, and for responding to protests and other emergencies (see *Context*); activities in connection with economic security and mine-risk awareness were carried out jointly by the National Society and the ICRC (see *Civilians*).

The National Society and the ICRC signed a project agreement in March to expand cooperation in assisting vulnerable communities, and to facilitate discussions towards a partnership framework agreement which were ongoing at year's end.

The National Society continued to receive ICRC technical support and training for incorporating the Safer Access Framework more fully in its activities, and for developing its capacities in financial management. Discussions between the International Federation and the ICRC, on providing on-site support and funding to bolster the National Society's organizational capacities, continued.

Movement components met regularly to coordinate their activities – and carry out joint projects, whenever possible – in Iraq.

## MAIN FIGURES AND INDICATORS: PROTECTION

<b>CIVILIANS</b>	<b>Total</b>			
<b>RCMs and other means of family contact</b>		<b>UAMs/SC</b>		
RCMs collected	3,517	143		
RCMs distributed	2,908	45		
Phone calls facilitated between family members	160			
<b>Reunifications, transfers and repatriations</b>				
People transferred or repatriated	3			
Human remains transferred or repatriated	231			
<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	5,581	218	151	440
<i>including people for whom tracing requests were registered by another delegation</i>	206			
Tracing cases closed positively (subject located or fate established)	1,412			
<i>including people for whom tracing requests were registered by another delegation</i>	11			
Tracing cases still being handled at the end of the reporting period (people)	22,912	941	779	1,913
<i>including people for whom tracing requests were registered by another delegation</i>	738			
<b>Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers</b>		<b>Girls</b>		<b>Demobilized children</b>
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	25	8		
<b>Documents</b>				
People to whom travel documents were issued	10			
People to whom official documents were delivered across borders/front lines	6			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>ICRC visits</b>		<b>Women</b>	<b>Minors</b>	
Places of detention visited	78			
Detainees in places of detention visited	58,018	2,548	4,902	
Visits carried out	201			
		<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually	3,984	722	37	204
<i>of whom newly registered</i>	2,580	85	22	130
<b>RCMs and other means of family contact</b>				
RCMs collected	6,475			
RCMs distributed	4,327			
Phone calls made to families to inform them of the whereabouts of a detained relative	11,736			
Detainees visited by their relatives with ICRC/National Society support	2			
People to whom a detention attestation was issued	1,441			

## MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
<b>Economic security</b>				
Income support	Beneficiaries	252,129	84,033	104,354
	<i>of whom IDPs</i>	13,956	4,578	5,725
Capacity-building	Beneficiaries	329	115	
	<i>of whom IDPs</i>	75	28	
<b>Water and habitat</b>				
Water and habitat activities	Beneficiaries	1,965,283	449,994	721,003
	<i>of whom IDPs</i>	17,178	5,325	6,356
<b>Health</b>				
Health centres supported	Structures	22		
Average catchment population		676,813		
Consultations		398,045		
	<i>of which curative</i>	383,733	131,886	148,745
	<i>of which antenatal</i>	14,312		
Immunizations	Doses	237,612		
	<i>of which polio vaccines for children aged 5 or under</i>	177,082		
Referrals to a second level of care	Patients	6,105		
	<i>of whom gynaecological/obstetric cases</i>	2,300		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>Economic security</b>				
Food consumption	Beneficiaries	1,656	539	816
Living conditions	Beneficiaries	65,174	3,168	4,664
<b>Water and habitat</b>				
Water and habitat activities	Beneficiaries	3,631	436	545
<b>Health</b>				
Places of detention visited by health staff	Structures	23		
Health facilities supported in places of detention visited by health staff	Structures	8		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	22		
	<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	172	9	9
	(including those related to mines or explosive remnants of war)	13		2
	Non-weapon-wound admissions	3,754		
	Operations performed	5,113		
Gynaecological/obstetric admissions		1,938	1,930	8
Consultations		33,436		
<b>Services at hospitals not monitored directly by ICRC staff</b>				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		71,604		
Weapon-wound admissions (surgical and non-surgical admissions)		76,931	1	4
Weapon-wound surgeries performed		33,012		
<b>First aid</b>				
First-aid training				
	Sessions	48		
	Participants (aggregated monthly data)	984		
<b>Water and habitat</b>				
Water and habitat activities	Beds (capacity)	115		
<b>Physical rehabilitation</b>				
Projects supported		23		
	<i>of which physical rehabilitation projects supported regularly</i>	16		
People benefiting from ICRC-supported projects	Aggregated monthly data	33,341	3,478	19,767
	<i>of whom victims of mines or explosive remnants of war</i>	1,508		
Referrals to social integration projects		193		
Prostheses delivered	Units	4,911		
Orthoses delivered	Units	25,831		
Physiotherapy sessions		7,743		
Walking aids delivered	Units	770		
Wheelchairs or postural support devices delivered	Units	909		

# 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 2019

- People wounded during protests in the Gaza Strip received treatment at ICRC-supported facilities. Disabled patients and medical workers suffering emotional trauma obtained psychosocial care from ICRC-trained personnel.
- Palestinians who had lost homes or livelihoods in relation to violence or to occupation policies received aid from the ICRC to cope with displacement and destitution. Gazan farmers were aided to produce more food sustainably.
- Thousands of detainees in Israel spent time with their families from Gaza and the West Bank, at ICRC-organized monthly family visits. Some Lebanese people and Syrians returned home from Israel, with the ICRC's help.
- Gaza Strip *de facto* judicial authorities strove to improve detainees' treatment, including respect for judicial guarantees. They appointed more judicial staff and took steps to strengthen legislation on the proper treatment of detainees.
- Health care was more readily available to detainees in Gaza after the *de facto* authorities, aided by the ICRC, created tools for managing detainees' health information and restored medical consultations at two police stations.
- Influential Israeli and Palestinian figures learnt about IHL and humanitarian work at ICRC events. Palestinian religious leaders expressed support for humanitarian work and IHL in their sermons and writings.

## EXPENDITURE IN KCHF

Protection	17,653
Assistance	24,827
Prevention	5,496
Cooperation with National Societies	2,690
General	410
<b>Total</b>	<b>51,077</b>
<i>Of which: Overheads</i>	<i>3,117</i>

## IMPLEMENTATION RATE

Expenditure/yearly budget	98%
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## PERSONNEL

Mobile staff	67
Resident staff (daily workers not included)	288



PROTECTION	Total
<b>CIVILIANS</b>	
<b>Restoring family links</b>	
RCMs collected	204
RCMs distributed	129
Phone calls facilitated between family members	1
Tracing cases closed positively (subject located or fate established)	16
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>	
<b>ICRC visits</b>	
Places of detention visited	100
Detainees in places of detention visited	11,452
<i>of whom visited and monitored individually</i>	1,320
Visits carried out	213
<b>Restoring family links</b>	
RCMs collected	183
RCMs distributed	186
Phone calls made to families to inform them of the whereabouts of a detained relative	2,784

ASSISTANCE	2019 Targets (up to)	Achieved
<b>CIVILIANS</b>		
<b>Economic security</b>		
Food production	Beneficiaries 2,340	6,535
Income support	Beneficiaries 4,680	1,971
Living conditions	Beneficiaries 400	760
Capacity-building	Beneficiaries 360	
<b>Water and habitat</b>		
Water and habitat activities	Beneficiaries 1,100,000	1,225,540
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>		
<b>Economic security</b>		
Living conditions	Beneficiaries 11,000	18,383
<b>Water and habitat</b>		
Water and habitat activities	Beneficiaries 1,860	2,235
<b>WOUNDED AND SICK</b>		
<b>Medical care</b>		
Hospitals supported	Structures 11	8
<b>Physical rehabilitation</b>		
Projects supported	Projects 2	2
<b>Water and habitat</b>		
Water and habitat activities	Beds (capacity) 2,262	1,976

## CONTEXT

People in the Gaza Strip continued to endure the adverse consequences of the political deadlock between the Palestinian Authority (PA) and the Gaza Strip *de facto* authorities; Israel's blockade; the periodic closure of crossing points by Egypt; and past hostilities. Movement restrictions imposed by Israel and the PA, and deteriorating socio-economic conditions, limited most people's access to essential services and livelihood resources. Access to electricity improved: intermittently, it was available for up to 12 hours a day; and some facilities could run off solar power.

Gazan protests persisted along the Gaza–Israel border, peaking in March; encounters between the Israel Defense Forces (IDF) and protesters turned violent sometimes and caused injuries and deaths. Tensions between Israel and the Gaza Strip *de facto* authorities and armed groups escalated in May – the violence was followed by a ceasefire brokered in Egypt – and then again, to a lesser extent, in November. Amid these events, rocket attacks and improvised incendiary devices from Gaza to Israel and IDF airstrikes caused casualties and property damage on both sides.

In East Jerusalem and on the West Bank, Palestinians continued to feel the effects of Israeli occupation policies, for instance, movement restrictions and confiscation or destruction of property, and of rising settler violence against them. Their economic prospects remained bleak.

Israeli and Palestinian authorities held detainees in connection with the protests and violence mentioned above, and for security reasons.

## ICRC ACTION AND RESULTS

The ICRC continued to promote protection for Israelis and Palestinians, and to help improve the circumstances of Palestinians living under occupation, particularly those affected by the deteriorating situation in the Gaza Strip.

The ICRC reminded Israeli and Palestinian authorities and weapon bearers of their obligations under IHL and other applicable norms. The IDF was given expert advice for integrating IHL more fully in its doctrine, training and operations. Members of Gazan armed groups were briefed on IHL and Palestinian security forces and IDF troops stationed along the Gaza–Israel border, on international policing standards. ICRC communication initiatives built support for IHL and the ICRC among actors of influence. Palestinian religious leaders expressed support for humanitarian work and IHL in their sermons and writings.

The Palestine Red Crescent Society provided emergency medical services (EMS), with material and other support from the ICRC for working safely near the Gaza–Israel border and in East Jerusalem. Health-care services in Gaza strengthened their capacities in treating casualties of violence, the chronically ill, and the physically disabled. This was made possible by ICRC support: specialized training for medical personnel; supplies and equipment for health facilities; spare parts and

lubricants for hospitals and clinics to continue functioning during power cuts. The *de facto* authorities took over the ICRC's post-operative-care ward at the Shifa hospital, as planned. Disabled people and medical personnel benefited from ICRC-supported psychosocial care.

In Gaza, the ICRC helped to repair damaged electrical and water infrastructure, and wastewater-treatment systems, and make them more efficient and sustainable. It assisted Gazan farmers to produce more food: farmland and water were made more accessible to them; they were also given supplies and funding for practising sustainable agriculture. Cash grants for operating small businesses and cash-for-work projects helped some vulnerable breadwinners in Gaza and on the West Bank to earn more money. The ICRC provided cash or essential items for Palestinians who had lost their homes. At ICRC information sessions, Gazans learnt about safe practices around mines/explosive remnants of war (ERW); training from Magen David Adom and the ICRC helped vulnerable Israelis to be more prepared for emergencies.

Members of families separated by conflict, detention or other circumstances used Movement family-links services to reconnect. Thousands of detainees in Israel were visited by their relatives from Gaza and the West Bank. One person formerly held at the US detention facility at the Guantanamo Bay Naval Station in Cuba visited his family abroad. The ICRC facilitated the repatriation of a few Lebanese people and Syrians, and helped resolve some missing-persons cases.

The ICRC visited – in accordance with its standard procedures – places of detention run by Israeli and Palestinian authorities; findings and recommendations were communicated confidentially to detaining authorities to help them improve detainees' treatment and living conditions. PA officials, aided by ICRC expertise, began drafting standard procedures for dealing with hunger strikers. Gaza Strip *de facto* judicial authorities appointed more judicial staff, opened investigations into policing methods, and pushed to strengthen legal sanctions for the ill-treatment of detainees.

In Gaza, the *de facto* authorities and the ICRC developed tools for managing detainees' health information, and trained health staff in emergency care and psychosocial support. The *de facto* authorities restored medical consultations at two police stations. Detainees benefited from ICRC-supported repairs at prison facilities and cleaning campaigns and other ICRC assistance.

The ICRC continued to help the Palestinian Red Crescent and Magen David Adom coordinate their activities, and to monitor the implementation of the memorandum of understanding between them.

## CIVILIANS

The ICRC reminded Israeli and Palestinian authorities and weapon bearers of their obligations under IHL and other international norms. It urged them to: respect civilians – including those seeking and providing health care – and civilian property; ensure access to essential goods and services

for people in the occupied territories; and facilitate family contact. The ICRC discussed international policing standards with Israeli weapon bearers stationed along the Gaza–Israel border (see *Actors of Influence*).

The ICRC documented allegations of IHL violations and other abuses, and made written and oral representations to the parties concerned, to prevent or put an end to them.

### **Vulnerable Israelis and Palestinians obtain help to cope with traumatizing incidents**

The Palestinian Red Crescent and the ICRC briefed some 23,000 Gazans, notably schoolchildren, on safe practices around mines/ERW. The ICRC also helped train and equip 20 bomb-disposal technicians. The ICRC and an Israeli mental-health organization discussed how to help psychologically traumatized Israelis, particularly children, living along the Gaza–Israel border. Vulnerable Israelis trained for emergencies (see *Red Cross and Red Crescent Movement*).

Some 138 households (760 people) were given cash or household items by the ICRC. Among them were residents of East Jerusalem and of the West Bank whose homes had been confiscated or demolished, and people displaced by protests or airstrikes in Gaza. In Hebron, Nablus and Ramallah, victims of abuse received money to start small businesses with which to support their households.

### **Gazan farmers and fishermen pursue their livelihoods**

Some 2,040 Gazan households (6,535 people) were supported to produce food in a sustainable manner. The ICRC dug rainwater ponds; provided supplies and equipment to farmers, including environment-friendly pest traps for lemon and olive cultivators; and had farmland near the Gaza–Israel border cleared of mines and levelled. Funding, training and other assistance from farming cooperatives and the ICRC helped farmers implement innovative and sustainable agricultural practices: one grew hydroponic strawberries and others produced fodder or compost, or desalinated water. The ICRC assisted some fishermen with nets, and repairs, engines and solar panels for their boats.

The ICRC provided cash for starting small businesses and implemented cash-for-work projects to renovate community infrastructure or to digitize official documents. These initiatives, monitored by ICRC-trained Palestinian Red Crescent volunteers, enabled some 349 breadwinners (supporting 1,971 people) – including people disabled or made destitute by protest-related violence – to supplement their income.

### **Gazans have broader access to water and electricity**

In Gaza, service providers repaired damaged electrical and water infrastructure and wastewater-treatment systems, with spare parts and machinery from the ICRC and help from ICRC-trained maintenance staff. Some 1,225,000 Gazans benefited.

The ICRC helped to make electrical and water systems more efficient and sustainable. It provided the service providers with geo-spatial studies and assessments of infrastructure,

and helped them to draft contingency plans and to mark their maintenance vehicles for emergencies. At various facilities, the ICRC installed: net metering, facilitating the simultaneous use of the power grid and solar panels; auto-reclosers to guard against fluctuating electricity; and pre-paid electrical meters.

### **Members of separated families reconnect using Movement family-links services**

The ICRC helped one person return to Lebanon from Israel; it also served as a neutral intermediary in the repatriation of two Syrian detainees formerly held by Israel, and a few other Syrians, through the Golan Heights. A vulnerable foreigner in Israel saw and talked to his son abroad, through an ICRC-organized video call. There were no requests for family reunification for minors in 2019.

The ICRC resolved some missing-persons cases and informed the families concerned: a few people were located abroad (see *Egypt*). The ICRC interviewed missing people's families and communicated their needs to the authorities. Administrative obstacles prevented the ICRC from sponsoring an Israeli expert on missing people to attend a workshop. No progress was made in clarifying the fate of people missing in connection with the 2014 hostilities; Israeli soldiers missing in action; or Jordanians gone missing in Israel in the 1980s.

In Israel, the ICRC identified the remains of two Lebanese nationals and began the process of repatriating them.

## **PEOPLE DEPRIVED OF THEIR FREEDOM**

### **The authorities pursue efforts to improve detainees' treatment**

The ICRC visited – in accordance with its standard procedures – people held in places of detention in Gaza, on the West Bank and in Israel. Certain detainees were visited individually: hunger strikers, including those in Israeli hospitals; minors, foreigners, and others with special needs; in Gaza and on the West Bank, security detainees, people under interrogation and people held at police stations; and in Israel, people in administrative detention, under interrogation or in prolonged solitary confinement.

Afterwards, the ICRC shared its feedback confidentially with the authorities, to help them improve detainees' treatment and living conditions. It discussed, with senior government officials, such subjects as respect for judicial guarantees and the principle of *non-refoulement*; overcrowding; family contact; and the availability of legal counsel and health care, and education for minors.

The authorities broadened awareness of medical ethics in the penitentiary system: the ICRC helped them organize workshops on the subject for prison staff, and sponsored PA health and penitentiary officials to attend events abroad (see *Kuwait* and *Paris*). PA officials began drafting, drawing on ICRC expertise, standard procedures for dealing with hunger strikers.

The Gaza Strip *de facto* judicial authorities strove to speed up the processing of detainees' files and improve respect for judicial guarantees. They appointed more judicial staff, opened

investigations into policing methods, and pushed to strengthen legislation stipulating the proper treatment of detainees. The ICRC supported these efforts: it briefed interrogators, police officers and others on international norms applicable to their duties (see *Actors of influence*) and commanders/managers on change management, to help them implement reforms.

### Detainees spend time with family

While reminding the authorities of their duties in this regard, the ICRC organized monthly family visits for detainees: over 6,300 detainees in Israel were visited by relatives from Gaza and the West Bank. The ICRC remained ready to support the PA in organizing second monthly visits. One person formerly held at the Guantanamo Bay detention facility visited his family abroad. Detainees sent RCMs to their relatives.

People obtained from the ICRC certain documents, such as attestations of detention, needed for legal and administrative proceedings.

### Living conditions improve for some detainees

The ICRC helped the Gaza Strip *de facto* authorities draft a national health policy for detainees, and, drawing on past joint projects, develop tools for managing detainees' health information, including one for screening mental illness. Staff at six Gazan prisons were trained and equipped to use these tools; they and other health staff were also trained in providing emergency care and psychosocial support. The *de facto* authorities restored medical consultations – last offered in 2017 – at two police stations.

Some 2,200 detainees in Palestinian places of detention benefited from repairs, maintenance work and cleaning campaigns carried out by ICRC-trained police personnel, prison guards and detainees, who used ICRC-provided supplies. Moreover, nearly 18,400 detainees received some material assistance, notably: in Gaza, hygiene items; blankets and mattresses for detainees newly transferred from police stations to prisons; and on the West Bank, clothing suited for extreme summer or winter temperatures. In Israel, vulnerable detainees were also given aid – some foreigners received money to purchase food or to make calls – though less than in past years, owing to administrative constraints.

## WOUNDED AND SICK

The ICRC discussed the accessibility of medical care with authorities, weapon bearers and others (see *Civilians*); ICRC representations helped six Gazans obtain treatment outside Gaza. The Palestinian Red Crescent provided EMS with ICRC support (see *Red Cross and Red Crescent Movement*).

### Injured Gazans receive treatment

In Gaza, the ICRC focused on boosting health-care services' capacity – despite their limited resources – to cope with mass casualties and to treat chronic illness. The ICRC regularly supplied eight hospitals that treated Gazans injured during protests or other circumstances, and donated supplies and equipment to the *de facto* health authorities for use in emergencies. At the Shifa hospital, the ICRC ran a 40-bed ward that provided surgery and post-operative care for weapon-wounded patients: the *de facto* health authorities took over

this ward in April, as planned. Spare parts and lubricants for generators from the ICRC and ICRC-trained maintenance staff helped 13 hospitals and 38 clinics to continue functioning during power cuts.

A few hundred doctors and nurses practiced trauma care, the use of ultrasound machines and vascular surgery, at courses organized by the *de facto* health authorities and the ICRC. Further expanding Gazan capacities in vascular surgery, the ICRC organized a six-month course abroad for a surgeon and supplied hospitals with specialized equipment. The ICRC sponsored an Israeli surgeon, working near Gaza, to attend a war-surgery course abroad.

The ICRC shared its assessment of the emergency preparedness of Gazan hospitals with the *de facto* health authorities. Another study, on Gazans' long-term health issues, was ongoing.

### Disabled Gazans regain some mobility

Nearly 3,400 physically disabled people<sup>1</sup> – including diabetics and injured protesters – received free physical rehabilitation services and/or assistive devices at the Artificial Limb and Polio Centre (ALPC), for which the ICRC provided funding, supplies and staff training. The ICRC covered 150 destitute patients' travel expenses. Planned treatment for clubfoot was still under preparation. The ICRC helped the ALPC raise funds and construct a wheelchair assembly workshop; this aimed to ensure the ALPC's sustainability.

Disabled people, including ALPC patients, participated in sporting and other events organized by the Paralympic committee and/or the ICRC to promote their social inclusion.

### Gazans obtain psychosocial care

The ICRC trained staff from the ALPC, six Gazan hospitals and the *de facto* health authorities in psychosocial care, and, with them, conducted counselling sessions in hospitals or homes and/or group-therapy sessions. This helped nearly 380 disabled people, including ALPC patients, and 480 medical personnel cope with the loss of limbs and work-related stress, respectively.

## ACTORS OF INFLUENCE

### Israeli authorities and members of civil society learn about IHL

The ICRC and senior Israeli officials discussed various matters related to IHL and humanitarian issues: the consequences of certain occupation policies and practices, and of the IDF's operations; the expansion of settlements on the West Bank; the scarcity of resources in Gaza; missing people and their families' plight; and the situation of detainees.

The ICRC continued to stimulate debate on these subjects among the public and among influential members of civil society. It organized various events with academics: conferences on military justice, on Gaza, on the Geneva Conventions and on IHL research; and a moot court competition for law students. The ICRC conducted information sessions on

1. Based on aggregated monthly data, which include repeat beneficiaries.

occupation law for diplomats. ICRC-produced photos, videos, and articles reached the public through the media or the delegation's digital platforms in Arabic, English and Hebrew.

### **Israeli and Palestinian weapon bearers further their understanding of international norms**

The ICRC briefed Israeli military and security officers on IHL and international policing standards. It provided support for the IDF's efforts to integrate IHL more fully into its doctrine, training and operations: the ICRC made expert contributions to the IDF's exercises and sponsored five officers to attend advanced IHL courses. Operational issues – relating to Gaza, for example – were discussed with commanders and senior officers. The ICRC also briefed Gazan armed groups on IHL; more commanders and senior officials attended these briefings than in recent years.

At briefings organized by the ICRC, some 800 PA security agents, including police officers and interrogators, learnt how to better apply international law enforcement standards in their operations: participants discussed how to bridge gaps between theory and practice. In Gaza, some of these sessions were run by ICRC-trained instructors. The *de facto* interior ministry drafted a code of police conduct, incorporating the ICRC's recommendations.

PA officials – members of the national IHL committee and diplomats – attended IHL courses abroad (see *Jordan, Morocco and Tunis*). The national IHL committee consulted the ICRC on matters related to the laws governing international crimes.

### **Members of Palestinian civil society express their support for IHL and the ICRC**

The ICRC organized events for religious leaders on the similarities between IHL and Islamic jurisprudence, and on humanitarian action. Gazan preachers participated in an essay-writing competition – organized by the ICRC – on these topics; winning entries were published in *al-Insani* magazine (see *Egypt*). Some of the preachers incorporated these themes in their Ramadan sermons. West Bank religious authorities expressed their support for the ICRC in their official publications. An official of the Gaza Strip *de facto* religious ministry attended a regional workshop (see *Jordan*).

Teachers and law students, and foreign ministry staff, attended ICRC-organized forums on IHL-related subjects. An academic published a paper on IHL instruction and another, who had attended a regional IHL course (see *Morocco*), published articles on IHL instruction and protection for women.

Palestinian Red Crescent staff and volunteers learnt from their legal adviser, and the ICRC, about the protection granted to them under IHL. The ICRC guided the legal adviser in reinforcing respect for the red crescent emblem among law enforcement officers and sponsored him to attend a meeting of his peers in Switzerland.

Security experts from several countries reflected on the nature of armed conflict and other emergencies, and their humanitarian consequences.

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

The ICRC helped the Palestine Red Crescent Society and Magen David Adom coordinate their activities. It monitored implementation of the memorandum of understanding between them and arranged meetings between their representatives and an independent monitor.

### **Palestinian Red Crescent volunteers safely tend the wounded**

The ICRC gave the Palestinian Red Crescent's EMS medical supplies and assistance in obtaining permits to operate in areas near the Gaza–Israel border and in East Jerusalem. Advised by the ICRC, the Palestinian Red Crescent strove to ensure the safety of its volunteers along the Gaza–Israel border, and to consistently implement the Safer Access Framework and the working procedures agreed upon with the Israeli authorities; fewer volunteers were injured than in 2018. The ICRC and Canadian Red Cross funded and gave the Palestinian Red Crescent financial and technical support to establish a centralized dispatch system.

The Palestinian Red Crescent drew on the ICRC's expertise to review its EMS set-up, to raise funds and to spread awareness of IHL (see *Actors of influence*).

### **Magen David Adom helps marginalized communities prepare for emergencies**

The ICRC and the International Federation organized training in disaster response for Magen David Adom volunteers. Volunteers taught hundreds of prospective first responders in northern and southern Israel – young people, drivers and female Bedouin – basic emergency response and first aid; some became volunteers themselves.



## MAIN FIGURES AND INDICATORS: PROTECTION

<b>CIVILIANS</b>	<b>Total</b>			
<b>RCMs and other means of family contact</b>		<b>UAMs/SC</b>		
RCMs collected	204			
RCMs distributed	129			
Phone calls facilitated between family members	1			
<b>Reunifications, transfers and repatriations</b>				
People transferred or repatriated	4			
Human remains transferred or repatriated	2			
<b>Tracing requests, including cases of missing persons</b>		<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered	39	1		
<i>including people for whom tracing requests were registered by another delegation</i>	6			
Tracing cases closed positively (subject located or fate established)	16			
<i>including people for whom tracing requests were registered by another delegation</i>	2			
Tracing cases still being handled at the end of the reporting period (people)	193	3	8	21
<i>including people for whom tracing requests were registered by another delegation</i>	3			
<b>Documents</b>				
People to whom official documents were delivered across borders/front lines	731			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>ICRC visits</b>		<b>Women</b>	<b>Minors</b>	
Places of detention visited	100			
Detainees in places of detention visited	15,045	353	454	
Visits carried out	442			
		<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually	2,456	54	1	163
<i>of whom newly registered</i>	1,423	20		159
<b>RCMs and other means of family contact</b>				
RCMs collected	183			
RCMs distributed	186			
Phone calls made to families to inform them of the whereabouts of a detained relative	2,784			
Detainees visited by their relatives with ICRC/National Society support	6,375			
Detainees released and transferred/repatriated by/via the ICRC	2			
People to whom a detention attestation was issued	6,364			

**MAIN FIGURES AND INDICATORS: ASSISTANCE**

<b>CIVILIANS</b>		<b>Total</b>	<b>Women</b>	<b>Children</b>
<b>Economic security</b>				
Food production	Beneficiaries	6,535	1,961	2,613
Income support	Beneficiaries	1,971	676	707
	<i>of whom IDPs</i>	25	7	11
Living conditions	Beneficiaries	760	236	296
	<i>of whom IDPs</i>	760	236	296
Capacity-building	Beneficiaries			
<b>Water and habitat</b>				
Water and habitat activities	Beneficiaries	1,225,540	306,385	588,259
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>Economic security</b>				
Living conditions	Beneficiaries	18,383	120	
<b>Water and habitat</b>				
Water and habitat activities	Beneficiaries	2,235	45	22
<b>Health</b>				
Places of detention visited by health staff	Structures	18		
Health facilities supported in places of detention visited by health staff	Structures	2		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	8		
	<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	2,711		8
	Non-weapon-wound admissions	145,138		
	Operations performed	40,863		
Consultations		794,590		
Patients whose hospital treatment was paid for by the ICRC		71		
<b>Water and habitat</b>				
Water and habitat activities	Beds (capacity)	1,976		
<b>Physical rehabilitation</b>				
Projects supported		2		
	<i>of which physical rehabilitation projects supported regularly</i>	1		
People benefiting from ICRC-supported projects	Aggregated monthly data	3,386	239	1,941
	<i>of whom victims of mines or explosive remnants of war</i>	2		
Referrals to social integration projects		1,390		
Prostheses delivered	Units	205		
Orthoses delivered	Units	2,121		
Physiotherapy sessions		3,766		
Walking aids delivered	Units	247		
Wheelchairs or postural support devices delivered	Units	61		

# 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, phone 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 2019

- The authorities were made aware of the needs of people who were in Jordan after fleeing conflict in other countries; they were also reminded to respect the principle of *non-refoulement*.
- Cash grants and training from the Jordan National Red Crescent Society and the ICRC helped refugees to pursue their livelihoods. Refugees and vulnerable Jordanians benefited from ICRC repairs to critical water infrastructure.
- The ICRC provided training in emergency care for first responders – including officers from the *gendarmerie* – and in emergency-room trauma care for medical professionals.
- Detainees at three prisons – pilot sites for a project to be replicated elsewhere – had access to health care services that benefited from comprehensive ICRC support.
- Aided by the ICRC, the national IHL committee organized workshops to promote IHL among other government officials. Some officials were sponsored to go abroad for ICRC courses in IHL.

## EXPENDITURE IN KCHF

Protection	3,284
Assistance	14,444
Prevention	1,927
Cooperation with National Societies	837
General	1,679
<b>Total</b>	<b>22,170</b>
<i>Of which: Overheads</i>	<i>1,353</i>

## IMPLEMENTATION RATE

Expenditure/yearly budget	92%
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## PERSONNEL

Mobile staff	63
Resident staff (daily workers not included)	228

PROTECTION	Total
<b>CIVILIANS</b>	
<b>Restoring family links</b>	
RCMs collected	187
RCMs distributed	265
Phone calls facilitated between family members	13,757
Tracing cases closed positively (subject located or fate established)	29
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>	
<b>ICRC visits</b>	
Places of detention visited	27
Detainees in places of detention visited	15,701
<i>of whom visited and monitored individually</i>	1,060
Visits carried out	68
<b>Restoring family links</b>	
RCMs collected	286
RCMs distributed	99
Phone calls made to families to inform them of the whereabouts of a detained relative	73

ASSISTANCE	2019 Targets (up to)	Achieved
<b>CIVILIANS</b>		
<b>Economic security</b>		
Food production	Beneficiaries 2,000	110
Income support	Beneficiaries 4,000	3,986
Capacity-building	Beneficiaries 10	354
<b>Water and habitat</b>		
Water and habitat activities	Beneficiaries 221,000	188,319
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>		
<b>Economic security</b>		
Living conditions	Beneficiaries	705
<b>WOUNDED AND SICK</b>		
<b>Medical care</b>		
Hospitals supported	Structures 8	6
<b>Physical rehabilitation</b>		
Projects supported	Projects 2	2

## 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. The Nassib border crossing with the Syrian Arab Republic (hereafter Syria) was reopened in 2018.

Some 660,000 people who had fled Syria, and were registered by the UNHCR, remained in Jordan, along with thousands of unregistered migrants. The scarcity of resources and employment opportunities affected both residents and refugees. 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. These asylum seekers included people stranded at a camp in Rukban near Jordan's north-eastern border with Syria; they had only limited access to humanitarian aid. Since the reopening of the Nassib border crossing, tens of thousands of people, including some from Rukban, had reportedly returned to Syria.

Domestically, government forces conducted operations against perceived threats to national security. This led to arrests; overcrowding strained health services at 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 Syrian armed conflict. The delegation in Amman remained a key logistical hub for ICRC operations in the Middle East and beyond. It also hosted the main training centre for ICRC staff in the Middle East, the Balkans and the Caucasus.

The ICRC documented various protection-related concerns of migrants, particularly refugees and asylum seekers from Syria. It communicated its findings to the Jordanian authorities, and reminded them of their obligations under international law, to respect the principle of *non-refoulement* and to assist conflict-affected people – including those stranded in Rukban (see *Context*) – to obtain appropriate assistance.

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 money and technical support from the ICRC. Refugees and vulnerable Jordanians had a more reliable supply of clean water after the ICRC repaired or constructed critical infrastructure. Households raising livestock had access to veterinary services at a clinic that the ICRC helped renovate; some of them also received support for growing fodder.

Training and material support from the ICRC enabled local medical personnel and the National Society to be more prepared for emergencies. Six hospitals received material support and training from the ICRC to strengthen their capacities in emergency care. Physically disabled people received

rehabilitation services at the Al-Bashir Hospital in Amman, which received expert guidance and material support from the ICRC; students and instructors from the University of Jordan also received on-the-job training there.

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) in Arabic. The ICRC helped foreign detainees to notify their consular representatives or pertinent UN agencies – the UNHCR or the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) – of their detention. The ICRC worked with authorities, local and international NGOs, and other relevant parties to build referral networks for missing people's families in need of their services.

Detainees at three prisons – pilot sites for a project to be replicated elsewhere – had access to health care services that benefited from comprehensive ICRC support. Authorities at ten other prisons also received expert advice and other support from the ICRC for improving their health programmes. Penitentiary and health officials learnt more about health care in detention through ICRC training and workshops – in Jordan and elsewhere. Hundreds of female detainees received hygiene kits and clothes from the ICRC.

Aided by the ICRC, the national IHL committee organized workshops to promote IHL among other government officials. Some officials were sponsored to go abroad for ICRC courses in IHL. The ICRC also enabled religious leaders and scholars to go abroad for courses examining the common ground between IHL and Islamic law. University students and professors strengthened their grasp of IHL at ICRC information sessions or through IHL reference materials donated by the ICRC; some attended a moot court competition abroad. Aided by ICRC training and expertise, the armed forces took steps to integrate IHL into their doctrine, operations and training.

## CIVILIANS

### Authorities are reminded of the protection due to refugees and asylum seekers

The ICRC documented various protection-related concerns of migrants, including refugees and asylum seekers. Where appropriate, and in cooperation with UNHCR and other humanitarian actors, it raised them with Jordanian authorities. It reminded them of their obligations under international law, particularly their duty to protect people against *refoulement* and to assist conflict-affected people – including those stranded in Rukban – to obtain appropriate assistance. Allegations of arrests made in Syria were documented for discussion with the relevant parties there (see *Syrian Arab Republic*).

In its engagement with the authorities, and with journalists, religious leaders and others (see *Actors of influence*), the ICRC sought to foster support for its neutral, impartial and independent activities in the country. It also kept the general public up to date on its activities in the country through public communications.

### Refugees cover their basic expenses and pursue livelihoods

Syrian refugee households – many of them headed by women and some with missing family members – covered rent and other basic expenses through regular cash transfers from the Jordan National Red Crescent Society and the ICRC; about 1,000 households (nearly 4,000 people) received such assistance at least once. The UNHCR gradually took responsibility for assisting some of these households over the course of the year, and distributed cash to them under a similar programme. A number of breadwinners who remained under the ICRC's responsibility were given financial support and training which helped them to launch 50 small business projects. The ICRC also provided funds and other assistance for the National Society's vocational training centre, which helped about 350 women, Syrian refugees and vulnerable Jordanians, learn vocational skills such as sewing and soap-making.

Eleven resident households (110 people) coped with the desertification of their land by using ICRC-donated hydroponic boxes to grow fodder for their livestock. The ICRC also provided them with the training, equipment and supplies to use the boxes, and gave one of the breadwinners a cash grant for operating a small business.

### Syrian refugees and vulnerable Jordanians have access to improved community infrastructure

Some 172,000 refugees and residents from urban areas in northern Jordan had a more reliable supply of clean water after the ICRC repaired or constructed pumping stations and other infrastructure; administrative delays prevented the completion of similar projects within the year. Staff at the national water authority, aided by ICRC training, became more capable of operating and maintaining such infrastructure; they were also given the necessary tools and equipment. No water infrastructure in rural areas was identified for similar support; instead, a veterinary clinic, serving some 3,300 households (17,000 people) raising livestock, was renovated and equipped.

### 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 ICRC and the National Society. Refugees in camps made over 13,700 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 to send or obtain documents required for legal or administrative procedures. Palestinian refugees from Syria, who were held at a facility under the authority of the interior ministry, applied for resettlement abroad with ICRC support. Three families (19 people) were resettled in Sweden.

The ICRC met with authorities, local and international NGOs, and others to discuss the issue of missing people and the plight of their families; it worked with them to build referral networks for people in need of their services, and provided training and expert guidance for some of them. It also shared with them the findings from two studies that it conducted in 2018: one that

examined the socio-economic, legal, psychosocial, and other needs of missing people's families; and another that reviewed the relevant domestic legal frameworks. Moreover, the ICRC organized a regional workshop on the issue of missing people and the needs of their families, as part of an ICRC project to establish professional standards in that field (see *Operations*). To help raise awareness of the plight of missing people's families, the ICRC held a public event to commemorate the International Day of the Disappeared.

### PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited detainees in 27 places of detention: facilities run by the General Intelligence Department; correctional and rehabilitation centres; places of temporary detention run by the interior ministry; and facilities holding migrants – including some migrant domestic workers – in administrative detention. Some 16,000 people were held at these facilities. The visits were conducted in accordance with standard ICRC procedures. The ICRC checked on the treatment and living conditions of detainees, paying close attention to security detainees, foreigners and other particularly vulnerable people; 1,060 detainees were monitored individually.

The ICRC communicated its findings confidentially to the authorities, and reminded them of the necessity of informing families of the arrest of relatives and respecting the principle of *non-refoulement*. At ICRC training sessions, prison staff strengthened their capacities in various areas, such as safeguarding the judicial guarantees of minors.

The ICRC and local NGOs providing legal aid worked with the Jordanian authorities to safeguard the judicial guarantees of detainees: the ICRC organized workshops for these NGOs' personnel and referred 187 cases to them.

The public security directorate, which oversees most of the country's detaining authorities, signed an agreement with the ICRC that broadened the ICRC's access to facilities under its responsibility.

### Detainees restore or maintain contact with their families

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 73 phone calls were made to inform families of the whereabouts of a detained relative.

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

### Detainees have access to improved health services

The authorities drew on ICRC support to improve health care for detainees. The ICRC provided expert advice to a health ministry committee tasked to improve health-care services in correctional and rehabilitation centres. The health ministry and the public security directorate – aided by the ICRC – revised the standard procedures for managing and disposing

of medical waste at places of detention under the directorate; this also involved clarifying the roles and responsibilities of the ministry and the directorate.

Authorities at three prisons benefited from ICRC support: expert guidance, on-the-job training for staff, donations of furniture and medical equipment, and other assistance. This support, which helped them improve health services at their facilities, was given as part of a pilot project at the prisons. Due to administrative complications, plans to provide these facilities with new software for managing health-related information were not realized. Authorities at ten other prisons also received expert advice and other support from the ICRC for their health programmes.

Penitentiary and health officials, including staff from the ICRC-supported facilities mentioned above, attended – in Jordan and elsewhere – ICRC training and workshops on health care in detention; medical ethics and the proper management of detainees' health data were among the subjects discussed.

The ICRC donated hygiene kits and clothing to some 700 female detainees.

## WOUNDED AND SICK

### Emergency responders develop their capacities

Local medical personnel and the Jordan National Red Crescent Society drew on ICRC support to become more capable of dealing with emergencies. ICRC training enabled a broad range of people – National Society first responders, officials from the public security directorate and the *gendarmerie*, and others involved in emergency response – to develop their capacity to provide first aid and facilitate the provision of medical services in mass-casualty situations. Medical professionals from six hospitals attended an ICRC training session on emergency-trauma care. The ICRC provided these hospitals with material support and met with the hospitals' pharmacists to discuss emergency protocols for mass-casualty situations.

Two wounded Syrians received life-saving treatment and follow-up care at another Jordanian hospital. The ICRC, in coordination with the authorities and the receiving hospital, enabled them to cross the border in 2018 to receive treatment in Jordan.

The ICRC reiterated to the health ministry and other authorities that they must ensure safe access to suitable care for the wounded and the ailing.

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

Around 130 physically disabled people<sup>1</sup> received rehabilitation services at the Al-Bashir Hospital in Amman, which received expert guidance and material support from the ICRC. The ICRC provided similar support for the University of Jordan, which was seeking international accreditation for its prosthetics and orthotics programme; students and instructors from the university received on-the-job training at the Al-Bashir Hospital.

## ACTORS OF INFLUENCE

### Authorities and others deepen their understanding of IHL

The national IHL committee was given financial and technical assistance from the ICRC for its efforts to promote IHL; this assistance helped it to organize, for example, a workshop on IHL for local parliamentarians. Authorities, international organizations and other concerned parties from throughout the region discussed the impact of climate change on conflict and humanitarian work at a regional conference jointly organized by the Jordan National Red Crescent Society, the Overseas Development Institute, the Red Cross Red Crescent Climate Centre and the ICRC. The ICRC enabled representatives from the foreign ministry and other government officials to attend ICRC courses in IHL held elsewhere in the region.

Three university students, sponsored by the ICRC, tested their grasp of IHL at a regional moot court competition in Lebanon. University professors and students added to their knowledge of IHL through ICRC information sessions or reference materials on IHL donated by the ICRC.

Six representatives of faith-based groups, and religious scholars, advanced their understanding of the common ground between IHL and Islamic law at ICRC courses abroad (see, for example, *Lebanon*). About 30 others learnt about the ICRC's activities in Jordan at an ICRC information session.

The National Society and the ICRC used public communication, and worked through local journalists, to inform the general public of the Movement's activities in Jordan. ICRC training helped National Society personnel to develop their skills in public communication.

### Military officers strengthen their grasp of IHL

The ICRC provided support for the armed forces to integrate IHL into their doctrine, training and operations. Military officers and military legal advisers attended ICRC workshops and training sessions on IHL; this included an ICRC-supported simulation exercise at the Royal Jordanian Command and Staff College. The ICRC also sponsored senior officers to attend an advanced IHL course in San Remo (see *International law and policy*).

Security forces personnel attended training sessions on the provision of emergency medical services in mass-casualty situations (see *Wounded and sick*), where they also learnt about international laws and policing standards applicable to their work.

1. Based on aggregated monthly data, which include repeat beneficiaries.

## RED CROSS AND RED CRESCENT MOVEMENT

The Jordan National Red Crescent Society, often with the ICRC, worked to address the needs of refugees, 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, improving internal communication, managing financial and human resources, and applying the Safer Access Framework. For example, ICRC-donated equipment and informational materials helped National Society personnel to improve their implementation of the Safer Access Framework.

The ICRC provided the National Society with material and technical support, and training, to bolster its family-links activities, strengthen its emergency preparedness – especially in connection with first aid (see *Wounded and sick*) – and maintain its vocational training programme (see *Civilians*). Movement components met regularly to coordinate their activities in Jordan.

## MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS		Total			
<b>RCMs and other means of family contact</b>			<b>UAMs/SC</b>		
RCMs collected		187			
RCMs distributed		265			
Phone calls facilitated between family members		13,757			
<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		217	13	9	27
Tracing cases closed positively (subject located or fate established)		29			
Tracing cases still being handled at the end of the reporting period (people)		3,102	88	39	145
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>					
<b>ICRC visits</b>			<b>Women</b>	<b>Minors</b>	
Places of detention visited		27			
Detainees in places of detention visited		15,701	741	146	
Visits carried out		68			
			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually		1,060	283	11	11
	<i>of whom newly registered</i>	839	263	11	7
<b>RCMs and other means of family contact</b>					
RCMs collected		286			
RCMs distributed		99			
Phone calls made to families to inform them of the whereabouts of a detained relative		73			
Detainees visited by their relatives with ICRC/National Society support		4			
People to whom a detention attestation was issued		10			

**MAIN FIGURES AND INDICATORS: ASSISTANCE**

<b>CIVILIANS</b>		<b>Total</b>	<b>Women</b>	<b>Children</b>
<b>Economic security</b>				
Food production	Beneficiaries	110	28	54
Income support	Beneficiaries	3,986	1,993	1,395
Capacity-building	Beneficiaries	354	354	
<b>Water and habitat</b>				
Water and habitat activities	Beneficiaries	188,319	56,496	71,561
<b>Health</b>				
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>Economic security</b>				
Living conditions	Beneficiaries	705	705	
<b>Health</b>				
Places of detention visited by health staff	Structures	13		
Health facilities supported in places of detention visited by health staff	Structures	3		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	6		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	6		
<b>Services at hospitals reinforced with or monitored by ICRC staff</b>				
Consultations		635,347		
<b>First aid</b>				
First-aid training				
	Sessions	7		
	Participants (aggregated monthly data)	164		
<b>Physical rehabilitation</b>				
Projects supported		2		
	<i>of which physical rehabilitation projects supported regularly</i>	1		
People benefiting from ICRC-supported projects	Aggregated monthly data	131	28	44
Prostheses delivered	Units	73		
Orthoses delivered	Units	58		



## 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**

### EXPENDITURE IN KCHF

Protection	2,221
Assistance	500
Prevention	4,033
Cooperation with National Societies	981
General	573
<b>Total</b>	<b>8,308</b>
<i>Of which: Overheads</i>	<i>507</i>

### IMPLEMENTATION RATE

Expenditure/yearly budget	94%
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### PERSONNEL

Mobile staff	17
Resident staff (daily workers not included)	51

### PROTECTION

**Total**

#### CIVILIANS

#### Restoring family links

RCMs collected	59
RCMs distributed	127
Phone calls facilitated between family members	65
Tracing cases closed positively (subject located or fate established)	2

#### PEOPLE DEPRIVED OF THEIR FREEDOM

#### ICRC visits

Places of detention visited	21
Detainees in places of detention visited	13,013
<i>of whom visited and monitored individually</i>	279
Visits carried out	34

#### Restoring family links

RCMs distributed	1
Phone calls made to families to inform them of the whereabouts of a detained relative	4

## CONTEXT

The Member States of the Gulf Cooperation Council (GCC) exerted influence in matters related to armed conflict and humanitarian action in the Middle East and elsewhere. Kuwait held the presidency of the UN Security Council in June 2019, during which it drew attention to various issues of humanitarian concern, such as people going missing during armed conflict. GCC governments and regional organizations conducted or supported humanitarian activities in the wider region, particularly in Iraq, the Syrian Arab Republic (hereafter Syria) and Yemen.

Some GCC countries were involved in regional conflicts. Bahrain, Kuwait and the United Arab Emirates (hereafter UAE) were part of the international military coalition led by Saudi Arabia in Yemen.

GCC countries continued to grapple with tensions in the region. Bahrain, Saudi Arabia and the UAE had had no diplomatic or trade relations with Qatar since June 2017.

Migrants, including people seeking work and others who had fled conflict-affected countries, constituted a significant part of the population of GCC Member States.

The Tripartite Commission, set up by Kuwait, Iraq and former coalition States, and its Technical Sub-Committee continued to lead efforts to clarify the fate of people missing in connection with the 1990–1991 Gulf War.

## ICRC ACTION AND RESULTS

The ICRC's regional delegation in Kuwait strove to strengthen GCC Member States' support for IHL and the ICRC's humanitarian activities in the wider region, particularly in Iraq, Syria and Yemen. The ICRC sought to develop partnerships with GCC National Societies, with a view to ensuring a coordinated humanitarian response in the region. It maintained a logistics base in Oman for its operations in Yemen.

### Influential actors in the GCC expand their knowledge of IHL and the ICRC

The ICRC participated in regional forums and high-level meetings, where it discussed priority issues, expanded its network of contacts and broadened support for its work. Officials from the Kuwaiti foreign affairs ministry and the Kuwait Red Crescent Society met with the ICRC's president in Switzerland to discuss humanitarian challenges in the Middle East and other matters of common concern. On other occasions – for example, round tables with the authorities in Qatar and the UAE, and the ICRC president's meetings with authorities and Islamic organizations in the UAE and Saudi Arabia – the ICRC also explained the added value of its neutral, impartial and independent approach to humanitarian action.

The ICRC submitted, to the defence ministries of Bahrain, Oman, Saudi Arabia and the UAE, its proposals for integrating IHL into military training and operations. A Kuwaiti military academy received support for incorporating IHL in its curriculum.

Members of military and security forces, including, notably, more than 50 officers from the international military coalition led by Saudi Arabia in Yemen and 1,200 military personnel in Saudi Arabia, advanced their understanding of IHL and other norms through ICRC workshops and courses. At a workshop in the UAE, 26 army officers explored case studies on the application of IHL in military decision-making; in Kuwait, the Military Justice Authority and the ICRC trained legal advisers in IHL. Six senior military officials from GCC countries attended an advanced IHL course abroad (see *International law and policy*).

The ICRC sought to develop interest and expertise in IHL among government officials, academics, students and others. With the national IHL committees of Bahrain, Kuwait and the UAE, it organized IHL training for different audiences, including, for the first time, Emirati judges and prosecutors. The national IHL committee of Saudi Arabia was given expert advice for drafting a law on international crimes. The ICRC pursued discussions with universities on including IHL in their curricula.

### Efforts to reconnect members of separated families and to clarify the fate of missing people continue

Members of families separated by conflict, detention or migration restored or maintained contact through family-links services provided by GCC National Societies and the ICRC. Some people made phone/video calls to relatives detained abroad, including at the US detention facility at the Guantanamo Bay Naval Station in Cuba. Seven migrants were given ICRC travel documents for their journey home.

The Tripartite Commission and its Technical Sub-Committee, with technical support from the ICRC, worked to clarify the fate of people missing in connection with the 1990–1991 Gulf War. A joint Iraqi–ICRC mission led to the exhumation of 48 sets of human remains in southern Iraq (see *Iraq*). At year's end, Kuwaiti forensic experts were analysing samples from the remains.

Kuwaiti forensic experts exchanged best practices with their peers at ICRC workshops abroad. Kuwaiti civil-defence personnel and Kuwaiti Red Crescent volunteers were given training in the proper management of human remains.

### Detainees receive ICRC visits

The ICRC visited detainees in Bahrain, Kuwait, and Qatar in order to check on their treatment and living conditions. Findings, and recommendations aimed at promoting adherence to internationally recognized standards for detention, were communicated confidentially to the authorities concerned. The ICRC continued its dialogue with the pertinent authorities on gaining access to all detainees under its purview.

In Saudi Arabia, the ICRC visited Yemeni detainees ahead of their release, to confirm their willingness to return to Yemen and that they were fit to travel. With the consent of all parties concerned, it repatriated 128 Yemeni ex-detainees from Saudi Arabia.

The ICRC held meetings with criminal investigators in Bahrain and Kuwait; 16 Kuwaiti investigators were briefed on international policing standards.

Through training and during ICRC visits, prison health staff, guards and other personnel were urged to protect the confidentiality of detainees' medical information in accordance with medical ethics. With ICRC support, the Qatari interior ministry drafted procedures for handling medical emergencies among detainees, and a Kuwaiti prison director attended a course abroad on tackling drugs-related issues in prisons. At a three-day regional conference in Kuwait, representatives from 22 Arab States in the Middle East and North Africa discussed best practices in providing health care, including mental-health care, for detainees.

### Medical professionals enhance their skills

In Oman, at a course organized by the ICRC with the health ministry, around 80 civilian and military medical personnel strengthened their skills in treating people wounded by gunshots, mines and other weapons. A similar course in the UAE was attended by 31 people.

Wounded Yemenis being treated at Omani health-ministry hospitals were screened by ICRC surgeons for possible transfer to an ICRC medical facility in Lebanon, for advanced medical care. However, no transfers took place because, for reasons of ethnic or political affiliation, the Yemenis preferred to be treated elsewhere.

<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>	<b>Bahrain</b>	<b>Kuwait</b>	<b>Qatar</b>	<b>Saudi Arabia</b>
<b>ICRC visits</b>				
Places of detention visited	3	13	3	2
Detainees in places of detention visited	5,022	5,593	1,934	464
<i>of whom women</i>	128	174	91	
<i>of whom minors</i>	600			36
Visits carried out	6	18	4	6
Detainees visited and monitored individually	8	23		248
<i>of whom women</i>	3	13		
<i>of whom boys</i>	1			34
Detainees newly registered	2	13		163
<i>of whom women</i>		11		
<i>of whom boys</i>	1			34
<b>RCMs and other means of family contact</b>				
RCMs distributed		1		
Phone calls made to families to inform them of the whereabouts of a detained relative				4
Detainees released and transferred/repatriated by/via the ICRC				171
People to whom a detention attestation was issued		17		681

**MAIN FIGURES AND INDICATORS: PROTECTION**

<b>CIVILIANS</b>	<b>Total</b>			
<b>RCMs and other means of family contact</b>		<b>UAMs/SC</b>		
RCMs collected	59			
RCMs distributed	127			
Phone calls facilitated between family members	65			
<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	18		2	
<i>including people for whom tracing requests were registered by another delegation</i>	7			
Tracing cases closed positively (subject located or fate established)	2			
Tracing cases still being handled at the end of the reporting period (people)	1,578	9	3	46
<i>including people for whom tracing requests were registered by another delegation</i>	1,404			
<b>Documents</b>				
People to whom travel documents were issued	7			
People to whom official documents were delivered across borders/front lines	25			
<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	13,013	393	636	
Visits carried out	34			
		<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually	279	16		35
<i>of whom newly registered</i>	178	11		35
<b>RCMs and other means of family contact</b>				
RCMs distributed	1			
Phone calls made to families to inform them of the whereabouts of a detained relative	4			
Detainees released and transferred/repatriated by/via the ICRC	171			
People to whom a detention attestation was issued	698			

**MAIN FIGURES AND INDICATORS: ASSISTANCE**

<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>		<b>Total</b>		
<b>Health</b>				
Places of detention visited by health staff	Structures	10		
Health facilities supported in places of detention visited by health staff	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 2019

- Authorities and weapon bearers were reminded by the ICRC of the necessity of respecting the principle of *non-refoulement* with respect to refugees from Syria, and facilitating wounded people's access to medical services.
- Refugees and destitute residents not being assisted by other organizations were given cash for their daily expenses or for starting small businesses. The ICRC also conducted unplanned aid distributions in response to storms and floods.
- Refugee and host communities had better living conditions after the ICRC and other Movement partners upgraded water systems and other infrastructure. Owing to operational constraints, however, some projects were put on hold.
- Wounded people received treatment from ICRC-supported emergency responders and facilities. Patients from Lebanon and throughout the region obtained surgical care at the ICRC-run Weapon Traumatology and Training Centre.
- The ICRC visited people held by military and security forces and followed up particularly vulnerable detainees. With its support, authorities strove to improve detainees' living conditions, for instance, by opening a new prison clinic.
- Civil-society groups, forensic experts and the ICRC formed a working group to back the authorities' efforts to establish a mechanism to resolve missing-persons cases connected with past conflicts, in line with a law passed in 2018.

## EXPENDITURE IN KCHF

Protection	6,337
Assistance	33,417
Prevention	1,982
Cooperation with National Societies	2,795
General	725
<b>Total</b>	<b>45,256</b>
<i>Of which: Overheads</i>	<i>2,762</i>

## IMPLEMENTATION RATE

Expenditure/yearly budget	97%
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## PERSONNEL

Mobile staff	69
Resident staff (daily workers not included)	282



⊕ ICRC delegation ⊕ ICRC sub-delegation ⊕ ICRC office/presence

PROTECTION	Total
<b>CIVILIANS</b>	
<b>Restoring family links</b>	
RCMs collected	36
RCMs distributed	136
Tracing cases closed positively (subject located or fate established)	158
People reunited with their families	1
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>	
<b>ICRC visits</b>	
Places of detention visited	20
Detainees in places of detention visited	7,531
<i>of whom visited and monitored individually</i>	977
Visits carried out	102
<b>Restoring family links</b>	
RCMs collected	347
RCMs distributed	277
Phone calls made to families to inform them of the whereabouts of a detained relative	624

ASSISTANCE	2019 Targets (up to)	Achieved
<b>CIVILIANS</b>		
<b>Economic security</b>		
Food consumption	Beneficiaries	2,320
Income support	Beneficiaries	16,250
Living conditions	Beneficiaries	7,220
Capacity-building	Beneficiaries	500
<b>Water and habitat</b>		
Water and habitat activities	Beneficiaries	114,766
<b>Health</b>		
Health centres supported	Structures	11
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>		
<b>Economic security</b>		
Living conditions	Beneficiaries	7,302
<b>Water and habitat</b>		
Water and habitat activities	Beneficiaries	1,300
<b>WOUNDED AND SICK</b>		
<b>Medical care</b>		
Hospitals supported	Structures	24
<b>Physical rehabilitation</b>		
Projects supported	Projects	7
<b>Water and habitat</b>		
Water and habitat activities	Beds (capacity)	324
		338

## CONTEXT

Lebanon continued to endure the consequences of the armed conflict in the Syrian Arab Republic (hereafter Syria; see also *Syrian Arab Republic*). There were reportedly around 1.5 million refugees from Syria in host communities or informal settlements throughout the country. Their living conditions were dire, and anti-refugee sentiment was growing among residents. Several thousand people had already returned to Syria; in April, the authorities began to enforce stricter migration policies regarding refugees from Syria.

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 throughout Lebanon. Clashes between armed factions took place periodically at Ein el-Helwe, the largest camp.

Military and security operations in informal settlements and refugee camps often led to arrests and detention, and casualties among civilians and weapon bearers.

Syrian and Palestinian refugees often lacked access to livelihood opportunities, adequate housing, and basic services, which were partially provided – albeit with difficulty – by humanitarian organizations; they were further burdened by government restrictions on shelter and labour. Health care was often beyond the reach of refugees and destitute residents. Heavy storms in January caused flooding in some informal settlements.

Numerous missing-persons cases linked to past conflicts in Lebanon remained unresolved and a source of anguish for the families concerned. The establishment of a national commission for resolving such cases – in line with a law passed in 2018 – was pending.

A government was formed in January but resigned in October following protests over economic and political issues, which occasionally turned violent.

## ICRC ACTION AND RESULTS

The ICRC monitored the situation of refugees from Syria, Palestinian refugees and destitute Lebanese residents; it endeavoured to protect and assist them, in partnership with the Lebanese Red Cross and other Movement components, and in coordination with the authorities, UNRWA and other actors. The ICRC discussed with the authorities and weapon bearers the protection-related concerns of refugees and destitute residents, and the necessity of respecting the principle of *non-refoulement* and facilitating access to medical services.

In terms of assisting refugees and destitute residents, the ICRC focused on people not being assisted by other organizations. Cash grants enabled refugees, and residents of host communities, to cover their living expenses and work towards self-sufficiency. Some people in informal settlements were helped to repair their shelters, and received ad hoc material assistance, in response to heavy storms and floods in January.

Living conditions in refugee communities improved after the ICRC upgraded water systems and carried out other infrastructural projects. Various constraints, linked partly to the political situation, hampered the delivery of economic assistance and the implementation of water-and-habitat projects.

ICRC-supported health facilities provided preventive and curative care, psychosocial support and referrals for higher-level care to refugees and vulnerable residents. 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 care for wounded people, the ICRC sustained its support throughout the casualty care chain – for instance, by providing first-aid training, surgical care and physical rehabilitation. It continued to run the Weapon Traumatology and Training Centre (WTTC) in Tripoli – consisting of a reconstructive-surgery unit at the Dar al-Chifae hospital and a post-operative rehabilitation unit at the Dar al-Zahara hospital – and an emergency ward at Lebanon's largest public hospital, the Rafik Hariri University Hospital (RHUH) in Beirut, which continued to benefit from infrastructural upgrades and on-site support from ICRC staff as part of a multi-year capacity-building project.

The ICRC continued to support the authorities' efforts to implement the law on the missing that was passed in late 2018 (see *Context*). Missing people's families obtained psychosocial support with the ICRC's help; awareness-raising events also drew attention to their plight. The ICRC collected data on missing people from their families, to facilitate a future identification process for human remains; it also helped develop forensic professionals' ability to manage human remains properly.

Members of families dispersed by conflict, detention or other circumstances reconnected through the Movement's family-links services; others lodged requests with the ICRC to trace relatives unaccounted for in Syria.

The ICRC visited – in accordance with its standard procedures – detainees held by the Lebanese Armed Forces (LAF), the Internal Security Forces (ISF) and the General Directorate of General Security (General Security). It discussed various issues with detaining authorities, such as the necessity of respecting judicial guarantees and the principle of *non-refoulement*, and advised them on the improvement of detainees' living conditions; at the ICRC's urging, a new clinic was opened at one prison.

Media coverage and the ICRC's public-communication initiatives helped broaden awareness – in Lebanon and throughout the region – of humanitarian issues and of the ICRC's work.

The Lebanese Red Cross bolstered its emergency response capacities with the ICRC's support. Movement components coordinated their activities to ensure a coherent response to humanitarian needs in Lebanon.

## CIVILIANS

The ICRC monitored the situation of refugees from Syria, Palestinian refugees and destitute residents in Lebanon, and discussed their protection-related concerns and other pertinent issues – including international law enforcement standards (see *Actors of influence*) – with the authorities and weapon bearers. In its representations to the authorities and others, it emphasized the necessity of respecting the principle of *non-refoulement* and facilitating access to medical services. An ICRC position paper on ensuring the safe and dignified return of refugees to Syria, which was shared with the authorities in 2018, remained a source of dialogue. The ICRC reminded armed factions at Ein el-Helwe of their commitment, made in a joint declaration in 2018, to protect medical personnel and facilities; this helped ensure that those wounded during a confrontation in March were able to receive treatment.

To help mitigate safety risks in case of emergencies, the Lebanese Red Cross and the ICRC organized evacuation drills at UNRWA-run schools and helped them draft contingency plans; they also made school buildings safer (see below). With support from the ICRC, a local organization reinforced its recreational and educational activities – using a multimedia toolkit containing resources tailored to the community's needs and culture – and psychosocial support for children at Ein el-Helwe, to help strengthen their resilience to violence.

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

The ICRC continued to discuss with the authorities the implementation of the law on the missing (see *Context*) and reiterated the importance of informing families of the fate and whereabouts of their missing relatives. With ICRC training and technical support, an NGO-run programme provided psychosocial support for 123 families of missing people.

ICRC-organized and -supported events broadened public awareness of the plight of missing people's families. With ICRC financial support, civil-society representatives attended workshops held abroad (see *Balkans* and *Jordan*), where they familiarized themselves with best practices in clarifying the fate of missing people.

The ICRC continued to collect and store information on missing people, such as biological samples from their relatives, with a view to facilitating a future identification process for exhumed remains. A working group, consisting of forensic experts, civil-society organizations and the ICRC, was established to provide recommendations to the authorities for implementing the law on the missing. Through ICRC training, 25 emergency responders learnt more about managing human remains during emergencies.

### Members of dispersed families reconnect

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

ICRC-issued travel documents enabled nine people to resettle abroad. The ICRC helped facilitate the repatriation of one Lebanese national, and the remains of two others, from Israel.

### Vulnerable people meet their basic needs

ICRC income support enabled refugees and destitute residents to work towards self-sufficiency; some activities were implemented with the Lebanese Red Cross and other Movement partners. Around 1,715 households (8,570 people) received a monthly allowance to pay for food, rent and/or health care; cash grants or donations of cattle or fodder enabled 496 other households (2,480 people) to launch small businesses or raise livestock. However, the delivery of cash assistance was disrupted by widespread protests towards the end of the year.

In response to storms and flooding (see *Context*), the ICRC carried out an unplanned distribution of fuel, blankets and other items to 7,220 people (1,444 households), and food parcels to 2,320 people (464 households) in Syrian settlements.

Fifty-nine herders – themselves recipients of cash grants (see above) – learnt how to protect themselves against mines and explosive remnants of war in areas for grazing, after attending ICRC-supported awareness sessions. Livelihood training and other capacity-building activities for people planning to return to Syria did not take place, as fewer people than expected went back.

### Refugees and residents have access to water and renovated community infrastructure

Roughly 63,200 refugees and residents had better access to water or more sanitary surroundings after the ICRC carried out various initiatives, sometimes with the Lebanese Red Cross or other Movement components; owing to the political situation, some planned projects were put on hold. For instance, around 27,200 of them benefited from infrastructural projects – such as, the installation of solar panels at water pumping stations. Roughly 13,800 of them, who were affected by storms and/or flooding, benefited from clean-up projects and shelter-kit distributions carried out with the Lebanese Red Cross; the tents of 12,000 others were insulated against the cold. Signs indicating evacuation routes and designated safe areas were posted in eight schools (with some 2,900 students) at Ein el-Helwe.

### Violence-affected people receive health services

Vulnerable refugees and residents received preventive and curative care at 11 clinics that were given ICRC material and technical support; two more health facilities were supplied with medicines in response to protest-related violence. These facilities provided around 242,500 consultations and 23,000 vaccinations, and made over 11,300 referrals for specialized treatment.

A total of 731 victims of violence, including victims/survivors of sexual violence, obtained psychosocial support at ICRC-supported clinics.

## PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC visited, in accordance with its standard procedures, people held in 20 places of detention run by the LAF, the ISF and General Security. It followed up 977 detainees – including

security detainees, hunger strikers, people under interrogation and foreigners – individually; some were referred for medical or legal assistance.

Findings and recommendations from the visits were communicated confidentially to the authorities, to help them align detainees' treatment and living conditions with internationally recognized standards. The ICRC engaged in discussions with the authorities on: the necessity of preventing ill-treatment in detention and of respecting judicial guarantees; the principle of *non-refoulement*; and families' right to know their detained relatives' whereabouts.

Some of the ICRC's recommendations – for instance, improving access to shower facilities – were implemented at several places of detention. Detaining authorities continued to draw on ICRC advice in planning and designing places of detention in line with internationally recognized standards, including during ICRC workshops. Training for prison doctors in forensic examination, and workshops on medical documentation for judges, did not take place because of human-resource constraints; furthermore, no prison officials were sponsored to attend conferences abroad. Plans to help the ISF set up a computerized prison-management system did not materialize.

The ICRC provided clothes, books, hygiene items and bedding for 7,302 detainees at ten facilities.

Detainees contacted their relatives through the Movement's family-links services. The ICRC helped detained foreigners notify their embassies of their incarceration.

### **Detainees have better living conditions and broader access to health care**

Under a joint LAF-ICRC project to improve the provision of health care in detention, a new clinic was opened at an LAF-run prison; it was stocked with medicines, equipment and furniture donated by the ICRC. The ICRC continued to urge the detaining authorities to conduct or improve medical screenings for new prisoners; staff at one prison began using a new form, which included a body diagram, to facilitate proper medical documentation. ICRC workshops helped detaining authorities learn how to manage hunger strikes in accordance with medical ethics. LAF and ISF personnel exchanged best practices with their counterparts at an ICRC regional conference on health care in detention (see *Kuwait*). Upgrades to water systems, improvements to ventilation and lighting, and other ICRC infrastructural projects benefited 246 detainees.

## **WOUNDED AND SICK**

### **Weapon bearers and community members learn first aid**

Members of armed groups and vulnerable communities learnt first aid and received first-aid kits at ICRC training sessions, which were sometimes conducted with the Lebanese Red Cross. The ICRC continued to mentor LAF first-aid instructors that it had trained in 2018. The Lebanese Red Cross drew on ICRC financial and material support to run its emergency medical services (EMS) and blood bank; the ICRC covered the cost of around 2,300 blood bags used in transfusions. Nine other emergency-medical-care providers received donations of

supplies. Health workers deepened their understanding of their rights and duties at ICRC dissemination sessions. Aided by the ICRC, roughly 200 health workers learnt psychological self-care, to help them take better care of themselves and emotionally distressed patients.

### **Ailing and injured people receive treatment at ICRC-run or -supported medical facilities**

Refugees and vulnerable residents obtained medical care at 16 hospitals receiving material, technical and infrastructural support, and training, from the ICRC. The hospitals included: two field hospitals in Arsal near the Lebanese-Syrian border; three hospitals at Ein el-Helwe; five hospitals run by the Palestine Red Crescent Society's Lebanon branch; the RHUH; the WTTC (consisting of a reconstructive-surgery unit at the Dar al-Chifae hospital and a post-operative rehabilitation unit at the Dar al-Zahara hospital in Tripoli, and managed by an ICRC medical team); and three hospitals which were provided with medical kits on an ad hoc basis.

People sought medical, surgical, maternal, paediatric or psychological care at the RHUH, where the ICRC ran a 32-bed ward and provided staff training, medicines and equipment as part of a multi-year capacity-building project. The ICRC covered treatment costs for 2,471 patients; others were referred elsewhere for economic assistance and/or other support.

The WTTC continued to provide surgical and rehabilitative care for weapon-wounded people in Lebanon and throughout the region. It received 834 admissions, including referrals from other ICRC delegations; some 276 patients received mental-health and psychosocial support.

With ICRC financial support, five other hospitals helped stabilize wounded people before referring them elsewhere for advanced care.

### **Hospital facilities are upgraded**

Patients and staff at the RHUH (300 beds) benefited from ICRC infrastructural projects – for instance, the installation of a generator, elevators and steam boilers; around 40 staff received training and tools for maintaining these facilities. The ICRC repaired laundry and water facilities at one hospital in Ein el-Helwe (19 beds), to ensure its uninterrupted operation during emergencies. After needs in Ein el-Helwe were reassessed, the ICRC reallocated its resources towards upgrading facilities at another hospital in Arsal (19 beds).

### **Medical professionals develop their skills**

The ICRC conducted courses in emergency-room trauma care for doctors and nurses. Medical professionals learnt best practices in pre- and post-surgical care at a conference organized by a local university with ICRC support. Clinical training at the WTTC enabled some 200 students to gain practical experience in treating wounded people.

Owing to operational and administrative constraints, a mass-casualty management course was postponed, as was a regional course on weapon-wound surgery.



### Physically disabled people improve their mobility

Around 870 disabled people<sup>1</sup> improved their mobility after receiving assistive devices and rehabilitative care, such as physiotherapy, at four ICRC-supported centres; the ICRC covered their expenses. Plans to provide transportation for disabled people were not realized, owing to administrative constraints; instead, the ICRC focused its efforts on helping the Lebanese Red Cross reopen a physical rehabilitation centre, which it did at year's end.

The ICRC helped form an association of physical rehabilitation professionals to establish national standards for rehabilitative services. With the ICRC's support, a local university conducted a course in physiotherapy.

The ICRC endeavoured to foster the social integration of disabled people. It supported the formation of Lebanon's first national wheelchair basketball team, which competed in an international tournament organized by the ICRC in Beirut; ICRC support also enabled a disability sports association to train referees for wheelchair basketball. Thirteen disabled people were included in ICRC cash-assistance programmes (see *Civilians*).

## ACTORS OF INFLUENCE

### Authorities and weapon bearers strengthen their grasp of IHL

The ICRC engaged LAF, ISF and General Security officials in dialogue on integrating IHL and other applicable norms more fully in their operations, and sponsored their participation in pertinent meetings, courses and workshops in Lebanon and elsewhere.

LAF and General Security personnel broadened their knowledge of international policing standards at ICRC seminars; training in this regard increased in response to protest-related violence that erupted towards the end of the year. Sponsored by the ICRC, two senior LAF officials attended a course on IHL and humanitarian issues in San Remo, and three others attended a train-the-trainer workshop on IHL elsewhere (see *Morocco*). Administrative constraints prevented an IHL workshop for LAF legal advisers and officers from taking place.

Weapon bearers in Ein el-Helwe learnt about the ICRC's mandate and activities – and about international law enforcement standards, particularly for the use of force – at ICRC training sessions.

The League of Arab States and the ICRC organized a regional IHL course in Beirut, attended by 63 participants from 19 countries: government representatives, weapon bearers, academics, religious scholars, civil society members and National Society personnel.

The ICRC continued to engage the authorities in dialogue on pertinent issues, such as the repatriation of refugees to Syria and the need to ascertain the fate of people missing in connection with past conflict. It maintained its support for

the authorities' efforts to establish a national commission for resolving missing-persons cases, as required by a law passed in 2018.

### Members of civil society broaden their knowledge of IHL and humanitarian issues

The ICRC strove through various means to broaden awareness of pressing humanitarian issues in Lebanon and the wider region, and of its neutral, impartial and independent humanitarian work, among members of civil society and the general public; for instance, it shared audiovisual materials on its social-media accounts. Lebanese and international media outlets drew on ICRC material to cover various humanitarian matters, such as the conflict in Syria, missing people and the plight of their families, and the ICRC's activities in Lebanon.

University students and media professionals learnt about IHL at ICRC workshops. Students from Lebanon and other countries tested their grasp of IHL at ICRC-organized moot court competitions in the country.

Members of refugee and host communities learnt about the humanitarian services available to them, through ICRC-produced posters, leaflets and audiovisual materials. Administrative constraints prevented the ICRC from launching a hotline for receiving feedback from communities.

## RED CROSS AND RED CRESCENT MOVEMENT

The Lebanese Red Cross, the country's principal provider of EMS, remained the ICRC's main partner in helping refugees from Syria and other violence-affected people (see *Civilians* and *Wounded and sick*). The ICRC continued to give the Lebanese Red Cross technical, financial and material support for its operations and organizational development, and for strengthening its capacities in financial and human resource management, logistics and public communication. In response to the violent protests towards the end of the year, it scaled up its support for the Lebanese Red Cross's EMS and blood bank.

The Palestine Red Crescent Society's branch in Lebanon continued to provide health-care services to Palestinian refugees; it also received technical, financial and material support from the ICRC.

Both National Societies, with guidance and training from the ICRC, developed their ability to operate in accordance with the Safer Access Framework; the Palestinian Red Crescent continued to draw on ICRC expertise to revise its framework for emergency response.

Movement components met regularly to coordinate their activities, including their response to the protests and other emergencies; they signed a revised cooperation agreement and a plan for dealing with outbreaks of violence and other contingencies.

1. Based on aggregated monthly data, which include repeat beneficiaries.

## MAIN FIGURES AND INDICATORS: PROTECTION

CIVILIANS		Total			
<b>RCMs and other means of family contact</b>			<b>UAMs/SC</b>		
RCMs collected		36			
RCMs distributed		136			
<b>Reunifications, transfers and repatriations</b>					
People reunited with their families		1			
	<i>including people registered by another delegation</i>	1			
<b>Tracing requests, including cases of missing persons</b>			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
People for whom a tracing request was newly registered		1,031	82	46	76
	<i>including people for whom tracing requests were registered by another delegation</i>	1			
Tracing cases closed positively (subject located or fate established)		158			
	<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)		7,654	516	230	651
	<i>including people for whom tracing requests were registered by another delegation</i>	29			
<b>Unaccompanied minors (UAMs)/separated children (SC), including demobilized child soldiers</b>			<b>Girls</b>		<b>Demobilized children</b>
UAMs/SC newly registered by the ICRC/National Society		3	2		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		3	2		
<b>Documents</b>					
People to whom travel documents were issued		9			
People to whom official documents were delivered across borders/front lines		1			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>					
<b>ICRC visits</b>			<b>Women</b>	<b>Minors</b>	
Places of detention visited		20			
Detainees in places of detention visited		7,531	496	192	
Visits carried out		102			
			<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually		977	16		43
	<i>of whom newly registered</i>	599	14		42
<b>RCMs and other means of family contact</b>					
RCMs collected		347			
RCMs distributed		277			
Phone calls made to families to inform them of the whereabouts of a detained relative		624			
People to whom a detention attestation was issued		5			

## MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
<b>Economic security</b>				
Food consumption	Beneficiaries	2,320	581	1,158
Income support	Beneficiaries	11,050	2,845	5,455
Living conditions	Beneficiaries	7,220	1,805	3,610
Capacity-building	Beneficiaries	59	15	29
<b>Water and habitat</b>				
Water and habitat activities	Beneficiaries	63,241	12,648	37,945
	<i>of whom IDPs</i>	63,241	12,648	37,945
<b>Health</b>				
Health centres supported	Structures	13		
Average catchment population		530,167		
Consultations		242,532		
	<i>of which curative</i>	229,276	52,941	41,853
	<i>of which antenatal</i>	13,256		
Immunizations	Doses	22,960		
	<i>of which polio vaccines for children aged 5 or under</i>	8,640		
Referrals to a second level of care	Patients	11,341		
	<i>of whom gynaecological/obstetric cases</i>	818		

<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>Economic security</b>				
Living conditions	Beneficiaries	7,302	14	2
<b>Water and habitat</b>				
Water and habitat activities	Beneficiaries	246	10	7
<b>Health</b>				
Places of detention visited by health staff	Structures	12		
Health facilities supported in places of detention visited by health staff	Structures	5		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	21		
	<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	813	155	68
	(including those related to mines or explosive remnants of war)	25	4	
	Non-weapon-wound admissions	2,769		
	Operations performed	3,551		
Medical (non-surgical) admissions		5,088	2,243	1,116
Gynaecological/obstetric admissions		4,316	3,969	109
Consultations		48,613		
<b>Services at hospitals not monitored directly by ICRC staff</b>				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		5,738		
Weapon-wound admissions (surgical and non-surgical admissions)		63	4	6
Weapon-wound surgeries performed		46		
Patients whose hospital treatment was paid for by the ICRC		3,359		
<b>First aid</b>				
First-aid training				
	Sessions	37		
	Participants (aggregated monthly data)	637		
<b>Water and habitat</b>				
Water and habitat activities	Beds (capacity)	338		
<b>Physical rehabilitation</b>				
Projects supported		7		
	<i>of which physical rehabilitation projects supported regularly</i>	4		
People benefiting from ICRC-supported projects	Aggregated monthly data	868	93	429
	<i>of whom victims of mines or explosive remnants of war</i>	18		
Referrals to social integration projects		91		
Prostheses delivered	Units	196		
Orthoses delivered	Units	778		
Physiotherapy sessions		4,317		
Walking aids delivered	Units	101		
Wheelchairs or postural support devices delivered	Units	99		

# 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 2019

- The ICRC supported the provision of health care throughout the country. In May, the Syrian Arab Red Crescent, the Norwegian Red Cross and the ICRC opened a field hospital at a camp for displaced people in al-Hol.
- Over a million people benefited from large-scale distributions of food and household essentials by the National Society and the ICRC. Agricultural households were equipped and supplied by the ICRC to grow more food.
- Millions of people throughout the country benefited from the ICRC's water-and-habitat activities. Public utilities serving displaced people, residents and returnees improved their services with the ICRC's comprehensive support.
- Aided by the ICRC, prison authorities worked to improve the living conditions of detainees in central prisons. People held by armed groups in the north-east also benefited from water-trucking and other support provided by the ICRC.
- Parties involved in the fighting were reminded by the ICRC to uphold IHL and other pertinent norms, and particularly, to fulfil their obligation to protect civilians and ensure safe access 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.

## EXPENDITURE IN KCHF

Protection	11,881
Assistance	149,741
Prevention	4,312
Cooperation with National Societies	7,342
General	606
<b>Total</b>	<b>173,882</b>
<i>Of which: Overheads</i>	<i>10,595</i>

## IMPLEMENTATION RATE

Expenditure/yearly budget	93%
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## PERSONNEL

Mobile staff	135
Resident staff (daily workers not included)	611



ICRC delegation ICRC sub-delegation ICRC office ICRC-run physical rehabilitation project

PROTECTION	Total
<b>CIVILIANS</b>	
<b>Restoring family links</b>	
RCMs collected	1,984
RCMs distributed	863
Tracing cases closed positively (subject located or fate established)	582
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>	
<b>ICRC visits</b>	
Places of detention visited	14
Detainees in places of detention visited	24,377
<i>of whom visited and monitored individually</i>	1,326
Visits carried out	31
<b>Restoring family links</b>	
RCMs collected	5,841
RCMs distributed	940
Phone calls made to families to inform them of the whereabouts of a detained relative	2

ASSISTANCE	2019 Targets (up to)	Achieved	
<b>CIVILIANS</b>			
<b>Economic security</b>			
Food consumption	Beneficiaries	1,275,000	1,548,946
Food production	Beneficiaries	275,000	227,355
Income support	Beneficiaries	8,500	6,910
Living conditions	Beneficiaries	1,200,000	1,497,218
<b>Water and habitat</b>			
Water and habitat activities	Beneficiaries	13,500,000	16,965,522
<b>Health</b>			
Health centres supported	Structures	59 <sup>1</sup>	64
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>			
<b>Economic security</b>			
Living conditions	Beneficiaries	23,000	41,390
<b>Water and habitat</b>			
Water and habitat activities	Beneficiaries	5,000	12,774
<b>WOUNDED AND SICK</b>			
<b>Medical care</b>			
Hospitals supported	Structures	15	16
<b>Physical rehabilitation</b>			
Projects supported	Projects	2	3
<b>Water and habitat</b>			
Water and habitat activities	Beds (capacity)	500	1,894

1. In the Appeals 2019 (published in December 2018), the target indicated for health centres supported was 69, owing to a technical error.

## 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. Fighting was more localized than in previous years, as the government regained control over some opposition-held parts of the country. Third-party States carried out and/or supported operations against armed groups. Hostilities intensified, at least for a time, in some of the country's northern governorates.

Parties involved in the fighting breached IHL and other norms applicable to the conduct of hostilities. Hundreds of thousands of civilian casualties have been reported since the start of the conflict in 2011, and millions of people have been displaced; hundreds of thousands were displaced in 2019 alone. Tens of thousands of people were separated from their families or went missing due to the fighting. Violence and international sanctions have crippled the economy and public services in the country.

A number of displaced people – including some who had been stranded in Rukban, near Syria's border with Jordan – began to return home. Humanitarian needs were acute among recently displaced people in host communities or camps; there were reportedly some 70,000 people, mainly women and children, at the al-Hol camp in the north-east.

The Syrian government continued to arrest people in connection with the conflict. Armed groups also held people in connection with the fighting.

A total of 74 Syrian Arab Red Crescent and Palestine Red Crescent Society personnel have been killed since the conflict began. Three ICRC staff members were abducted in 2013; the case 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, amid security-related and logistical impediments.

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 keep close proximity to communities affected by the fighting. It reminded parties involved in the fighting of the necessity of upholding IHL and other applicable norms. The national IHL committee worked to promote IHL throughout the country. The ICRC supported its efforts – for example, by organizing a workshop for senior military officers on integrating IHL into military doctrine, training and operations. The ICRC worked to inform vulnerable communities of their rights and of the services available to them, and to learn what they thought of the Movement's activities for them.

The ICRC prioritized helping displaced people, returnees and people affected by the intensified fighting – at the al-Hol camp and in Hassakeh, for example. Together with the National Society, the ICRC continued to conduct large-scale distributions of food and household essentials, reaching over a million people. It maintained its extensive support for local partners, to help ensure that drinking water, and/or better shelters and other basic facilities, were available to millions of people. Agricultural households were able to produce more food with supplies from the ICRC and the National Society, and heads of vulnerable households received financial and technical assistance for launching small businesses.

The ICRC supported the provision of health care throughout the country. It provided supplies and other support to bolster the primary health care provided to vulnerable communities by fixed or mobile health units run by the health ministry or the National Society. ICRC-supported emergency responders and hospitals provided life-saving care for the wounded and the sick. In May, the National Society, the Norwegian Red Cross and the ICRC opened a 30-bed field hospital, equipped with advanced facilities, at the al-Hol camp. Disabled people obtained treatment at physical rehabilitation centres, one run by the ICRC and another by the National Society with ICRC support; the ICRC pursued efforts to advance their social inclusion.

The ICRC visited people held in central prisons to monitor their treatment and living conditions; it communicated its findings confidentially to the pertinent officials. Some of these prisons received various types of support from the ICRC to improve detainees' living conditions and the delivery of health services.

The ICRC also visited people held by armed groups in the north-east; they benefited from ICRC donations of medical supplies and equipment, water-trucking, and other assistance.

The Movement's family-links services helped members of dispersed families reconnect. Thousands of people, however, were still unaccounted for; many of them were alleged to have been arrested or detained in relation to the fighting.

Forensic professionals and emergency responders strengthened their ability to identify human remains and manage them in a dignified manner; the ICRC aided this process by renovating facilities and providing other kinds of support.

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

## CIVILIANS

### The ICRC reaches people affected by intensified fighting in the north

The ICRC continued to face security-related, logistical and other difficulties in carrying out its activities safely, because of the fighting. For this reason, it had to adapt its activities to the restrictions imposed by those involved in the fighting. Despite

that, the Syrian Arab Red Crescent and the ICRC were able to improve their proximity to people in northern Syria affected by intensified bouts of fighting.

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 or increase its proximity to communities affected by the fighting. Drawing on documented instances of unlawful conduct, it reminded parties involved in the fighting to uphold IHL and other applicable norms; protect people who were not or were no longer participating in hostilities; and ensure civilians' safe access to basic services and humanitarian aid.

People affected by the fighting learnt about the Movement's services for them in the country through public communications carried out by the National Society and the ICRC (see *Actors of influence*). Some gave feedback on the relevance and usefulness of these services through, for example, surveys.

### **People affected by the fighting obtain relief aid**

The National Society and the ICRC prioritized helping displaced people, returnees and those affected by the intensified fighting – at the al-Hol camp and in Hassakeh, for example.

Some 1.50 million people (300,000 households) received hygiene kits, winter clothes and other essentials distributed by the National Society and the ICRC to help ease their living conditions.

The National Society and the ICRC helped provide food for about 1.55 million people (310,000 households) by distributing food parcels and supporting or operating collective kitchens – such as one in the al-Hol camp – that served freshly cooked meals daily. The ICRC prioritized providing food and supplies, and thus no longer implemented its plans to give cash for buying food.

The National Society and the ICRC gave roughly 45,000 farming and herding households (some 227,000 people), including returnees and IDPs, material aid (e.g. seed and farming tools) to enable them to produce more food; they also provided equipment and upgraded facilities for 13 public utilities that produced food or supported agricultural production, such as bakeries and seed banks.

About 1,400 heads of vulnerable households (about 6,900 people) received financial and technical support from the ICRC to launch small businesses. Among them were women, disabled people, and people with missing relatives; about half of them earned enough money to cover their basic expenses.

### **Millions of people benefit from repairs or improvements to essential infrastructure**

The water ministry, local authorities, the National Society, and the ICRC worked together to restore or maintain essential services for some 17 million people. For example, nearly 400,000 people – many of them at the al-Hol camp and at IDP centres in Hassakeh – benefited from water-trucking services and/or from renovated or newly built shelters and sanitation facilities. Roughly 11.3 million benefited from

repairs or improvements to communal facilities such as water and electrical infrastructure. Local water boards and other public utilities serving about 12.8 million people received water purification supplies, spare parts and training from the ICRC. Food-production and processing facilities (e.g. bakeries), serving approximately 929,000 people, resumed, maintained or increased their production with ICRC assistance, such as renovations or donations of equipment.

### **Vulnerable communities have access to primary-health-care services**

People affected by the fighting obtained health-care services from 64 fixed or mobile health units run by the health ministry or the National Society – which included mobile clinics sent to the al-Hol camp. Among the services offered were treatment for communicable and non-communicable diseases, and ante/post-natal care. The ICRC provided support for 55 of these health units regularly, by donating supplies and equipment, making improvements to their facilities, providing staffing assistance and/or advising them on ways to improve security measures.

The ICRC repaired and renovated water, waste-management, and electrical infrastructure at several health-care facilities that collectively provided 1,830 consultations per day.

The health ministry and the National Society, with material and other support from the ICRC, distributed hundreds of thousands of bed nets and organized hygiene sessions to help curb the spread of leishmaniasis.

ICRC training enabled National Society staff and volunteers to develop their ability to provide psychosocial support for victims of conflict and for their own peers; physical rehabilitation professionals also learnt how to give their patients such support.

The ICRC renovated a forensic clinic, and gave it supplies and equipment. As a result, the clinic was better able to examine victims of violence, including sexual violence, and others under conditions respectful of both their dignity and their privacy.

The ICRC had hoped to draft a plan specifically for addressing sexual violence in Syria, but that had to be postponed because of administrative constraints.

### **People in weapon-contaminated areas learn to mitigate the risks to their safety**

Nearly 114,000 people living in areas contaminated with mines and explosive remnants of war learnt self-protection measures from ICRC-trained National Society risk-education teams. The ICRC was unable to find and support an organization that was clearing mines in Syria.

### **Thousands of people remain without news of family members**

People within and outside Syria – including displaced people in camps – continued to seek the National Society's and/or the ICRC's assistance in restoring contact with relatives. By year's end, 582 tracing cases had been closed positively; however, thousands of people were still unaccounted for. Thousands of

displaced foreigners notified their embassies of their situation, with ICRC support. National Society personnel expanded their family-links capacities through ICRC training sessions.

The ICRC helped people in the Israeli-occupied Golan to advance legal proceedings by relaying official documents to their relatives in Syria proper; it facilitated repatriations of Syrians across demarcation lines (see *Israel and the Occupied Territories*). In coordination with other organizations, the ICRC issued travel documents for 14 people to expedite their resettlement in third countries.

In its interactions with missing people's families – when they would open tracing cases, for example – the ICRC strove to reach a fuller understanding of their needs and the services available to them; administrative constraints impeded the ICRC's plans to conduct workshops for government officials on these matters and assess the families' need for mental-health services. The ICRC participated, as an observer, in the working group on detainees, missing people and the transfer of human remains and provided expert advice; the working group had been set up under the Astana peace process for Syria by the Islamic Republic of Iran, the Russian Federation and Turkey.

Aided by the ICRC, forensic professionals and emergency responders strengthened their capacities in managing and identifying human remains. The ICRC provided them with training and equipment, and made renovations at two forensic facilities.

## PEOPLE DEPRIVED OF THEIR FREEDOM

### The ICRC visits people held in central prisons and by armed groups

The ICRC visited detainees at central prisons under the interior ministry's responsibility. The ICRC monitored their treatment and living conditions; particularly vulnerable detainees, such as foreigners, were monitored individually. Findings were communicated confidentially to the pertinent authorities. The ICRC continued to seek access to other places of detention, including those run by the security forces.

The ICRC also visited people held at facilities controlled by armed groups in the north-east and monitored their treatment and living conditions.

Family-links services enabled people in the facilities visited to re-establish or maintain contact with their relatives. The ICRC helped foreigners in these facilities to notify their embassies of their situation. It followed up with the authorities allegations of arrest or detention related to the conflict.

Acting as a neutral intermediary, the ICRC helped monitor the release and return of people held by the government and by armed groups in relation to the fighting.

### Detainees get improved access to health care and water

Health and interior ministry officials strove, with the ICRC's support, to improve health-care services for detainees; they set up a technical working group for which the ICRC provided expert guidance. Ministry officials also exchanged ideas on

such matters as medical ethics at a local ICRC seminar and at an ICRC conference held abroad. Health services were enhanced at three central prisons (e.g. by ensuring medical screening for new arrivals) with technical and material support from the ICRC.

Some 3,200 detainees had better access to water after the ICRC upgraded facilities at one government prison. The ICRC was unable to help strengthen the authorities' capacities in maintaining and renovating infrastructure, owing to administrative constraints.

People held by armed groups in the north-east also benefited from ICRC donations of medical supplies and equipment. Water was more readily available to about 9,500 of them as a result of water-trucking and other assistance provided by the ICRC.

Over 41,000 people at various facilities were given hygiene items, winter clothes and other essentials to ease their living conditions.

## WOUNDED AND SICK

Drawing on documented instances of unlawful conduct against health workers – including attacks against them – the ICRC reminded parties involved in the fighting of the protection due to patients and medical workers and facilities, regardless of affiliation, under IHL and other applicable norms. Two hospitals received advice from the ICRC for improving their security measures.

### A new field hospital opens at the al-Hol camp

With comprehensive ICRC support, volunteers from the Syrian Arab Red Crescent administered first aid and transported the wounded or the seriously ill to hospitals. The ICRC helped refer patients requiring advanced treatment to appropriate facilities, such as its Weapon Traumatology and Training Centre (see *Lebanon*), and covered the costs associated with this.

The wounded or sick obtained medical services at ICRC-backed hospitals throughout Syria. Fifteen hospitals received medical supplies, critical equipment – such as defibrillators – and/or spare parts and other support to maintain such equipment. Supplies and equipment were also donated to eight haemodialysis centres. Among these facilities, 13 hospitals and 6 haemodialysis centres received this support on a regular basis. The National Society and the ICRC made minor repairs and improvements to essential facilities at five hospitals with a combined capacity of 1,894 beds.

Displaced people at the al-Hol camp obtained medical services at a 30-bed field hospital set up in May by the National Society, the Norwegian Red Cross and the ICRC. The hospital, which had an emergency room, operating room and other advanced facilities, operated alongside the National Society- and ICRC-run primary-health-care facilities in the camp (see *Civilians*) to ensure the continuum of care.

Over one hundred health workers – reconstructive, trauma and war surgeons, nurses and others – added to their respective skills through ICRC courses.

### Physically disabled people obtain suitable care

Around 2,400 disabled people<sup>2</sup> received rehabilitative services at an ICRC-run physical rehabilitation centre in Aleppo and a National Society-run centre in Damascus. The Damascus centre received financial, material and technical support from the ICRC, and patients living far from it were provided with a shuttle service. People living beyond the reach of the two centres received wheelchairs and other devices distributed by the National Society and the ICRC at various health facilities.

Two physical rehabilitation trainees completed their ICRC-sponsored studies abroad; one began working at the Aleppo centre. The ICRC also conducted training – for staff at the facilities mentioned above, government hospitals and elsewhere – in such areas as physiotherapy and the production of assistive devices.

The ICRC strove to foster the social inclusion of disabled people by supporting their livelihoods (see *Civilians*) and sporting activities. Notably, the Syrian national wheelchair basketball team attended an ICRC training camp, and competed abroad (see *Lebanon*) with ICRC support.

### ACTORS OF INFLUENCE

While impediments to principled humanitarian action remained, several groups helped facilitate the Syrian Arab Red Crescent's and the ICRC's access to vulnerable people – among them were government authorities, military officials, community leaders, members of certain armed groups and third-party States. The ICRC pursued closer engagement with these actors, to discuss issues that faced people affected by the fighting and broaden its access to them; for example, the ICRC president met with the president of Syria to discuss, among other issues, the field hospital that was eventually set up in the al-Hol camp (see *Wounded and sick*).

During meetings with government officials, and in its reports and public statements, the ICRC reiterated the right of all wounded people to medical treatment and of people not/no longer fighting to humanitarian assistance. It also sought to acquaint members of certain armed groups with humanitarian principles, basic IHL provisions and the Movement's work.

### Senior military officers learn about IHL integration

The national IHL committee continued its efforts to advance the incorporation of IHL in domestic legislation and its integration into the doctrine, training and operations of military forces. The ICRC backed it with expert advice and other support; for instance, the ICRC organized a workshop at which senior military officers strengthened their ability to lead IHL integration efforts.

University lecturers learnt more about IHL at an ICRC course in Switzerland, and students did the same at an ICRC lecture at a local university. The higher education ministry and the ICRC signed a memorandum of understanding under which, beginning in 2020, the ICRC would expand its IHL-related activities at Syrian universities, for example by organizing national moot court competitions.

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

People in Syria and elsewhere were kept abreast of the Movement's activities in the country. They learnt these in part through the ICRC's digital communication campaigns and through ICRC information sessions at schools and community centres. These efforts also helped to broaden awareness among local and foreign authorities, and others, of the necessity of building 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 long-term humanitarian consequences. ICRC briefings helped journalists familiarize themselves with various humanitarian issues, IHL, and the Movement's work.

The National Society received financial and technical support from the ICRC to develop its capacities in broadening awareness of the Movement's activities and in promoting respect for IHL. A Movement position paper, on the repatriation of foreign detainees held in relation to the fighting in the north-east, was shared with the pertinent parties.

### RED CROSS AND RED CRESCENT MOVEMENT

The Syrian Arab Red Crescent remained the ICRC's main partner in the field. It responded to humanitarian needs in accordance with the Fundamental Principles and the Safer Access Framework, often in coordination with the ICRC. The ICRC continued to give it comprehensive financial, material and technical support to boost its operational capacities.

The ICRC aimed to bolster the National Society's capacities in such areas as financial and administrative management, and in carrying out assistance activities. With the ICRC's help, the National Society brought its field radio communications system into alignment with its risk-management regulations.

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

Movement components in Syria met every month – they also organized ad hoc meetings – to plan and coordinate activities.

2. Based on aggregated monthly data, which include repeat beneficiaries.



## MAIN FIGURES AND INDICATORS: PROTECTION

<b>CIVILIANS</b>	<b>Total</b>			
<b>RCMs and other means of family contact</b>		<b>UAMs/SC</b>		
RCMs collected	1,984	13		
RCMs distributed	863	13		
<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	5,375	470	828	382
<i>including people for whom tracing requests were registered by another delegation</i>	1,799			
Tracing cases closed positively (subject located or fate established)	582			
<i>including people for whom tracing requests were registered by another delegation</i>	135			
Tracing cases still being handled at the end of the reporting period (people)	21,478	1,281	1,413	1,298
<i>including people for whom tracing requests were registered by another delegation</i>	8,752			
<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	311	138		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	294	132		
<b>Documents</b>				
People to whom travel documents were issued	14			
People to whom official documents were delivered across borders/front lines	34			
<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	24,377	851	576	
Visits carried out	31			
		<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually	1,326	45	4	134
<i>of whom newly registered</i>	899	10		120
<b>RCMs and other means of family contact</b>				
RCMs collected	5,841			
RCMs distributed	940			
Phone calls made to families to inform them of the whereabouts of a detained relative	2			
People to whom a detention attestation was issued	1			

**MAIN FIGURES AND INDICATORS: ASSISTANCE**

<b>CIVILIANS</b>		<b>Total</b>	<b>Women</b>	<b>Children</b>
<b>Economic security</b>				
Food consumption	Beneficiaries	1,548,946	464,537	619,172
	<i>of whom IDPs</i>	1,238,924	371,578	495,418
Food production	Beneficiaries	227,355	68,225	90,905
	<i>of whom IDPs</i>	181,869	54,567	72,735
Income support	Beneficiaries	6,910	2,081	2,748
	<i>of whom IDPs</i>	5,524	1,657	2,210
Living conditions	Beneficiaries	1,497,218	449,174	598,870
	<i>of whom IDPs</i>	1,197,806	359,338	479,130
<b>Water and habitat</b>				
Water and habitat activities	Beneficiaries	16,965,522	5,089,642	6,786,189
	<i>of whom IDPs</i>	5,089,657	1,526,897	2,035,863
<b>Health</b>				
Health centres supported	Structures	64		
Average catchment population		5,453,962		
Consultations		586,769		
	<i>of which curative</i>	577,469	100,815	93,310
	<i>of which antenatal</i>	9,300		
Immunizations	Doses	12,000		
Referrals to a second level of care	Patients	155		
	<i>of whom gynaecological/obstetric cases</i>	74		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>Economic security</b>				
Living conditions	Beneficiaries	41,390	1,845	476
<b>Water and habitat</b>				
Water and habitat activities	Beneficiaries	12,774	2,555	
<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	16		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	3		
<b>Services at hospitals reinforced with or monitored by ICRC staff</b>				
Surgical admissions				
	Weapon-wound admissions	7		
	(including those related to mines or explosive remnants of war)	3		
	Non-weapon-wound admissions	611		
	Operations performed	1,910		
Consultations		35,003		
	Medical (non-surgical) admissions	44	4	1
	Gynaecological/obstetric admissions	91	65	2
<b>Services at hospitals not monitored directly by ICRC staff</b>				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		2,397		
Weapon-wound admissions (surgical and non-surgical admissions)		10		
Weapon-wound surgeries performed		10		
Patients whose hospital treatment was paid for by the ICRC		771		
<b>First aid</b>				
First-aid training				
	Sessions	78		
	Participants (aggregated monthly data)	2,428		
<b>Water and habitat</b>				
Water and habitat activities	Beds (capacity)	1,894		
<b>Physical rehabilitation</b>				
Projects supported		3		
	<i>of which physical rehabilitation projects supported regularly</i>	2		
People benefiting from ICRC-supported projects	Aggregated monthly data	2,403	346	552
	<i>of whom victims of mines or explosive remnants of war</i>	932		
Referrals to social integration projects		274		
Prostheses delivered	Units	1,043		
Orthoses delivered	Units	367		
Walking aids delivered	Units	653		
Wheelchairs or postural support devices delivered	Units	100		

# 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 2019

- In light of the volatile security conditions, the ICRC renewed its efforts to remind all parties to the conflicts of their obligation to respect IHL, such as by protecting civilians from attack and ensuring access to essential services.
- Wounded and sick people received timely treatment from ICRC-trained first-aiders and at ICRC-backed health centres and hospitals. The ICRC provided ad hoc support for more hospitals than in previous years.
- IDPs and their host communities were provided with food and other necessities, and livelihood support. Millions of people benefited from the ICRC's renovation of or maintenance support for key public infrastructure.
- The ICRC resumed its visits to detainees which it suspended in 2018; it visited more places of detention than in previous years. It gave penitentiary authorities support for improving detainees' living conditions and access to health care.
- Aided by the ICRC and the International Federation, the Yemen Red Crescent Society strengthened its capacities in such areas as emergency response and restoring family links. It continued to be the ICRC's main partner in the field.
- Security concerns, movement restrictions and other obstacles put up by the extremely precarious situation in Yemen prevented the ICRC from fully implementing some of its activities, especially relief and livelihood assistance.

## EXPENDITURE IN KCHF

Protection	12,754
Assistance	59,538
Prevention	5,758
Cooperation with National Societies	8,978
General	635
<b>Total</b>	<b>87,664</b>
<i>Of which: Overheads</i>	<i>5,355</i>

## IMPLEMENTATION RATE

Expenditure/yearly budget	87%
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## PERSONNEL

Mobile staff	93
Resident staff (daily workers not included)	539



## PROTECTION CIVILIANS

	Total
<b>Restoring family links</b>	
RCMs collected	2,110
RCMs distributed	1,141
Phone calls facilitated between family members	1,206
Tracing cases closed positively (subject located or fate established)	210
People reunited with their families	31
<i>of whom unaccompanied minors/separated children</i>	<i>31</i>

## PEOPLE DEPRIVED OF THEIR FREEDOM

<b>ICRC visits</b>	
Places of detention visited	23
Detainees in places of detention visited	13,155
<i>of whom visited and monitored individually</i>	<i>946</i>
Visits carried out	29
<b>Restoring family links</b>	
RCMs collected	27
RCMs distributed	18
Phone calls made to families to inform them of the whereabouts of a detained relative	216

## ASSISTANCE

	2019 Targets (up to)	Achieved
<b>CIVILIANS</b>		
<b>Economic security</b>		
Food consumption	Beneficiaries 700,000	366,751
Food production	Beneficiaries 490,000	294,637
Income support	Beneficiaries 210,700	108,878
Living conditions	Beneficiaries 175,000	173,425
<b>Water and habitat</b>		
Water and habitat activities	Beneficiaries 3,200,000	5,759,566

<b>Health</b>		
Health centres supported	Structures 38	40

## PEOPLE DEPRIVED OF THEIR FREEDOM

<b>Economic security</b>		
Food consumption	Beneficiaries 1,000	994
Living conditions	Beneficiaries 15,000	26,165
<b>Water and habitat</b>		
Water and habitat activities	Beneficiaries 5,000	10,860

<b>WOUNDED AND SICK</b>		
<b>Medical care</b>		
Hospitals supported	Structures 17	48

<b>Physical rehabilitation</b>		
Projects supported	Projects 9	9

<b>Water and habitat</b>		
Water and habitat activities	Beds (capacity) 1,950	5,266

## CONTEXT

Yemen remained the site of armed conflicts and other situations of violence. Ansarullah and the military coalition led by Saudi Arabia continued to launch attacks against each other. Violence intensified in Aden, Hodeida, Taiz and elsewhere throughout Yemen. Implementation of confidence-building measures, agreed upon by the Yemeni government and Ansarullah during peace talks in December 2018, was sluggish: for instance, the release, transfer and repatriation of detainees had yet to fully materialize. Fighting between government forces and armed groups – such as Al-Qaeda in the Arab Peninsula and the Islamic State group – and among the armed groups persisted in some parts of the country.

The humanitarian consequences of the protracted conflict continued to ramify. Allegations of IHL violations were widespread. Over 100,000 civilians had reportedly been wounded or killed, and millions more displaced, since the onset of the conflict. Food and other basic commodities were still in short supply as the blockade of Yemen, and movement restrictions, remained in place. Health care, water and other key public services, already fragile, were further weakened. Disease outbreaks were a constant threat and countervailing capacities – preventive and ameliorative – remained virtually non-existent. The inaccessibility of basic goods and services, and the loss of livelihoods, pushed people closer to destitution. Mines and explosive remnants of war were widely scattered and menaced people living in or passing through areas contaminated by them.

Arrests in connection with the conflicts continued. Many detainees had to endure difficult living conditions, as the places holding them had fallen into disrepair.

Much of the population was dependent on some form of aid, but organizations providing it had to contend not only with the immensity of needs but also with such challenges as attacks against their personnel and facilities.

## ICRC ACTION AND RESULTS

The ICRC strove to meet the most urgent humanitarian needs in Yemen, despite the extremely volatile, and increasingly restrictive, working environment. Some of its activities could not be carried out in full because of the prevailing insecurity. The logistics base in Oman and the mission in Djibouti continued to support ICRC operations in Yemen. The ICRC worked with the Yemen Red Crescent Society and other Movement components to cover gaps and coordinate activities. In light of volatile security conditions, the ICRC renewed its calls for all parties to the conflicts to respect IHL, protect civilians and civilian infrastructure from attack, and ensure access to essential services and humanitarian aid. Whenever possible, it brought documented protection concerns and allegations of IHL violations to their attention. It continued its efforts to build acceptance for its activities among key parties to the conflicts, actors exercising influence over these parties, and members of civil society.

The ICRC continued to provide 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 enabled hospitals to cope with supply shortages and influxes of patients; the ICRC provided ad hoc support for more hospitals than in previous years. ICRC training reinforced local capacities in emergency-room trauma care. Disabled people obtained suitable services at ICRC-supported physical rehabilitation centres. Preventive and curative care – such as treatment for cholera – was available at primary-health-care centres that received ICRC support regularly or on an ad hoc basis.

IDPs, vulnerable residents and returnees were given food, household items and other necessities. Support for water authorities, repairs to critical facilities, and training for local committees helped prevent or address interruptions to the supply of clean water for millions of people. Together with the agriculture ministry, the ICRC provided farmers and herders with material and technical support for their livelihoods. These emergency and livelihood support activities were significantly impeded by security concerns, movement restrictions, logistical challenges and other consequences of the volatile conditions.

People used the Movement's family-links services to restore contact with their relatives, including those detained. First responders were given material and technical support to ensure the proper handling and subsequent identification of human remains.

The ICRC resumed its visits to detainees, which it had suspended in 2018. It visited detainees and monitored their well-being; afterwards, it communicated its findings, confidentially, to the authorities concerned. It made improvements to kitchens, water and electrical systems, and other key elements of prison infrastructure; and donated hygiene items and other essentials for detainees.

The ICRC endeavoured, through various public-communication platforms, to broaden awareness of the plight of conflict-affected Yemenis. It also repeatedly drew the attention of decision makers to the seriousness of the humanitarian situation.

The ICRC continued to carry out activities with the Yemen Red Crescent Society, and to give it material, financial and technical support, and expert safety advice. Movement partners continued to coordinate their activities.

## CIVILIANS

Safety considerations and increased movement restrictions limited the ICRC's reach. However, it endeavoured to respond to the most urgent needs of conflict-affected people and to gradually resume activities that it had scaled down in 2018 for security reasons. It prioritized certain areas – for instance, those near front lines or where needs were most acute. It worked with the Yemen Red Crescent Society and other Movement components, and in coordination with other humanitarian organizations.

### **Weapon bearers are urged to respect IHL and humanitarian action**

The ICRC renewed its efforts to foster respect for IHL and humanitarian action among all parties to the conflicts. It reminded them – through dialogue, written representations and public statements – of their obligation to do no harm to civilians, prevent the use of essential infrastructure as military objects, and ease movement restrictions and other constraints that prevented people from reaching safe areas and obtaining essential services. The ICRC documented protection-related concerns and allegations of IHL violations, and relayed them to the parties concerned. It also informed them of other humanitarian consequences arising from the conduct of hostilities. The parties were urged to address all these matters. The ICRC provided ad hoc cash assistance for some 100 victims of violations to cover their daily expenses.

The ICRC worked to broaden awareness of its work and of the humanitarian situation in Yemen, among communities most affected by conflict and among the wider public, through dissemination sessions, digital channels, a community hotline and a newly established communication centre.

### **Basic health care is made available for particularly vulnerable people**

Children under the age of five, pregnant women, the malnourished, people with cholera, and other vulnerable people obtained consultations and treatment at 40 ICRC-supported centres (25 health centres received regular support and 15 cholera diagnostic and treatment centres received ad hoc support). The facilities provided services that included curative and antenatal consultations, vaccinations, screening for malnutrition, assisted deliveries and treatment for cholera. Critical cases were referred for secondary care. The centres were provided with hygiene kits, equipment, medicines and other supplies; their staff were given training in midwifery and proper nutrition.

### **Restoration and maintenance of essential infrastructure benefit millions of people**

The ICRC carried out several initiatives, some planned and others ad hoc, to ensure a more reliable supply of water, and protection from disease, in various crisis-prone or conflict-affected areas. In total, about 5,800,000 people benefited: comprehensive support (e.g. material and technical assistance) for water and sanitation authorities and wastewater-treatment plants in Sana'a and Hodeida, and large-scale infrastructural projects in Taiz, benefited about 5,265,000 people; improvements to rainwater harvesting and other small-scale water systems in rural areas benefited about 251,000 people; renovations to damaged water facilities, ad hoc donations of fuel, and other emergency activities helped restore water supply to about 1,313,000 people. Flood-affected IDPs used donated tents as temporary shelters. The ICRC repaired or renovated facilities at nine health centres, which helped them stay operational.

### **Conflict-affected people receive emergency and livelihood assistance**

The ICRC helped conflict-affected people to meet their urgent needs and regain a measure of self-sufficiency. Various factors prevented the ICRC from fully implementing planned activities,

some of which had to be adapted to fit the circumstances. For instance, movement restrictions impeded the delivery of food and essential items, so the ICRC decided to provide people with cash for buying basic necessities themselves. Logistical challenges obstructed the ICRC's efforts to support vulnerable households' attempts to produce food and/or pursue their livelihoods.

Displaced people and residents hosting them were the main recipients of aid distributed by the National Society and the ICRC: around 366,700 people (52,000 households) were given food rations, many of them two or three times. Nutritional supplements and soap were distributed to people who were malnourished or at risk of illness or infection; some 173,400 people (24,800 households) received essential items such as blankets, hygiene kits, and cooking utensils.

The agriculture ministry and the ICRC helped some 42,000 households (294,600 people) to produce more food. To that end, they vaccinated livestock and treated them for disease, and donated fodder; 41,500 households (290,800 people) benefited. The other 400 households had female breadwinners, who were given seed and tools and trained to plant and cultivate kitchen gardens. Cash grants were given to 15,550 households (108,900 people) – twice or thrice in most cases – to cover some of their daily expenses.

More than 20,000 people in mine-affected areas learnt about safe behaviour at National Society and ICRC education sessions. Yemen Executive Mine Action Centre medical staff learnt how to better respond to emergencies owing to explosions, at a blast-trauma course by the ICRC.

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

Members of families separated by violence, migration, detention or other circumstances reconnected through RCMs and phone or video calls; these services were provided by the National Society and the ICRC, and promoted through social media. The ICRC submitted requests to the authorities for information on missing people; the fate and whereabouts of 210 people were ascertained and the information conveyed to their families. Furthermore, 31 children associated with weapon bearers were reunited with their families. The ICRC arranged for several families in Yemen to call or visit relatives formerly held at the US detention facility at the Guantanamo Bay Naval Station in Cuba and resettled elsewhere.

### **Forensic professionals and others receive training in the management of human remains**

The ICRC gave forensic professionals, authorities and first responders supplies, equipment, training, and guidance for managing and identifying human remains. It facilitated – with a view to their subsequent identification – the proper burial of 107 sets of human remains. At the request of the parties concerned, the National Society, aided by the ICRC, transferred over 400 sets of human remains. The ICRC also chaired meetings of Yemen's Sub-Committee on Dead Bodies and Human Remains, at which proper management of human remains, and measures to prevent disappearances, were discussed.

## PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC worked to resume its visits to detainees, which had been suspended in 2018 for security reasons. In 2019, it visited more places than in previous years: 23 places of detention in total, 10 of which it visited for the first time. A total of 13,155 detainees were being held in these places. The ICRC monitored detainees' treatment and living conditions. It followed up, individually, 946 detainees with specific needs. Findings and recommendations for improvement were communicated, confidentially, to the authorities, who were urged and supported to ensure that detention conditions met internationally recognized standards – particularly regarding respect for judicial guarantees and access to health care.

With the authorities' permission, RCMs and other family-links services were made available to detainees at certain places of detention. At their request, the ICRC informed foreign detainees' consular representatives of their arrest. It submitted allegations of arrest to the detaining authorities and reminded them that they must promptly inform the families concerned of their relatives' arrest or transfer.

The ICRC called upon the parties concerned to revive the implementation of an agreement that the parties had made to release, transfer and repatriate all conflict-related detainees. At the request of Ansarullah, the ICRC registered and conducted pre-departure interviews with 290 detainees, who were unilaterally released and set to be repatriated or transferred to their places of origin. It also assisted in the return to Yemen of 128 detainees in Saudi Arabia (see *Kuwait*). All these detainees were medically screened before their departure and given clothes, hygiene kits and/or financial assistance (see below). With ICRC support, one ailing detainee was repatriated back to Saudi Arabia.

### Detainees' living conditions improve

The ICRC helped prison authorities improve detainees' living conditions and access to health care. It carried out hygiene-promotion campaigns and provided material support – medicines, hygiene items, basic equipment – to selected clinics; detainees at nine prisons benefited from these efforts. ICRC support shifted its focus, from the central prison in Sana'a to the central and remand prisons in Hodeida. This was in response to the findings of health-needs assessments, which revealed serious deficiencies – in personnel and supplies – in Hodeida, and other constraints.

The ICRC renovated and made emergency repairs to kitchens, generators, water and sanitation systems, and other essential infrastructure at various detention facilities; this resulted in about 10,860 detainees having better basic facilities and a stable supply of safe water. Significantly more people than planned benefited from the ICRC's water and habitat activities, because the ICRC had to undertake a number of unforeseeable emergency activities: for instance, desludging and water trucking for the central prison in Sa'ada.

The ICRC provided 26,165 detainees with mattresses and hygiene and other items; newly released detainees repatriated with the ICRC's help were among the beneficiaries. The ICRC donated wheat flour to prison bakeries, which benefited 994 detainees.

## WOUNDED AND SICK

### Wounded and sick people are given life-saving care

Wounded and sick people received urgent, sometimes life-saving, care from ICRC-trained first responders and at ICRC-supported medical facilities; these facilities provided emergency treatment, surgical services, and inpatient and post-operative care. The ICRC supported more hospitals than planned, in response to growing emergency needs.

Over 300 weapon bearers were given first-aid training and supplies. First-aid posts supported by the ICRC treated over 10,000, mainly wounded, people. Staff from the Al-Tahl Hospital in Sa'ada and other facilities – 44 medical personnel in all – expanded their capacities in emergency-room trauma care at ICRC-organized training sessions. Security and other constraints prevented the ICRC from organizing information sessions on violence against health-care professionals.

The ICRC provided 48 hospitals near front lines with medicines, supplies and equipment (12 regularly, and the other 36 on an ad hoc basis); in addition, several of them were given daily support by ICRC staff, who supervised hospital personnel and/or treated patients. The ICRC provided medical supplies and consumables for eight haemodialysis centres to help ensure the availability of treatment for diabetics; in June, another international organization took over the task of supporting four of these centres. Logistical obstacles prevented an ICRC mental-health specialist from training health staff at the Al-Tahl Hospital; instead, the specialist assessed needs in Aden.

### Physically disabled people improve their mobility

Because of the ICRC's support for the physical rehabilitation sector, good-quality services for regaining or improving their mobility were available to disabled people. Five physical rehabilitation centres – in Aden, Mukalla, Sa'ada, Sana'a and Taiz – were given equipment, raw materials, assistive devices and fuel; their staff were trained and offered financial incentives. Some 80,000 people<sup>1</sup> were treated at these facilities. The ICRC covered expenses for transportation and accommodation, and/or food, for 72 destitute patients.

Aided by the ICRC, a national training institute continued to offer diploma courses in prosthetics and orthotics, and an association of disability sports provided training for female wheelchair-basketball players. The ICRC continued to support a fund for rehabilitating disabled people and an NGO that was broadening awareness of the plight of disabled people. The ICRC gave 19 disabled people scholarships to study locally, including at the national training institute, or abroad.

The ICRC provided infrastructural support, including the renovation of emergency rooms and provisional repairs to critical facilities, at 25 hospitals (5,266 beds) and four physical rehabilitation centres. This helped address disruptions to the supply of essential services, such as water and electricity, and enabled staff to sustain or improve their daily operations.

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

## ACTORS OF INFLUENCE

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

The ICRC endeavoured to cope with the steady contraction of space for humanitarian action. To that end, it strove to build acceptance for its work among decision makers at all levels – parties to the conflicts and actors capable of influencing them – members of civil society, and the general public. It urged the parties to respect IHL and humanitarian action (see *Civilians*), and organized information sessions on IHL for Islamic scholars and diplomats.

It conducted dissemination sessions throughout the country. These enabled some 400 people – authorities, *de facto* authorities, weapon bearers and community leaders – to reach a fuller understanding of various humanitarian issues and the ICRC's neutral, impartial and independent humanitarian action. These sessions gave the ICRC an opportunity to discuss aspects of IHL with the participants. The ICRC produced digital content and strengthened its presence online, with a view to interesting a wider audience in IHL and the Movement's activities.

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

Interviews with media helped the ICRC 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 also to foster acceptance for its activities. It produced informational materials – print and audiovisual – that described the scale and gravity of the needs: the emphasis was on supply shortages, the spread of cholera, the plight of IDPs, and issues related to health care. Local and international news organizations picked up some of these materials and helped to draw attention to them.

The Yemen Red Crescent Society was given financial and technical support to develop its ability to describe and promote the Movement's work accurately, and to gather 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 continued to help the ICRC reach conflict-affected people in need. Emergency response – for example, the distribution of food and essential household items to vulnerable communities and providing first aid to wounded people – remained the focus of the ICRC and the National Society's joint activities.

The ICRC gave the National Society comprehensive support – financial, material and technical assistance, and training – to develop its ability to respond to a broad range of humanitarian needs, and to foster acceptance and support for the Movement. ICRC support for the National Society concentrated on certain areas: project management; human and financial resources; mine-risk awareness; health; water-and-habitat; management of human remains; and restoration of family links. Within the framework of a cooperation agreement between the National Society and the ICRC – and in order to expand the National Society's capacities in restoring family links – coordinators were recruited and appointed, for the National Society's headquarters and for its priority branches, respectively. The International Federation, with the ICRC's financial backing, undertook various activities to develop the National Society's capacities, such as helping to advance its institutional development.

The International Federation, the National Society, the ICRC and other Movement components in the country, met regularly to coordinate their activities, and sign partnership agreements, on security management and other matters.

## MAIN FIGURES AND INDICATORS: PROTECTION

<b>CIVILIANS</b>	<b>Total</b>			
<b>RCMs and other means of family contact</b>		<b>UAMs/SC</b>		
RCMs collected	2,110			
RCMs distributed	1,141			
Phone calls facilitated between family members	1,206			
<b>Reunifications, transfers and repatriations</b>				
People reunited with their families	31			
People transferred or repatriated	31			
Human remains transferred or repatriated	404			
<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	406	17	17	60
<i>including people for whom tracing requests were registered by another delegation</i>	32			
Tracing cases closed positively (subject located or fate established)	210			
<i>including people for whom tracing requests were registered by another delegation</i>	6			
Tracing cases still being handled at the end of the reporting period (people)	1,889	91	63	224
<i>including people for whom tracing requests were registered by another delegation</i>	149			
<b>Unaccompanied minors (UAMs)/separated children (SC), including demo-bilized child soldiers</b>		<b>Girls</b>		<b>Demobilized children</b>
UAMs/SC newly registered by the ICRC/National Society	57			
UAMs/SC reunited with their families by the ICRC/National Society	31			
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	24			
<b>Documents</b>				
People to whom travel documents were issued	2			
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>ICRC visits</b>		<b>Women</b>	<b>Minors</b>	
Places of detention visited	23			
Detainees in places of detention visited	13,155	317	395	
Visits carried out	29			
		<b>Women</b>	<b>Girls</b>	<b>Boys</b>
Detainees visited and monitored individually	946			73
<i>of whom newly registered</i>	824			72
<b>RCMs and other means of family contact</b>				
RCMs collected	27			
RCMs distributed	18			
Phone calls made to families to inform them of the whereabouts of a detained relative	216			
Detainees released and transferred/repatriated by/via the ICRC	1			
People to whom a detention attestation was issued	16			



## MAIN FIGURES AND INDICATORS: ASSISTANCE

CIVILIANS		Total	Women	Children
<b>Economic security</b>				
Food consumption	Beneficiaries	366,751	127,493	124,084
	<i>of whom IDPs</i>	324,054	117,079	107,786
Food production	Beneficiaries	294,637	136,006	99,944
	<i>of whom IDPs</i>	1,050	263	577
Income support	Beneficiaries	108,878	27,133	29,381
	<i>of whom IDPs</i>	108,878	27,133	29,381
Living conditions	Beneficiaries	173,425	66,742	47,408
	<i>of whom IDPs</i>	157,692	62,807	41,694
<b>Water and habitat</b>				
Water and habitat activities	Beneficiaries	5,759,566	1,670,274	2,419,018
<b>Health</b>				
Health centres supported	Structures	40		
Average catchment population		858,503		
Consultations		775,783		
	<i>of which curative</i>	738,860	209,004	355,677
	<i>of which antenatal</i>	36,923		
Immunizations	Doses	391,133		
	<i>of which polio vaccines for children aged 5 or under</i>	101,858		
Referrals to a second level of care	Patients	3,573		
	<i>of whom gynaecological/obstetric cases</i>	1,168		
<b>PEOPLE DEPRIVED OF THEIR FREEDOM</b>				
<b>Economic security</b>				
Food consumption	Beneficiaries	994		
Living conditions	Beneficiaries	26,165	96	
<b>Water and habitat</b>				
Water and habitat activities	Beneficiaries	10,860		
<b>Health</b>				
Places of detention visited by health staff	Structures	10		
Health facilities supported in places of detention visited by health staff	Structures	9		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	48		
	<i>including hospitals reinforced with or monitored by ICRC staff</i>	12		
<b>Services at hospitals reinforced with or monitored by ICRC staff</b>				
Surgical admissions				
	Weapon-wound admissions	14,445	54	908
	(including those related to mines or explosive remnants of war)	128	2	
	Non-weapon-wound admissions	36,638		
	Operations performed	61,250		
Gynaecological/obstetric admissions		1,429	897	
Consultations		641,318		
<b>Services at hospitals not monitored directly by ICRC staff</b>				
Surgical admissions (weapon-wound and non-weapon-wound admissions)		10,765		
Weapon-wound admissions (surgical and non-surgical admissions)		6,919	43	114
Weapon-wound surgeries performed		3,327		
Patients whose hospital treatment was paid for by the ICRC		336		
<b>First aid</b>				
First-aid training				
	Sessions	15		
	Participants (aggregated monthly data)	325		
<b>Water and habitat</b>				
Water and habitat activities	Beds (capacity)	5,266		
<b>Physical rehabilitation</b>				
Projects supported		9		
	<i>of which physical rehabilitation projects supported regularly</i>	5		
People benefiting from ICRC-supported projects	Aggregated monthly data	80,258	18,543	33,188
	<i>of whom victims of mines or explosive remnants of war</i>	177		
Referrals to social integration projects		295		
Prostheses delivered	Units	1,086		
Orthoses delivered	Units	23,596		
Physiotherapy sessions		41,540		
Walking aids delivered	Units	3,214		
Wheelchairs or postural support devices delivered	Units	617		