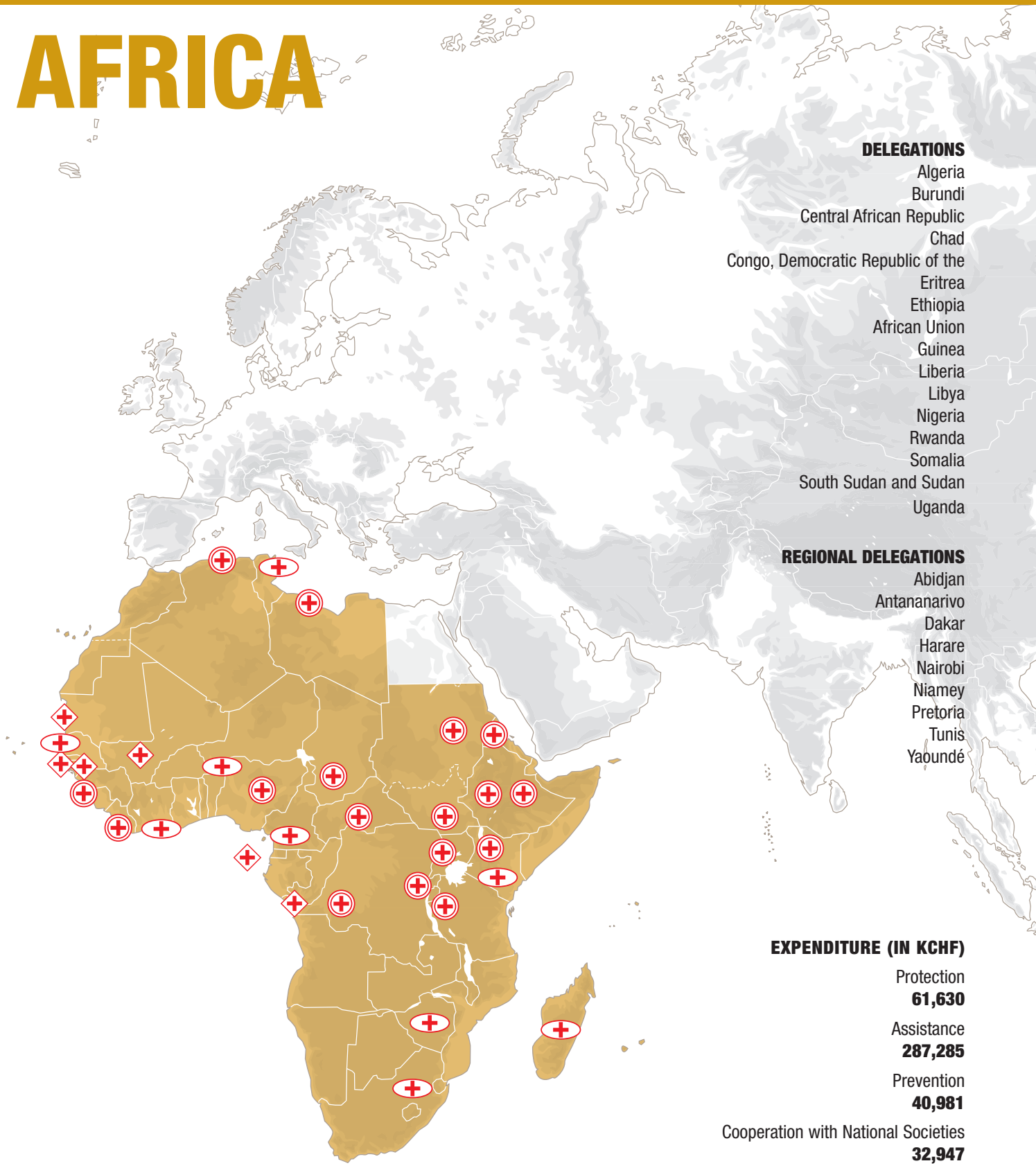


AFRICA



DELEGATIONS

- Algeria
- Burundi
- Central African Republic
- Chad
- Congo, Democratic Republic of the
- Eritrea
- Ethiopia
- African Union
- Guinea
- Liberia
- Libya
- Nigeria
- Rwanda
- Somalia
- South Sudan and Sudan
- Uganda

REGIONAL DELEGATIONS

- Abidjan
- Antananarivo
- Dakar
- Harare
- Nairobi
- Niamey
- Pretoria
- Tunis
- Yaoundé

EXPENDITURE (IN KCHF)

Protection	61,630
Assistance	287,285
Prevention	40,981
Cooperation with National Societies	32,947
General	1

422,844 of which: Overheads **25,699**

Implementation rate
78%

 ICRC delegation
  ICRC regional delegation
  ICRC mission

AFRICA

Operating from more than 30 delegations and missions across the continent, the ICRC maintained a strong presence in Africa during 2011, carrying out a range of activities to assist and protect victims of past and present armed conflicts and other situations of violence. Operational flexibility remained essential, as the ICRC had to adapt its activities to address humanitarian needs in a number of rapidly evolving contexts, notably the armed conflicts in Libya and Côte d'Ivoire (with its consequences in Liberia), unrest in Tunisia, and the food security crisis in Somalia. Appeals for additional funds were made in each of these contexts.

In Libya, the ICRC visited detainees, provided emergency relief and medical supplies, transferred stranded civilians and evacuated weapon-wounded patients by air and sea. It also helped to restore water, electricity and sewage services. In Somalia, its largest operation worldwide in 2011, the ICRC provided emergency food to more than 1.2 million people, also boosting its support for health-related initiatives and family-links services. Included among the ICRC's 10 largest operations were South Sudan and Sudan, and the Democratic Republic of the Congo (DRC), where humanitarian needs remained pressing. While the ICRC's mission in Antananarivo (Madagascar) was transformed into a new regional delegation in January, the Juba sub-delegation became a delegation with the independence of South Sudan in July.

Across Africa, the ICRC worked closely with National Society staff and volunteers, whose local knowledge helped ensure that assistance reached communities in need. National Societies received ICRC funds, materials, training (including in the provision of emergency assistance and first aid, restoring family-links and promoting IHL) and logistic back-up to strengthen their capacities. Coordination of activities remained important, within the Movement, with the UN and with other humanitarian organizations.

In contexts affected by combinations of fighting, banditry and intercommunal tension (e.g. in the Central African Republic and the DRC), security constraints presented a challenge when it came to reaching communities in need. Where necessary (e.g. Mali, Niger, Sudan's Darfur region and Somalia), the ICRC operated with different forms of "remote management". This entailed working, with appropriate control mechanisms, with partners on the ground, including National Society staff and local communities, to deliver assistance. In some countries, government restrictions limited ICRC access to the field (for example, in Ethiopia's Somali Regional State and Eritrea's southern border regions). Given access difficulties, much time was spent enhancing awareness and acceptance among authorities, security and police forces and armed groups of IHL and the ICRC's neutral, impartial and independent humanitarian activities. Delegates stressed to all parties their obligations under IHL to respect and protect civilians, the wounded and sick – civilians and fighters – and medical personnel and infrastructure. Where possible, they used documented cases of alleged IHL violations to convince the alleged perpetrators to take corrective action.

In over 20 contexts, vulnerable people received emergency aid to cover their immediate needs. More than 3 million IDPs and host communities struggling to cope with influxes of new arrivals received household essentials, shelter materials and sometimes food rations. In coordination with other organizations, camps (such as Choucha, on the Tunisia-Libya border, and Mandera, in Kenya) were equipped with emergency water facilities. In Niger,

migrants arriving from Libya broke their journey at a purpose-built National Society-run transit centre. In Côte d'Ivoire, during import restrictions, an arrangement between the European Union and the ICRC permitted the import of chemicals to purify water for Abidjan's 5-million strong population for six months. In Somalia, 347,000 people in drought- and conflict-affected regions survived thanks to emergency water rations trucked in for 10 weeks.

As appropriate, livelihood support comprising agricultural, veterinary and/or micro-economic initiatives designed to suit local skills and resources accompanied emergency relief. Reaching some 2.8 million beneficiaries, it aimed to help people regain self-sufficiency while boosting the local economy in a sustainable manner.

Seed and tools were distributed in many areas, sometimes with food rations to tide communities over until harvest. In South Sudan, Sudan and Somalia, ICRC-supported laboratory facilities produced seed adapted to local conditions, increasing the chances of improved yields. Disease-resistant cassava cuttings were distributed to struggling communities in Congo and in the DRC. The ICRC also instigated projects to improve community mobility in remote areas. In the Central African Republic, it donated bicycles and carts to village associations, providing affordable transportation to markets and health facilities. In Eritrea, households headed by widows received help for ploughing fields, improving irrigation and growing more vegetables. In Senegal's Casamance region and in Guinea-Bissau, backed by training, women's associations received cash-crop seed and equipment to launch or develop market gardening activities.

Livestock-dependent communities gained greater economic security through ICRC-supported vaccination and anti-parasite control campaigns (including more than 2 million head of livestock in Mali and Niger, more than 1 million in Eritrea, and across South Sudan and Sudan). Cash and food-for-work programmes involving the rehabilitation of farmland, water points, housing, roads and airstrips brought cash injections to impoverished communities while restoring damaged infrastructure to use. Some communities received cash grants for income-generating initiatives. While fishing activities were supported, for example, in the DRC and Somalia, in Chad, female-run collectives bought fresh fish locally, smoked them and sold them to shopkeepers in towns.

Improvements to water and sanitation facilities, including in areas undergoing post-conflict reconstruction, helped ensure vulnerable communities had sufficient clean water to meet domestic and agricultural needs, reduce health risks and (in some instances) curb intercommunal tensions in drought-affected areas where disputes over access to water had the potential to stir conflict. Such initiatives were usually accompanied by training to maintain facilities. In South Sudan and Sudan, more than 807,000 people gained access to clean water supplies through ICRC-supported projects, while in Eritrea the ICRC continued to help water authorities repair, maintain and construct solar-powered systems.

To enhance access to primary health care in volatile or remote areas, the ICRC provided health centres with supplies, equipment, staff training and logistic and structural support. This allowed them to provide curative, mother-and-child and preventive care, plus vaccinations for women and children. In Somalia, with food security reaching critical levels, the National Society received additional support, allowing it to increase the number of therapeutic

feeding centres and mobile health and nutrition teams and to open wet feeding centres while running outpatient clinics. In the DRC, victims of sexual violence continued to obtain psychological support at 44 ICRC-supported counselling centres. A mobile health initiative, comprising a custom-built boat, provided isolated communities in Nigeria's Delta Creeks with access to preventive care.

By supporting first aid, hospitals and physical rehabilitation centres, the ICRC helped ensure that weapon-wounded patients received adequate care. To reduce fatalities in violence-prone regions, National Societies reinforced their first-aid capacity and gave first-aid courses to civilians and weapon bearers. Hospitals benefited from ICRC funds, supplies, staff training (including, in some instances, war surgery courses), and infrastructural improvements. In Somalia, for example, a new operating theatre was constructed at the National Society-run Keysaney Hospital in Mogadishu. ICRC mobile surgical teams treated hundreds of patients in South Sudan and Chad (a nurse training project advanced in the latter).

Physical rehabilitation centres in nine countries benefited from support to boost their capacities to produce and fit quality artificial limbs and orthoses for war amputees and other physically disabled people, while the ICRC continued to run its own prosthetic/orthotic centre in south-western Algeria. Several National Societies ran projects, with ICRC support, to help communities located in or near weapon-contaminated areas to reduce risks. In Libya, while some 300 volunteers conducted risk-awareness campaigns, ICRC explosive-ordnance teams destroyed or made safe over 3,000 explosive remnants of war and ammunition, facilitating the safe return of IDPs and enabling schools to reopen.

Thousands of IDPs, refugees and migrants reconnected or maintained contact with relatives worldwide through the family-links service run by the National Societies and the ICRC. The needs of unaccompanied/separated children, including those formerly associated with fighting forces, remained a priority. In Libya, the ICRC helped to facilitate the evacuation of stranded civilians and weapon-wounded patients by road, air and sea. Libyans and foreigners in conflict-damaged Libyan cities, Chadians arriving home from Libya at the transit point of Faya Largeau, and Somali refugees in Kenya contacted relatives using mobile/satellite phone services. In Burundi, Côte d'Ivoire and Libya, the ICRC lent expertise to the authorities, forensic professionals and/or other relevant bodies both to facilitate the timely identification of human remains and to help clarify the whereabouts of missing persons and address the needs of their families. As a neutral intermediary, the ICRC continued to offer to help the Moroccan authorities and the Polisario Front examine cases related to the 1975-91 Western Sahara conflict.

Delegates visited detainees in accordance with standard ICRC procedures, monitoring their treatment and living conditions and sharing their findings confidentially with the authorities, including any recommendations for improvements. Inmates contacted their families through RCMs and received basic hygiene items when these were lacking. Across Africa, the ICRC pursued efforts to gain or regain access to all detainees falling within its mandate. In Libya, it obtained early agreement from the then authorities in Benghazi and Tripoli to visit people detained under their respective jurisdictions. It continued such visits under the transitional authorities, while advising them on an appropriate legal framework for detention. After the Tunisian uprising, the Defence and

Interior Ministries granted the ICRC access to all detainees under their jurisdiction. There, and in Algeria, the ICRC offered advice on detention issues, including for improving the penitentiary system. It visited more than 550 people newly detained by the parties in connection with the Côte d'Ivoire post-election crisis, and more than 300 held in connection with disturbances in Burkina Faso. The Ethiopian government agreed in principle to the resumption, after several years, of ICRC visits to security detainees held in federally run places of detention. In the Central African Republic and Sudan, the ICRC, acting as a neutral intermediary at the request of the parties concerned, facilitated the release and handover to the authorities of detainees held by armed groups.

Government and prison service initiatives to bring detention conditions in line with internationally recognized standards received ICRC support, ranging from infrastructural works, expertise and logistics back-up to workshops and courses to find ways to reduce overcrowding and provide adequate food, water, sanitation and health care. Detainees in Mauritania, for example, benefited from new nutritional and health care initiatives, while similar initiatives continued in the DRC, Guinea, Rwanda, Madagascar and Uganda. With government approval, aspects of Gabon's penitentiary system were assessed, and solutions proposed to improve conditions. In Burundi, after receiving reports and engaging in dialogue with the ICRC, the authorities took steps to improve judicial processes and living conditions in some places of detention.

The ICRC strengthened contacts with the region's institutions, notably through the African Union (AU), regional economic bodies and States such as South Africa, in order to bolster levels of protection and assistance afforded to civilians and gain support for IHL. National governments received legal expertise and training to help them ratify IHL treaties and incorporate their provisions into national law. In South Sudan, the ICRC provided legal expertise to the authorities regarding their succession to the 1949 Geneva Conventions and the promulgation of the Red Cross Act. Five African States (Botswana, Ghana, Mozambique, Senegal and Swaziland) ratified or acceded to the Convention on Cluster Munitions.

Armed, security and police forces (including troops bound for peacekeeping missions) worked with the ICRC to integrate IHL and international human rights law into their training, doctrine and operations and to ensure that field units knew their responsibilities. Some personnel obtained the skills necessary to train their peers in IHL. Regular contact with armed groups helped ensure that they, too, were familiar with IHL and supported Movement activities.

Delegations worked with National Societies on initiatives to increase awareness of and support for the Movement, IHL and humanitarian issues among influential civil society players. They engaged with religious and traditional leaders, and stimulated IHL study in academic circles. They also worked with media representatives to encourage quality humanitarian reporting. Messages relayed via the media in Côte d'Ivoire and Libya helped facilitate humanitarian access to communities in need.

ALGERIA



ICRC delegation ICRC-supported prosthetic/orthotic centre ICRC office/presence

EXPENDITURE (IN KCHF)	
Protection	808
Assistance	-
Prevention	524
Cooperation with National Societies	182
General	-

► **1,513**
of which: *Overheads 92*

IMPLEMENTATION RATE	
Expenditure/yearly budget	68%

PERSONNEL	
Expatriates	6
National staff (daily workers not included)	8

KEY POINTS

In 2011, the ICRC:

- shared with the detaining authorities its findings and recommendations on detainees' treatment and living conditions following 43 visits to people held in prison or police/gendarmerie custody
- pursued efforts to engage all relevant authorities in a confidential dialogue on issues related to the welfare of people detained in military/police custody, drawing on ICRC reports intended to support such a dialogue
- provided, at the authorities' request, examples of when and how to apply restraining measures in prisons, based on the experience of other countries
- enabled foreigners detained in Algeria to inform their families, consular representatives or local UNHCR representation of their situation by making phone calls or sending notifications on their behalf
- with the National Society, helped Algerian families restore or maintain contact with their relatives detained/interned abroad via RCMs and/or telephone/video calls
- working with the Defence Ministry, the national police and/or the national IHL committee, trained some 600 military officers and cadets and 26 police officers in the basic principles of IHL and/or international human rights law

The ICRC has been working in Algeria, with some interruptions, since the 1954–62 Algerian war of independence. It visits people held in places of detention run by the Ministry of Justice and people remanded in custody in police stations and *gendarmeries*. The ICRC also works to promote IHL among Algerian civil society, the authorities and the armed forces. It supports the Algerian Red Crescent's reform process and tracing activities.

CONTEXT

Life for many Algerians continued against a backdrop of social unrest linked to high unemployment, rising living costs and, in some cases, desire for political reform. Protests continued throughout the year, sometimes leading to confrontations with security forces and to arrests.

In the context of growing unrest in the wider region, the Algerian authorities took measures to prevent an escalation of public grievances, including the provision of food subsidies. February saw the lifting of the state of emergency in place since 1992 (retaining it only in Algiers), which relaxed, to some extent, restrictions on peaceful gatherings and paved the way for a review of anti-terrorist legislation. At year-end, parliament adopted a package of political and constitutional reforms that had been announced in April.

In the north, to the east of Algiers, localized clashes between national security forces and armed groups persisted despite a general decline in violence in the latter part of 2011. These reportedly caused numerous casualties and led to arrests. Security in the Sahel region also remained of concern to the authorities. In cooperation with regional peers, they pursued efforts to combat criminal activity and eradicate armed groups there. The armed conflict in neighbouring Libya similarly raised concerns of possible cross-border activity by weapon bearers.

The onset of the Libyan conflict drove several thousand Algerians and foreigners into Algeria. With State support, local authorities and organizations mobilized to accommodate them on arrival and – in the case of foreigners – facilitate their onward journey. Algeria also continued to serve as a point of departure or transit for migrants seeking entry into Europe. Unable to reach their destinations owing to tighter entry regulations, many faced arrest or deportation.

ICRC ACTION AND RESULTS

ICRC activities in Algeria continued to focus mainly on visits to detainees to assess their treatment and living conditions. On the basis of their findings during such visits, delegates maintained their confidential dialogue with the Justice Ministry and detaining authorities at local level. Upon request, the ICRC provided the prison service with examples of when and how to restrain detainees in its care, based on the experience of other countries. The ICRC pursued efforts to establish dialogue with other ministries regarding detainees under their jurisdiction, including to gain access to people allegedly held by the intelligence and security services. In particular, it formally invited all relevant ministries to discuss, confidentially, issues raised in ICRC summary reports

Main figures and indicators	PROTECTION	Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		56		
RCMs distributed		241		
Phone calls facilitated between family members		17		
Tracing requests, including cases of missing persons			Women	Minors
People located (tracing cases closed positively)		4		
	<i>including people for whom tracing requests were registered by another delegation</i>	4		
Documents				
Official documents relayed between family members across borders/front lines		2		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Detainees visited		25,582		
Detainees visited and monitored individually		66	2	1
Detainees newly registered		22		1
Number of visits carried out		43		
Number of places of detention visited		43		
Restoring family links				
RCMs collected		3		
RCMs distributed		3		
Phone calls made to families to inform them of the whereabouts of a detained relative		88		

* Unaccompanied minors/separated children

submitted in September 2010 and January 2011 relating to the welfare of detainees held in military/police custody. The aim was to ensure that all detainees benefited from conditions that complied with internationally recognized standards and the provisions of Algeria's Criminal Procedure Act. With the exception of the Justice Ministry, the authorities had yet to provide a substantive response at year-end.

Algerians continued to restore or maintain contact with family members, including those detained/interned abroad, through family-links services provided by the Algerian Red Crescent with ICRC support. These services provided valuable support to families seeking news of relatives in neighbouring countries experiencing armed conflict/unrest, such as Libya and Tunisia. They were also available to foreigners detained in Algeria, helping to prevent them from becoming isolated. Discussions with detaining authorities underscored the importance of family contact in ensuring detainees' psychological well-being and facilitating their eventual reintegration into family life.

To better understand the challenges facing migrants, ICRC delegates developed contacts with actors working with foreign communities or in the field of migration to examine how existing family-links services might be extended to migrants.

The ICRC continued to cooperate with civil and military authorities and representatives of civil society to promote IHL and build their understanding of the ICRC's work. In addition to conducting training and briefings for military personnel at the Cherchell Military Academy, it began working more closely with the national IHL committee to build IHL/international human rights law capacities among the police and academic circles. The ICRC encouraged IHL committee members, senior military personnel and academics to enhance their expertise, sponsoring them to participate in advanced courses abroad that better prepared them to pass on their knowledge.

Together with Movement partners, the ICRC remained committed to supporting the Algerian Red Crescent as it pursued major management and structural changes.

CIVILIANS

Algerian families used telephone and RCM services, facilitated by the Algerian Red Crescent with ICRC support (see *Red Cross and Red Crescent Movement*), to exchange news with relatives detained/interned in the US facility at Guantanamo Bay Naval Station in Cuba or in countries such as Iraq and receiving ICRC visits. Two families saw and spoke to their detained/interned relatives on several occasions through video/telephone calls facilitated by the ICRC. Others with family members detained in Tunisia, where widespread unrest had compromised prison security, received news from their relatives via the ICRC delegates who had visited them (see *Tunis*). Thanks to the tracing efforts of a National Society/ICRC team, one family learnt of the detention of a relative whom they had believed deceased for 16 years. They subsequently visited the person in prison.

Family-links services were also available to families with relatives residing in areas where armed conflict made communication difficult, as in Libya, and to former detainees/internees upon release (see *People deprived of their freedom*). An Algerian family whose relative had been killed in Libya had his personal belongings returned to them, as well as an official death certificate, which facilitated both the mourning process and administrative procedures relating to his death.

With the National Society preferring to maintain a tight focus on its family-links services, efforts to ensure a coordinated response to the needs of the region's vulnerable migrants focused on developing dialogue with representatives of foreign communities in Algeria and actors in the field of migration there (see *Civil society*). This enabled these groups to learn more about Movement family-links services at migrants' disposal. Such contacts drew the ICRC's attention to several sub-Saharan migrants who, lacking the documentation required to remain in Algeria or travel onwards, were stranded awaiting deportation. After being notified by ICRC delegates of their citizens' situation, the relevant diplomatic representations in Algeria were able to take measures to facilitate their repatriation.

Within the framework of the 2005 Charter of National Reconciliation, the Algerian authorities proceeded with the financial compensation

of the families of people unaccounted for from the internal strife of the 1990s. In this respect, they were reminded of the ICRC's readiness to share its experience to help them respond to the needs of such families. Their response had yet to be received.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees held in prisons under the authority of the Justice Ministry and in police/*gendarmerie* custody received visits from the ICRC, according to its standard procedures, to monitor their treatment and living conditions and respect for their judicial guarantees. Among those visited were security detainees transferred to Justice Ministry authority following the application of new regulations linked to the lifting of the state of emergency (see *Context*). Five weeks' notice was required by the authorities for all ICRC visits. Efforts continued to seek information about and gain access to people allegedly detained by Algeria's intelligence and security services.

During ICRC visits, foreign nationals received special attention given the particular risk of their becoming isolated. Those who wished to do so, informed their families, consular representatives, or local UNHCR representation of their situation through phone calls or notifications made or sent on their behalf by ICRC delegates.

Following visits, findings and recommendations were shared confidentially with authorities. Based on such feedback, the Justice Ministry and, at local level, prison personnel, magistrates and police and *gendarmerie* officers maintained dialogue with delegates on ways of improving detainees' conditions.

The ICRC pursued efforts to engage all relevant authorities in a sustained, confidential dialogue regarding the treatment and living conditions of people in military/police custody. A specific aim was to examine ways of ensuring systematic adherence to the provisions of the Criminal Procedure Act, with a view to reinforcing existing regulations on preservation of inmates' legal rights. To support such a dialogue, the authorities received a summary report in January 2011 to complement an earlier report submitted in September 2010, both covering key issues identified from 2008 to 2010. Despite preliminary discussions with the Foreign Affairs Ministry and continued dialogue with the Justice Ministry, no response had been received from other relevant ministries by year-end.

Despite the lack of substantive dialogue with some of the authorities at central level, the Justice Ministry expressed interest in an ICRC proposal to provide refresher training to magistrates, judicial police officers and health professionals in existing mechanisms designed to ensure the proper treatment of people remanded in custody or under interrogation.

Owing to operational priorities in neighbouring Libya/Tunisia which placed unforeseen demand on ICRC health resources, planned initiatives for health practitioners working with detainees were postponed until 2012.

Authorities take steps to improve conditions in prisons

Detainees in prisons, numbering some 57,000 across more than 130 facilities, continued to suffer the repercussions of severe overcrowding. In efforts to address the problem, the authorities made significant progress in their plans to construct 81 new prisons, already opening some, and sought to encourage the use of alternatives to imprisonment, such as community service, for minor

offences. Given the expressed intention of other international stakeholders to help the Algerian authorities develop alternative sentencing practices, the ICRC decided to wait until the scope of such projects was known before deciding whether to broaden its own support in this area. It maintained contact with relevant stakeholders to that end.

In the interim, individual prison directors benefited from ICRC advice on implementing short-term measures to improve conditions in existing facilities, such as enhanced aeration, better access to natural light and improved hygiene. At its request, the prison service received examples of when and how to apply restraining measures with detainees, based on the experience of other countries. Over the year, during their visits to some facilities, ICRC delegates noted certain improvements, including in relation to guard-detainee interaction, hygiene conditions and conditions of solitary confinement.

The ICRC also initiated discussion on the importance of facilitating interaction between detainees and their relatives outside prison, particularly for inmates held far from their homes. This highlighted the role family contact could play in ensuring both the detainees' psychological well-being while in prison and their successful reintegration into family life upon release.

Former detainees/internees receive support to ease their resettlement

Algerians released and repatriated following a period of detention/internment abroad benefited from ICRC follow-up to ensure their welfare. After talking to delegates about their situation, two former internees received cash assistance to facilitate legal proceedings and/or medical follow-up. Others were helped to obtain travel documents to return to their families.

AUTHORITIES

Efforts focused on deepening understanding of and support for the ICRC's mandate and activities among political decision-makers. In particular, diplomats and officials exchanged views with ICRC delegates on the humanitarian consequences of irregular migration and on regional security concerns, including the potential implications of the Libyan conflict. Dialogue, mainly with the Justice Ministry, continued with a view to improving detainees' conditions (see *People deprived of their freedom*).

Together with the ICRC, the authorities focused on building the capacities of relevant officials/institutions to incorporate IHL into national legislation. At a meeting on the Mine Ban Convention, organized by the national IHL committee for its members, participants learnt about the legislative aspects of implementing the instrument from an ICRC legal expert. Committee members also attended regional courses, including an ICRC meeting of experts in Beirut (see *Lebanon*). The committee's leadership and ICRC delegates explored ways to enhance cooperation, which resulted in a seminar for police officers (see *Armed forces and other bearers of weapons*). Encouraged to organize further such events, the committee undertook to train new parliamentarians, while delegates offered to put ICRC-developed model teaching materials at its disposal.

Twenty-one IHL instructors received training co-organized by the Algerian Magistrates School and the ICRC aimed at developing the school's ability to teach IHL independently. Four were selected to attend advanced training abroad in 2012.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

IHL had been formally integrated into the curriculum of military training facilities countrywide. The Defence Ministry and the ICRC continued working together to support such institutions, particularly the Cherchell Military Academy, in enhancing IHL knowledge and teaching quality throughout the armed forces. To strengthen teaching resources countrywide, the ministry's training unit was supplied with IHL documentation.

Nearly 200 officers increased their understanding of IHL during an ICRC seminar, boosting their capacities to pass on their know-how to colleagues. One high-ranking officer further advanced his skills at an expert course abroad. Among the junior ranks, some 400 cadets gained insight into basic IHL principles at an introductory briefing. Similarly, 26 police officers examined IHL principles and the appropriate use of force when maintaining order during a study day organized by the national IHL committee, the national police authority and the ICRC. Participants at these events became more aware of the ICRC's work in Algeria, particularly its efforts to support the authorities in reinforcing internationally recognized standards of detention.

CIVIL SOCIETY

Media, NGO, academic and religious circles continued to cooperate with the ICRC, helping to build mutual understanding and broaden support for the Movement's work.

Seventeen reporters debated IHL-related issues and the protection of journalists in armed conflict during a seminar hosted by Algeria News. Participants learnt about the ICRC's activities in the region and received related publications, enabling them to produce articles with greater accuracy. To further broaden awareness of IHL, a leading journalist agreed to contribute to the ICRC's widely circulated Arabic-language quarterly, *Al-Insani*, while members of a prominent religious organization compared IHL and Islamic law at an ICRC seminar.

In efforts to build IHL teaching capacities in universities, the national IHL committee's education sub-group invited the ICRC to explain its work to strengthen respect for IHL to 20 law-faculty deans at an event organized by the committee and the Justice Ministry. An ICRC-sponsored professor joined committee members at an IHL event abroad. A planned presentation to trainee magistrates was deferred to 2012.

Discussions with NGOs working with migrants provided greater understanding of the challenges facing migrants and the ways they might benefit from Movement family-links services (see *Civilians*). Among them was a women's association providing psychological support to the families of people missing at sea.

RED CROSS AND RED CRESCENT MOVEMENT

The ICRC remained committed to supporting the Algerian Red Crescent in regularizing its governance and operational structures according to the Fundamental Principles and the Seville Agreement and its Supplementary Measures. At an extraordinary general assembly in April, attended by ICRC, International Federation and Spanish Red Cross representatives, the National Society adopted key documents redefining its legal basis and internal structure. It submitted revised statutes to the International Federation/ICRC Joint Statutes Commission, which issued recommendations in August. In November, the National Society joined Movement partners at the 31st International Conference.

Meanwhile, the National Society continued to benefit from ICRC encouragement, advice and materials to enhance/broaden its family-links services in line with the Restoring Family Links Strategy for the Movement. While the hierarchy preferred not to develop activities for migrants for the time being, tracing personnel in individual branches worked with delegates on field missions to improve existing services, review unresolved cases and refine information-sharing procedures for greater efficiency. Such measures helped families receive timely news of relatives in countries experiencing unrest/conflict (see *Civilians*).

With the arrival of people fleeing the Libyan conflict, the National Society launched its own emergency operations with government backing, providing food and medical support.

BURUNDI



ICRC/AR, 2011
 + ICRC delegation + ICRC-supported prosthetic/orthotic centre

EXPENDITURE (IN KCHF)

Protection	1,529
Assistance	2,342
Prevention	339
Cooperation with National Societies	782
General	-

► **4,993**

of which: Overheads 305

IMPLEMENTATION RATE

Expenditure/yearly budget	91%
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PERSONNEL

Expatriates	14
National staff (daily workers not included)	52

KEY POINTS

In 2011, the ICRC:

- supported the authorities in reviewing the case files of several hundred detainees, leading to the release of some and thus contributing to a reduction in prison overcrowding
- worked with the authorities to improve the living conditions of over 11,400 detainees in 34 places of detention
- supported the efforts of the technical committee established to advise on the mandate and modalities of the Truth and Reconciliation Commission by organizing a three-day seminar on issues related to missing persons
- handed over to the authorities all projects to rehabilitate water supply systems, while supporting the National Society in implementing rehabilitation projects and an emergency assistance operation for flood victims
- provided training, financing, materials and expertise to help the Burundi Red Cross extend its RCM network to all 17 provinces
- built a new dormitory for the Saint Kizito physical rehabilitation centre, in addition to refurbishing its prosthetic/orthotic workshop and therapy facilities

The ICRC has been present in Burundi since 1962, opening its delegation there in 1999 to help people overcome the worst consequences of armed conflict. Owing to the progress in the peace process, ICRC assistance activities have been scaled down and now focus mainly on working with the prison authorities to ensure that detainees are treated according to internationally recognized standards. The ICRC also reinforces physical rehabilitation services, supports the Burundi Red Cross, notably in restoring links between separated family members, and supports the armed forces' efforts to train their members in IHL.

CONTEXT

Tensions and sporadic violence continued throughout the year. In September, a particularly bloody attack in a bar close to the capital reportedly resulted in around 40 fatalities and, following other incidents in the eastern part of the country, mass arrests were made. Some opposition leaders remained in exile, while opposition groups, civil society actors and sections of the media complained of extrajudicial killings, arbitrary arrests and intimidation. Many key issues remained to be resolved, including the reintegration of weapon bearers who had not been incorporated into the armed and security forces.

The Burundian government implemented several important measures. These included the decision to establish a Truth and Reconciliation Commission on the basis of a UN-supported national consultation process completed in December 2010 and the formation of an independent national human rights commission.

Burundi remained highly reliant on international support and continued to suffer from poverty, corruption and underdevelopment, a situation exacerbated by the rising price of essential commodities. Rapid population growth, driven not only by high birth rates but also by the return of former refugees from neighbouring countries, fuelled disputes over access to land.

ICRC ACTION AND RESULTS

In 2011, the ICRC continued to concentrate its efforts on assisting people affected by past conflict and on helping the authorities improve the conditions of detainees.

In 34 places of permanent and temporary detention, ICRC delegates visited over 11,400 detainees to monitor their treatment and living conditions, sharing their findings and recommendations confidentially with the authorities concerned through written reports and face-to-face discussions. This dialogue led to the review by the authorities of the case files of several hundred detainees, speeding up the judicial process after the correction of certain irregularities. Subsequently, a number of detainees were released, thereby easing overcrowding to a limited extent in some places of temporary detention. At the same time, the ICRC intervened in a more general way across the detention system, providing financial, material and technical assistance to improve inmates' living conditions, for example by enhancing sanitation facilities or covering the costs of most basic medicines for prison dispensaries.

To support the country's fledgling transitional justice process, the ICRC organized a seminar on issues relating to missing persons,

Main figures and indicators	PROTECTION	Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)				
RCMs collected		2,115	UAMs/SCs*	10
RCMs distributed		1,738		16
Reunifications, transfers and repatriations				
People reunited with their families		10		
	<i>including people registered by another delegation</i>	6		
Tracing requests, including cases of missing persons				
People for whom a tracing request was newly registered		57	Women	11
People located (tracing cases closed positively)		37		13
	<i>including people for whom tracing requests were registered by another delegation</i>	1		
Tracing cases still being handled at 31 December 2011 (people)		48	13	9
UAMs/SCs*, including unaccompanied demobilized child soldiers				
UAMs/SCs newly registered by the ICRC/National Society		7	Girls	3
UAMs/SCs reunited with their families by the ICRC/National Society		7		1
	<i>including UAMs/SCs registered by another delegation</i>	5		
UAM/SC cases still being handled by the ICRC/National Society at 31 December 2011		5	1	
Documents				
People to whom travel documents were issued		2		
Official documents relayed between family members across borders/front lines		1		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits				
Detainees visited		11,408	Women	
Detainees visited and monitored individually		793	20	30
Detainees newly registered		585	16	28
Number of visits carried out		148		
Number of places of detention visited		34		
Restoring family links				
RCMs collected		241		
RCMs distributed		351		
People to whom a detention attestation was issued		24		

* Unaccompanied minors/separated children

Main figures and indicators	ASSISTANCE	Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat				
Water and habitat activities	Beneficiaries	117,625	28%	45%
	<i>of whom IDPs</i>	2,100		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat				
Essential household items	Beneficiaries	13,466		
Water and habitat activities	Beneficiaries	10,478		
WOUNDED AND SICK				
Water and habitat				
Water and habitat activities	Number of beds	200		
Physical rehabilitation				
Centres supported	Structures	1		
Patients receiving services	Patients	2,493	79	2,323
New patients fitted with prostheses	Patients	2		2
Prostheses delivered	Units	2		2
New patients fitted with orthoses	Patients	81	3	77
Orthoses delivered	Units	123	4	118
Crutches delivered	Units	20		
Wheelchairs delivered	Units	4		

which was attended by high-level representatives of the authorities, including the judiciary, and by representatives of family associations and other civil society stakeholders. Recommendations originating from the event, for example those relating to the management of human remains, were included in the final report of the technical committee charged with making recommendations for the creation of the Truth and Reconciliation Commission.

With ICRC support, the Burundi Red Cross established its own water and sanitation department and took responsibility for the

management of two projects to enhance the lives of impoverished communities. Other such projects implemented by the ICRC in partnership with local communities were handed over to the water authorities after their staff received training in maintaining the new infrastructure. Following further progress, the National Society also achieved its objective of assuming full responsibility for the collection and distribution of RCMs in all 17 of the country's provinces, compared with 9 in 2010. The National Society further strengthened its capacities in the fields of emergency preparedness, first aid and communication. Dozens of emergency

brigades were formed during the year, some of them contributing to the humanitarian response aimed at assisting several hundred people affected by flooding.

The Saint Kizito physical rehabilitation centre and the ICRC continued to work together to reinforce services for those requiring them, with the construction of a new wing that included a dormitory, allowing the centre to accommodate patients living further away. Work also progressed on improving facilities such as the prosthetic/orthotic workshop and ensuring the long-term financial sustainability of the centre.

As part of its efforts to reinforce understanding of and respect for basic humanitarian principles and the Movement's mandate, the ICRC pursued dialogue with national and local authorities, international organizations, NGOs and other members of civil society. Similarly, it provided technical advice and training support to the government and the armed forces in their efforts to integrate IHL into national legislation and military training and doctrine respectively.

CIVILIANS

Civilians gain access to reliable water supplies

Some 110,000 people living in areas where water facilities had been destroyed or damaged during past conflict, or had become dilapidated after years of neglect, accessed safer and more plentiful supplies after the ICRC, in partnership with local water boards or the users themselves, finished work to extend and repair water infrastructure. Local water boards in rural and urban areas took over responsibility for maintenance of the completed projects during ceremonies attended by local authority representatives. Both urban and rural water board members continued to reinforce their maintenance skills at ICRC training sessions.

Some 5,500 civilians also benefited from rehabilitation projects designed and implemented by the National Society's newly established water and sanitation department, set up with ICRC support in the form of training, materials and technical guidance.

Separated relatives restore contact

Family members dispersed while fleeing past fighting in Burundi or neighbouring countries, including Burundian refugees in or returning from the United Republic of Tanzania, Burundian nationals detained in the United Republic of Tanzania and Congolese and Rwandan refugees in Burundi, restored contact through the tracing and RCM services run by the ICRC and the Burundi Red Cross. For the first time, civilians could use National Society services across the country, as staff and volunteers collected and distributed RCMs autonomously in all of the country's 17 provinces (see *Red Cross and Red Crescent Movement*). According to their expressed wishes, seven unaccompanied children were reunited with their families, three in Burundi itself and four in neighbouring countries. The children were given essential items to ease their reintegration into the family unit.

Families of missing persons benefit from ICRC expertise

In the framework of the country's transitional justice process, representatives of the Presidency, the Supreme Court, the technical committee newly appointed to advise on the establishment of a Truth and Reconciliation Commission, the diplomatic community and international organizations, as well as civil society actors, including NGOs and family associations, attended a three-day seminar organized by the ICRC to discuss issues relating to

missing persons. Recommendations arising from the event, for example on human remains management, were included in the final report by the national technical committee aiming to pave the way for the formation of the Truth and Reconciliation Commission.

PEOPLE DEPRIVED OF THEIR FREEDOM

Over 11,400 detainees in 34 places of permanent and temporary detention received visits, conducted in accordance with the ICRC's standard working procedures, enabling delegates to monitor their treatment and living conditions and ensure they complied with internationally recognized standards. Around 800 security detainees were followed up individually, and particular attention was paid to the situation of vulnerable inmates, such as women, children and foreigners. Many of these inmates restored and maintained contact with relatives in Burundi and abroad through the RCM service.

Detainees obtain improved living conditions

Based on these visits, the authorities received confidential feedback and written reports from the delegation, including, as necessary, recommendations for improvements. After receiving such reports and engaging in ongoing dialogue with the ICRC, the Ministries of Justice and of Public Security agreed as a priority to improve judicial processes, as well as living conditions, in five places of detention under their jurisdiction. This resulted in the authorities reviewing the files of several hundred detainees, correcting numerous irregularities, speeding up the judicial process, enabling the release of a number of detainees and thus contributing to a limited reduction in overcrowding. The authorities also acted on other ICRC recommendations, providing separate accommodation for dozens of minors and extra beds for elderly inmates.

In addition, the authorities received general reminders of the need to increase the budgets for the administration of places of temporary detention and for the prison service. They also received direct ICRC support in improving detainees' health and hygiene across the penitentiary system. Inmates gained improved access to quality health care through prison dispensaries, where the delegation covered 80% of the costs of basic medicines. Similarly, people held in temporary lock-ups received medical attention in nearby public health centres that received extra stocks for this purpose from the ICRC. Detainees accessed treatment or support services relating to malaria, TB and HIV/AIDS thanks to ongoing technical, material and financial support to the prison health authorities and NGOs providing specific services, such as voluntary screening or counselling or training for peer educators using ICRC-provided materials. Meanwhile, more than 13,000 inmates in 20 places of permanent and temporary detention enjoyed a healthier and cleaner environment following improvements to water, sanitation and kitchen facilities and the distribution of soap for inmates' personal use. Detainees also benefited from disinfection and hygiene-promotion campaigns conducted by prison sanitation teams and the ICRC, which helped contain outbreaks of dysentery and cholera.

WOUNDED AND SICK

Patients of the Saint Kizito physical rehabilitation centre in Bujumbura enjoyed increased access to better-quality services following measures implemented with ICRC support in the framework of a three-year plan of action agreed by the two organizations in 2010. In the course of 2011, the prosthetic/orthotic workshop and physio/electrotherapy facilities were both rehabilitated and

furnished with new equipment, while staff worked on drafting and then implementing treatment protocols and technical guidelines. People will be able to travel to the centre for treatment from a wider geographical area thanks to the construction of a new wing housing a dormitory offering accommodation and sanitation facilities to patients, as well as a dining area, a consultation room and offices to provide greater privacy and a more professional working environment. During the year, 2,493 patients benefited from physical rehabilitation services at the centre.

To ensure the long-term independence and financial sustainability of the centre, several steps were taken to maximize its efficiency. These included providing personnel with training, including abroad, and equipment to produce more reliable and affordable devices on-site using the ICRC's polypropylene technology, contacting suppliers to explore the use of less expensive materials and importing them at lower cost from abroad.

Although a National Society campaign to promote the centre was postponed, potential patients, potential donors, government representatives and NGOs in similar fields were able to better acquaint themselves with what Saint Kizito had to offer during an open day held on the International Day of Persons with Disabilities (3 December).

AUTHORITIES

The relevant national authorities received further advice on ratifying IHL treaties and on incorporating their provisions into domestic law. For example, at a workshop on Additional Protocol III, they examined the benefits and technical aspects of ratifying the instrument. The authorities also received a copy of the African Union (AU) Convention on IDPs to enable them to study the instrument in depth. Following receipt of a model law on the Convention on Cluster Munitions in 2010, they were encouraged to press ahead with implementing the treaty at national level. Some 40 female parliamentarians reinforced their understanding of the ICRC's services in relation to IHL implementation during a one-day training course.

National and local authorities countrywide attended meetings and presentations organized with the aim of fostering respect for basic humanitarian principles and boosting support for the ICRC and the Burundi Red Cross. Representatives of regional and international organizations and the ICRC met regularly to exchange information on their respective activities.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

Following the signing in 2010 of an agreement to implement a joint plan of action, the Ministry of Defence and the ICRC stepped up efforts to integrate IHL into all aspects of Burundi's military training and operations. As an important part of the process, some 20 high-ranking officers from all five military regions, including the chief of the general staff, participated in an intensive, three-week course certifying them as IHL instructors. As well as enabling the officers to teach IHL to their counterparts, the course better positioned them to help integrate IHL into Burundi's military doctrine, which was another aspect of the joint action plan. One of the officers trained went on to attend an advanced military IHL course in South Africa (see *International law and cooperation*). In addition, the head of Burundi's military academy and the ICRC held a working session focusing on the incorporation of IHL into all military exercises held by the academy.

Three of the officers who had attended the three-week ICRC course subsequently acted as instructors in training sessions for Burundian contingents participating in the AU Mission in Somalia. During these ICRC-led briefings, a total of 45 officers, 160 commissioned officers and 645 soldiers strengthened their understanding of IHL prior to their deployment in Somalia.

CIVIL SOCIETY

Influential representatives of civil society, including journalists and religious and traditional leaders received information about humanitarian issues, better placing them to raise public awareness and support for the Movement's work. During an interactive briefing, members of national and international NGOs learnt more about the status of and protection afforded to children, highlighting in particular the rights of minors in detention, while members of two local human rights organizations received a general briefing on IHL, the Movement and relevant humanitarian issues.

Students from public and private universities continued to conduct research on IHL at the delegation's library, which regularly took delivery of up-to-date resource materials. One university received a standard IHL library of its own. The organization of local IHL conferences for students and lecturers and sponsorship of their participation in conferences abroad did not take place owing to stakeholders' lack of availability.

RED CROSS AND RED CRESCENT MOVEMENT

With significant financial, material and technical support from the ICRC, the Burundi Red Cross continued to reinforce its capacities in the fields of restoring family links, emergency preparedness and promotion of IHL.

Building on progress made in recent years and in the framework of the Restoring Family Links Strategy for the Movement, the National Society collected and distributed RCMs in all 17 of the country's provinces, compared with 9 in 2010. To help achieve this goal, eight National Society branches received equipment from the ICRC to support information management, while volunteers received appropriate training.

National Society personnel also attended a train-the-trainer course in disaster management and first aid, where they learnt how to integrate the ICRC's Safer Access approach into operational procedures. This facilitated the creation of 66 emergency brigades in six provinces enabling the National Society to respond to the needs of hundreds of flood victims. Also instrumental in the relief effort was the National Society's newly established water and sanitation department set up with ICRC support (see *Civilians*).

Communication staff received training in integrating first-aid instruction into campaigns promoting humanitarian principles in order to raise awareness of life-saving techniques in rural areas. Volunteers working with children affected by armed conflict and other situations of violence shared their experiences with and learnt from representatives of other National Societies at an international conference on the subject held in Geneva, Switzerland. The Burundi Red Cross reported on all these activities via strengthened communication channels, including a new website launched in May.

Movement partners met regularly to coordinate their activities and help strengthen the National Society's structures.

Main figures and indicators		PROTECTION		Total	
CIVILIANS (residents, IDPs, returnees, etc.)					
Red Cross messages (RCMs)					
RCMs collected				107	UAMs/SCs* 3
RCMs distributed				112	1
Reunifications, transfers and repatriations					
People reunited with their families				33	
			<i>including people registered by another delegation</i>	10	
People transferred/repatriated				1	
Tracing requests, including cases of missing persons					
People for whom a tracing request was newly registered				34	Women 3
People located (tracing cases closed positively)				18	Minors 17
			<i>including people for whom tracing requests were registered by another delegation</i>	10	
Tracing cases still being handled at 31 December 2011 (people)				27	3 11
UAMs/SCs,* including unaccompanied demobilized child soldiers					
UAMs/SCs newly registered by the ICRC/National Society				32	Girls 15
UAMs/SCs reunited with their families by the ICRC/National Society				32	16 6
			<i>including UAMs/SCs registered by another delegation</i>	9	
UAM/SC cases still being handled by the ICRC/National Society at 31 December 2011				12	4 3
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits					
Detainees visited				1,208	Women
Detainees visited and monitored individually				68	1 2
Detainees newly registered				49	1 2
Number of visits carried out				104	
Number of places of detention visited				31	
Restoring family links					
RCMs collected				9	
RCMs distributed				1	
Detainees released and transferred/repatriated by/via the ICRC				18	

* Unaccompanied minors/separated children

Main figures and indicators		ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)						
Economic security, water and habitat						
Food		Beneficiaries	62,779	30%	50%	
		<i>of whom IDPs</i>	46,141			
Essential household items		Beneficiaries	23,689	20%	60%	
		<i>of whom IDPs</i>	23,689			
Agricultural, veterinary and other micro-economic initiatives		Beneficiaries	70,077	30%	50%	
Water and habitat activities		Beneficiaries	60,375	30%	45%	
		<i>of whom IDPs</i>	6,000			
Health						
Health centres supported		Structures	1			
Average catchment population			12,000			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)						
Economic security, water and habitat						
Food		Beneficiaries	155			
Essential household items		Beneficiaries	2,447			
Water and habitat activities		Beneficiaries	600			

groups, wherever feasible, and met regularly with local authorities and community leaders, reinforcing humanitarian messages via the media. At central level, the ICRC provided political and military authorities with legal expertise and training support to better integrate IHL into national legislation and military training, and maintained regular contact with regional/international organizations such as ECCAS.

In parts of the north and south-east, ICRC/National Society teams distributed food and essential household items to people displaced by fighting and to communities hosting them. Those people able to access farmland, including IDPs, resumed crop farming using ICRC seed and tools, helping boost their self-sufficiency. In more stable north-western areas, the ICRC donated bicycles/carts to village associations, which used them to offer community

members affordable transportation to markets and health facilities. In Paoua, where stockbreeding was the chief occupation, the ICRC renovated a veterinary pharmacy and provided training and drugs/supplies to staff, helping ensure pastoralists had reliable access to animal health services.

To improve living conditions and public health in the south-east and more stable northern areas, the ICRC/National Society worked alongside communities to construct/repair water points, latrines and accommodation where such infrastructure was dilapidated/damaged, alleviating the strain on resources. Training for communities in hygiene awareness and maintenance of these facilities encouraged sustainability. As part of its efforts to strengthen community-based health resources in the south-east, the ICRC launched a project with the Health Ministry to combat malaria.

Within four months, 1,940 patients had obtained treatment from newly trained community health workers.

Dispersed relatives re-established contact through Movement tracing/RCM services. In particular, 32 children rejoined their families in the CAR or abroad, including some formerly associated with armed groups.

An agreement with three ministries in January formalized the ICRC's longstanding visits to detainees, although full, systematic access had yet to materialize by year-end. Delegates continued to support the authorities in ensuring that inmates' treatment and living conditions met internationally recognized standards, focusing on their judicial guarantees and access to food, hygiene and health care. In particular, the Justice Ministry took initial steps to reduce lengthy pre-trial detention and to improve the national system through which detention facilities received their food budgets. Malnourished inmates in one facility required ICRC nutritional supplements throughout the year.

With ICRC funds, materials and training, the Central African Red Cross Society adopted a new strategic development plan and strengthened its management, while continuing to reinforce its emergency response and communication capacities. It deployed 400 first-aiders to provide cover during elections and established 10 new first-aid brigades.

Close coordination with Movement partners and other humanitarian actors working locally helped ensure that humanitarian needs were met while avoiding duplication.

CIVILIANS

Violence and looting affected people in several regions, with villages burnt and civilians reportedly wounded, subjected to sexual violence, abducted or killed. Though not all conflict-affected people could be reached (see *ICRC action and results*), some approached the ICRC to report alleged IHL violations. Delegates consolidated their dialogue with authorities and weapon bearers, including, wherever feasible, representatives of armed groups, reminding them of their responsibilities under IHL and other applicable law to protect civilians and humanitarian/medical missions. The parties concerned by documented allegations received confidential oral/written representations from the ICRC with the aim of preventing further abuses and obtaining safe Movement access to people in need.

Conflict-affected families receive relief and support in rebuilding their lives

Armed clashes, violence, banditry and related insecurity forced villagers to seek refuge, often empty-handed, in town centres or outlying bush. This limited their access to farmland and placed strain on host communities already exploiting meagre resources. Where security permitted, affected communities benefited from various ICRC relief and/or livelihood-support initiatives to boost their coping capacities. ICRC-trained National Society volunteers contributed to the implementation of these activities, reinforcing their operational capacities in the process.

To better equip them in precarious conditions, 23,689 newly displaced people (4,002 households) countrywide received essential household items. Following clashes near Ndélé, for example, IDPs scattered among 20 villages received mats, tarpaulins, pans and water-storage containers.

In the south-east, 46,141 IDPs, residents and returnees (12,036 households) whose usual food sources were stretched or inaccessible received a one-month supply of food four times during the year, helping cover their immediate needs. Similarly, 16,638 IDPs (3,626 households) in volatile northern parts, some newly uprooted and others displaced months before, were provided with one-off, one-month food rations to tide them over between harvests. Where appropriate, these families, like others with safe access to farmland (31,508 people/7,297 households in total), began farming again using ICRC-provided staple/cash-crop seed and tools.

In more stable north-western areas, where IDPs and refugees progressively returned home and residents struggled to make ends meet, initial efforts focused on stimulating the local economy by encouraging communities to diversify/increase their sources of income through micro-economic and marketing initiatives. However, a review revealed that profit-making activities had limited appeal in the local culture, casting doubts over their impact. The ICRC refocused its activities to meet wider community needs. As such, 66 village associations received bicycles, carts and/or cereal mills, which they hired out to provide affordable transport to markets and health facilities or to maximize groundnut production, benefiting 38,189 people (7,728 households).

In Paoua, where many households relied on stockbreeding, 380 pastoralists and their families gained more reliable access to animal health care after the ICRC renovated the local veterinary pharmacy and donated drugs/materials to revitalize its services. To help ensure service quality and sustainability without further external support, staff enhanced their animal health knowledge and business management skills at courses organized with the national stockbreeding federation.

Conflict-affected communities see improved access to water, sanitation and shelter

In more stable northern areas, returnees and residents grappled with damaged/dilapidated water and sanitation systems and accommodation. In the south-east, any such infrastructure was scarce, and conditions exacerbated by the presence of IDPs. With help from National Society/ICRC teams, some 60,000 people in the worst-affected areas were better able to cover these basic needs.

As such, 56,890 rural and urban dwellers, including IDPs and communities hosting them, enjoyed access to sufficient clean water after the ICRC constructed/repared local wells and boreholes and harnessed springs, taking measures to protect open sources from contamination. To ensure the facilities' upkeep, local committees were established and trained to undertake routine maintenance. In parallel, communities (some 45,000 people) learnt good hygiene practices to minimize health risks during National Society presentations run with ICRC training, financial and material support. Some of their members constructed latrines in homes, schools and health facilities with materials and guidance from ICRC engineers, benefiting some 8,000 people.

Over 3,400 people whose homes sustained damage during clashes began rebuilding/repairing them using ICRC-provided construction materials.

Community-based health resources strengthened in conflict-affected south-eastern areas

Malaria was prevalent. Resource constraints nevertheless prevented government health services from providing adequate care.

In a pilot initiative developed with the Health Ministry and a specialist NGO aimed at establishing a sustainable malaria-control mechanism, 10 community health workers in Obo acquired the skills to diagnose malaria and provide basic treatment. Launching a home service, they conducted 3,078 consultations and treated 1,940 patients between September and December.

In March, an ICRC assessment in south-eastern CAR and neighbouring Province Orientale (see *Democratic Republic of the Congo*) confirmed that communities there experienced psychological distress and social difficulties linked to local patterns of violence/chronic insecurity and that their needs usually went unmet. Accordingly, research/initial training began in both countries with a view to creating an effective psychological/social support network comprising community members. This would complement existing efforts to support the successful reintegration of formerly abducted persons in the framework of Movement family-links services (see below).

Elsewhere, health facilities in volatile areas received drugs and other supplies to help them respond to any influx of wounded patients. A hospital in Bangui received similar support as a precaution against election-related violence.

Family members dispersed by conflict re-establish/maintain contact

IDPs and other people separated from their families, including Sudanese refugees still present in the north-east since fleeing Darfur in 2007, reconnected with relatives through National Society/ICRC tracing and RCM services. Special attention was paid to children without a parent or other adult guardian. By year-end, 32 unaccompanied children had rejoined their families, including 6 formerly associated with armed groups.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees across the country, including some held by armed groups, received visits according to standard ICRC procedures, enabling delegates to monitor their treatment and living conditions. Those detained for reasons of State security were followed up individually. Vulnerable inmates, such as women and children, received special attention. Some inmates used RCMs to communicate with family members. Following visits, the authorities received confidential oral/written feedback and, where relevant, recommendations for improvements.

Dialogue continued with the government and armed groups to obtain ICRC access to all detainees in their custody. Such discussions resulted in an agreement with the Defence, Security and

Justice Ministries formalizing the ICRC's longstanding visits to people held in permanent and transitory detention under these ministries' authority. In practice, full access to all such detainees had yet to become systematic by year-end.

Eighteen weapon bearers captured by an armed group were transferred to government authorities by the ICRC, acting as a neutral intermediary at the request of the parties concerned.

Authorities supported in ensuring detainees' conditions meet internationally recognized standards

Despite resource constraints, the prison authorities worked with the ICRC to improve detainees' conditions, particularly relating to their judicial guarantees and access to adequate food, health care and hygiene.

After examining an ICRC-compiled list of 54 individuals whose time in pre-trial detention had exceeded the legal limit, the Justice Ministry promptly organized hearings, resulting in the release of several inmates.

As detainees continued to suffer health problems associated with a poor diet, discussions continued on how best to allocate the penitentiary food budget to ensure inmates countrywide were fed as well as possible. In first steps towards improving the situation, the Justice Ministry modified the mechanism by which detention facilities received funds for food, regulating cash flow and therefore food supply. Inmates in major facilities continued to undergo regular ICRC nutritional health monitoring throughout the year, with 155 inmates receiving high-energy dietary supplements.

Some 480 detainees were assured of adequate treatment for common ailments following donations of essential drugs/consumables to two prison dispensaries. Three further dispensaries received a final, similar one-off donation to cover inmates' needs for six months, giving the authorities time to mobilize their own resources. In parallel, medical staff benefited from on-the-job training/advice to help them adhere to national protocols. This aimed, among other things, to ensure inmates had access to national HIV/AIDS and TB prevention/treatment programmes.

As in previous years, international actors contributing to national penitentiary/judicial reform sought ICRC expertise when planning related construction projects. In two facilities where dilapidated infrastructure posed urgent health risks, 600 inmates regained a healthier environment after the ICRC restored water, sanitation

PEOPLE DEPRIVED OF THEIR FREEDOM	CAR	ARMED GROUPS
ICRC visits		
Detainees visited	1,195	13
Detainees visited and monitored individually	55	13
	<i>of whom women</i>	1
	<i>of whom minors</i>	2
Detainees newly registered	49	
	<i>of whom women</i>	1
	<i>of whom minors</i>	2
Number of visits carried out	101	3
Number of places of detention visited	29	2
Restoring family links		
RCMs collected	9	
RCMs distributed	1	
Detainees released and transferred/repatriated by/via the ICRC		18

and/or waste-disposal systems to working order. To help them maintain good hygiene habits, 2,447 detainees received personal hygiene/cleaning materials, backed by National Society/ICRC-run hygiene-education sessions.

AUTHORITIES

A growing network of national/local authorities countrywide strengthened dialogue with the ICRC through regular meetings. Similarly, representatives of regional/international bodies, including the African Union (AU), ECCAS and UN agencies, shared humanitarian concerns and explored ways of cooperating to promote IHL. Such interaction, twinned with supporting publications, enhanced these audiences' understanding of the Movement and humanitarian principles, contributing to wider support for National Society/ICRC activities.

The government continued to benefit from ICRC legal input to assist it in ratifying/implementing outstanding IHL instruments and in enforcing existing legislation, such as that governing use of the Movement's emblems. Accordingly, it ratified the AU Convention on IDPs and began working to incorporate the relevant provisions into domestic law. Meanwhile, the ad hoc committee tasked with establishing a permanent IHL committee to oversee implementation pursued constructive discussions with delegates regarding the technicalities of the process. A planned regional IHL meeting for government/Central African Economic and Monetary Community representatives was postponed.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

Heightened insecurity in parts of the CAR reinforced the need to familiarize all weapon bearers with IHL and the Movement's neutral, impartial and independent humanitarian stance. Through bilateral and group briefings, training and tailored information materials, members of the armed forces and armed groups operating in volatile areas improved their grasp of these topics. Incoming MICOPAX contingents similarly deepened their understanding of humanitarian principles prior to their deployment. During such encounters, participants were reminded of their responsibilities to protect civilians and to allow humanitarian workers unrestricted access to conflict-affected people (see *Civilians*).

In parallel, the armed forces continued to draw on ICRC expertise to improve the integration of IHL into their training programmes. Relevant ministries were encouraged to invest more heavily in developing the forces' IHL committee, which lacked the support it needed to fulfil its role in this regard. Meanwhile, at Bangui's military academy, cadets examined basic IHL principles and some 70 senior officers reinforced their existing IHL knowledge at workshops incorporating ICRC presentations and materials. Moreover, two colonels had the opportunity to participate in advanced IHL courses abroad thanks to ICRC funding.

CIVIL SOCIETY

In efforts to gain support for IHL and the Movement among opinion-makers, over 1,250 community representatives, including religious leaders, increased their awareness of these topics during ICRC/National Society briefings and culturally adapted events countrywide. A play developed and performed by the National Society's theatre group with ICRC input, for example, demonstrated to villagers in remote, violence-affected northern regions how Movement personnel applied the principles of neutrality, impartiality and independence when attending to wounded people during armed confrontations.

Meanwhile, local media had access to ICRC press releases/conferences and radio interviews, alerting them to humanitarian concerns and associated Movement activities in order to encourage regular and accurate coverage. Journalists furthered their knowledge by taking part in ICRC-run field trips, interviewing people who had previously benefited from Movement initiatives. Resulting articles and radio spots, and an ICRC film illustrating its assistance initiatives in the south-east, helped build support among the general public.

In academic circles, the University of Bangui and the National School of Administration and Magistracy continued to cooperate with the delegation to teach IHL to future decision-makers. As such, law students had the opportunity to debate IHL issues at ICRC-facilitated discussion groups. Unfortunately, no lecturers were available to attend regional IHL seminars during the year.

RED CROSS AND RED CRESCENT MOVEMENT

Besides gaining field experience alongside ICRC delegates (see above), the Central African Red Cross strengthened its core competencies with ICRC funds, materials, training and expertise. Such support enabled it to finalize and adopt a new strategic development plan in consultation with communities countrywide. Regular meetings involving Movement partners working in the CAR served to harmonize their respective assistance approaches and lines of support to the National Society.

Six priority branches benefited from expert input to strengthen their governance and income-generating activities. The aim was to better prepare them to help implement planned ICRC activities, such as a psychological support initiative in the south-east (see *Civilians*). Meanwhile, senior central- and branch-level personnel underwent training in effectively managing first-aid and communication programmes, and the family-links coordinator received the necessary equipment to maintain case confidentiality. Personnel in Kotamalé (Bamingui-Bangoran) acquired newly constructed offices.

Under a contingency plan devised with national Independent Electoral Commission, International Federation and ICRC backing, the National Society deployed nearly 400 first-aiders to potential flashpoints surrounding January's elections. By year-end, it had established 10 new first-aid brigades appropriately equipped and trained by the ICRC.

Similarly aided by the ICRC and the International Federation, National Society personnel worked to generate grassroots support. For example, they organized weekly national radio spots to deepen understanding of the Movement and, through an awareness-raising campaign in Bangui, resolved 90 cases of misuse of its emblems.

CHAD



EXPENDITURE (IN KCHF)

Protection	3,474
Assistance	6,585
Prevention	1,710
Cooperation with National Societies	1,142
General	-

► **12,910**

of which: Overheads 788

IMPLEMENTATION RATE

Expenditure/yearly budget	80%
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PERSONNEL

Expatriates	28
National staff (daily workers not included)	129

KEY POINTS

In 2011, the ICRC:

- monitored the general conditions and treatment of 4,244 detainees in 19 detention facilities, including, for the first time, inmates of Koro Toro high-security prison in northern Chad
- allowed Chadian migrant workers fleeing unrest in Libya to contact relatives, also documenting alleged IHL violations
- increased the quality of care for people requiring emergency surgery, including those injured by weapons and explosive remnants of war, through ongoing support at Abéché Regional Hospital
- restored the mobility and dignity of 4,538 patients with disabilities, many of whom were victims of past fighting, via prosthetic/orthotic and physiotherapy support projects
- briefed over 4,500 military and security personnel on IHL/international human rights law in training centres, command posts or the field
- provided livelihood assistance to almost 29,400 people affected by past conflicts in eastern and southern Chad

The ICRC has operated in Chad since 1978. With armed conflict in Chad subsiding, the ICRC has scaled back its emergency activities to focus mainly on providing surgical care in the east and treatment to amputees countrywide. The ICRC continues to visit detainees and restores links between separated family members, mainly refugees from neighbouring countries. The ICRC also pursues long-standing programmes to promote IHL among the authorities, armed forces and civil society and supports the Red Cross of Chad.

CONTEXT

During presidential and parliamentary elections, incumbent president Idriss Déby and his ruling party, the Mouvement Patriotique du Salut, were re-elected.

Tens of thousands of Chadian migrant workers in Libya, fleeing violence and instability, continued to return home and place strain on Chad's infrastructure and resources. Epidemics, most particularly of cholera and meningitis, also stretched the capacities of the public sector. Meanwhile, Chad continued to host refugees from both Sudan and the Central African Republic (CAR).

The joint Chadian-Sudanese military force established in 2010 continued to operate along Chad's eastern border with Sudan. The region remained free of armed conflict, although cases of banditry continued to be reported.

The government released the majority of Chad's security detainees, along with a number of common-law inmates, in a government amnesty marking the 50th anniversary of Chad's independence.

ICRC ACTION AND RESULTS

Reflecting changing priorities on the ground, the ICRC adapted its activities to meet emerging humanitarian needs in northern Chad, while maintaining a presence in eastern and southern areas still dealing with the consequences of armed conflict but no longer directly affected by fighting.

The ICRC monitored the situation of and assisted Chadian civilians affected by armed conflict and other situations of violence. With the support of the ICRC and the Red Cross of Chad, several tens of thousands of Chadian migrant workers returning home to escape unrest and subsequent armed conflict in Libya contacted their families upon arrival. The ICRC also confidentially documented some reports of IHL violations, passing on details to the delegation in Libya for follow-up. Refugees in eastern and southern camps continued to use the family-links service. The needs of unaccompanied or separated children, including those formerly associated with armed groups, remained a priority. Some 43 minors who had been living in transit and orientation camps rejoined their families with the help of the ICRC.

Communities in areas of southern and eastern Chad formerly affected by armed conflict continued to rebuild or reinforce their livelihoods with the help of small-scale ICRC assistance projects.

Main figures and indicators	PROTECTION	Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		1,805	89	
RCMs distributed		1,601	36	
Phone calls facilitated between family members		5,916		
Reunifications, transfers and repatriations				
People reunited with their families		44		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		92	11	27
People located (tracing cases closed positively)		113		
	<i>including people for whom tracing requests were registered by another delegation</i>	8		
Tracing cases still being handled at 31 December 2011 (people)		96	15	36
UAMs/SCs*, including unaccompanied demobilized child soldiers			Girls	Demobilized children
UAMs/SCs newly registered by the ICRC/National Society		15	3	9
UAMs/SCs reunited with their families by the ICRC/National Society		43		40
UAM/SC cases still being handled by the ICRC/National Society at 31 December 2011		15	6	
Documents				
Official documents relayed between family members across borders/front lines		6		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Detainees visited		4,244		
Detainees visited and monitored individually		241		2
Detainees newly registered		229		2
Number of visits carried out		44		
Number of places of detention visited		19		
Restoring family links				
RCMs collected		40		
RCMs distributed		21		
Phone calls made to families to inform them of the whereabouts of a detained relative		174		
People to whom a detention attestation was issued		307		

* Unaccompanied minors/separated children

Main figures and indicators	ASSISTANCE	Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat				
Food	Beneficiaries	15	24%	60%
Essential household items	Beneficiaries	5,637		
Agricultural, veterinary and other micro-economic initiatives	Beneficiaries	29,396	92%	
Water and habitat activities	Beneficiaries	1,500		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat				
Food	Beneficiaries	845		
Essential household items	Beneficiaries	3,294		
Agricultural, veterinary and other micro-economic initiatives	Beneficiaries	217		
Water and habitat activities	Beneficiaries	1,820		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	1		
	<i>of which provided data</i>	Structures	1	
Patients whose hospital treatment has been paid for by the ICRC	Patients	181		
Admissions	Patients	1,256	258	294
	<i>of whom weapon-wounded</i>	Patients	85	3
	<i>(including by mines or explosive remnants of war)</i>	Patients	9	2
	<i>of whom other surgical cases</i>	Patients	1,171	
Operations performed		1,106		
Physical rehabilitation				
Centres supported	Structures	2		
Patients receiving services	Patients	4,538	826	1,902
New patients fitted with prostheses	Patients	161	25	14
Prostheses delivered	Units	412	60	36
	<i>of which for victims of mines or explosive remnants of war</i>	Units	313	
New patients fitted with orthoses	Patients	172	21	123
Orthoses delivered	Units	467	64	318
	<i>of which for victims of mines or explosive remnants of war</i>	Units	46	
Crutches delivered	Units	985		
Wheelchairs delivered	Units	93		

Returnees received grants to set up businesses, oxen or goats to help replenish livestock, or seed and tools to grow their own food. Community animal health workers learnt or refreshed their skills in caring for livestock.

ICRC delegates visited 4,244 detainees in 19 detention facilities, 241 of whom were monitored individually. In May and November, the ICRC visited security detainees in the Koro Toro high-security detention facility in northern Chad. At two other facilities, severely malnourished security detainees continued to undergo ICRC nutritional feeding until their release in January as part of the government's amnesty programme. Across Chad, newly released security detainees falling within the ICRC's purview received, as needed, food, clothing, help in covering short-term lodging expenses or the cost of journeys home and attestations of detention. After running a workshop on health and sanitation in detention with prison authorities and other relevant parties, the ICRC worked with them to assess conditions in a number of detention facilities, discussing how to bring them into line with internationally recognized standards. In situations requiring immediate intervention, the ICRC provided direct support to improve water and sanitation conditions, repairing existing facilities and/or constructing new ones as required.

The ICRC continued to help Abéché Regional Hospital, as the only referral health facility for some 2 million people, enhance its capacities. In addition to maintaining its mobile surgical team there, the ICRC improved the quality of patient care by paying the salaries of two local physiotherapists. It improved infrastructure where needed and provided medical supplies, equipment and staff training. Beginning a three-year project with the Health Ministry, an ICRC training nurse worked with the Abéché Health College directorate to improve the institute's curricula and equipment and the quality of the training. The ICRC also maintained support for Chad's two physical rehabilitation centres while seeking to persuade the Chadian authorities to increase their investment in such services.

The ICRC continued to encourage the government to adopt two draft bills – one on sanctions against IHL abuses and the other on protection of the red cross emblem. Meanwhile, dialogue with authorities, weapon bearers and key civil society groups aimed to boost knowledge and acceptance of IHL, the ICRC and its neutral, impartial and independent stance. More than 4,500 military and security personnel in training centres, command posts or the field participated in IHL briefings and workshops.

With ICRC support, the Chadian Red Cross strengthened its capacities and built up its infrastructure. Movement partners met regularly to coordinate their activities in the country.

CIVILIANS

The ICRC monitored, as far as possible, the situation of Chadian civilians affected by former armed conflict or other situations of violence. Authorities and weapon bearers were reminded, as necessary, of their obligations under IHL to protect and respect civilians. The issue of recruitment of minors into fighting forces was discussed with the relevant parties.

Some Chadian migrants returning from Libya met delegates in private to present allegations of IHL violations in Libya, for follow-up by the Libyan delegation.

Vulnerable civilians rebuild livelihoods and receive essential items

In southern Chad, formerly displaced communities returning to villages in Kounoh and Korbol were largely able to restore their economic independence with assistance from the National Society/ICRC that benefited 550 households (2,750 people). Households headed by men received oxen and carts for ploughing fields and transporting their harvest. Households run by women received goats, providing them with milk and meat to consume or sell. Collectives managed by women developed income-generating projects. Some bought fresh fish locally, smoked them and sold them on to shopkeepers in towns.

In eastern Chad, the ICRC completed assistance projects suspended in 2010 owing to security and access issues, complementing these with training and capacity-building initiatives. Over 40 community animal health workers acquired or refreshed basic veterinary skills in courses run by local authorities and the ICRC. Workers also received veterinary surgical kits, while 40,000 vaccine doses were supplied to veterinary authorities for distribution. Consequently, 2,664 households (13,320 people) enjoyed healthier livestock.

Some 2,686 rural households (13,326 people) grew crops again with ICRC-provided seed and tools. Thus, in six villages in Assoungaha, families saw significant increases in the surface area cultivated, despite the late arrival of rains. Communities with small vegetable plots outside Abéché benefited from ICRC-supported courses in composting techniques.

Vulnerable members of the Abéché and N'Djamena communities, including people with serious illnesses/disabilities and orphaned children, benefited from essential household items, in some cases provided via local civil society organizations.

Relatives keep in touch

Separated family members restored or maintained contact with relatives, with the help of the National Society and the ICRC. Thousands of Chadians repatriated from Libya and arriving in Faya Largeau phoned or otherwise contacted relatives. In camps in the east and south of Chad, refugees (mostly from Sudan and the CAR) also benefited from family-links services.

Addressing the needs of unaccompanied and/or separated children remained a priority. In total, 43 children, 40 of whom had formerly been associated with fighting forces, were reunited with their families by the National Society/ICRC.

Sixteen National Society volunteers enhanced their skills in providing family-links services during ICRC-conducted training sessions. As ICRC-appointed volunteers from the refugee community stepped up their family-links activities in camps, the ICRC funded the construction of traditional huts (*tukuls*) to accommodate them. Training in human remains management for National Society personnel was cancelled owing to the relatively calm situation in Chad.

PEOPLE DEPRIVED OF THEIR FREEDOM

A total of 4,244 detainees in 19 places of detention, including 241 monitored individually, received visits from ICRC delegates. Visits were carried out according to the ICRC's standard procedures. In all places of detention visited, delegates monitored inmates' treatment and general living conditions. Security detainees, including those held in northern Chad's Koro Toro high-security prison (visited in May for the first time and again

in November), were followed up individually. After all visits, the authorities and the ICRC discussed the findings in confidence. Where necessary, the ICRC recommended solutions for compliance with international standards. Meanwhile, the ICRC continued to seek access to all detainees falling within its mandate.

The ICRC notified the authorities of any minors formerly associated with an armed group being held in detention, with a view to arranging their integration into the national demobilization programme. When requested by foreign detainees, the ICRC notified their consulates or UNHCR of their detention.

Additionally, the ICRC facilitated contact between detainees and their families via the exchange of RCMs and the transmission of some 174 short oral greetings (*salamats*).

Malnourished and newly released detainees assisted

Severely malnourished security detainees in two detention facilities continued to receive ICRC-supplied food supplements in the form of high-calorie biscuits and a peanut-based nutritional paste until their release at the end of January as part of the prisoner amnesty programme. As necessary, security detainees freed from various facilities under the amnesty had their transport and lodging costs covered and/or were given clothing and food for their journey home. Detainees who had been receiving treatment for cholera received follow-up care with ICRC support, while amputees were transferred to the ICRC-supported CARK (Centre d'Appareillage et de Rééducation à Kabalaye) physical rehabilitation centre in N'Djamena (see *Wounded and sick*). Some 300 of the detainees who had been released also received, upon request, attestations of detention.

Water and sanitation conditions assessed and improved

In January, representatives of the prison authorities and other relevant bodies from across Chad participated in an ICRC-organized workshop in N'Djamena on health, water and hygiene conditions in detention. During subsequent ICRC visits to some places of detention, the prison authorities, with ICRC delegates, assessed water and sanitation infrastructure. The ICRC discussed with the authorities any work required to align detainees' living conditions with international standards. Where immediate intervention was required, together with the prison authorities, the ICRC undertook some water and sanitation work, helping 1,820 detainees through projects such as well-drilling, repairs to sanitation facilities and rehabilitation of wastewater disposal systems.

To further reduce health risks and ease daily living conditions, 3,294 detainees received essential household items such as blankets, mats, mosquito nets, soap and detergent. In September, three volunteers from the Red Cross of Chad were trained by the ICRC to teach inmates about hygiene and sanitation. These volunteers then participated in a presentation on cholera prevention for detainees in one high-risk facility.

WOUNDED AND SICK

Trauma and other patients receive treatment

Emergency surgical cases from across eastern Chad received treatment from the seven-person ICRC mobile surgical team at Abéché Regional Hospital, the sole referral facility for around 2 million people. The hospital received medical supplies and equipment from the ICRC. The steady reduction in the number of weapon-wounded people brought about by the end of armed conflict in eastern Chad allowed the ICRC team to treat more surgical emergencies unrelated to armed conflict.

The hospitalization and treatment of 181 patients was paid for by the ICRC. A total of 85 of these patients were weapon-wounded, including 9 patients admitted with injuries inflicted by mines/explosive remnants of war (ERW), 2 of whom were children. Destitute patients were treated free of charge at the hospital. Recovering patients enjoyed an enhanced level of care following the appointment of two assistant physiotherapists trained and paid by the ICRC. They conducted almost 2,500 physiotherapy sessions. Some 100 medical staff attended sessions discussing the benefits of physiotherapy for patients.

During the cholera epidemic (see *Context*), the regional health authorities in Abéché received seven tents for the hospital's treatment centre, plus oral rehydration salts and chlorine.

Hospital facilities and training enhanced

Patients at Abéché Regional Hospital benefited from a better environment and more effective services following the installation of a new generator to ensure an independent electricity supply for operating theatres, improvements to the water supply, construction of new ramps to provide easier access for emergency room patients, and the building of an incinerator block for waste disposal.

Medical staff at the hospital attended ICRC-organized training sessions teaching key competencies such as emergency surgery skills. At the Abéché Health College, seven teachers prepared courses and organized practical sessions under the permanent guidance of an ICRC teaching nurse deployed there since 2010 as part of a three-year joint training project run with the Chadian Health Ministry. Some 176 students thus benefited from enhanced theoretical and practical training thanks to the support provided to the centre. The college also received training DVDs, printed materials, books, and numerous medical and non-medical items for practical studies.

Patients with weapon and mine/ERW injuries receive long-term care

More than 4,500 patients with disabilities, mainly resulting from past mine or weapon-related incidents, received treatment at Chad's two physical rehabilitation centres – the CARK and the MNDP (Maison Notre Dame de la Paix) in Moundou. Patients in both centres were fitted with appliances made from ICRC-supplied components. In the CARK, the treatment costs of over 350 destitute patients were paid by the ICRC, which also covered transport costs for 88 patients and 26 caretakers transferred to the centre from the north and east of Chad. Approximately 412 prostheses were produced, 313 for mine/ERW victims.

In the MNDP, the installation of a new ventilation system made life more comfortable for patients. At the CARK, significant rehabilitation work in the second half of the year led to a more suitable environment for both technicians and patients. To increase the quality of services, seven ICRC-supported students continued a three-year course in Togo to obtain prosthetic/orthotic qualifications, while five qualified technicians honed their skills during a one-month course there.

Dialogue and coordination continued

The ICRC continued to urge the Chadian authorities to increase investment in the country's physical rehabilitation services and, in May, the State secretary of the Ministry of Public Health visited the CARK. Dialogue with NGOs specializing in assisting people with disabilities also contributed to strengthen support

for physical rehabilitation services. A radio broadcast boosted public awareness of physical rehabilitation work at the centres, while the International Day of People with Physical Disability, marked by the ICRC team in Moundou, raised the profile of people with special needs.

AUTHORITIES

Despite the high level of political activity in Chad, including preparations for parliamentary and presidential elections in February and April respectively, the government engaged in dialogue with the ICRC on the adoption of IHL-related legislation. In particular, the government sought IHL input for two draft bills – one protecting the red cross emblem (developed together with the National Society), and one to repress gross violations of IHL. The former was among issues discussed during a meeting between the Chadian president and Movement partners in May.

The African Union registered Chad's ratification of the Convention on IDPs, while discussions on the ratification of the Economic Community of West African States Convention on Small Arms and Light Weapons, their Ammunition and other Related Materials were ongoing during meetings with the relevant authorities.

Regular contact with Chadian local authorities, the diplomatic community and humanitarian organizations aimed to enhance understanding of and support for IHL, the work of the Movement and the Fundamental Principles. In September/October for example, the ICRC conducted a mission in the south of Chad to maintain/renew contact with the authorities in the area.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

Over 4,500 military and security personnel, from recruits to officers and instructors, enhanced their understanding of IHL, international human rights law and the work of the Movement during presentations, briefings and seminars at training schools and regional command centres, and for operational units. Briefings, often conducted with Chadian military instructors in order to further IHL integration, focused upon the protection of civilians and humanitarian workers seeking to reach people in need. Some sessions catered to command-level staff of bodies such as the Presidential Guard, *Détachement Intégré de Sécurité*, the police, the *gendarmerie*, and the *Garde Nationale et Nomade du Tchad*. Units of the mixed Chadian-Sudanese border force also attended IHL sessions.

A four-day IHL seminar in N'Djamena, attended by officers from various military forces was covered on Chadian television and radio. Troops in the field learnt more about IHL and the Movement via broadcasts on the armed forces' radio.

Given the relatively calm political situation and the absence of any violent dissidence on Chadian territory, no briefings for armed groups were held in 2011.

CIVIL SOCIETY

Influential figures within Chadian society, including religious and traditional leaders, artists and musicians, learnt more about IHL and the work of the Movement during ICRC briefings.

Radio remained a key medium through which to relay messages about the work of the ICRC and changing priorities on the ground, especially in those regions where the ICRC's presence had been scaled back in 2010. Representatives of radio stations in

N'Djamena participated in an IHL seminar aimed at facilitating/improving their reporting on related issues. Radio and TV broadcast journalists regularly informed the public about the range of assistance projects supported by the organization, based on ICRC-supplied information.

In April, the participation of 30 staff, predominantly law professors, from the *Université Roi Fayçal* in N'Djamena in a briefing on IHL and the Movement strengthened ICRC contacts with academia.

RED CROSS AND RED CRESCENT MOVEMENT

The Chadian Red Cross continued to receive ICRC funds, materials, training and technical back-up to boost governance and management skills, promote the adoption of a law protecting the emblem (see *Authorities*) and restore family links (see *Civilians*). For example, National Society volunteers in Faya Largeau, where Chadians were arriving upon their return from Libya, received ICRC training to reinforce their capacities to provide family-links services. Volunteers also continued a campaign to cull deadly scorpions there.

With ICRC support, construction work continued on several new National Society branch offices in order to boost its response capacities nationwide. Similarly, branches received first-aid kits from the ICRC to enable them to respond to any election-related needs.

To maximize the impact of aid efforts, Movement partners active in Chad took part in regular coordination meetings and jointly contributed to the cholera epidemic response. The signing in November of a partnership framework agreement between the National Society and the ICRC clarified cooperation activities until the end of 2014.

As the National Society's president was nominated as head of the National Electoral Committee, he stood aside from his National Society post, ensuring compliance with the Movement's statutes and the principles of neutrality, impartiality and independence.

CONGO, DEMOCRATIC REPUBLIC OF THE



EXPENDITURE (IN KCHF)

Protection	14,461
Assistance	35,423
Prevention	4,464
Cooperation with National Societies	1,434
General	-

► **55,783**

of which: Overheads 3,396

IMPLEMENTATION RATE

Expenditure/yearly budget	88%
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PERSONNEL

Expatriates	90
National staff (daily workers not included)	708

KEY POINTS

In 2011, the ICRC:

- strengthened its dialogue with weapon bearers to gain their support for IHL and to facilitate safe humanitarian access to victims of armed conflict or other situations of violence
- helped 496,577 longer-term IDPs, returnees and residents recover/preserve their food/economic security through livelihood-support initiatives, while improving access to water/sanitation for 335,531 such people
- with the National Society, in the Kivus and/or Province Orientale provided 18,345 IDPs/returnees with emergency food rations, and 113,425 with essential household items
- reunited 897 unaccompanied children with their families, including 399 formerly associated with armed groups, backed by initiatives to support such children's successful reintegration
- supplied and supported 44 counselling centres providing psychological support to victims of sexual violence in the Kivus
- prepared the National Society to mobilize effective first-aid services countrywide during election-related violence

Having worked in the country since 1960, the ICRC opened a permanent delegation in Zaire, now the Democratic Republic of the Congo, in 1978. It meets the emergency needs of conflict-affected IDPs and residents, provides them with the means to become self-sufficient and helps ensure that the wounded and sick receive adequate care, including psychological support. It visits detainees, helps restore contact between separated relatives (reuniting children with their families where appropriate) and supports the National Society's development. It also promotes knowledge of and respect for IHL and international human rights law among the authorities.

CONTEXT

The humanitarian and security situation in the Democratic Republic of the Congo (DRC) remained volatile, with increased stability in some areas offset by fresh violence elsewhere.

Armed conflict and violence persisted in parts of the east and north-east. In the Kivus, fighting affected people in hard-to-reach areas. Hitherto calm areas witnessed a resurgence of activity by armed groups towards year-end. Military operations against armed groups in these regions continued, sometimes backed by the UN Organization Stabilization Mission in the DRC (MONUSCO). In Province Orientale, the movements of weapon bearers, including elements of the Lord's Resistance Army, continued to fuel insecurity.

The localized fighting and insecurity continued to take its toll on civilians, who reported serious abuses at the hands of weapon bearers. These factors, combined with land-use tensions, caused ongoing displacement. Many IDPs sought refuge in host communities already struggling with scarce resources and public services. In Province Orientale, the impact/constant fear of brutal attack or abduction undermined communities' capacities to pursue normal lives.

Efforts to reorganize/reform the armed forces and integrate members of armed groups remained fragile. A restructuring of the military presence in the Kivus occasioned the temporary withdrawal of some contingents from conflict zones, causing a lull in confrontations in some areas.

Despite relative calm in Equateur, refugees who had fled ethnic violence there in 2009 remained reluctant to return home from neighbouring Congo (see Yaoundé). Meanwhile, economic migrants streamed into Kasai Occidental upon deportation from Angola, many without news of relatives left behind.

Having dominated the country's political discourse throughout the year, presidential/parliamentary elections took place in November amid localized violence. The results were contested owing to allegations of fraud and shortcomings in the organization of the electoral process.

ICRC ACTION AND RESULTS

Amid a volatile security situation fraught with logistical constraints, the ICRC maintained a multidisciplinary approach, developing/adapting its activities in efforts to protect and assist people affected by conflict/violence and chronic insecurity.

Main figures and indicators		PROTECTION	Total		
CIVILIANS (residents, IDPs, returnees, etc.)					
Red Cross messages (RCMs)				UAMs/SCs*	
RCMs collected			42,566	1,313	
RCMs distributed			36,399	1,059	
Names published in the media			107		
Reunifications, transfers and repatriations					
People reunited with their families			931		
		<i>including people registered by another delegation</i>	41		
People transferred/repatriated			6		
Tracing requests, including cases of missing persons				Women	Minors
People for whom a tracing request was newly registered			344	41	218
People located (tracing cases closed positively)			329		
		<i>including people for whom tracing requests were registered by another delegation</i>	51		
Tracing cases still being handled at 31 December 2011 (people)			299	37	182
UAMs/SCs*, including unaccompanied demobilized child soldiers				Girls	Demobilized children
UAMs/SCs newly registered by the ICRC/National Society			1,027	284	431
UAMs/SCs reunited with their families by the ICRC/National Society			897	253	399
		<i>including UAMs/SCs registered by another delegation</i>	37		
UAM/SC cases still being handled by the ICRC/National Society at 31 December 2011			589	213	90
Documents					
People to whom travel documents were issued			5		
Official documents relayed between family members across borders/front lines			13		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits				Women	Minors
Detainees visited			15,686		
Detainees visited and monitored individually			1,728	31	60
Detainees newly registered			1,113	22	45
Number of visits carried out			406		
Number of places of detention visited			126		
Restoring family links					
RCMs collected			2,890		
RCMs distributed			2,067		
People to whom a detention attestation was issued			47		

* Unaccompanied minors/separated children

Main figures and indicators		ASSISTANCE	Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)					
Economic security, water and habitat					
Food		Beneficiaries	37,740	36%	33%
		<i>of whom IDPs</i>	31,060		
Essential household items		Beneficiaries	115,025	39%	41%
		<i>of whom IDPs</i>	113,425		
Agricultural, veterinary and other micro-economic initiatives		Beneficiaries	496,577	39%	38%
		<i>of whom IDPs</i>	367,072		
Water and habitat activities		Beneficiaries	335,531	27%	36%
		<i>of whom IDPs</i>	30,000		
Health					
Health centres supported		Structures	32		
Average catchment population			234,595		
Consultations		Patients	149,204		
		<i>of which curative</i>		62,703	57,646
		<i>of which ante/post-natal</i>		18,079	
Immunizations		Doses	142,541		
		<i>of which for children aged five or under</i>	136,137		
		<i>of which for women of childbearing age</i>	6,404		
Referrals to a second level of care		Patients	8,113		
Health education		Sessions	1,409		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
Economic security, water and habitat					
Food		Beneficiaries	6,674		
Agricultural, veterinary and other micro-economic initiatives		Beneficiaries	271		
Water and habitat activities		Beneficiaries	9,052		

Main figures and indicators	ASSISTANCE	Total	Women	Children
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	7		
	<i>of which provided data</i>	4		
Patients whose hospital treatment has been paid for by the ICRC	Patients	160		
Admissions	Patients	17,549	8,042	7,017
	<i>of whom weapon-wounded</i>	195	24	2
	<i>(including by mines or explosive remnants of war)</i>	2		
	<i>of whom other surgical cases</i>	2,153		
	<i>of whom medical cases</i>	11,101		
	<i>of whom gynaecological/obstetric cases</i>	4,100		
Operations performed		2,698		
Outpatient consultations	Patients	16,007		
	<i>of which surgical</i>	751		
	<i>of which medical</i>	13,982		
	<i>of which gynaecological/obstetric</i>	1,274		
First aid				
First-aid posts supported	Structures	4		
	<i>of which provided data</i>	4		
Wounded patients treated	Patients	29		
Water and habitat				
Water and habitat activities	Number of beds	230		
Physical rehabilitation				
Centres supported	Structures	5		
Patients receiving services	Patients	634	110	43
New patients fitted with prostheses	Patients	138	27	11
Prostheses delivered	Units	356	65	29
	<i>of which for victims of mines or explosive remnants of war</i>	45		
New patients fitted with orthoses	Patients	20	3	
Orthoses delivered	Units	57	7	2
	<i>of which for victims of mines or explosive remnants of war</i>	5		
Crutches delivered	Units	522		
Wheelchairs delivered	Units	23		

The Red Cross Society of the DRC remained a key partner in carrying out operations, capitalizing on ICRC financial support, materials and training to reinforce its assistance, family-links and communication capacities.

The ICRC strengthened contacts with weapon bearers, conducting extensive briefings to increase respect for IHL/international human rights law, including in the framework of military reform. This served to remind them of their responsibilities to respect civilians and medical/humanitarian personnel and infrastructure. In parallel, delegates worked with government representatives to advance national IHL implementation. Alongside the National Society, the ICRC also worked with the media to raise awareness of humanitarian principles and the Movement's neutral, impartial and independent humanitarian action countrywide, particularly ahead of elections.

In the Kivus, Province Orientale and Equateur, people benefited from a range of activities to boost their coping capacities. With the National Society, the ICRC distributed relief goods to families newly displaced or returned. Where possible, they helped IDPs, returnees and struggling residents recover self-sufficiency by distributing seed/tools with which to resume agricultural production, or by employing them to rehabilitate housing, roads or airstrips through cash/food-for-work programmes. In more stable parts of the Kivus, National Society/ICRC teams supported livelihood consolidation, contributing training, material and financial support to boost the activities of farming, fishing and veterinary associations, and pursuing a livestock health campaign. To reduce public health risks,

they worked with water authorities and communities to improve urban and rural water/sanitation infrastructure, while closing a three-year initiative to raise hygiene awareness in South Kivu.

To help ensure access to health services in volatile areas, the ICRC provided supplies, equipment and/or staff training to hospitals, health centres and physical rehabilitation centres, enabling vulnerable patients to obtain free treatment. Victims of sexual violence could seek help at 44 ICRC-supported counselling centres, while community-based presentations promoted the services available.

Thousands of dispersed relatives reconnected using Movement tracing/RCM services. Special care was taken to reunite separated/unaccompanied children with their families, including those formerly associated with armed groups. National Society/ICRC community-based initiatives aimed to better protect children following reunification and support their reintegration into family/community life. Besides social initiatives, these involved alerting children to the dangers of recruitment and community representatives to their role in reducing associated stigma.

ICRC delegates visited detainees to monitor their treatment and living conditions. The organization continued to support nutritional programmes in seven prisons, helping stabilize malnutrition and related mortality rates. To further reduce health risks, it conducted urgent renovations to water, sanitation and kitchen infrastructure and donated drugs/medical supplies to prison dispensaries. Constructive dialogue with the Justice Ministry resulted in an increase in the prison food budget.

Besides partnering the ICRC in the field, the DRC Red Cross received support to strengthen its capacities to respond to humanitarian needs independently. Together they prepared a contingency plan in case of election-related violence, enabling the National Society to mobilize effective first-aid cover when violence erupted.

CIVILIANS

Civilians continued to suffer the consequences of armed clashes and insecurity. ICRC delegates documented allegations of IHL/human rights violations, including physical/sexual violence, recruitment of children by fighting forces and looting of medical facilities. To prevent such abuses, the ICRC endeavoured to expand its contacts with weapon bearers. Representatives of the armed forces/some armed groups strengthened their dialogue with delegates, who stressed their responsibilities under applicable law, particularly the respect due to civilians and medical/humanitarian missions. Where necessary, they received oral/written representations regarding documented allegations. Military commanders in the Kivus introduced a system to remind troops of their obligations.

Conflict/violence-affected people benefit from relief, livelihood support and improved water/sanitation facilities

Vulnerable civilians benefited from a combination of National Society/ICRC initiatives designed to help them recover/preserve their food and economic security and adequate living conditions. The National Society received training, funds and materials to develop its capacities to conduct assistance operations, from planning to evaluation.

In the Kivus and Province Orientale, families uprooted by violence, or newly returned home, received relief to help cover immediate needs. In total, 113,425 IDPs (22,685 households) in both regions were given essential household items, and 18,345 (3,669 households) in the Kivus one-off food rations, helping sustain them until they could establish themselves.

Where circumstances permitted, longer-term IDPs, returnees and other struggling community members had help to regain self-sufficiency. In Equateur, the Kivus and Province Orientale, 68,474 IDP/returnee farming families (342,370 people) received staple/cash-crop seed and tools with which to resume their livelihoods. In isolated regions, 5,692 people were remunerated in cash and 2,543 in food for reconstructing/rehabilitating housing, access roads or airstrips, providing immediate means with which to support their families (24,610/12,715 people respectively) and wider community benefits, including easier market/humanitarian access.

In more stable areas of the Kivus, communities worked to consolidate their livelihoods through agricultural/veterinary initiatives run alongside cooperatives and State agencies, with the ICRC contributing funds, training and equipment. Members of 130 local associations (4,550 people) grew disease-resistant cassava, distributing the cuttings to farming families faced with disease-induced crop failure, benefiting 48,835 people (9,767 households) in total. A further 6,408 farming households (32,040 people) benefited similarly, for example to minimize the spread of bacterial disease affecting banana plantations. While cash-crop seed was mainly directed to IDPs/returnees kick-starting agricultural production (see above), 1,850 established market-gardening families (9,250 people) received inputs to increase their yields. In South Kivu, 6,365 pastoralist households (31,830 people) had their cattle vaccinated, bringing towards a close an ICRC-supported campaign begun in 2009 to improve livestock health. Local veterinary agencies, now requiring

minimal ICRC back-up, prepared to pursue such activities independently. To boost fish farming as an alternative source of protein and revenue, 1,150 households (5,750 people) received food and 275 (1,375 people) cash for rehabilitating fishponds in support of 31 fishing associations (2,725 people/545 households).

Boosting access to water/sanitation remained a core component of ICRC efforts to improve conditions for conflict-affected communities, benefiting 335,531 people. The involvement of water authorities, National Society personnel and communities helped ensure facilities' upkeep. With that aim, 20 water-board staff enhanced their network management expertise on an ICRC course. Residents of Bukavu, Goma and Uvira began to benefit from the rehabilitation of city water supply infrastructure, intended to serve a catchment population of 520,000 on completion in 2012. Elsewhere in the Kivus and in Province Orientale, some 235,000 rural dwellers saw their water supply increase with the construction/rehabilitation of pipelines, spring catchments and water points. Communities in South Kivu completed a three-year initiative conducted with the DRC/Swedish Red Cross Societies to reduce hygiene-related health risks, broadening the local latrine network and hygiene awareness.

Civilians in the Kivus, including victims of sexual violence, access health services

Security/resource constraints limited health services in the Kivus. Accordingly, 32 health centres received ICRC support in delivering government-recommended standards of curative, ante/post-natal and child care, including treatment/referral services for victims of sexual violence and unaccompanied children. Ongoing staff supervision complemented regular donations of drugs, medical materials and equipment. Fifteen centres also received ad hoc supplies to ensure the care of influxes of patients, or to resolve shortages caused by looting or supply-chain problems. Meanwhile, health workers bolstered their abilities to diagnose/treat prevalent diseases during Health Ministry/ICRC training courses, and obtained logistical support to extend the reach of national immunization campaigns (142,541 doses administered).

Victims of sexual violence obtained psychological support, or referral advice, at 44 counselling centres run with sustained ICRC financial/advisory back-up. Five centres underwent renovations. Particularly vulnerable patients, such as those facing pregnancy and/or family rejection, received cash assistance and/or baby-care items. Community-based presentations enabled the local population to learn about the services available to victims, the importance of prompt post-exposure prophylaxis treatment, and the stigma potentially linked to sexual assault.

An ICRC assessment in Province Orientale and neighbouring parts of the Central African Republic (see *Central African Republic*) confirmed that communities there experienced psychological distress and social difficulties linked to local patterns of violence/insecurity and that their needs usually went unmet. Accordingly, research/initial training began in both countries aimed at creating an effective community-based psychological/social support network. This would complement existing efforts to support the reintegration of children formerly associated with armed groups (see below).

Dispersed relatives, including children, reconnect

People uprooted by armed conflict, including refugees and separated/unaccompanied children, used Movement RCM and tracing services to restore/maintain contact with relatives. In particular,

897 unaccompanied children, including 399 formerly associated with armed groups, rejoined family within the DRC or abroad; where necessary, they received clothes or other practical assistance to ease their reintegration. Whenever possible following reunification, families received ICRC follow-up visits to monitor the child's well-being.

Meanwhile, the National Society drew on ICRC materials, funds and expertise to assess prevailing family-links needs and adapt its services accordingly. Initiatives began in two communities to better protect children following reunification and support their reintegration into family/community life. In North Kivu, children acquired vocational skills on local association courses and participated in National Society-run recreational activities, improving their future prospects and encouraging social interaction. At National Society/ICRC-led discussion sessions, vulnerable children learnt about the dangers of recruitment, while community representatives examined their role in reducing stigma affecting children linked with fighting forces. Meanwhile, 930 children awaiting family reunification in host families and seven transit centres benefited from donations of food, clothes, hygiene materials and/or medicines to ensure their care.

By year-end, preparations were under way to open an office in Kasai Occidental to address the family-links needs of migrants from Angola (see *Context*).

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees, including people awaiting transfer from the MONUSCO-run Demobilization, Disarmament, Repatriation, Resettlement and Reintegration process, received visits from the ICRC, conducted according to its standard procedures, to monitor their treatment and living conditions. Inmates on State security charges, women and children received special attention. During visits, detainees communicated with relatives using RCMs. Feedback and, where necessary, recommendations arising from such visits were shared with the authorities confidentially.

Dialogue aimed at securing access to all detainees continued, drawing on allegations of arrest transmitted to ICRC delegates.

To better safeguard judicial guarantees, prison authorities in Bas Congo identified procedures for monitoring inmates' legal status during ICRC workshops. More widely, the authorities resolved the situation of 129 individuals whose trials/release were overdue based on ICRC-supplied information.

Inmates enjoy improved nutrition, health care and hygiene

Through a nutritional programme, 6,674 detainees (monthly average: 3,360 inmates) in seven facilities had their regular meals

supplemented with ICRC-supplied food rations, while distributions of firewood bolstered cooking capacities. Among them, 422 severely malnourished inmates received high-energy biscuits. These inputs, alongside regular health monitoring, helped stabilize malnutrition and associated mortality rates. Some 271 detainees enjoyed fresh vegetables farmed in prison gardens using ICRC seed, fertilizer and tools.

Meanwhile, prison authorities and delegates worked on securing the penitentiary food-supply chain. Drawing on ICRC recommendations, the Justice Ministry obtained an increase in the food budget and regulated the allocation of funds to individual prisons.

Detainees also saw improvements in health care thanks to donations of drugs/medical supplies to 12 medical facilities serving prisons, backed by training in medical stock management for selected health workers. Efforts continued to encourage the authorities to extend national HIV/AIDS, TB and malaria prevention programmes to inmates countrywide. Reducing their exposure to hygiene-related health hazards, 9,052 detainees benefited from critical renovations to water, sanitation and kitchen infrastructure and, where necessary, received soap/cleaning materials.

With ICRC encouragement, several international stakeholders joined in efforts to improve detainees' conditions. The Justice Ministry established a working group to coordinate streams of activity.

WOUNDED AND SICK

Armed confrontations and other violence, particularly in areas lacking health infrastructure, sometimes made it difficult for sick and weapon-wounded people to obtain adequate treatment.

National Society branches received ICRC training, funds and equipment to boost their capacities to administer/teach first aid and to help the authorities manage human remains. Such preparations ensured that, during election-related violence, the injured were promptly transferred to hospital, and the dead to mortuaries.

In the Kivus, weapon bearers developed their first-aid skills through National Society/ICRC training (see *Armed forces and other bearers of weapons*), better positioning them to administer first-level care. At secondary level, seven hospitals received drugs, medical supplies, equipment and staff training, focusing on waste-disposal, sterilization and hygiene control. Repairs to water/sanitation systems and incinerators in 12 facilities (230 beds) helped ensure safe/hygienic conditions for patients. Casualties unable to afford the required treatment had their expenses covered by the ICRC.

PEOPLE DEPRIVED OF THEIR FREEDOM	DRC	MONUSCO
ICRC visits		
Detainees visited	15,674	12
Detainees visited and monitored individually	1,716	12
	<i>of whom women</i>	31
	<i>of whom minors</i>	60
Detainees newly registered	1,101	12
	<i>of whom women</i>	22
	<i>of whom minors</i>	45
Number of visits carried out	397	9
Number of places of detention visited	123	3
Restoring family links		
RCMs collected	2,890	
RCMs distributed	2,067	
People to whom a detention attestation was issued	47	

Some 634 people left physically disabled by conflict, including amputees, obtained free limb-fitting services at five ICRC-supported prosthetic/orthotic centres. Those travelling from afar had their transport/accommodation costs covered. To support service provision, centres were supplied with prosthetic/orthotic components and mobility aids, including 522 crutches and 23 wheelchairs.

AUTHORITIES

National, provincial and local authorities and parliamentarians, as well as diplomats and representatives of MONUSCO and regional bodies, kept abreast of the ICRC's activities and concerns during round-tables/briefings. These helped deepen their support for the ICRC's neutral, impartial and independent humanitarian action, particularly in the run-up to elections. Frequent contact with humanitarian actors at central and field level complemented these efforts and facilitated coordination.

In efforts to encourage national implementation of IHL, ministerial officials studied the relevance of that body of law to the DRC context, and reviewed instruments pending their ratification/implementation, at ICRC presentations. Such events and bilateral discussions contributed to National Assembly votes to ratify the Convention on Cluster Munitions and the African Union Convention on IDPs. The Health Ministry and National Society/ICRC personnel discussed ways of promoting legislation designed to protect use of the Movement's emblems.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

Military/police commanders and representatives of some armed groups consolidated dialogue with ICRC delegates. Besides increasing opportunities for operational briefings (see below), this served to facilitate humanitarian/medical access to people affected by conflict or other situations of violence and to remind weapon bearers of their responsibilities to protect civilians (see *Civilians*).

Such dialogue formed part of wider efforts to encourage weapon bearers to act in compliance with humanitarian principles. To that end, national military/police IHL instructors honed their teaching skills during ICRC courses, and some worked alongside ICRC delegates to relay humanitarian messages to troops. Through briefings at training institutions or in the field, sometimes combined with first-aid training (see *Wounded and sick*), members of military/security forces or armed groups gained a better understanding of IHL and/or international human rights law, as applicable, and the Movement's specific role. Among them were over 5,500 army officers preparing for deployment to the Kivus under the military reorganization. Key stakeholders in security sector reform, including the European Union and MONUSCO, maintained contact with the ICRC to ensure a coherent approach to the incorporation of IHL into national training programmes, contributing tailored materials to support delegates in training/briefing particular groups.

CIVIL SOCIETY

Building broad awareness and acceptance of the Movement and its emblems remained essential to secure humanitarian access to people in need. National Society branches worked with the ICRC to that end, receiving funds, guidance and materials to boost their communication capacities, including via media partnerships. Media representatives drew on National Society/ICRC briefings, press releases/conferences and field trips to report regularly on humanitarian issues and Movement initiatives. To enhance such

coverage, journalists from five provinces sharpened their reporting skills at workshops highlighting the diverse challenges facing humanitarian workers in the DRC. Ahead of the elections, television/radio stations broadcast two National Society spots underscoring the Movement's neutral, impartial and independent humanitarian stance.

Meanwhile, during meetings with ICRC delegates, human rights NGOs and community leaders shared humanitarian concerns and learnt more about IHL and the ICRC's work to protect vulnerable civilians/detainees. Such contacts helped launch community-based activities aimed at protecting children at risk of recruitment by fighting forces (see *Civilians*).

The Education Ministry and 14 universities joined forces with the ICRC to promote IHL/the Movement among young people. Thus, students learnt about ICRC activities in the DRC at lectures, increased their understanding of customary IHL at a seminar, and tackled IHL scenarios at a competition in Côte d'Ivoire (see *Abidjan*).

RED CROSS AND RED CRESCENT MOVEMENT

Besides partnering the ICRC during family-links, relief and communication activities (see above), the DRC Red Cross benefited from ICRC training, advice, relief goods, communication materials, logistical equipment and staffing support to reinforce its governance, administration and emergency response capacities. Thus prepared, it mobilized an effective response to several emergencies, as in Kisangani where it evacuated victims of an air crash. In preparation for elections, the National Society prepared a contingency plan in coordination with the authorities, organizing refresher courses for disaster-management/first-aid personnel countrywide and positioning first-aid posts in hot-spots. With backing from the International Federation and other Movement components, the National Society organized regular coordination meetings at central/field level, participated in statutory meetings and launched a six-month plan to strengthen its organizational structure and management. In particular, it drafted new statutes delineating management and governance functions and adapted its financial reporting system to improve accountability.

Regular meetings of Movement partners and other humanitarian actors working in the DRC helped optimize the impact of their respective activities.

ERITREA



ICRC delegation

EXPENDITURE (IN KCHF)

Protection	859
Assistance	2,122
Prevention	242
Cooperation with National Societies	197
General	-

► **3,420**

of which: Overheads 209

IMPLEMENTATION RATE

Expenditure/yearly budget	67%
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PERSONNEL

Expatriates	6
National staff (daily workers not included)	43

KEY POINTS

In 2011, the ICRC:

- amid travel restrictions, worked with local authorities to assist rural communities in border areas affected by past armed conflict with Ethiopia
- through a livestock anti-parasite control campaign, land ploughing, and distributions of seed, tools and foot-operated irrigation pumps, helped struggling communities boost their economic security
- in cooperation with the Eritrean water authorities, provided clean water to thousands of people via solar-powered water supply systems
- helped people of Ethiopian origin either renew their Eritrean residence permits or, if they wished to be repatriated, meet administration fees and transport costs
- through dialogue, sought to persuade the authorities to allow ICRC visits to detainees of Ethiopian origin, including current or former POWs
- in cooperation with other organizations, reunited Eritrean families in cross-border operations

The ICRC opened a delegation in Eritrea in 1998 in the context of the international armed conflict between Ethiopia and Eritrea and continues to respond to the needs remaining from that two-year war. Its priorities are to assist the population displaced, detained or otherwise affected by the conflict and to ensure compliance with IHL with regard to any persons still protected by the Third and Fourth Geneva Conventions. The ICRC also supports the development of the “Red Cross Society of Eritrea”.

CONTEXT

Eritrea returned to the African Union with the appointment of a new permanent representative, the first since 2009. The government also asked for Eritrea to be readmitted to the regional Intergovernmental Authority on Development, it having withdrawn from the organization in 2007. In December, the UN Security Council approved a new resolution to reinforce sanctions against Eritrea, prompted by its alleged support to armed groups in Somalia. Eritrea denied the allegation.

Following the signing in June 2010 of an accord between Eritrea and Djibouti to normalize relations and establish a mechanism for resolving the border dispute, no further progress was made towards demarcation of the border. Meanwhile, troops from Qatar, which had been acting as mediator, remained stationed in the disputed region.

Elsewhere, relations remained tense between the governments of Eritrea and Ethiopia (see *Ethiopia*). In regions adjoining Ethiopia, where thousands of civilians had returned or been resettled by Eritrea’s authorities since the end of the conflict, the effects of the past hostilities on infrastructure and livelihoods continued to be felt.

During 2011, the Eritrean government asked a number of international governmental organizations, UN agencies and NGOs to reduce or conclude their activities in Eritrea.

ICRC ACTION AND RESULTS

With government-imposed restrictions on movement, access and fuel still in place, the ICRC pursued dialogue with the authorities on widening access to vulnerable communities and individuals. Meanwhile, it continued to focus resources, as far as possible, on assisting communities in border regions most affected by past armed conflict.

As the government issued no travel permits and only a limited number of visas to ICRC expatriate staff during 2011, the organization delivered assistance to rural communities partially through “remote management”. Working with local authorities, national ICRC staff helped treat more than a million livestock against parasites and provided communities with the means to grow their own vegetables and/or produce fodder for livestock. It also supported the ploughing of land for households headed by women, who would otherwise have to pay for this work from part of their harvest.

The ICRC helped water authorities and local communities to maintain, repair and construct solar-powered water supply systems. These systems ensured sustainable and reliable supplies of

Main figures and indicators	PROTECTION	Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)				
RCMs collected		3,332	UAMs/SCs*	
RCMs distributed		4,114		
Reunifications, transfers and repatriations				
People reunited with their families		32		
	<i>including people registered by another delegation</i>	1		
Tracing requests, including cases of missing persons				
People for whom a tracing request was newly registered		26	Women	Minors
People located (tracing cases closed positively)		34	6	5
	<i>including people for whom tracing requests were registered by another delegation</i>	22		
Tracing cases still being handled at 31 December 2011 (people)		105	11	14
UAMs/SCs*, including unaccompanied demobilized child soldiers				
UAMs/SCs newly registered by the ICRC/Society		1	Girls	Demobilized children
UAMs/SCs reunited with their families by the ICRC/Society		24	5	
UAM/SC cases still being handled by the ICRC/Society at 31 December 2011		3	1	
Documents				
People to whom travel documents were issued		57		
Official documents relayed between family members across borders/front lines		44		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Restoring family links				
People to whom a detention attestation was issued		20		

* Unaccompanied minors/separated children

Main figures and indicators	ASSISTANCE	Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat				
Food	Beneficiaries	18	20%	60%
	<i>of whom IDPs</i>	18		
Essential household items	Beneficiaries	23	20%	60%
	<i>of whom IDPs</i>	23		
Agricultural, veterinary and other micro-economic initiatives	Beneficiaries	117,714	20%	60%
Water and habitat activities	Beneficiaries	19,685	20%	60%

fresh water to people who would otherwise have trekked long distances across sometimes unsafe terrain to retrieve water from unreliable and potentially polluted sources.

Given the presence of unexploded mines in border regions, the Eritrean Demining Authority and the ICRC, in cooperation with the “Red Cross Society of Eritrea”, trained around 30 volunteers to alert local communities to the dangers posed by mines, while documenting mine-related incidents. More than 37,500 people subsequently attended mine-risk education sessions.

The Eritrean authorities had withdrawn authorization for the ICRC to assist in the voluntary repatriation of civilians in March 2009. Within the constraints, the ICRC did its best to continue monitoring the situation of the Ethiopian community living in Eritrea to ensure that their rights under the 1949 Geneva Conventions, including voluntary repatriation in humane conditions, were respected. The ICRC also reminded the Eritrean government of these obligations.

People of Ethiopian origin received ICRC assistance to pay fees prior to repatriation or to renew residence permits. Meanwhile, relatives separated by the closed Eritrea-Ethiopia border were still able to communicate through the family-links service, operated by the “Eritrean Red Cross” with ICRC support. Somali refugees also used this service.

With the support of the Movement family-links network, the ICRC facilitated family reunifications across borders, in particular for children. In April, an Eritrean man who had been living for

13 years in Ethiopia rejoined his wife and children in Asmara using an ICRC travel document.

Despite repeated requests to the authorities, the ICRC was not allowed to resume visits to detainees of Ethiopian origin, including POWs and former POWs. The authorities had withdrawn authorization for such visits in 2009. The ICRC was also awaiting a reply from the Eritrean government to requests for any information it had about 19 Djiboutian soldiers reported by their government as missing after the Djibouti-Eritrea hostilities in June 2008.

Given the restrictions on its activities introduced by the Eritrean government, the ICRC made every effort to strengthen dialogue with the authorities. It sought to persuade them that it was in Eritrea’s interest to recognize that the 1949 Geneva Conventions applied to the Eritrean context. The ICRC worked to garner interest in IHL and the Movement among the public, including young people associated with the National Union of Eritrean Youth and Students, and community elders.

The “Eritrean Red Cross”, with ICRC funding, training and expertise, continued to develop its skills in restoring family links, administering first aid, briefing communities on mine risks and promoting IHL and the Fundamental Principles.

CIVILIANS

Vulnerable border communities alerted to mine risks

Some 37,500 civilians living in weapon-contaminated border areas learnt more about the dangers posed by mines, allowing them to take suitable precautions to reduce daily risks, during 245 awareness

sessions conducted by around 30 “Eritrean Red Cross” volunteers. The volunteers had earlier been trained to pass on this advice, and to gather information on mine-related incidents in order to inform and better protect civilians in high-risk areas, during a five-day training course held by the Eritrean Demining Authority and an ICRC specialist.

Villagers draw on solar technology to ensure safe water supply

In regions bordering Ethiopia, villagers with access to solar-powered water systems continued to benefit from supplies of clean water after they worked with local authorities and national ICRC staff to maintain and repair eight systems and completed four begun in late 2010. In all, 19,685 people benefited from this work. The installation of two new systems also got under way. Villagers drew 20 litres of fresh water per day, per inhabitant, from the solar-powered systems, proven to be the most effective means of providing rural communities with a dependable water supply in a country where fuel prices were high and shortages remained widespread.

Over 22 local water authority staff learnt more about the collection and analysis of hydrological and meteorological data during training sessions in Asmara, organized jointly by the Eritrean water authorities and the ICRC. Training enabled staff to better assess the performance of existing water systems and identify future needs.

Herders and farmers strengthen livelihoods

Communities in Gash Barka and Southern Red Sea, areas affected by past armed conflict and ongoing border tensions, worked towards rebuilding disrupted livelihoods and securing their economic future with ICRC support.

Over 17,928 pastoralist households (89,640 people) faced a better prospect of raising more resilient herds following the treatment in Gash Barka and Southern Red Sea of more than 1 million livestock, twice, against internal and external parasites in an ICRC-funded project. Some 95% (713 households) of pastoralists, when questioned about the impact of the project, reported positive changes in the body condition, skin appearance and behaviour of the treated animals.

Meanwhile, 1,550 vulnerable households (7,750 people), primarily headed by women, grew vegetables, both for their own consumption and for sale at market, using ICRC-supplied seed, farming tools and pedal pumps (for accessing available sub-surface water). This project enabled families to improve their diet and, by selling any surplus, increase their income. Livestock-dependent families also used the pumps to irrigate fodder crops, helping animals survive the difficult period before the onset of seasonal rains and the regeneration of pasture.

In Gash Barka, almost 3,984 women-led households (19,920 people) which had been resettled or returned to their home areas benefited from ICRC-funded ploughing of fields prior to the two planting seasons. Since ploughing in Eritrea was traditionally conducted by males (many of whom had been called up for military service or else killed or disabled during armed conflict), these families lacked the immediate means to prepare plots for cultivation. Furthermore, the hiring of labourers to carry out such work would have meant committing part of the harvest to pay for services. Tractor ploughing therefore ensured that households would reap the entire benefits of the next harvest.

Delays in the signing of memoranda of understanding between the Eritrean government and the ICRC meant that both tractor

ploughing and livestock vaccination began later than anticipated. Owing to the absence of a visa for an ICRC specialist, the planned restocking project (3,000 goats and 200 donkeys for vulnerable households) could not be implemented.

Struggling Ethiopians receive financial assistance

People of Ethiopian origin continued to be repatriated through Sudan by the Eritrean authorities. The government had withdrawn authorization for the ICRC to assist in the voluntary repatriation of civilians across the border in March 2009. Within the constraints, the ICRC did its best to continue monitoring the situation of the Ethiopian community living in Eritrea to ensure that their rights under the 1949 Geneva Conventions were respected, including voluntary repatriation in humane conditions. The ICRC also reminded the Eritrean government of these obligations.

More than 404 especially vulnerable Ethiopians, including elderly people, women, children and former detainees, received financial assistance from the ICRC in paying administrative and/or transport costs if they wished to repatriate and 956 in obtaining residence permits, if they wished to remain in Eritrea. Some 18 received food and 23 received essential household items. Forty-four Ethiopians who had formerly studied in Eritrea had their official documents, usually education certificates, sent across to Ethiopia with ICRC assistance so that they could apply for further studies or jobs.

Separated family members exchange news

RCMs were exchanged between family members divided by the sealed Eritrea-Ethiopia border (including unaccompanied Eritrean children living in refugee camps in Ethiopia), while Somali refugees in Eritrea continued to restore contact or exchange news through the family-links service run by the “Eritrean Red Cross” with ICRC training, supervision and material support. In Debub, family-links activities were suspended in February. Talks took place with the authorities with a view to resuming them.

Following coordination between UNHCR and the ICRC, 2 unaccompanied Somali minors re-established contact with their mothers in Djibouti and 57 travel documents were issued to enable Somalis to resettle in third countries. Twenty-two Eritreans, including 18 minors were reunited with their families in Sweden, in an operation conducted jointly by the Swedish Red Cross, the IOM and the ICRC. Seven other persons were reunited with relatives in Australia, New Zealand and Norway with ICRC support. In April, an Eritrean man who had been living for 13 years in Ethiopia was granted permission by the authorities to rejoin his wife and family in Asmara using an ICRC travel document. It was the first time that the ICRC had been authorized to carry out such a reunification since March 2009.

The ICRC continued to follow up with the authorities requests from families for news of relatives still missing in relation to the 1998–2000 international armed conflict with Ethiopia.

PEOPLE DEPRIVED OF THEIR FREEDOM

Despite regular written and oral requests from the ICRC, the authorities had not given the green light for delegates to resume visits to detainees of Ethiopian origin, including POWs or former POWs. The authorities had withdrawn permission for such visits in 2009.

The ICRC was also awaiting replies from the Eritrean government to requests for any information it had about 19 Djiboutian

soldiers, reported by their government as missing after the Djibouti-Eritrea hostilities in June 2008, and to an ICRC proposal regarding the possible repatriation of a sick Eritrean POW held in Djibouti.

AUTHORITIES

Given the restrictions placed on the ICRC by the Eritrean government, dialogue with the authorities continued to focus on reinforcing trust. The director of the Office of the President, the director general of the Ministry of Foreign Affairs and the Minister of Agriculture held meetings with the ICRC to discuss operational matters. Government officials were reminded of the neutral, impartial and independent stance of the Movement, its work and its mandate. The ICRC sought to persuade the authorities that it was in their interest to recognize that the 1949 Geneva Conventions, to which the country acceded in 2000, applied to the Eritrean context, and that the ICRC was therefore mandated, whenever required, to act on behalf of people still affected by the 1998–2000 international conflict and by the border issue with Djibouti.

Local officials based in areas where the ICRC was working, including, for the first time, village administrators in Tio, Southern Red Sea, learnt more about the Movement's activities through briefings and printed materials.

Representatives of international organizations (including UN agencies), the European Union and the diplomatic community kept up a regular dialogue with the ICRC, which informed them of Movement activities via briefings and publications.

Plans for a booklet to stimulate discussion on IHL were cancelled when authorization for its publication could not be obtained from the authorities.

CIVIL SOCIETY

Some 23,000 people (including village elders, religious leaders, teachers, students, local administrators and "Eritrean Red Cross" volunteers), usually in border regions, attended briefings on the Movement and Fundamental Principles organized by the ICRC, "Eritrean Red Cross" and National Union of Eritrean Youth and Students. The distribution of IHL-related publications, including two articles featured in the youth union's magazine, and screenings of an ICRC video helped deepen communities' understanding of the Movement's mandate and activities.

An estimated 10,000 people visited the ICRC stand during the 10-day National Book Fair in Asmara. Photos illustrating ICRC activities were displayed on the streets of the capital during World Red Cross and Red Crescent Day (8 May).

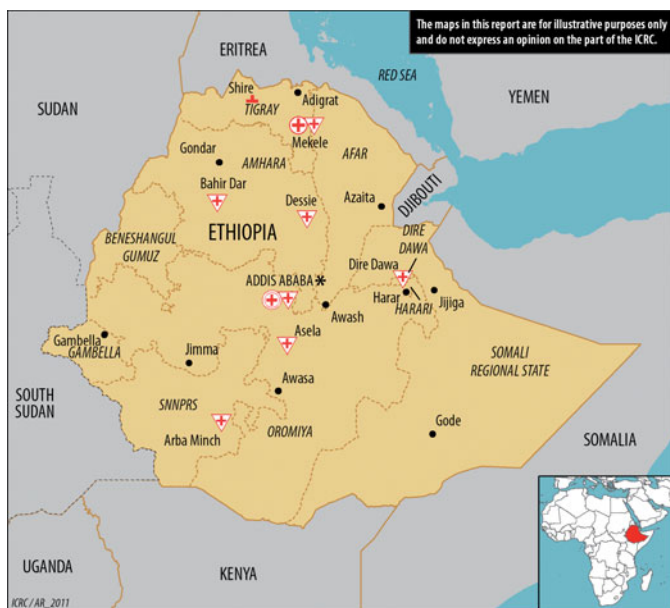
Some 90 law students at the Ministry of Justice Training Centre in Mekele enriched their understanding of IHL during a briefing organized by the ICRC. In May, a student at the university's College of Arts and Social Sciences received reference materials from the ICRC for an IHL-related research project. He was the first student to request such information following the establishment of contact between the ICRC and the dean of the college in 2010.

RED CROSS AND RED CRESCENT MOVEMENT

"Eritrean Red Cross" personnel continued to build their capacities and develop their tracing, assistance and communication skills (see *Civilians* and *Civil society*) – the latter including mine-risk education – with the help of ICRC funding, training, equipment and technical advice.

During ICRC-supported training sessions, some 33 "Eritrean Red Cross" personnel strengthened their expertise in restoring family links and 87 volunteers learnt about managing relief operations. In addition, more than 200 school teachers, nearly 600 students, 100 police officers and others acquired basic first-aid skills, enabling them to respond effectively to a variety of emergencies.

ETHIOPIA



ICRC/AR_2011
 + ICRC delegation + ICRC sub-delegation + ICRC office
 + ICRC-supported prosthetic/orthotic centre
 * The ICRC delegation to the African Union is also in Addis Ababa

EXPENDITURE (IN KCHF)

Protection	1,689
Assistance	4,592
Prevention	2,053
Cooperation with National Societies	847
General	-

► **9,182**

of which: Overheads 554

IMPLEMENTATION RATE

Expenditure/yearly budget	79%
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PERSONNEL

Expatriates	24
National staff (daily workers not included)	135

KEY POINTS

In 2011, the ICRC:

- received agreement in principle from the Ethiopian government for the resumption of ICRC visits to security detainees in federally run places of detention
- enabled people affected by armed conflict or violence to contact their families via RCMS and, for Sudanese refugees in camps, via telephone calls
- briefed some 6,000 Ethiopian troops on IHL prior to their deployment on peacekeeping missions
- ran IHL seminars for more than 1,200 judges, prosecutors, law students and university lecturers
- continued to support 7 physical rehabilitation centres, providing services to 8,939 people with disabilities
- supplied essential household items to more than 26,000 people displaced as a result of armed conflict, violence or drought

Continuously present in Ethiopia since 1977, the ICRC's priority is to protect and assist people detained, displaced or otherwise affected by the 1998–2000 international armed conflict with Eritrea or by other armed conflicts. Thus, it helps to preserve the livelihoods of communities affected by past conflict, often compounded by natural disaster, and supports physical rehabilitation services. It visits detainees and restores family links, particularly for relatives separated by the closed Eritrea-Ethiopia border, ensuring compliance with IHL with regard to any persons still protected by the Third and Fourth Geneva Conventions. It also supports the Ethiopian Red Cross Society.

CONTEXT

In Somali Regional State (SRS), non-international armed conflict persisted between the Ethiopian National Defence Force (ENDF), operating with regional special police forces, and the main grouping of the Ogaden National Liberation Front (ONLF). There were reports of casualties.

Several other regions, including Afar and Oromia, saw episodes of fatal violence relating to disputes over access to natural resources and/or intercommunal and religious tensions. Following scant seasonal rains, many areas experienced drought, leaving large numbers of Ethiopians dependent on emergency food aid. From September, thousands of people fleeing fighting in Blue Nile State, Sudan, crossed the border into Ethiopia.

Internationally, relations remained tense between the governments of Ethiopia and Eritrea, as expressed in a number of critical public statements made by both parties. Meanwhile, the physical demarcation of the Ethiopia-Eritrea border remained stalled, with both countries maintaining a large military presence at their common border. Armed skirmishes were reported.

Some 4,200 ENDF troops formed the newly deployed UN Interim Security Force for Abyei (see *South Sudan and Sudan*). Ethiopian troops also comprised part of the African Union/UN Hybrid Operation in Darfur (UNAMID). In October, Ethiopian troops entered Somalia and engaged in military operations against armed groups.

ICRC ACTION AND RESULTS

While its operations continued on a restricted basis, the ICRC met senior government figures – including the prime minister and minister of federal affairs – with a view to clarifying the organization's role within Ethiopia. Issues discussed included ICRC access to people in need in the conflict-affected SRS and to security detainees held under federal jurisdiction, neither of which had been granted by the authorities since 2007. The government agreed in principle to the resumption of visits to security detainees in federally run places of detention. To this end, a timetable of activities for 2012, beginning with an ICRC briefing of senior officials and an assessment of detention facilities, was agreed upon.

Meanwhile, ICRC activities continued to focus largely on the northern border regions of Tigray and Afar, the areas most affected by the 1998–2000 international armed conflict between Ethiopia and Eritrea

Main figures and indicators		PROTECTION		Total	
CIVILIANS (residents, IDPs, returnees, etc.)					
Red Cross messages (RCMs)					
RCMs collected				7,212	UAMs/SCs* 718
RCMs distributed				5,137	230
Phone calls facilitated between family members				2,060	
Reunifications, transfers and repatriations					
People reunited with their families				6	
				3	<i>including people registered by another delegation</i>
Tracing requests, including cases of missing persons					
People for whom a tracing request was newly registered				137	Women 31 Minors 60
People located (tracing cases closed positively)				79	
				23	<i>including people for whom tracing requests were registered by another delegation</i>
Tracing cases still being handled at 31 December 2011 (people)				320	33 73
UAMs/SCs*, including unaccompanied demobilized child soldiers					
UAMs/SCs newly registered by the ICRC/National Society				2	Girls 1 Demobilized children
UAMs/SCs reunited with their families by the ICRC/National Society				4	3
				2	<i>including UAMs/SCs registered by another delegation</i>
Documents					
People to whom travel documents were issued				107	
Official documents relayed between family members across borders/front lines				14	
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits					
Detainees visited				8,572	Women Minors
Detainees visited and monitored individually				85	1
Detainees newly registered				34	1
Number of visits carried out				12	
Number of places of detention visited				10	
Restoring family links					
RCMs collected				17	
RCMs distributed				5	
People to whom a detention attestation was issued				84	

* Unaccompanied minors/separated children

Main figures and indicators		ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)						
Economic security, water and habitat						
Essential household items		Beneficiaries		27,031	64%	19%
		<i>of whom IDPs</i>		26,270		
Water and habitat activities		Beneficiaries		273,541	25%	50%
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)						
Economic security, water and habitat						
Essential household items		Beneficiaries		9,261		
Water and habitat activities		Beneficiaries		4,000		
WOUNDED AND SICK						
Physical rehabilitation						
Centres supported		Structures		7		
Patients receiving services		Patients		8,939	1,996	1,925
New patients fitted with prostheses		Patients		1,029	170	72
Prostheses delivered		Units		2,127	325	174
		<i>of which for victims of mines or explosive remnants of war</i>		528		
New patients fitted with orthoses		Patients		1,542	382	677
Orthoses delivered		Units		2,891	705	1,342
		<i>of which for victims of mines or explosive remnants of war</i>		9		
Crutches delivered		Units		6,914		
Wheelchairs delivered		Units		631		

and by ongoing border tensions. The ICRC worked with local water authorities and rural communities to repair water pumps, saving villagers the long daily trek to collect water from potentially polluted wells or ponds. In areas where water-borne diseases remained widespread, the ICRC and the Ethiopian Red Cross Society installed latrines and conducted workshops on good hygiene practices, training community representatives to pass on such advice to others.

Ethiopians newly repatriated from Eritrea via Sudan, and arriving in Tigray, continued to be met with blankets and hygiene materials

provided by the National Society/ICRC. Further south, the ICRC supplied emergency shelter materials and other essential items to communities displaced by intercommunal and religious violence. Weapon-wounded patients transferred to Assosa hospital, having been injured in fighting over the Sudanese border in Blue Nile State, were treated with ICRC-supplied medical materials.

Family members dispersed by conflict, including Ethiopian and Eritrean civilians separated by the sealed border, plus Somali and Sudanese refugees in camps, exchanged news through the

family-links network. Following a nationwide family-links needs assessment conducted in 2010, work commenced on strengthening services in priority areas, notably Tigray.

Also in Tigray and in northern Afar, the ICRC visited detainees of Eritrean origin held in regional facilities, monitoring general detention conditions and, if necessary, making confidential representations to the authorities. Detainees, both Eritrean and Ethiopian, received essential household and hygiene items as needed. Some 4,000 inmates in detention centres benefited from improved sanitation and water facilities following infrastructure improvements.

Physical rehabilitation centres for people with disabilities, including those injured during armed conflict or other situations of violence, continued to receive ICRC support in the form of funding, materials, on-the-job supervision and training. As the Ethiopian authorities worked to strengthen the country's physical rehabilitation services, the ICRC contributed technical advice to a working group tasked with drawing up standard guidelines for hospital-based units.

Raising awareness of and support for IHL, the Movement and its neutral, impartial and independent stance remained another priority. With ICRC input, the police force progressed towards the systematic integration of international human rights law and humanitarian principles into its doctrine, training and operations. More than 6,000 ENDF troops heading for peacekeeping missions in Sudan, ENDF legal and medical personnel and some non-commissioned officers attended ad hoc IHL briefings. Otherwise, the armed forces left on hold plans to reinforce the integration of IHL into training with ICRC assistance. Parliamentarians, representatives of regional authorities, village elders, judges, journalists and academics deepened their knowledge of IHL during ICRC/National Society-organized events.

Bolstered by ICRC funds, materials and technical support, the Ethiopian Red Cross continued to build its capacities, focusing on the provision of emergency and longer-term assistance and the promotion of IHL, in addition to running the family-links network.

CIVILIANS

Dialogue maintained over renewed access to the SRS

The ICRC remained concerned by the situation in the SRS. However, the organization was unable to resume its activities there and so had no first-hand knowledge of the situation on the ground. The ICRC had carried out its humanitarian activities in the SRS until 2007, when it was expelled from the region by the Ethiopian authorities and accused by them of supporting armed groups, an allegation it strongly denied. The ICRC pursued dialogue with the authorities with a view to clarifying these accusations, re-establishing trust and regaining access to protect and assist conflict-affected populations.

Repatriated Ethiopians, IDPs and refugees receive emergency assistance

People repatriated from Eritrea or affected by violence in some regions received help from the National Society, acting together with the ICRC or with its support.

A total of 761 people of Ethiopian origin repatriated from Eritrea via Sudan, and arriving in Tigray, were met with blankets and hygiene items. The ICRC continued to monitor the situation, within the constraints, to ensure that people were repatriated voluntarily under humane conditions, in accordance with IHL.

Some 18,000 people displaced by ethnic clashes in Liben Zone and by cattle raids in Gambella improved their daily living conditions with the help of shelter materials, cooking implements and soap provided by the ICRC. In Jimma Zone, more than 5,000 people dispersed from their homes by religious violence were given tarpaulins, blankets and sleeping mats. Drought-affected people also benefited from essential household items, delivered with ICRC logistical support. To ensure that needs were met, ICRC assistance activities were coordinated with the relevant authorities and other aid organizations.

Weapon-wounded patients arriving at Assosa hospital in Benishangul-Gumuz, having been injured during fighting in Blue Nile State, Sudan, received treatment using ICRC-supplied medical materials.

Rural communities access water and sanitation facilities

Over 50,000 people in Tigray and northern Afar secured access to clean and reliable water supplies, saving them long walks to potentially polluted wells or rivers, after the repair of 105 hand pumps and the construction of one new water point. Local community representatives received technical advice on maintaining recently constructed water points in working condition. Meanwhile, the regional authority and local technicians in two areas enhanced their ability to plan and implement future projects on a more autonomous basis by learning how to use Global Positioning Systems to plot water sources and compile them in a database. More than 187,000 people stood to benefit from this development. In a region where residents faced a continual threat from water-borne diseases, communities further reduced health risks by installing, with local water authorities and the ICRC, more than 600 latrines and attending 11 briefings on appropriate hygiene practices. Community health workers practised communicating such advice to others during training sessions, to the benefit of nearly 26,000 people.

Civilians exchange news with their families

Ethiopian and Eritrean civilians separated by the sealed border, refugees, many from Eritrea – including an increasing number of unaccompanied children who had crossed the border and were living in Ethiopian refugee camps – as well as from Somalia and Sudan, continued to restore contact and/or exchange news with relatives through the family-links service. Refugees from Sudan contacted relatives via 2,060 telephone calls, facilitated by the National Society and the ICRC.

An elderly Eritrean living in Ethiopia for many years was repatriated to Eritrea with an ICRC travel document, one of 107 issued during the year. Eritrean nationals obtained their university/school transcripts through the ICRC, which allowed them to apply for further studies.

Having conducted a family-links needs assessment in 2010, the Swedish Red Cross, Ethiopian Red Cross and ICRC visited areas prioritized in the 2011 plan of action, with a view to enhancing the tracing skills of staff and volunteers. Visits focused on branches in Tigray, which consistently handled around 60% of the total RCM caseload in Ethiopia.

PEOPLE DEPRIVED OF THEIR FREEDOM

People continued to be detained in Ethiopia for reasons of State security. Those detainees did not receive visits from ICRC delegates, as the government had withdrawn authorization for such

visits in stages between 2004 and 2007. During talks, the Ethiopian government agreed in principle to the resumption of ICRC visits to security detainees in federally run places of detention. To this end, a timetable of activities, including an ICRC briefing for senior officials and an assessment of detention facilities early in 2012, was agreed upon.

Meanwhile, the ICRC focused on visiting detainees of Eritrean origin and monitoring general conditions in 10 regionally run detention centres in Tigray and Afar, according to its standard procedures. The authorities received confidential feedback on the ICRC's findings and, where necessary, recommendations for improvements. Detainees also used the RCM service to contact or stay in touch with relatives and received hygiene, education and leisure items as needed.

Some 4,000 detainees in 3 places of detention in the Tigray and Afar regions benefited from infrastructural improvements. An ICRC assessment of water, sanitation and kitchen facilities in all Tigray prisons was completed and the report handed to the regional prison administration and individual prison authorities for their consideration. Prison technicians who had been trained to maintain prison infrastructure reinforced their motivation and performance through follow-up meetings with ICRC staff.

WOUNDED AND SICK

More than 8,900 patients, many of whom had been injured during armed conflict or episodes of violence, were treated at 7 physical rehabilitation centres, which continued to receive ICRC support in the form of funding, materials, equipment, on-the-job supervision and training.

In addition to producing and fitting prostheses and orthoses, staff at all the ICRC-supported centres continued to assemble wheelchairs for patients – an initiative begun in 2010. Twenty-three trainee technicians on the ICRC-taught nationally accredited three-year orthotics and prosthetics diploma course further developed their skills and so boosted the pool of skilled local personnel.

Following the validation of Ethiopia's national physical rehabilitation strategy, an implementation plan was discussed by the Ministry of Labour and Social Affairs, with ICRC technical input.

AUTHORITIES

In April, Prime Minister Meles Zenawi met the ICRC president and head of delegation for dialogue aimed at clarifying the role of the ICRC within Ethiopia. A number of matters were discussed, including ICRC access to the SRS and federally run places of detention, neither of which had been granted by the authorities since 2007 (see *Civilians* and *People deprived of their freedom*). The minister of federal affairs was among other government officials to hold meetings with ICRC representatives on IHL and humanitarian-related issues.

Almost 50 parliamentarians and 45 senior government officials boosted their knowledge of IHL during seminars organized by the ICRC, the latter with the Ethiopian Civil Service College. Meanwhile, about 450 regional government officials participated in National Society/ICRC briefings, enhancing awareness of humanitarian-related issues in regions prone to violence. Some 520 judges and prosecutors also deepened their knowledge of IHL during briefings.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

Some 6,000 ENDF personnel participated in IHL training prior to their deployment on peacekeeping missions in Sudan. More than 100 legal officers, 80 non-commissioned officers and 60 medical personnel from the ENDF attended ad hoc ICRC briefings on IHL developments. Otherwise, the ENDF, which had halted cooperation with the ICRC following the expulsion of the organization from the SRS in 2007, left on hold plans to reinforce the integration of IHL into training with ICRC assistance.

The police continued to incorporate international human rights law and humanitarian principles into doctrine, training and operations, supported by ICRC-supplied teaching materials. More than 2,550 personnel – including commissioners and assistant commissioners, officers from special forces, crime prevention and regular police units, women officers and new recruits – participated in 11 ICRC-organized regional seminars on these themes.

CIVIL SOCIETY

In violence-prone regions, more than 400 village elders and representatives of community associations learnt more about IHL and the work of the Movement, and so enhanced their ability to pass this information on to their own communities, after participating in National Society/ICRC-run briefings.

Some 720 students attended IHL briefings. With ICRC sponsorship, three students from Hawassa University took part in, and won, a regional moot court competition. Eighteen law lecturers from various universities completed a five-day intensive training course on IHL, equipping them with the knowledge and skills to boost their own research into this subject and to encourage interest among students through their teaching. Universities received IHL reference materials.

About 80 media representatives, including journalists and police communication officers, discussed conflict reporting, humanitarian issues and the Movement during two separate two-day seminars.

RED CROSS AND RED CRESCENT MOVEMENT

The Ethiopian Red Cross worked in partnership with the ICRC to assist struggling communities in violence- and drought-affected regions, run the family-links service (see *Civilians*) and promote IHL and humanitarian principles (see *Authorities* and *Civil society*).

To reinforce its skills in these areas, the National Society – which was undergoing a structural review – received ICRC funds, training, expertise and logistics back-up. For example, the core running costs of its headquarters and 28 branches were partially covered by the ICRC, which also paid the salaries of 43 key staff, including family-links specialists. During train-the-trainer sessions, to which the ICRC contributed, 28 National Society volunteers with medical backgrounds learnt how to disseminate their knowledge to volunteers training to become ambulance attendants. Meanwhile, 450 National Society volunteers from 21 branches underwent first-aid training run by the Ethiopian Red Cross with ICRC support, while personnel in seven branches refreshed their IHL knowledge through ICRC briefings.

In addition to monthly meetings between Movement partners, representatives of National Society headquarters, the 11 regional offices and the ICRC gathered in January to review the year's activities and plan ahead, further strengthening cooperation and coordination.

The ICRC's delegation to the African Union (AU) aims to achieve better understanding and wider acceptance of the ICRC within the AU Commission and other AU bodies. In its capacity as official observer to the AU, it works with member States to draw attention to problems requiring humanitarian action, to promote greater recognition and much wider implementation of IHL throughout Africa and to raise awareness of the ICRC's role and activities. It also endeavours to build strong relations with AU-accredited intergovernmental organizations, NGOs and UN agencies.

CONTEXT

During 2011, the African Union (AU) sought to address newly emerging crises in North and West Africa, while pursuing efforts to resolve ongoing conflicts and other situations of violence across the continent.

With the resurgence of armed conflict in Côte d'Ivoire, the AU Peace and Security Council (PSC) established a High-Level Panel comprising five heads of State to seek a peaceful solution to the crisis. After the removal of President Laurent Gbagbo from power by opposition forces, the AU turned its attention to assisting in the country's reconciliation process.

The AU formed a High-Level Ad Hoc Committee to seek diplomatic solutions to the armed conflict in Libya. The conflict was the chief focus of discussion at the 17th Ordinary Session of the Assembly of the African Union held in June in Malabo, Equatorial Guinea. In September, the AU recognized Libya's National Transitional Council. Elsewhere in North Africa, the AU sought to mediate unrest in Egypt and Tunisia.

Somalia and Sudan remained the focus of intense diplomatic activity on the part of the AU, which maintained a peacekeeping force in Somalia (AMISOM) and, jointly with the UN, in Darfur, Sudan. South Sudan was admitted as the 54th member State of the AU, and in December the AU High-Level Implementation Panel resumed its intermediary role between Sudan and South Sudan to help find peaceful solutions to developments in Abyei, Blue Nile and South Kordofan.

The AU Commission closely followed presidential elections in Chad, the Democratic Republic of the Congo (DRC), Egypt, Gambia, Liberia, Nigeria and Zambia. Niger's suspension from the AU was lifted following elections there. At year-end, the AU had not yet readmitted Madagascar, where a unity government was formed in November.

ICRC ACTION AND RESULTS

With several countries in Africa affected by armed conflict or other situations of violence, either ongoing or newly emergent in 2011, the ICRC's delegation to the AU pursued efforts to enhance awareness of IHL among the region's decision-makers in order to bolster protection of and assistance to civilians.

Through bilateral and multilateral dialogue, presentations at IHL-related events and attendance at statutory meetings and summits, the ICRC exchanged information with a range of

EXPENDITURE (IN KCHF)

See Ethiopia

IMPLEMENTATION RATE

See Ethiopia

PERSONNEL

See Ethiopia

KEY POINTS

In 2011, the ICRC:

- ▶ contributed to 3 African Union (AU) regional consultative meetings, held in the Democratic Republic of the Congo, Malawi and Nigeria, encouraging ratification of the AU Convention on IDPs among member States
- ▶ promoted the protection of civilians through a seminar jointly organized with the AU and through an address to the Peace and Security Council (PSC) on the development of guidelines to this end
- ▶ through the ICRC president's dialogue with the PSC and the AU Partners Group, shared updates on ICRC activities in Africa
- ▶ via a seconded ICRC legal expert, assisted various AU Commission departments and divisions, as well as the African Standby Force, in integrating IHL into policies and activities
- ▶ participated in 2 ordinary AU summits in January and June and in an extraordinary summit in May on peace and security in Africa, focusing on Libya
- ▶ engaged in dialogue with the AU on measures to address the needs of conflict-affected women and children

authorities – including AU constituent bodies, representatives of member States, regional economic communities, intergovernmental and pan-African bodies and international organizations – and shared its legal and operational expertise to the extent permitted by its mandate. Developments in Côte d'Ivoire, Egypt, Libya, Madagascar, Somalia, Sudan and Tunisia were among issues addressed. Its aim was to facilitate the incorporation of IHL and humanitarian concerns into AU policies and activities and to deepen understanding of the ICRC's role as a neutral, impartial and independent humanitarian actor.

The internal displacement of civilians during armed conflict and other situations of violence remained another topic of concern. The ICRC continued to work with the AU Commission's Department of Political Affairs as it sought to encourage member States to ratify the AU Convention on IDPs and incorporate its provisions into national legislation. In addition to sharing IHL expertise directly with departmental staff, the ICRC participated in three AU regional consultative meetings on this theme.

The protection of civilians was discussed by the ICRC at a meeting of the PSC, a retreat of AU officials and the biannual seminar organized jointly with the Department of Political Affairs.

The ICRC participated in various deliberations on the specific problems encountered by conflict-affected women and children, including sessions organized by the PSC, the AU Panel of the Wise and the African Committee of Experts on the Rights and Welfare of the Child. This was also one of the themes broached by the ICRC president during his third address to the PSC in April 2011.

An ICRC IHL expert, seconded for the second successive year to the AU Commission, continued to help with the integration of IHL into AU policies and activities, including the doctrine, procedures, training and education of the African Standby Force and of members of AU peace-support missions.

Civil society groups, NGOs and think-tanks participated in talks with the ICRC to coordinate humanitarian activities and enhance mutual understanding.

AUTHORITIES

Information exchanged with diplomatic community

During dialogue with the ICRC, representatives of AU bodies, member States and regional and intergovernmental organizations discussed developments in African countries affected by armed conflict or other situations of violence. Issues addressed included events in Côte d'Ivoire, Egypt, Libya, Madagascar, Somalia, Sudan and Tunisia. ICRC staff shared information on the developing humanitarian situation in these settings, explained Movement activities in response to developments and sought to generate support and respect for and enhanced implementation of IHL. Among AU bodies requesting and receiving ad hoc ICRC briefings were representatives of the AU Panel of the Wise during missions to Egypt and Tunisia.

Representatives of the PSC and senior AU Commission staff continued to deepen their knowledge of IHL and discussed its potential integration into a range of policies and activities during regular bilateral meetings with the ICRC. Other meetings attended by the ICRC included ordinary sessions of the AU Assembly, special sessions of the PSC, AU summits in January and June, and an extraordinary summit in May on peace and security in Africa,

focusing on Libya. The ICRC also participated in the AU pledging conference for the Horn of Africa food crisis and in monthly meetings of AU partner organizations.

In April, members of the PSC were briefed on current ICRC activities in Africa by the ICRC president during his third such address to the Council. Senior AU officials and members of the AU Partners Group also met the ICRC president to discuss humanitarian issues of mutual interest.

AU focuses on measures to protect IDPs

With ICRC support, the AU Commission's Department of Political Affairs continued to encourage member States to ratify the AU Convention on IDPs, incorporate its provisions into national legislation and support other outcomes of 2009's Special Summit on Refugees, Returnees and IDPs. Regular bilateral meetings were held between departmental staff and the ICRC, which shared its IDP-related expertise.

During three consultative meetings, held in Malawi in March, the DRC in May and Nigeria in July, the AU Division of Humanitarian Affairs, Refugees and Displaced Persons discussed the AU Convention on IDPs with representatives of regional economic communities and parliamentarians from member States. In addition to sharing its expertise on IHL-related aspects of the Convention during each of the meetings, the ICRC helped to fund one of them.

Measures to protect civilians discussed

At a meeting of the PSC held to discuss draft guidelines for the protection of civilians in AU peace-support operations, ambassadors (including members of the Permanent Representatives Committee) heard ICRC views on the importance of incorporating IHL into such guidelines. The ICRC was one of only two organizations invited to address the meeting.

Following the establishment within the AU Commission of an interdepartmental working group on the protection of civilians, the ICRC shared its views on the subject during a retreat held in September in Ethiopia and attended by members of the working group. The protection of civilians was also the theme of the annual seminar organized jointly by the AU Department of Political Affairs and the ICRC in Addis Ababa in November.

IHL expert seconded to the AU Commission

At the request of the Peace and Security Department, the ICRC seconded, for the second consecutive year, a legal expert to the AU Commission, helping its different departments and divisions incorporate IHL into their activities and policies. The expert contributed to discussions on the African Model Law on Counter-Terrorism, the AU Policy on Security Sector Reform, the AU common position on an arms trade treaty, the AU draft Strategy on Small Arms and Light Weapons and the draft protocol amending the Statute of the African Court of Justice and Human Rights.

The legal expert took part in workshops and discussions elaborating the future development of the African Standby Force, including its training cycle, and of AU peace-support operations. To boost the IHL-related knowledge of senior military officers, the ICRC sponsored the participation of staff members from the AU's Peace Support Operations Division (PSOD) in the Senior Workshop on International Rules Governing Military Operations in June (see *International law and cooperation*) and a course on

the rules of engagement held in San Remo, Italy. Time constraints meant that a planned PSOD/ICRC workshop on IHL for military commanders did not take place.

Measures to assist women and children

Alleviating the effects of armed conflict and other situations of violence on women and children remained another priority. During the PSC's 269th session in March, representatives of the AU Commission, AU partners, the UN, civil society organizations and the ICRC discussed ways to enhance protection of and assistance to these vulnerable groups. Meeting participants received relevant ICRC publications. At the invitation of the AU's Department of Social Affairs, the ICRC provided input to the 17th and 18th sessions of the African Committee of Experts on the Rights and Welfare of the Child, which addressed the problems faced by street children.

CIVIL SOCIETY

NGOs, think-tanks and the ICRC continued to develop working relationships during bilateral and round-table meetings, as well as several seminars on IHL-related themes. These allowed organizations dealing with a range of humanitarian issues to enhance mutual understanding of working methods, ensure close coordination of humanitarian activities and thus maximize the benefits to people in need.

Organizations discussing humanitarian issues with the ICRC included the IOM, Oxfam, UNHCR and UNICEF. Along with academics from throughout the region, these organizations and the ICRC participated in two meetings organized by the Humanitarian Affairs, Refugees and Displaced Persons Division on the AU's draft Humanitarian Policy Framework.

Academics and other civil society representatives from the region consulted IHL publications at the ICRC's documentation centre in Addis Ababa, set up in 2010. The collection was expanded to more than 1,450 publications. In addition, the centre distributed about 600 ICRC publications during a media-related workshop.

GUINEA



+ ICRC delegation
 + ICRC sub-delegation
 + ICRC office

* Sierra Leone is covered by the ICRC delegation in Guinea

EXPENDITURE (IN KCHF)

Protection	1,275
Assistance	3,503
Prevention	1,418
Cooperation with National Societies	1,499
General	-

▶ 7,694

of which: Overheads 470

IMPLEMENTATION RATE

Expenditure/yearly budget	86%
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PERSONNEL

Expatriates	18
National staff (daily workers not included)	103

KEY POINTS

In 2011, the ICRC:

- ▶ established constructive dialogue with Guinea's new administration, and helped it address penitentiary challenges posed by multiple arrests linked to violent clashes between demonstrators and security forces in Conakry
- ▶ in Guinea, through training/material support to National Society first-aiders and reinforced cooperation with hospitals, helped ensure the prompt treatment of the weapon-wounded during intercommunal clashes/violent protests
- ▶ conducted a seminar for military/security personnel leading Guinea's military/security sector reform on integrating relevant aspects of IHL/international human rights law into the security services' training, doctrine and operations
- ▶ provided life-saving food supplements to 1,444 malnourished detainees in 27 Justice Ministry-run facilities, significantly reducing cases of severe malnutrition
- ▶ with the Guinean water authorities, improved access to drinking water for some 90,000 and 119,000 residents in urban and rural areas respectively
- ▶ in Sierra Leone, with the National Society, successfully lobbied ministers to approve cabinet papers recommending implementation of the 1949 Geneva Conventions at national level and the creation of a national IHL committee

The ICRC has worked in Guinea since 1970, opening its delegation in 2001. It seeks to protect people affected by situations of violence, restore links between separated relatives, enhance the capacity of the health system and improve water supply. It visits detainees and advises the authorities on detention-related matters. It also promotes IHL and humanitarian principles among the armed and security forces, authorities, and civil society. Since 2009, the delegation has supported the ICRC office in Sierra Leone. The ICRC works with each National Society to strengthen its capacities to respond to emergencies and to promote the Movement.

CONTEXT

Following elections in late 2010, Guinea's new government took office in January to pursue the country's democratic process. With the population eagerly awaiting tangible benefits, the government embarked on measures to stabilize the economy, address poverty and, with international support, reform the justice, military and security sectors. While national transition mechanisms were in place, the task of organizing legislative elections remained pending, leaving the country without a national assembly and causing antagonism between the ruling party and opposition groups. A July attempt on the president's life underlined the fragility of the situation, with both civilians and military officers arrested. In September, an opposition-led demonstration in Conakry culminated in violent clashes with security forces, leading to numerous arrests and injuries and several deaths. Outside the capital, sporadic eruptions of intercommunal violence caused material damage, temporary displacement, injuries and fatalities. Aiming to reconcile social divisions and address grievances, the government announced plans to establish a Truth, Justice and Reconciliation Commission. Meanwhile, widespread unemployment and poverty, combined with limited access to basic services, continued to make living conditions difficult for much of the population.

Refugees continued to arrive in south-eastern Guinea fleeing hostilities in neighbouring Côte d'Ivoire (see *Abidjan*), adding strain on local resources. In March, the outbreak of armed conflict in Libya (see *Libya*) prompted several thousand Guineans living there to return home.

In Sierra Leone, the government pursued efforts to consolidate peace and tackle corruption, poverty and unemployment ahead of elections planned for 2012.

ICRC ACTION AND RESULTS

Given the change of government and residual insecurity in Guinea, the ICRC focused on building respect for humanitarian principles and the Movement's neutral, impartial and independent humanitarian action among civil and military authorities and other actors with influence in situations of violence. It pursued initiatives to protect and assist vulnerable civilians and detainees, while strengthening the capacities of health services and the Red Cross Society of Guinea to respond effectively in emergencies.

Delegates established constructive dialogue with Guinea's new administration. Following violent demonstrations in Conakry, they

Main figures and indicators	PROTECTION		Total	
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)				
RCMs collected		167	UAMs/SCs*	35
RCMs distributed		192		26
Phone calls facilitated between family members		91		
Tracing requests, including cases of missing persons				
People for whom a tracing request was newly registered		48	Women	13
People located (tracing cases closed positively)		5		14
Tracing cases still being handled at 31 December 2011 (people)		69		15
UAMs/SCs*, including unaccompanied demobilized child soldiers				
UAMs/SCs newly registered by the ICRC/National Society		92	Girls	27
UAMs/SCs reunited with their families by the ICRC/National Society		13		2
UAM/SC cases still being handled by the ICRC/National Society at 31 December 2011		57		12
Documents				
People to whom travel documents were issued		12		
Official documents relayed between family members across borders/front lines		1		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits				
Detainees visited		3,893	Women	
Detainees visited and monitored individually		109		1
Detainees newly registered		109		1
Number of visits carried out		275		
Number of places of detention visited		56		
Restoring family links				
RCMs collected		211		
RCMs distributed		2		
Phone calls made to families to inform them of the whereabouts of a detained relative		174		

* Unaccompanied minors/separated children

Main figures and indicators	ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)					
Economic security, water and habitat					
Water and habitat activities	Beneficiaries	209,806	50%	30%	
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
Economic security, water and habitat					
Food	Beneficiaries	1,444			
Essential household items	Beneficiaries	2,945			
Water and habitat activities	Beneficiaries	7,402			
WOUNDED AND SICK					
Hospitals					
Hospitals supported	Structures	7			
Water and habitat					
Water and habitat activities	Number of beds	834			

shared with relevant ministries two confidential reports regarding alleged human rights abuses documented during the events. This aimed to support the authorities in managing any future incidents effectively, focusing on appropriate use of force when maintaining public order and on proper arrest/detention procedures. Regular field briefings for military, *gendarmerie* and police troops also focused on these issues. In the context of military/security sector reform, the ICRC began helping military/police training commands to develop strategies to ensure systematic respect for IHL/international human rights law among the reformed forces. More widely, National Society/ICRC teams raised awareness of IHL and the Movement among representatives of political parties and other civil society members and stimulated media coverage on these topics.

The ICRC continued to visit detainees held by Guinea's Justice Ministry, and some by the police/*gendarmerie*. Following the submission of a report highlighting key issues identified during visits to facilities under Defence Ministry jurisdiction, it obtained authorization to visit all detainees held by the *gendarmerie*. To assist the authorities in coping with the repercussions of long-standing

neglect of Guinea's penitentiary system and of overcrowding exacerbated by the multiple arrests made in connection with the violence in Conakry, the ICRC stepped up its existing support to help ensure that detainees had access to adequate food, health care, water and sanitation. Meanwhile, it worked alongside the authorities to improve the monitoring of health in prisons and enhance health care standards by establishing guidelines on basic medical protocols and organizing related seminars for prison health workers.

The ICRC pursued efforts to ensure the care of the weapon-wounded in case of violence. In Guinea, it continued to strengthen the capacities of three previously supported hospitals while expanding its assistance programme to four others. Staff benefited from guidance, training, medical supplies and equipment, better preparing them to handle influxes of patients. In parallel, the National Society received training and equipment to consolidate its first-aid network. War-surgery training for military health professionals and medical students at Conakry University aimed to enhance national surgical capacities. Such preparations enabled medical services to respond efficiently when violence erupted.

With the Guinean water authorities, the ICRC improved access to clean water for thousands of urban and rural dwellers and supported facility maintenance training for water board staff to ensure sustainability.

With ICRC training, funds, materials and logistical support, the National Societies in both Guinea and Sierra Leone strengthened their management and their capacities to respond to any election-related violence, promote the Movement and IHL/international human rights law to diverse audiences and respond to family-links needs. In Guinea, such support enabled thousands of refugees fleeing hostilities in Côte d'Ivoire, including separated/unaccompanied children, to obtain help in reconnecting with relatives left behind.

Coordination with other actors helped ensure humanitarian needs were covered while avoiding duplication.

CIVILIANS

Throughout the year, meetings with Guinea's authorities served to remind them of their responsibilities to respect civilians. Following September's demonstrations in Conakry, the administration received two confidential ICRC reports regarding alleged human rights abuses documented during the events. These aimed to ensure the effective management of future such incidents, focusing on appropriate use of force when maintaining public order and proper arrest/detention procedures.

Dialogue initiated with the transitional administration in 2010 regarding a demonstration suppressed on 28 September 2009 – an incident from which many people remained unaccounted for – was not pursued as the new government's priorities lay elsewhere.

To strengthen Guinean capacities to manage human remains, a local forensic specialist, the National Society and the ICRC convened to coordinate their respective activities. Twenty National Society family-links volunteers improved their skills in registering, identifying and burying human remains during an ICRC-supported course.

Conflict-affected refugees/returnees receive help to contact relatives

In south-eastern Guinea, refugees/returnees fleeing armed conflict in Côte d'Ivoire benefited from National Society/ICRC first-aid services (see *Wounded and sick*) and help to locate/contact relatives left behind. Among the separated/unaccompanied children registered by National Society/ICRC teams, 13 rejoined their families, while others returned home independently after the ICRC had located their families and/or provided the necessary travel documents. Regular contact with the authorities and humanitarian actors involved in responding to the influx, such as UNHCR, served to identify unmet needs and avoid duplication.

Additionally, Guineans who left Libya following the onset of armed conflict contacted family on arrival at Conakry airport, thanks to National Society teams.

Guineans and Sierra Leoneans consulted regarding their family-links needs

In both Guinea and Sierra Leone, family-links services remained available to people dispersed by violence, migration or other causes, including Guineans uprooted by intercommunal clashes. National Society/ICRC teams toured both countries to assess

family-links needs, developing contacts with children sent abroad for their education, migrants and other potentially isolated groups. The National Societies' capacities to meet identified needs were examined in parallel, and reports produced to help them determine their future family-links policies/strategies.

Vulnerable communities gain access to clean water

After years of underinvestment in public services, many Guineans had limited access to clean water. With ICRC training, advice and financial back-up, the Guinean water authorities improved the water supply in urban and rural areas, benefiting some 90,000 and 119,000 people respectively. Thirty-six water-board engineers underwent expert maintenance training, applying previously acquired theoretical knowledge during practical exercises.

In Mali town, the completion of the three wells begun in 2010 doubled the water supply available to some 17,000 residents. Around 73,000 people in six other towns benefited similarly from repairs to pump installations, donations of generators/components or connections to electrical networks, reducing the risk of disruption to water services.

Rural residents gained easier access to clean water thanks to the construction/rehabilitation of water points nearer their homes. Village water committees underwent training in maintaining the facilities and promoting good hygiene practices, helping to sustain the improvements and reduce health problems associated with water-borne diseases.

The Guinean National Society saw its capacity to respond to humanitarian needs enhanced with the completion of three ICRC-constructed branch offices. No situations arose requiring the ICRC to distribute emergency supplies of water or essential household items.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees in Guinea held by the Justice Ministry, and some by the police/*gendarmérie*, received visits from the ICRC, conducted according to its standard procedures, to monitor their treatment and living conditions. Among those visited were people arrested in connection with violence in Conakry and intercommunal clashes elsewhere. Security detainees benefited from individual follow-up by delegates, who also closely monitored other vulnerable inmates, including women, minors, foreigners, and people sentenced to death.

Detainees, including the newly arrested, made use of Movement family-links services to contact their relatives/consular representatives.

Following visits, the ICRC shared feedback confidentially with the authorities. The Justice Ministry was notified where detainees' trials were overdue, resulting in the release or sentencing of some individuals, and thereby encouraging greater respect for judicial guarantees. After receiving an ICRC report highlighting issues identified during visits to facilities under its jurisdiction, the Defence Ministry granted the organization access to all detainees held by the *gendarmérie*.

The appointment of new penitentiary officials progressed, with the aim of enhancing prison management and ensuring systematic respect for detainees' legal rights. Over 680 officials learnt more about the humanitarian principles to be observed during arrest/detention at ICRC briefings.

Detainees benefit from vital nutritional and medical care and improved hygiene

Detainees in prisons continued to suffer the repercussions of long-standing neglect of Guinea's penitentiary system, with overcrowding straining infrastructure and the authorities' capacity to provide adequate food, medical attention and hygiene. Multiple arrests linked to the violence in Conakry in July and September exerted further pressure. To help them cope and minimize any adverse impact on inmates, the authorities received ICRC reports containing concrete recommendations (see *Civilians*), along with sustained advice and, as needed, increased material/financial support to expand existing assistance initiatives.

As insufficient meals continued to threaten detainees' health, the most vulnerable benefited from an emergency-feeding programme launched with the authorities in 2010. While undergoing regular health monitoring, 1,444 malnourished detainees in 27 facilities had their official meals supplemented with high-energy biscuits. Cases of severe malnutrition decreased significantly, with no associated deaths reported. The authorities received advice on managing the programme properly to ensure maximum impact.

With ICRC encouragement, health monitoring improved, thanks partly to the increased presence of prison health workers. This helped mitigate the risk of epidemics and ensure that detainees diagnosed with serious illnesses could obtain timely referrals to appropriate medical facilities. Twenty-four such detainees had their treatment paid for by the ICRC. Detainees with less serious complaints could receive on-site treatment thanks to ICRC-provided drugs, medical supplies and equipment.

To improve their general health, hygiene and well-being, some 5,400 inmates benefited from pest-control campaigns, and over 2,900 received hygiene and recreational items. Nearly 2,000 benefited from ICRC upgrades to water/sanitation facilities, kitchens, infirmaries and/or roofing in 10 prisons, including an overhaul of the sewage system in Conakry's main prison.

Authorities work to bring about long-term improvements to detainees' conditions

Meanwhile, the penitentiary administration and the Health, Justice, Defence and Security Ministries worked alongside the ICRC to bring about sustainable improvements to detainees' conditions.

To enhance national prison health care standards, they promoted new guidelines on basic medical protocols produced by the penitentiary administration/ICRC in 2010. Prison health workers reviewed the guidelines and discussed their approach to common health problems at ICRC-supported seminars and were encouraged to include detainees in national disease-prevention programmes. Although the authorities put on hold plans to construct new prison accommodation, the penitentiary administration, with ICRC encouragement, investigated the possibility of allocating a budget for penitentiary maintenance.

WOUNDED AND SICK

Guinean hospitals benefited from expanded ICRC support to strengthen their capacities to provide quality care to weapon-wounded patients. At three previously supported hospitals, including Conakry's main Donka hospital, existing and newly hired staff underwent on-the-job assessments and received

training to consolidate surgical/dressing techniques and/or enhance intensive-care practices. To practice handling mass casualties, staff at Donka and N'Zérékoré hospitals and local National Society first-aiders/stretchers-bearers engaged in emergency simulation exercises organized with ICRC input. Donka's management refined its contingency plans in consultation with delegates.

Four newly supported hospitals, including Conakry's military hospital, received basic equipment required for more efficient treatment of the weapon-wounded, while staff received training in handling the injured in emergencies and participated in contingency-planning workshops.

The above-mentioned efforts enabled medical services to respond efficiently when violence erupted. During September's demonstrations in Conakry, for example, 113 victims received prompt attention from ICRC-equipped National Society first-aiders, with the seriously injured transferred to hospital.

Hospitals (in total 834 beds) also benefited from ICRC renovations to infrastructure and upgraded medical/surgical supplies and equipment, improving operating procedures and conditions of care. The donation of two 2,000-litre water tanks to the military hospital doubled its water storage capacity, ensuring a reliable supply. Other hospitals had generators/solar panels installed, minimizing disruptions linked to unstable power.

Twenty-four military health professionals studied war surgery during an ICRC course, enhancing national surgical capacities. An ICRC-taught module at Conakry University, run for the second year, enabled 44 medical students to acquire similar skills.

AUTHORITIES

Members of Guinea's new administration, at central and local level, increased their understanding of IHL and ICRC/National Society activities during ICRC briefings. These served to strengthen cooperation on detention-related matters (see *People deprived of their freedom*) and to impress upon officials the importance of safeguarding civilians (see *Civilians*) and of better integrating IHL into Guinean legislation, particularly the military justice code. While the delay in holding legislative elections hampered IHL implementation, the defence, foreign affairs and justice ministers established a working group, in consultation with the ICRC, to coordinate such work once legislative bodies were in place.

International community representatives supporting Guinea's democratic process, including the European Union, and humanitarian agencies assisting refugees/returnees from Côte d'Ivoire (see *Civilians*) maintained contact with the ICRC to discuss and coordinate their activities.

In Sierra Leone, efforts continued to accelerate the incorporation of IHL treaty provisions into national legislation and to mobilize government support for the revision of the 1962 Red Cross Act. With National Society/ICRC encouragement, ministers approved cabinet papers on the Geneva Conventions Act and on a proposed inter-ministerial IHL committee.

Plans to sponsor Guinean/Sierra Leonean officials to attend an IHL seminar in Abuja fell through after the event was cancelled (see *Nigeria*).

ARMED FORCES AND OTHER BEARERS OF WEAPONS

As part of military/security sector reform, Guinea's army, *gendarmerie* and police training commands discussed how the ICRC might contribute to training initiatives to embed respect for IHL/international human rights law throughout the restructured forces. Besides meeting ICRC delegates regularly to strengthen coordination, members of technical working groups (including officers responsible for IHL training) and international partners involved in the reform process studied the rules applicable during armed conflict/other situations of violence at an ICRC seminar. Together they developed recommendations on better integrating relevant aspects of IHL/international human rights law into the security services' training, doctrine and operations.

At field level, over 2,000 army, *gendarmerie* and police officers, including new recruits, deepened their understanding of IHL/international human rights law at briefings/seminars conducted jointly by military IHL instructors and National Society/ICRC personnel. Besides examining their responsibilities when maintaining public order and, where relevant, during arrest and detention, participants refined their grasp of the Movement's distinctive work.

In Sierra Leone, the armed forces welcomed an ICRC training proposal for 2012 intended to build the capacity of their training unit to assume full responsibility for IHL instruction. Meanwhile, troops enhanced their knowledge of the Movement and humanitarian principles through National Society presentations.

CIVIL SOCIETY

In Guinea, efforts to build widespread support for the Movement and humanitarian principles continued. National Society communication officers enhanced their techniques through ICRC workshops, better preparing them for such activities.

At community level, religious leaders and representatives of NGOs, political parties, trade unions and youth associations raised their awareness of these topics at National Society/ICRC briefings, backed by publications. Sixty young people of various nationalities improved their understanding of the Movement and similarities between IHL and Islamic law at a conference co-organized by the Organization of Muslim Youth in West Africa and the ICRC.

Law faculties worked with the ICRC to stimulate IHL interest among students through presentations/events. Teams from eight universities tackled IHL scenarios at a national competition, with the winners sponsored to compete at regional level (see *Abidjan*). While lecturers/students deepened their IHL knowledge using the ICRC's library, courses for lecturers were postponed after the authorities, prioritizing election preparations, shortened the academic year.

National/local media helped encourage public support for Movement activities. Journalists observed ICRC water/hospital initiatives (see *Civilians* and *Wounded and sick*) during field trips, and two radio reporters participated in a workshop abroad, helping enhance humanitarian reporting. These events, alongside National Society/ICRC briefings and information materials, generated numerous articles/broadcasts.

RED CROSS AND RED CRESCENT MOVEMENT

Besides gaining operational experience by partnering delegates (see above), the Guinean and Sierra Leonean National Societies received ICRC training, funds and materials to strengthen their capacities to promote the Movement and IHL/international

human rights law, develop youth initiatives and provide family-links services. Meetings of Movement components working locally facilitated coordination.

Benefiting from ICRC guidance, funds and improvements to infrastructure (see *Civilians*), the Guinean Red Cross pursued its internal reorganization, strengthening its governance and management and, to boost revenue, developing its commercial first-aid curricula. It refined its contingency plans in case of election-related violence, reinforcing cooperation with hospitals. Emergency-response teams received equipment/training enabling them to provide effective first-aid/family-links services to victims of violence and to refugees/returnees (see *Civilians* and *Wounded and sick*).

Using the Guinean model, the Sierra Leonean Red Cross prepared election contingency plans with ICRC help. With sustained back-up, it mobilized support for national IHL implementation and briefed military/police personnel (see *Authorities* and *Armed forces and other bearers of weapons*).

Both National Societies worked on enhancing their family-links services (see *Civilians*), including human remains management, while increasing the efficiency of such services through ICRC-supported workshops on disaster preparedness.

LIBERIA



ICRC delegation ICRC sub-delegation ICRC office

EXPENDITURE (IN KCHF)

Protection	1,522
Assistance	4,844
Prevention	1,463
Cooperation with National Societies	2,121
General	-

► **9,950**
of which: Overheads 607

IMPLEMENTATION RATE

Expenditure/yearly budget	83%
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PERSONNEL

Expatriates	15
National staff (daily workers not included)	133

KEY POINTS

In 2011, the ICRC:

- ▶ with the National Society, provided refugees fleeing armed conflict in Côte d'Ivoire, and/or families hosting them, with first-aid and family-links services, agricultural inputs, food, water/sanitation infrastructure and better road access
- ▶ with the National Society, provided 254,550 people in Monrovia and rural Liberia (including refugees and communities hosting them) with access to adequate water/sanitation, while promoting good hygiene practices
- ▶ visited, according to standard ICRC procedures, 137 people detained/interned in connection with the armed conflict in Côte d'Ivoire, while advising the Liberian authorities on international norms relevant to internment
- ▶ provided input to a draft national policy on health care in detention, as part of wider efforts to support the authorities in ensuring detainees' access to adequate food, water/sanitation, hygiene and medical attention
- ▶ strengthened cooperation with the newly reconstructed Liberian armed forces, helping conduct briefings/seminars for over 1,000 officers to increase their knowledge of IHL and the Movement as part of their basic training
- ▶ in case of election-related violence, alongside ICRC-trained National Society personnel, trained some 2,000 police officers/polling station officials and 1,800 civil society members in basic first-aid/humanitarian principles

The ICRC has worked in Liberia since 1970, opening its delegation in 1990. Following intense fighting early in 2003 and the subsequent signing of a peace agreement, the ICRC stepped up its operations. Since 2005, it has focused on protecting and assisting returnees (former IDPs and refugees) and residents, the wounded and sick, detainees, and children separated from their families, winding down these activities as the situation has become more stable. The ICRC supports the Liberia National Red Cross Society and runs programmes to promote IHL among armed forces present in the country.

CONTEXT

Eight years after the end of the conflict in Liberia, the government pursued efforts to strengthen the country's economy and institutions, rebuild infrastructure, restore public services and foster social cohesion. Although the economy showed signs of recovery, poverty remained widespread. Many Liberians struggled for access to basic utilities and to health care. High unemployment particularly affected young Liberians, including former combatants.

During the first half of 2011, tens of thousands of refugees streamed into eastern Liberia driven out by the armed conflict in neighbouring Côte d'Ivoire (see *Abidjan*). Despite the establishment of refugee camps by the Liberian authorities/UNHCR, many refugees preferred to stay with host families along the border. In these remote, impoverished areas, the influx strained resident communities' already limited resources, particularly in terms of food, water and sanitation. Potential cross-border activity by weapon bearers, facilitated by porous borders, was a security concern for the Liberian authorities.

By mid-year, as the situation in Côte d'Ivoire progressively normalized, refugees began to return home, alleviating pressure on Liberian communities. However, some refugees, particularly in Grand Gedeh county, remained reluctant to do so, fearing discrimination or having had their property and/or livelihoods destroyed.

In October/November, broadly peaceful elections saw the incumbent president re-elected, although low voter turnout and an opposition boycott during the presidential run-off compromised, for some, the credibility of the results. International security actors supporting the country's reconstruction, including the United Nations Mission in Liberia (UNMIL), deployed countrywide to help secure the electoral process.

ICRC ACTION AND RESULTS

While developing an effective Movement response to humanitarian needs generated by the refugee influx, the ICRC's Liberia delegation also pursued planned activities to address enduring needs elsewhere in the country. It continued to help prepare the authorities, communities and the National Society to consolidate basic services and livelihoods, provide assistance to vulnerable people and cope in an emergency after the eventual withdrawal of ICRC support.

With strengthened support from the ICRC/International Federation, the Liberia National Red Cross Society led the Movement's response to the refugee influx in coordination with the authorities/other humanitarian actors. In March, to better support the National

Main figures and indicators		PROTECTION		Total	
CIVILIANS (residents, IDPs, returnees, etc.)					
Red Cross messages (RCMs)					
				UAMs/SCs*	
RCMs collected		2,100	592		
RCMs distributed		163	57		
Phone calls facilitated between family members		7,201			
Reunifications, transfers and repatriations					
People reunited with their families		36			
	<i>including people registered by another delegation</i>	1			
Tracing requests, including cases of missing persons					
			Women	Minors	
People for whom a tracing request was newly registered		72	26	20	
People located (tracing cases closed positively)		25			
	<i>including people for whom tracing requests were registered by another delegation</i>	3			
Tracing cases still being handled at 31 December 2011 (people)		50	16	16	
UAMs/SCs*, including unaccompanied demobilized child soldiers					
			Girls	Demobilized children	
UAMs/SCs newly registered by the ICRC/National Society		580	272		
UAMs/SCs reunited with their families by the ICRC/National Society		28	16		
	<i>including UAMs/SCs registered by another delegation</i>	1			
UAM/SC cases still being handled by the ICRC/National Society at 31 December 2011		349	152		
Documents					
People to whom travel documents were issued		28			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits					
			Women	Minors	
Detainees visited		1,975			
Detainees visited and monitored individually		152		16	
Detainees newly registered		152		16	
Number of visits carried out		92			
Number of places of detention visited		22			
Restoring family links					
RCMs collected		197			
RCMs distributed		148			
Phone calls made to families to inform them of the whereabouts of a detained relative		190			

* Unaccompanied minors/separated children

Main figures and indicators		ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)						
Economic security, water and habitat						
Food		Beneficiaries	24,132	40%	20%	
	<i>of whom IDPs</i>	Beneficiaries	12,066			
Agricultural, veterinary and other micro-economic initiatives		Beneficiaries	33,450	36%	41%	
Water and habitat activities		Beneficiaries	314,550	35%	45%	
	<i>of whom IDPs</i>	Beneficiaries	78,625			
Health						
Health centres supported		Structures	4			
Average catchment population			11,064			
Consultations		Patients	11,904			
	<i>of which curative</i>	Patients		4,466	5,182	
	<i>of which ante/post-natal</i>	Patients		345		
Immunizations		Doses	87,068			
	<i>of which for children aged five or under</i>	Doses	86,411			
	<i>of which for women of childbearing age</i>	Doses	657			
Referrals to a second level of care		Patients	18			
Health education		Sessions	375			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)						
Economic security, water and habitat						
Food		Beneficiaries	973			
Essential household items		Beneficiaries	1,499			
Water and habitat activities		Beneficiaries	1,358			

Society in meeting growing needs, the ICRC increased its budget, appealed for additional funds and, alongside National Society personnel, stepped up activities for refugees and communities hosting them. Together they focused on: providing first aid; restoring contact between dispersed relatives, particularly children; improving access to adequate water/sanitation; and providing agricultural inputs/food to bolster struggling families' food/economic security. Specially trained tracing personnel/first-aiders deployed to affected areas.

With the authorities' agreement, the ICRC visited people detained/interned in connection with the armed conflict in Côte d'Ivoire. It advised the Liberian authorities on international norms relevant to internment by a neutral State and, where necessary, provided practical assistance to support them in ensuring internees' conditions complied with internationally recognized standards/IHL. As the situation in Côte d'Ivoire stabilized, it advised on procedures for such individuals' eventual release.

Meanwhile, as planned, the ICRC resumed support to four health clinics in Lofa county, providing health workers with refresher training, supervision and logistical support to consolidate standards of curative and ante/post-natal care, including vaccination.

To improve public health in urban and rural areas lacking adequate water/sanitation infrastructure, ICRC/National Society teams, together with the water authorities and/or community members, constructed/repared water points and latrines, improving access to clean water and reducing exposure to water-borne diseases. ICRC-trained National Society volunteers established village water committees to undertake routine maintenance/promote good hygiene practices.

Previously assisted farmers continued to benefit from agricultural inputs, supervision and marketing training, preparing them to maintain their livelihoods independently. The ICRC also supported the National Society in developing its own agricultural initiatives, contributing vehicle-support, funds and expertise.

Having resumed activity in prisons in 2010 to help the authorities ensure detainees' material conditions met the required standard, the ICRC monitored nutritional standards, hygiene-associated health risks and access to medical care in detention facilities countrywide. In cooperation with the authorities, it undertook urgent repairs to water/sanitation infrastructure, developed initiatives to enhance inmates' hygiene conditions/nutritional intake, and facilitated medical screenings/hospital referrals. It also provided input to a draft national policy governing health care in detention.

Through presentations/publicity, the ICRC/National Society endeavoured to increase support for Movement activities, IHL/international human rights law and humanitarian principles among authorities, peacekeepers, military/security personnel and civil society. In particular, they strengthened cooperation with the new Liberian armed forces and, ahead of the elections, trained police officers/polling station officials to support the smooth conduct of the electoral process. The Liberian government took tangible steps towards the ratification of several humanitarian instruments.

Besides partnering the ICRC in the field, the National Society received training, funds and materials to strengthen its emergency-response capacities, particularly in case of election-related violence. Similar support served to boost its governance and management and its communication/assistance initiatives.

CIVILIANS

In eastern Liberia (Grand Gedeh, Maryland, Nimba and River Gee counties), the influx of refugees from Côte d'Ivoire that began in December 2010 continued into 2011, further straining local resources. The Liberian Red Cross, with increased International Federation/ICRC support (see *Red Cross and Red Crescent Movement*), stepped up its activities in these areas. Joint National Society/ICRC teams monitored refugees' movements, well-being and impact on host communities, working together to address first aid (see *Wounded and sick*), family-links, water/sanitation and food needs in coordination with the authorities/other humanitarian actors.

Refugees received help to locate/send news to relatives with whom they had lost contact. Using free telephone/message services, they made some 7,200 calls and sent 2,100 RCMs. Humanitarian

coordination meetings having resolved to refer all child-related tracing cases to the ICRC, National Society volunteers underwent specific training in identifying/registering unaccompanied/separated children and, where appropriate, proceeding with family reunification. By year-end, thanks to cooperation between Movement partners/other organizations in Liberia, Côte d'Ivoire and Guinea, 337 such children had reconnected with relatives and 27 had rejoined their families.

To reduce health risks magnified by strain on water/sanitation resources, community members joined National Society/ICRC teams in constructing/repairing wells, latrines and bathhouses, complemented by hygiene-awareness sessions. In three villages reliant on unsafe water sources, temporary water-purification/distribution units were installed and supplies regularly trucked in/treated. With demand peaking at 20,000 litres per day, production was gradually downscaled as new wells were completed and refugees returned home/moved to camps. These initiatives benefited some 81,000 residents/refugees.

With refugees' food needs generally covered by other actors, ICRC food support was directed to families hosting, and sharing their supplies with, refugees to mitigate any adverse impact on food/economic security. As compensation for depleted reserves, 2,983 struggling families (17,898 people) were given seed/tools to boost rice cultivation. Around 3,500 households (21,132 people) received a two-week food ration (up to five times) to tide them over until the next harvest. Similarly, 500 refugee families (3,000 people) arriving empty-handed received food to help sustain them in the first instance. Planned distributions of essential household items did not go ahead as such assistance was concentrated in official refugee camps, where it was handled by other organizations.

Meanwhile, repairs to 12 bridges improved market access for over 60,000 refugees/local residents, while facilitating aid delivery.

Towards September, as the situation in Côte d'Ivoire stabilized and refugees began returning home, ICRC/National Society teams progressively scaled back their activities.

Communities in Lofa County regain quality health care

An ICRC assessment of health facilities handed over to the authorities in 2009 showed that certain clinics had difficulty delivering the government's Basic Package of Health Services (BPHS). The ICRC therefore resumed its support to four clinics in Lofa county to restore local access to quality curative and ante/post-natal care while preparing health teams to reassume full responsibility. Newly constructed staff accommodation sought to encourage qualified health practitioners to continue working there.

With ICRC supervision/on-the-job training, clinic staff carried out over 11,000 consultations, refreshing their knowledge of recommended ante/post-natal procedures at workshops. They received essential drugs/infection-control materials where supplies were running low, backed by guidance/materials to facilitate record-keeping and stock management. When conducting polio/measles-prevention campaigns, they used ICRC-supplied vehicles and ice packs to pre-position vaccines in optimum conditions.

Discussions with national/international health actors progressed, aimed at incorporating these clinics into Liberia's national health care development plan.

Urban and rural residents enjoy healthier environmental conditions

Besides carrying out emergency water/sanitation initiatives in communities hosting refugees (see above), the National Society/ICRC continued to help other Liberian residents reduce their exposure to water-borne diseases. In parts of Monrovia and Grand Gedeh and Lofa counties where water/sanitation infrastructure was limited or dilapidated, 93,500 urban and rural residents obtained readier access to reliable water points and latrines constructed or repaired by the water authorities/community members and National Society/ICRC teams. In parallel, National Society volunteers learnt to repair village hand pumps, chlorinate wells and promote good hygiene during ICRC workshops, enabling them to conduct routine maintenance and combat cholera outbreaks. Alongside community water/sanitation committees whom they trained to oversee the facilities, they repaired 140 wells, contributing to healthier environmental conditions for some 80,000 people. Planned tours of previously supported communities, to check that the spare-parts procurement network developed there continued to function as intended, did not take place owing to operational priorities elsewhere in the country.

Liberian farmers benefit from livelihood support

In Lofa County, 2,592 farmers (including members of associations/cooperatives and 500 households headed by women) who had previously rehabilitated coffee/palm-oil plantations with ICRC support continued to receive agricultural inputs/training to prepare them to maintain the plantations independently and so support their families (15,552 people). Under supervision from ICRC-trained National Society volunteers, they consolidated their pruning techniques and applied ICRC-supplied fertilizer/insecticide to encourage new growth. Some 730 among them learnt effective marketing strategies during ICRC-funded courses run by the National Federation of Cooperative Societies.

Through an ICRC-supported Liberian Red Cross/Agriculture Ministry initiative, upland rice farmers were trained to cultivate swamp-rice instead, to combat environmental degradation in upland areas and associated losses in productivity. Farmers who began cultivating swamp-rice in 2010 returned a proportion of their rice seed to National Society personnel, who distributed it to a further 1,500 struggling upland farmers. This increased the number of swamp-rice farmers and their yields, boosting food/economic security in rural areas. National Society personnel received ICRC funds, vehicle support and project management training to maximize impact.

PEOPLE DEPRIVED OF THEIR FREEDOM

As armed confrontations in western Côte d'Ivoire intensified, alleged combatants entered Liberia alongside refugees, resulting in arrests. The Liberian authorities promptly sought ICRC advice on handling the situation (see below), while granting the organization access to all individuals detained/interned in connection with the conflict. Accordingly, 137 internees, including 88 at Wainsue Internment Camp, received visits from delegates, according to standard ICRC procedures, to monitor their treatment and living conditions.

Meanwhile, having requested ICRC support in improving material conditions in prisons in 2010, the Liberian authorities continued to welcome the organization's help in ensuring detainees' well-being. During regular visits to detention facilities, delegates monitored inmates' nutritional health, access to medical care and exposure to health risks (see below).

During ICRC visits, detainees/internees sent news to relatives using Movement family-links services. Following visits, the ICRC relayed observations and, where necessary, recommendations to the authorities to help ensure compliance with internationally recognized standards of detention and, where applicable, IHL.

Authorities advised on international norms relating to internment

With the arrival of alleged combatants in Liberia, the authorities examined with delegates the international norms relevant to internment by a neutral State during a conflict. Relevant government and security sector representatives and UN agencies clarified their respective responsibilities (including procedures for informing internees of their rights/obligations) at a workshop organized by the Liberian Refugee, Resettlement and Reintegration Commission with ICRC support. Drawing on ICRC guidance, the justice minister established a taskforce to coordinate its response to the issue. Taskforce members, including the ICRC, met regularly throughout the year to monitor internees' situation and address related matters.

As conditions in Côte d'Ivoire normalized, the Liberian authorities began examining procedures for internees' eventual release/return home. In particular, they worked with UNHCR/the ICRC to determine the legal status and best interests of interned minors, six of whom had been released and reunited with family by year-end.

Detainees/internees benefit from improvements to health care, hygiene and food provision

Aiming to raise detention health-care standards to national policy level, the Health and Social Welfare/Justice Ministries drew on ICRC expertise to formulate national guidelines on the topic for inclusion in the government's BPHS (see *Civilians*). Health workers/officials from Liberia's 15 county prisons learnt more about their role in implementing the BPHS at an ICRC workshop as part of joint Health Ministry/ICRC efforts to enhance health services for detainees.

On the ground, efforts focused on introducing mechanisms to better monitor/control disease and improve referral systems. Inmates benefited from more regular check-ups, with ICRC delegates on hand to advise health workers and, where necessary, contribute medical supplies. In coordination with key hospitals, detainees in Monrovia's largest prison (MCP) underwent screening for malaria/TB, contributing to a 50% reduction in malaria cases identified there.

Detainees in three prisons gained easier access to medical attention with the construction/renovation of on-site clinics stocked with essential equipment/drugs. Over 1,350 detainees/internees faced fewer general health risks following upgrades to water/sanitation infrastructure in 12 facilities (including Wainsue camp) by the Bureau of Corrections and Rehabilitation and/or the ICRC. Around 1,500 received blankets, mattresses and cleaning materials, improving their comfort and hygiene conditions. In four prisons, inmates began producing soap using ICRC-donated raw materials, resulting in a sharp drop in reported skin complaints.

To boost detainees' nutritional intake, the National Society cultivated a kitchen garden with ICRC-supplied tools, seed and training, enabling it to supply fresh vegetables to the MCP kitchens. Internees in Wainsue camp also benefited from ICRC food supplies.

WOUNDED AND SICK

Refugees wounded or taken sick prior to/during their journey from Côte d'Ivoire obtained first-level care from National Society first-aiders who, with ICRC training/equipment, had deployed to border areas. Continuous communication with other health actors present ensured these services complemented their initiatives.

AUTHORITIES

National/local authorities and representatives of the international community, including diplomats, UNMIL and UN agencies, met the ICRC regularly to share humanitarian/security concerns, helping ensure they understood and supported IHL and Movement activities in Liberia, particularly those linked to the presence of refugees from Côte d'Ivoire. Besides welcoming Movement input at humanitarian coordination meetings, the Liberian government sought the ICRC's advice regarding the treatment of armed elements arriving on Liberian soil (see *People deprived of their freedom*).

Prior to the elections, Liberian Red Cross/ICRC personnel joined security actors involved in supervising the process at preparatory meetings led by the National Election Commission (NEC). At the NEC's request, 787 police officers and 1,216 polling station officials learnt about the Movement's role during the elections and appropriate use of force when maintaining public order, and acquired basic first-aid skills, during National Society/ICRC briefings, better preparing them to handle potential election-related disturbances.

Besides tackling humanitarian needs generated by the refugee influx and organizing elections, the government took tangible steps to bring national legislation in line with IHL. Additional Protocol III, the African Union Convention on IDPs and the Hague Convention on Cultural Property all progressed to the National Assembly for ratification. The Defence and Justice Ministries explored with delegates the value of creating a national IHL committee.

To enhance national military IHL capacities, the newly reconstructed Armed Forces of Liberia (AFL) and their international mentors strengthened cooperation with the ICRC. During their basic training, over 1,000 AFL members improved their knowledge of IHL principles and the Movement during seminars/presentations run by ICRC-trained IHL instructors with ICRC input. In parallel, high-ranking/legal officers studied their respective roles in ensuring personnel applied IHL/international human rights law effectively while attending ICRC workshops, and one ICRC-sponsored officer within the AFL's legal department enhanced his expertise at an IHL event in Italy. Over 900 military/joint security personnel and incoming police officers/peacekeepers better understood the Movement's work and the relevance of both bodies of law in situations of violence after ICRC briefings. Military institutions received IHL publications to support such training.

CIVIL SOCIETY

Efforts focused on raising awareness of humanitarian concerns and the Movement among a cross-section of society, particularly ahead of the elections.

Some 2,500 influential journalists, representatives of NGOs, trade unions and political parties, and community/religious leaders deepened their insight into humanitarian principles and the Movement's role in post-conflict Liberia at National Society/ICRC

presentations. Some 1,800 also learnt to administer first aid during such events, boosting first-level care capacities among communities in tension-prone areas, including where ex-combatants were present. Based on such briefings and ICRC-produced print, online and audiovisual sources, national/international media boosted the Movement's public profile, notably by reporting widely on its response to the refugee influx (see *Civilians*).

Through a competition designed to stimulate youth interest in humanitarian issues, two would-be journalists gained experience reporting on National Society activities witnessed first-hand on ICRC-funded field trips. The resulting radio spot/photo montage highlighted the effects of armed conflict on young people.

Discussions with the University of Liberia and Cuttington University progressed, aimed at helping them introduce IHL in their curricula. In preparation, one ICRC-sponsored lecturer acquired IHL teaching tools at a course abroad, while both institutions received IHL publications to support related research.

RED CROSS AND RED CRESCENT MOVEMENT

In accordance with a tripartite agreement, the Liberian Red Cross benefited from expert back-up and increased training, logistical, material and financial support from the International Federation/ICRC to enable it to mount an effective Movement response to the refugee influx (see *Civilians* and *Wounded and sick*). In particular, 200 volunteers enhanced their family-links skills and 63 their first-aid techniques. While these operations took priority over some planned assistance activities, such as a health initiative for women, the National Society continued to receive ICRC support to develop its own agricultural and water/sanitation initiatives elsewhere in Liberia. Thirty volunteers underwent needs assessment training, boosting their capacities to plan/implement assistance operations.

In case of election-related violence, the National Society developed a contingency plan backed by ICRC training, equipment and vehicle support, reinforcing its first-aid network/rapid deployment capacities. Having sharpened their first-aid/presentation techniques, some 1,900 National Society personnel, including 46 instructors, worked alongside ICRC delegates to brief/train groups with potential influence during unrest (see *Authorities and Civil society*). Communication personnel also conducted 786 presentations independently for 19,945 people, including school-club members, using ICRC-supplied audiovisual equipment. These, together with newsletters/radio spots produced with ICRC input, helped promote the Movement/humanitarian principles widely.

To refine governance and management practices, the National Society's leadership conducted workshops for 223 senior staff/board members with ICRC guidance/financial support, strengthening their capacities in areas such as resource mobilization, IHL and adherence to Movement codes of conduct.

Regular meetings of relevant Movement partners facilitated effective coordination of their activities.

LIBYA

ICRC operations in Libya are budgeted under the Tunis regional delegation



The ICRC opened a delegation in Libya in 2011 after social unrest escalated into armed conflict. While boosting the capacities of the Libyan Red Crescent, it works alongside it to respond to the needs of conflict-affected people in terms of medical care, emergency relief, essential services and family contact and to address weapon contamination. It reminds all parties – authorities and weapon bearers – of their obligations under IHL to protect those not or no longer taking part in the fighting and visits people detained in relation to the conflict.

CONTEXT

January's popular uprising in Tunisia (see *Tunis*) resonated across North Africa and the Middle East. In Libya, initial socio-political unrest in Benghazi developed into a challenge to the long-ruling regime, reaching the level of armed conflict by March. Confrontations opposed forces loyal to the regime and those supporting the opposition National Transitional Council (NTC). Following the adoption of UN Security Council resolution 1973, an international coalition led by NATO launched military operations against forces loyal to the regime.

Initially, military advantage shifted between government and opposition forces, with western areas broadly under government control, and eastern areas controlled by the opposition. Gradually, front lines moved southwards and westwards as the opposition gained territorial control. Strategic cities, particularly Bani Walid, Misrata and Sirte, sustained heavy artillery fire/air strikes for weeks or months.

Besides leaving thousands dead, wounded or detained, the fighting damaged livelihoods and vital infrastructure. Internationally imposed restrictions (partially lifted in September) and the rising cost of some commodities exacerbated living conditions. Several hundred thousand people fled to safer areas within Libya or abroad, mainly Egypt or Tunisia. Foreign governments and humanitarian organizations launched large-scale aid operations.

By October, the NTC had been widely recognized as the sole official representative of the Libyan people. With the taking of Sirte, culminating in the death of the former leader, it consolidated its control. A transitional government was installed in November, tasked with restoring security, promoting national reconciliation, establishing a nationwide administration, organizing constituent assembly elections and embarking on military/security sector reform.

Although security progressively improved, weapons reportedly remained widespread, localized intercommunal clashes surfaced and a national chain of military command had yet to be consolidated. Essential services remained unreliable and mines/explosive remnants of war (ERW) contaminated some areas. Many families were without news of missing relatives, and people remained detained pending determination of their legal status.

ICRC ACTION AND RESULTS

The ICRC led the Movement's response to the conflict in Libya, with the Libyan Red Crescent as its primary partner. Given the scale and unpredictability of humanitarian needs, it increased its

EXPENDITURE (IN KCHF)

See Tunis

IMPLEMENTATION RATE

See Tunis

PERSONNEL

See Tunis

KEY POINTS

In 2011, the ICRC:

- ▶ established a fixed presence in Libya, opening a delegation in Tripoli and bases in Benghazi, Misrata, Al Qalaa and Sabha to manage its operations there in cooperation with the Libyan Red Crescent
- ▶ with the National Society, provided 284,552 people with essential household items and 246,877 with emergency food rations, and 68 hospitals/clinics with medical/surgical materials and equipment
- ▶ as a neutral intermediary, transferred 3,257 stranded civilians to safety by air/sea across front lines, similarly evacuating weapon-wounded patients from besieged cities to appropriate medical facilities
- ▶ donated components/equipment to utility companies, enabling them to restore essential water, electricity and sewage services which, alongside water/sanitation works in IDP/transit camps, benefited 893,570 people
- ▶ visited 13,785 people detained in connection with the conflict/preceding unrest, monitoring their treatment and living conditions and advising the transitional authorities on developing an appropriate legal framework for detention
- ▶ conducted weapon-clearance activities in areas contaminated by mines/explosive remnants of war, facilitating the safe return of displaced people and supporting reconstruction efforts

Main figures and indicators	PROTECTION	Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)				
RCMs collected		1	UAMs/SCs*	
RCMs distributed		1		
Phone calls facilitated between family members		23,400		
Reunifications, transfers and repatriations				
People reunited with their families		1		
	<i>including people registered by another delegation</i>	1		
People transferred/repatriated		3,257		
Tracing requests, including cases of missing persons				
People for whom a tracing request was newly registered		2,650	Women	Minors
People located (tracing cases closed positively)		562		
	<i>including people for whom tracing requests were registered by another delegation</i>	44		
Tracing cases still being handled at 31 December 2011 (people)		2,094	23	87
UAMs/SCs*, including unaccompanied demobilized child soldiers				
UAMs/SCs newly registered by the ICRC/National Society		3	Girls	Demobilized children
Documents				
People to whom travel documents were issued		1		
Official documents relayed between family members across borders/front lines		239		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits				
Detainees visited		13,785	Women	Minors
Detainees visited and monitored individually		1,977	3	67
Detainees newly registered		1,977	3	67
Number of visits carried out		224		
Number of places of detention visited		100		
Restoring family links				
RCMs collected		366		
RCMs distributed		86		
Phone calls made to families to inform them of the whereabouts of a detained relative		417		
Detainees released and transferred/repatriated by/via the ICRC		5		
People to whom a detention attestation was issued		3		

* Unaccompanied minors/separated children

Main figures and indicators	ASSISTANCE	Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat				
Food	Beneficiaries	246,877	28%	45%
	<i>of whom IDPs</i>	246,877		
Essential household items	Beneficiaries	284,552	28%	45%
	<i>of whom IDPs</i>	284,552		
Water and habitat activities	Beneficiaries	893,570	30%	45%
	<i>of whom IDPs</i>	258,500		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat				
Essential household items	Beneficiaries	10,239		
Water and habitat activities	Beneficiaries	520		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	68		
First aid				
First-aid posts supported	Structures	4		
Water and habitat				
Water and habitat activities	Number of beds	220		
Physical rehabilitation				
Centres supported	Structures	1		
Patients receiving services	Patients	376	77	64
New patients fitted with prostheses	Patients	27	4	
Prostheses delivered	Units	50	7	
	<i>of which for victims of mines or explosive remnants of war</i>	11		
New patients fitted with orthoses	Patients	52	5	25
Orthoses delivered	Units	104	15	53
	<i>of which for victims of mines or explosive remnants of war</i>	5		

budget, twice appealing for additional funds. ICRC operations in Libya were covered by the Tunis regional delegation, which was therefore the beneficiary of these appeals. The Libyan Red Crescent

received increased support to boost its response capacities, as did the Egyptian and Tunisian Red Crescent Societies to facilitate relief operations for people fleeing Libya (see *Egypt* and *Tunis*).

The ICRC established a fixed presence in Libya on 27 February, initially in Benghazi and, subsequently, in Tripoli. As front lines shifted, it gradually broadened its operational reach, opening offices in Misrata, Al Qalaa and Sabha.

Dialogue was established/developed with all parties to the conflict to foster their support for IHL and the Movement's neutral, impartial and independent humanitarian action and so secure safe access to victims. As the situation evolved, the ICRC reminded them of their respective obligations under applicable law. Humanitarian messages relayed via the media underscored the respect owed to civilians, the dead and wounded, detainees and medical/humanitarian missions.

To help ensure the weapon-wounded received adequate care, the ICRC strengthened National Society first-aid services and provided medical/surgical supplies and expert input to conflict-affected hospitals. It conducted war-surgery seminars and, in negotiation with the relevant authorities, urgent medical evacuations. The Benghazi Rehabilitation Centre received training/components to support services for the disabled. Ordnance-clearance operations, backed by a risk-awareness campaign, helped prevent injuries by mines/ERW.

In coordination with the relevant authorities/humanitarian actors, ICRC/National Society teams distributed emergency food and household necessities, mainly to IDPs, stranded foreigners and, in newly stable areas, to returnees. Utility companies received components/tools to repair/maintain critical electricity, water and sewage infrastructure.

Through Movement family-links services, Libyans/foreigners had help to locate/reconnect with relatives with whom they had lost contact. To ensure families learnt promptly of a relative's death, the ICRC trained National Society/other volunteers in effective human remains management, facilitating identification. As a neutral intermediary, it transported people trapped in besieged cities to safety across front lines.

Early on, the ICRC obtained agreement from the relevant authorities in Benghazi and Tripoli to visit people detained under their respective jurisdictions. During visits, delegates monitored inmates' treatment and living conditions and helped them contact their relatives/consular representatives, sharing feedback with the authorities confidentially. They continued such visits under the transitional authorities, while advising them on an appropriate legal framework for detention.

As the situation normalized, the delegation adapted its activities, reducing emergency aid and concentrating instead on supporting the transitional authorities as they grappled with residual issues arising from the conflict and prepared to rebuild Libya's institutions. Besides tackling detention-related matters, it advised them on establishing a coordinated mechanism for handling the cases of missing persons, providing expert training to officials/forensic teams.

Continuous contact with relevant stakeholders helped ensure humanitarian needs were met while avoiding duplication.

CIVILIANS

Civilians faced multiple threats resulting from the conflict. Besides the direct risk they faced from air strikes and ground confrontations, damage to infrastructure disrupted health, electricity, water and telecommunications services. Libyans and foreign residents

sought refuge in safer parts of Libya or abroad, with host families or in improvised camps/transit facilities, whilst awaiting an improvement in security or repatriation/transfer to third countries. Where fighting had subsided and people began returning home, the continued presence of weapon bearers and mines/ERW hampered efforts to restore security. Stranded foreigners, IDPs and groups at risk of discrimination on account of their perceived sympathies/affiliation were particularly vulnerable.

Authorities and weapon bearers urged to respect civilians

From its arrival in Libya, the ICRC monitored the impact of the fighting on civilians, conducting field missions wherever it could obtain safe access to assess humanitarian needs. During meetings with ICRC delegates within Libya and at its borders (see *Egypt and Tunis*), people made allegations of arrests and abuses, including indiscriminate fire, summary executions and misappropriation of medical facilities. These were documented and, where possible, the problem was raised with the alleged perpetrators to prevent such incidents in the future..

At the same time, the relevant authorities, weapon bearers and traditional/community leaders also maintained dialogue with delegates regarding their respective responsibilities towards civilians. All parties to the conflict received notification of their obligations to comply with IHL (see *Authorities and Armed forces and other bearers of weapons*), stressing the respect/protection owed to people not/no longer participating in hostilities. Both Libyan parties were urged to ensure people's access to basic services and humanitarian/medical aid, including by enabling them to leave besieged cities.

Dispersed relatives receive family news or are reunited

Over the year, 2,650 people approached the ICRC/National Society seeking news of relatives with whom they had lost contact. Where telecommunications networks were dysfunctional, as for a time between eastern and western Libya and in conflict-damaged cities, Libyans and foreigners, including detainees (see *People deprived of their freedom*), had help to contact relatives, where necessary by satellite phone (23,400 calls made).

In May, given the precarious conditions in Misrata, the ICRC, alongside other organizations, launched operations with the Malta Red Cross Society to evacuate stranded people to safety by sea. Accordingly, 2,504 people, including weapon-wounded patients (see *Wounded and sick*), reached hospitals or National Society-run transit facilities in Benghazi/Tobruk. Similarly, 753 people away from home when conflict erupted rejoined their families in Benghazi or Tripoli. To enable such travel, 239 individuals had official documents delivered to them across front lines.

Hundreds of people reported relatives unaccounted for. To ensure that families learnt promptly of a relative's death, volunteers helping collect the dead received ICRC guidelines on the management of human remains, facilitating identification. Once installed, Libya's transitional authorities welcomed ICRC support in locating burial sites and exhuming/identifying bodies according to proper forensic procedures. Drawing on ICRC recommendations, they created a national commission to coordinate the missing persons issue, from the search/identification of human remains to data protection and the provision of administrative/psychological support to the families concerned. This commission worked with ICRC forensic experts to develop its strategy, structure and procedures, with newly appointed forensic teams receiving on-the-job training. At year-end, the authorities entrusted this issue to the Ministry of Martyrs and Missing Persons.

Throughout the year, National Society personnel benefited from training, funds and equipment, including vehicles, fuel, satellite phones and protective clothing/body bags, to facilitate family-links activities, including human remains management.

IDPs, returnees, stranded foreigners and vulnerable residents have emergency needs covered

In coordination with the relevant authorities/humanitarian agencies, National Society/ICRC relief efforts focused on IDPs, people stranded near front lines, foreigners awaiting repatriation/transfer and, where fighting had abated, returnees. Emergency assistance was scaled down and localized as the situation stabilized and the authorities in place established their own aid/maintenance mechanisms.

In total, 284,552 people (52,211 households) received household essentials and 246,877 people (44,978 households) a one-month food ration (at least once), to help cover immediate needs.

Some 20,000 IDPs/foreigners gathered in improvised camps/transit facilities faced fewer health risks after the ICRC constructed/upgraded on-site water/sanitation facilities. Meanwhile, with shortages of fuel and components or damage to pipelines impeding service delivery, utility companies in, for example, Ajdabiya, Kufra, Misrata and Zintan received ICRC-supplied spare parts, chemical products and tools to repair/maintain priority infrastructure. This ensured that electricity/water supply and sewage systems serving homes, businesses and health facilities continued to function. In Kikla, residents relied for one month on water supply/sewage disposal services provided by ICRC trucks until the water authorities and ICRC engineers could restore the network. By year-end, these various initiatives had alleviated difficult conditions for 893,570 people.

Civilians protected from mines/ERW

In areas that had sustained heavy fighting, ICRC weapon-contamination experts identified a residual threat to civilians posed by ERW. Between April and December, in coordination with other mine-action actors, ICRC explosive-ordnance teams removed 2,021 ERW and 1,035 rounds of ammunition from around Ajdabiya, Bani Walid, Brega, the Nefusa mountains and Sirte, facilitating the safe return of IDPs/refugees and enabling schools to reopen.

A parallel risk-awareness campaign sought to alert local populations to the dangers of mines/ERW and to enlist their help in locating areas requiring assessment/clearance. After undergoing data-collection/risk-education training, some 300 volunteers from 11 National Society branches toured communities distributing posters, leaflets and t-shirts. Safety messages were reinforced by a three-week national radio campaign and by religious leaders during prayer-time sermons.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC followed up tracing requests concerning allegations of arrest and worked to gain access to all people detained, by either party, in relation to the conflict/preceding unrest.

Early on, following discussions on its standard procedures for visiting detainees, the ICRC was granted access to detainees under the authority of the General Popular Committees for Public Security and for Justice, and to all detainees under the jurisdiction of the NTC. Subsequently, the transitional government expressed interest in formalizing ICRC visits.

As front lines shifted, improvised detention facilities proliferated under the authority of local brigades fighting in support of the NTC, with sites continually materializing/closing. Detention conditions varied, some facilities being inadequately equipped for the purpose.

By year-end, 13,785 detainees in 100 facilities had received visits from the ICRC, according to its standard procedures, to monitor their treatment and living conditions and respect for their judicial guarantees. These included senior figures associated with the former regime. Feedback was shared with the relevant authorities confidentially.

During visits, detainees contacted their families/consular representatives using Movement family-links services, which avoided them being reported as missing. In May, the relevant authorities in place in Benghazi and Tripoli engaged the ICRC, as a neutral intermediary, to facilitate the transfer of detainees across front lines upon release. As such, five people released from Benghazi were voluntarily transferred home by ICRC-chartered plane, and 53 from Tripoli by boat (see *Civilians*).

As a contribution to their health and well-being, over 10,200 detainees received hygiene items, blankets, clothes and/or mattresses, while 520 benefited from urgent repairs to water/sanitation facilities.

Transitional authorities advised on redeveloping the detention system

Dialogue developed with the transitional authorities aimed at helping them adopt a clear legal detention framework, regroup all detainees in official facilities under central authority and ensure the inmates' conditions complied with internationally recognized standards and, where relevant, with IHL. Detaining authorities at central/local level were informed of their responsibilities towards different categories of detainees and encouraged to screen all inmates to clarify their judicial status. This contributed to the release of some individuals, the formal charging of others, and the closure of several facilities.

WOUNDED AND SICK

Pressure on medical services mounted or eased as front lines moved, peaking in besieged cities. Looting and restrictions on medical imports caused shortages of essential supplies/equipment and, coupled with material damage and staffing constraints, sometimes impeded patient care. Meetings and media releases served to remind the relevant authorities/weapon bearers to respect the wounded/sick and medical/humanitarian personnel and infrastructure (see *Civilians* and *Civil society*).

To ensure first-level care, 388 National Society volunteers, as well as combatants, enhanced their first-aid skills during ICRC workshops, while first-aid posts/field hospitals were equipped with supplies. To maximize impact without endangering medical workers' lives, first-aiders/ambulance drivers received advice on effective communication, the Safer Access approach and mass-casualty management, including the proper handling of human remains (see *Civilians*).

To support them in dealing with influxes of patients, 68 hospitals/clinics received sufficient medical/surgical supplies and equipment to treat, in total, 3,250 weapon-wounded people. Upon urgent request, some also received drugs to treat chronic diseases, anaesthetics and/or equipment for setting fractures. Health authorities in Sabha had 40,000 vaccine doses airlifted to them to stem a measles outbreak. In Sirte, two damaged hospitals (220 beds) resumed services after the ICRC restored their water/electricity supply.

Where hospitals faced overwhelming demand (as on occasion in Ajdabiya, Benghazi, Tripoli, Yefren and Zawiyah), ICRC specialists worked alongside local surgeons and nurses for as long as necessary, sharing their expertise in treating weapon-wounded patients and/or in occupational therapy/intensive care. Over 180 medical/surgical personnel improved their knowledge of war-surgery principles during ICRC workshops.

Where necessary, weapon-wounded patients were evacuated to appropriate facilities by road, sea or air. During the battle for Sirte, for example, when local hospitals had ceased to function, 66 patients obtained required treatment after the ICRC negotiated their safe transfer to Benghazi/Tripoli with the relevant civil/military authorities.

To prevent disabled persons, including mine/ERW victims, from having to travel abroad for limb-fitting/physiotherapy services, the Benghazi Rehabilitation Centre benefited from staff training, equipment and raw materials. This enabled it to produce and fit mobility aids using the ICRC's polypropylene technology until regular supply chains could be restored, benefiting 376 patients between August and December.

AUTHORITIES

As the conflict evolved, dialogue was established and maintained with all parties involved to solicit their compliance with IHL and support for the Movement's neutral, impartial and independent humanitarian action. All parties received formal reminders regarding their obligations under applicable law, particularly the rules to respect during non-international/international armed conflict (see *Civilians*).

Early on, the relevant authorities in Benghazi and Tripoli authorized the ICRC to contribute to the humanitarian response and to visit detainees held under their respective administrations. To facilitate such work, they received systematic notification of the whereabouts of National Society/ICRC personnel and premises. Their support, and that of local authorities, enabled life-saving humanitarian/medical missions to proceed, as in Sirte (see *Wounded and sick*).

On the ground and at a strategic level, meetings with relevant States, international/regional bodies and humanitarian organizations, including UN agencies, contributed to effective humanitarian coordination. Formal ICRC representations drew stakeholders' attention to the impact of internationally imposed restrictions on essential services and thus ensured that humanitarian exemptions were applied effectively.

Once installed, the transitional administration confirmed its readiness to work with the ICRC, particularly to develop legal frameworks relating to missing persons/detainees (see *Civilians* and *People deprived of their freedom*). Legal advisers studied IHL rules applicable to non-international armed conflict during an ICRC workshop.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

Contact was established with representatives of all States and bodies responsible for conducting military operations. Besides encouraging acceptance of the National Society/ICRC's distinctive work, this sought to ensure that during hostilities, IHL rules applicable to international/non-international armed conflict were respected (see *Civilians*). To safeguard Movement staff/operations, NATO,

like the authorities present in Benghazi and Tripoli (see *Authorities*), received notifications regarding ICRC/National Society presence and movements.

During the fighting, through briefings/workshops held in cooperation with the NTC, over 600 weapon bearers improved their knowledge of the Movement and the relevance of IHL to their operations, helping ensure humanitarian aid reached people in need. To the same end, combatants encountered during ICRC/National Society field missions received information materials and/or first-aid training/equipment to facilitate first-level care (see *Wounded and sick*).

Once high-intensity confrontations had subsided, the delegation turned its attention to supporting the transitional administration as it prepared to reorganize Libya's armed/security forces, by helping build respect for IHL/international human rights law among future troops. As a priority, the incoming military/security command and weapon bearers countrywide (including brigades operating independently) deepened their understanding of correct arrest/detention procedures at ICRC briefings.

CIVIL SOCIETY

National/international media approached the ICRC for credible information regarding the humanitarian consequences of the conflict. ICRC media releases, interviews and television/radio spots generated extensive coverage of humanitarian concerns and the Movement's response (see *Civilians* and *Wounded and sick*). Calls for all parties to respect, without distinction, civilians, the dead and wounded, detainees, and medical/humanitarian missions, also helped relay humanitarian messages widely while increasing the ICRC's visibility as a neutral, impartial and independent organization.

As the situation normalized, the delegation focused on developing contacts amid a burgeoning local media scene to enlist journalists' support in promoting the ICRC's mandate/emblems among the Libyan public, many people having had little prior contact with international actors. Twenty-three journalists enhanced their knowledge of such topics at an ICRC seminar.

Meanwhile, bilateral meetings and presentations provided an opportunity to foster support for humanitarian principles, social cohesion and the Movement among influential members of civil society. In Benghazi, over 150 lecturers, students, magistrates and lawyers examined with interest the relevance of IHL at events organized with the NTC. Countrywide, religious/traditional leaders and NGOs working in fields of common interest shared their concerns regarding threats to civilian welfare, helping alert the ICRC to unmet needs.

RED CROSS AND RED CRESCENT MOVEMENT

As the only local humanitarian organization operating nationwide, the Libyan Red Crescent played a vital role in assisting conflict-affected people and was the ICRC's primary partner. To strengthen its management/response capacities, it received ICRC funds, training, materials, vehicles and communications equipment, to facilitate the safe, effective conduct of relief distributions, first-aid/family-links services and mine/ERW risk-awareness initiatives (see *Civilians* and *Wounded and sick*).

To provide a coherent Movement response, the National Societies of Egypt, Libya and Tunisia, the International Federation and the ICRC issued a statement establishing the responsibilities of

all Movement components involved, reinforced by coordination mechanisms and operational guidelines. A subsequent tripartite agreement provided a framework for action within Libya.

With various non-Movement actors seeking to engage the National Society as their implementing partner, it received support in managing such requests to avoid overstressing its capacity and to help preserve its neutrality, impartiality and independence.

As conditions normalized, the National Society's leadership worked with the ICRC/International Federation to determine its strategy during Libya's transition. Together they devised an action plan aimed at consolidating its management structure, strengthening its emergency-preparedness capacities and developing its communication, mine-risk education and family-links departments.

NIGERIA



Active in Nigeria during the Biafran war (1966–70), the ICRC established a delegation in Lagos in 1988, relocating to Abuja in 2003. It seeks to protect people affected by violence and to boost the Nigerian Red Cross Society’s capacity to respond to emergencies, particularly in the Niger Delta and the north of the country. It supports the National Society’s tracing and IHL promotion activities. Working with the authorities, the armed forces, the police, civil society and the Economic Community of West African States, the ICRC promotes awareness of IHL and its implementation at national level.

CONTEXT

The situation in Nigeria remained highly volatile. Various factors threatened to undermine the delicate co-existence of ethnic/religious interests characterizing Nigerian society. Elections in April, while returning the incumbent president to power, revealed a broadly north-south divide. Unequal wealth distribution was a source of growing frustration, with poverty and limited access to basic services causing hardship for many. Previous patterns of violence intensified, affecting an increasing number of states and triggering multiple arrests and casualties and displacement.

Intercommunal attacks and reprisals flared on several occasions, mainly in Bauchi, Kaduna and Plateau states, fuelled by mutual mistrust and tensions related to land/political control. The elections were marred by violence in some northern states (notably Kaduna and Kano), with political rivalry compounding existing social tensions. Meanwhile, representatives of Nigeria’s State institutions, religious buildings and popular recreational spaces were the target of frequent bomb attacks and other deadly incidents, initially concentrated in Borno state but progressively affecting states across the north. Abuja sustained similar attacks, including the bombing of the Nigerian Police Force headquarters and the UN country office. The armed group “Boko Haram” claimed responsibility in some cases. Nigerian armed/security forces were deployed to respond to these situations of violence.

In the Niger Delta, calm continued to hold, thanks mainly to a government amnesty for former fighters. Grievances persisted, however, over the slow implementation of a rehabilitation programme for such fighters, distribution of oil wealth and lack of government investment. An isolated confrontation between the government’s Joint Task Force (JTF) and alleged insurgents occurred in May.

Despite its domestic concerns, Nigeria continued to play an important role in addressing regional peace and security issues through the Economic Community of West African States (ECOWAS), particularly in relation to the armed conflict in Côte d’Ivoire.

ICRC ACTION AND RESULTS

In 2011, working from bases in Abuja, Kano and Port Harcourt, the ICRC stepped up its operations in violence-prone central, northern and Niger Delta states, with the Nigerian Red Cross Society as its primary partner. Together they responded swiftly to outbreaks of violence, while working to better prepare communities against such emergencies. These activities raised the profile of the National Society and the ICRC as key providers of humanitarian aid in Nigeria.

EXPENDITURE (IN KCHF)

Protection	320
Assistance	1,909
Prevention	2,018
Cooperation with National Societies	1,354
General	-

► **5,601**

of which: Overheads 342

IMPLEMENTATION RATE

Expenditure/yearly budget	64%
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PERSONNEL

Expatriates	13
National staff (daily workers not included)	49

KEY POINTS

In 2011, the ICRC:

- ▶ strengthened its field operations in volatile northern, central and Niger Delta states, facilitating a swift response to emergencies
- ▶ strengthened the National Society’s emergency-preparedness/response capacities, enabling it to expand its community-based first-aid programme and mobilize urgent water/sanitation initiatives
- ▶ with the National Society, provided medical aid, clean water, food and/or essential household items to help meet the immediate needs of people wounded or displaced by violence
- ▶ with local health authorities, launched mobile health services in remote, violence-prone parts of the Niger Delta, enabling vulnerable women and children to receive vital vaccinations
- ▶ developed its network of contacts with key stakeholders in violence-prone regions, including authorities, weapon bearers and religious leaders, to gain their support for the Movement and secure safe access to people in need
- ▶ assisted the police in mitigating hygiene-associated health risks for detainees in custody facilities overstretched following multiple arrests made in connection with violence

Main figures and indicators	PROTECTION	Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)				
RCMs collected		5	UAMs/SCs*	
RCMs distributed		2		
Phone calls facilitated between family members		1		
Tracing requests, including cases of missing persons				
People for whom a tracing request was newly registered		2	Women	Minors
Tracing cases still being handled at 31 December 2011 (people)		2	1	1
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Restoring family links				
RCMs collected		5		

* Unaccompanied minors/separated children

Main figures and indicators	ASSISTANCE	Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat				
Food	Beneficiaries	27,021	54%	32%
	<i>of whom IDPs</i>	27,021		
Essential household items	Beneficiaries	2,946	18%	65%
	<i>of whom IDPs</i>	2,946		
Water and habitat activities	Beneficiaries	24,045	22%	57%
	<i>of whom IDPs</i>	12,700		
Health				
Health centres supported	Structures	5		
Average catchment population		5,183		
Immunizations	Doses	5,115		
	<i>of which for children aged five or under</i>	3,246		
	<i>of which for women of childbearing age</i>	1,869		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat				
Essential household items	Beneficiaries	155		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	20		

The ICRC developed its network of contacts with national/state authorities, weapon bearers, religious/traditional leaders and communities, helping build mutual understanding and support for humanitarian principles and the Movement's neutral, impartial and independent humanitarian action. This facilitated humanitarian coordination and helped ensure the smooth conduct of National Society/ICRC operations in volatile circumstances. Insecurity nevertheless restricted their activity on some occasions.

Given recurrent patterns of violence, the ICRC continued to strengthen the National Society's emergency-preparedness/response capacities. In particular, priority branches received training, financial, logistical and material support to expand the National Society's first-aid network and community-based first-aid training programme, conduct emergency water/sanitation initiatives and better promote the Movement.

To mitigate health risks during displacement, ICRC/National Society teams upgraded water/sanitation infrastructure in sites where IDPs commonly sought refuge, thus delivering long-term community benefits.

When violence flared in, for example, Bauchi, Borno, Kano and Plateau states, the National Society tended to the wounded while the ICRC donated medical/surgical materials to overwhelmed hospitals to ensure patients' care. Together they distributed initial supplies of food, drinking water and essential household items to IDPs, helping cover their basic needs until the national/state authorities mobilized their relief mechanisms. At high-density IDP sites, they installed water supply systems, ensuring displaced

families had sufficient clean water and reducing their exposure to water-borne diseases.

Having consulted relevant stakeholders, the ICRC, together with the state health authorities, launched a mobile health initiative in the Niger Delta creeks aimed at providing isolated communities with easier access to preventive care. This enabled vulnerable women and children to be immunized against major diseases. Delegates also discussed referral arrangements with nearby hospitals to help ensure that when necessary, creek communities could obtain hospital treatment, particularly ante/post-natal care.

The ICRC continued to work to enhance respect for IHL at national and regional level. It contributed training and expertise to Nigeria's government and national IHL committee to accelerate the ratification/implementation of outstanding treaties, while supporting ECOWAS in promoting IHL and humanitarian concerns among member States. Similarly, it continued to assist Nigerian military, peacekeeping and police training units in better integrating IHL/international human rights law into curricula, doctrine and operations, notably by providing tailored briefings/training to troops, including those involved in internal security operations. It organized several events for lecturers and students to stimulate IHL-related study and teaching at university level.

Besides welcoming ICRC training proposals, Nigeria's police command accepted practical support from the organization to mitigate hygiene-associated health risks for detainees in overcrowded custody facilities. In November, the ICRC submitted an offer of service to the government to visit detainees in accordance with its standard procedures.

CIVILIANS

A stronger operational presence in violence-prone areas enabled the ICRC to intensify its dialogue with authorities, weapon bearers and other influential actors with a view to better protecting civilians in accordance with applicable law. This provided an opportunity to alert them to the humanitarian consequences of fighting for civilians and to secure safe access by Movement personnel to people in need.

Victims of violence approached ICRC delegates to report allegations of arrests and abuses. Such allegations were documented and referred to during discussions with authorities and weapon bearers. Meanwhile, the National Society/ICRC took steps to better prepare communities to cope in situations of violence, concentrating their efforts in remote or volatile central, northern and Niger Delta states.

Vulnerable communities better prepared against emergencies

During violence, people commonly sought refuge in public/religious buildings, military/police barracks or safer villages, many of which were ill equipped to meet their water/sanitation needs, exposing them to health risks.

In Kano and Plateau states, communities likely to host IDPs saw improvements to local infrastructure, offering long-term benefits to existing residents while boosting their coping capacities in case of an influx. For example, three schools in Kano had their toilets, rainwater collection/storage and/or waste-disposal systems upgraded. Local residents undertook to maintain the new facilities, ensuring their durability. Similar works began, albeit more slowly than planned, to improve access to clean water for vulnerable communities in the Niger Delta.

To enable a prompt response to water shortages, National Society personnel acquired the skills to assemble and operate emergency water-supply kits and raise hygiene awareness at an ICRC workshop.

Over the year, these preparations meant that 24,045 people, including IDPs (see below), were assured of adequate water and sanitation.

In parallel, Nigerian Red Cross first-aiders, including instructors, upgraded their skills/equipment with ICRC training/funds, enabling them to broaden the National Society's first-aid network. Through a community-based initiative expanded since its pilot phase, 1,860 community members in eight violence-prone states learnt to administer first-level care independently. Newly trained/equipped first-aiders formed emergency-response teams, subsequently honing their techniques through regular simulation exercises. Besides preparing communities to cope in situations of violence, these activities contributed to wider acceptance of the National Society/ICRC, thereby facilitating their emergency operations.

Given recurrent violence in central and north-eastern states, the ICRC prepared to open offices in Jos and Maiduguri to better position it to respond alongside the National Society.

Violence-affected people receive immediate aid

As a result of clashes or attacks, thousands of people sought temporary refuge in improvised camps or with host families. Owing in part to careful preparation (see above), IDPs received immediate relief from the Nigerian Red Cross, working alongside the ICRC or with its support (see *Red Cross and Red Crescent Movement*). Their efforts, conducted in coordination with national/state emergency agencies, helped thousands of people survive in precarious conditions.

In total, 27,021 people (5,385 households), mainly IDPs, received food and 2,946 (568 households) essential household items, including mats and blankets, to cover immediate needs.

In particular, with the outbreak of election-related violence in April, 22,825 IDPs (4,565 households) sheltering in sites around Bauchi, Kaduna and Kano were given staples such as cassava, bread and sugar, and/or sachets of drinking water, to sustain them until national/state emergency agencies mobilized their relief mechanisms. In Bauchi's Bununu camp, the National Society contributed to camp management, registering new arrivals and, at the authorities' request, ensuring IDPs' access to adequate water, sanitation and hygiene. Where their number threatened to overwhelm on-site water infrastructure, IDPs could rely on a steady supply of clean water throughout their displacement thanks to the installation of high-capacity tanks replenished regularly with trucked-in water.

Over the year, a small number of people, including IDPs, refugees and migrants, sought National Society/ICRC help to reconnect with relatives with whom they had lost contact. Other organizations working with refugees/migrants maintained contact with the ICRC, ensuring dispersed relatives were aware of family-links services at their disposal.

Niger Delta communities gain easier access to health services

To improve access to primary health care in the remote Niger Delta creeks, where health infrastructure remained minimal, the state health authorities and the ICRC launched outreach activities, using a custom-built boat to navigate the waterways. Reaching 45 communities in five violence-prone, hard-to-access parts of Rivers state, these enabled 649 children and 868 women of childbearing age to be immunized (5,115 doses) against diseases such as tetanus and polio. Where required, people received vitamin supplements and treatment for worms. Prior consultations with local stakeholders (see *Authorities, Armed forces and other bearers of weapons and Civil society*) ensured the acceptance of health teams. Preparations were under way to broaden the services available, for example by providing antenatal consultations or distributing mosquito nets to combat malaria.

PEOPLE DEPRIVED OF THEIR FREEDOM

Multiple arrests made in connection with violence in Plateau state sometimes overstretched local police custody capacities. To support the detaining authorities in maintaining adequate sanitation conditions despite overcrowding, and with the agreement of the police command (see *Armed forces and other bearers of weapons*), detainees in affected facilities received ad hoc supplies of soap and cleaning equipment/materials. Some took the opportunity to contact their families using RCMs.

Based on observations made during its tours of police stations at such times, the delegation submitted an offer of service to the government in November aimed at visiting detainees throughout Nigeria to monitor their treatment and living conditions in accordance with standard ICRC procedures.

WOUNDED AND SICK

An assessment of hospital capacities in Abuja and volatile central/north-eastern states enabled the ICRC to identify facilities likely to admit weapon-wounded patients and determine how best to support them in cooperation with the National Society.

When violence flared, as in Abuja, Jos and Maiduguri, injured persons obtained prompt attention from first-aiders, who evacuated

the seriously wounded to hospital and conducted follow-up visits to monitor their welfare. Overwhelmed hospitals in both predominantly Christian and predominantly Muslim areas received donations of drugs and medical/surgical materials to ensure patients' care. Where necessary, the authorities had help to ensure the timely collection, identification and burial of the dead. Insecurity occasionally prevented access to victims, highlighting the need to increase respect for humanitarian principles and National Society/ICRC missions (see *Armed forces and other bearers of weapons* and *Civil society*).

In the Niger Delta, discussions with key hospitals progressed to facilitate referrals from isolated creek communities benefiting from new health authority/ICRC outreach services (see *Civilians*). One hospital undertook to offer free ante/post-natal care to women otherwise unable to afford it, backed by ICRC reproductive health equipment/supplies.

AUTHORITIES

National and state authorities and international community representatives, including Nigeria's National Emergency Management Agency and ECOWAS members, maintained contact with the ICRC regarding domestic and regional security/humanitarian issues, including the consequences of conflict in Côte d'Ivoire. These discussions broadened support for IHL and National Society/ICRC activities for civilians and detainees (see *Civilians* and *People deprived of their freedom*) while facilitating humanitarian coordination.

High-level meetings served to impress upon Nigerian officials the importance of national IHL implementation. At the justice minister's request, 26 officials, including IHL committee members, reviewed outstanding treaties and methods of incorporating IHL into national legislation at an ICRC workshop. A revised bill on the 1949 Geneva Conventions and their Additional Protocols and two bills on weapon-control treaties progressed through various stages of approval to await presidential/federal executive council endorsement.

At regional level, ECOWAS officials explored with delegates ways of reinvigorating IHL implementation among member States, requesting their input at ECOWAS-led events. Members of a potential ECOWAS emergency-response team, for example, learnt from delegates about applying IHL in complex emergencies. Relevant departments continued to benefit from ICRC expertise to assist implementation of the Small Arms and Light Weapons Convention. The 2011 ECOWAS/ICRC IHL seminar was cancelled owing to security concerns.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

Gaining the support of all weapon bearers for humanitarian principles, applicable law and the Movement's distinctive role remained an ICRC priority, facilitated by a wider ICRC field presence and cooperation with Nigeria's military/police commands.

Over 450 Nigerian military personnel, plus departing peacekeepers, learnt about such topics during ICRC lectures/seminars, with units involved in internal security operations studying the proper maintenance of law and order. In the Niger Delta, briefings for JTF units and representatives of the former armed opposition, some twinned with first-aid training, secured safe humanitarian passage in the creeks (see *Civilians*).

Military/police training institutions welcomed ICRC support in better integrating humanitarian law into forces' curricula, doctrine

and operations, the army building on a directive issued in late 2010. Military/peacekeeping IHL instructors sharpened their teaching skills during ICRC courses at Nigerian academies, and ICRC-sponsored officers their IHL expertise during courses abroad. Nigeria's police hierarchy accepted ICRC proposals to support custody facilities in handling multiple arrests (see *People deprived of their freedom*) and to conduct tailored briefings for police units on international human rights law. A first such event targeted 18 instructors in Maiduguri.

The ECOWAS Standby Force similarly benefited from ICRC input to design/conduct a command post exercise.

CIVIL SOCIETY

Through round-tables and bilateral meetings, some incorporating first-aid training, influential religious/traditional leaders developed an open dialogue with ICRC delegates regarding their respective roles in protecting and assisting victims of violence. Besides building mutual understanding, such contact contributed to wider respect for humanitarian principles and the Movement's neutral, impartial and independent humanitarian action at community level. The media helped relay humanitarian messages further afield, taking up National Society/ICRC information materials to highlight Movement activities (see *Civilians* and *Wounded and sick*). Journalists improved their humanitarian reporting skills at ICRC workshops.

Helping stimulate interest in IHL and the Movement among higher-education circles, over 2,600 students of civil/sharia law deepened their understanding of these topics at presentations, backed by IHL publications donated to their libraries. Some had the chance to practise applying IHL through national/regional moot court competitions, while others preparing IHL-related theses benefited from ICRC expertise to support their research. To enhance IHL teaching capacities, lecturers from 20 such institutions gathered at an ICRC workshop to debate the relevance of IHL to contemporary conflict situations, while two ICRC-funded lecturers learnt ways of integrating such themes into their teaching during a course in South Africa (see *Pretoria*).

RED CROSS AND RED CRESCENT MOVEMENT

Besides gaining practical experience alongside field delegates (see above), the Nigerian Red Cross received ICRC training, financial, logistical and material support to help cover its running costs and to strengthen its emergency-preparedness/response, communication and family-links capacities.

Efforts focused on preparing branches in volatile areas to respond effectively to violence. Personnel from 17 branches learnt how to apply the Safer Access approach, and some to operate emergency water-supply kits. Branches also received relief goods, radio equipment to facilitate emergency communication and materials for properly handling human remains. Capitalizing on such support and its extensive volunteer network, the National Society provided vital assistance to victims of violence in coordination with national/state actors (see *Civilians* and *Wounded and sick*).

Aiming to broaden acceptance of IHL/the Movement and so facilitate assistance operations, communication personnel improved their presentation/media relations skills at ICRC workshops, while devising materials/events for different audiences.

Together with the ICRC, the National Society, while participating in Movement meetings, continued to develop its capacities in the areas of governance, management and coordination.

RWANDA



EXPENDITURE (IN KCHF)

Protection	2,100
Assistance	1,889
Prevention	313
Cooperation with National Societies	694
General	-

► **4,997**

of which: Overheads 305

IMPLEMENTATION RATE

Expenditure/yearly budget	83%
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PERSONNEL

Expatriates	11
National staff (daily workers not included)	76

KEY POINTS

In 2011, the ICRC:

- visited more than 68,000 detainees held by the military, the police and the prison authorities, monitoring their treatment and living conditions
- gave advice and practical support to the authorities to improve health and hygiene conditions for some 43,000 detainees
- submitted a report on the well-being of women detained with their infants, leading to concrete measures to improve their living environment
- reunited 102 people, including 95 children, with family members, while improving services and living conditions for those still seeking their relatives
- trained over 300 Rwandan Red Cross volunteers in the Safer Access approach and supported the Health Ministry in training 100 others in psychological aspects of first aid

Having worked in the country since 1960, the ICRC opened a delegation in Rwanda in 1990. It focuses on visiting the tens of thousands of detainees held in central prisons. It also visits people held in places of temporary detention such as police stations and military facilities. It helps reunite children with the families from whom they became separated in relation to the genocide or the conflicts in the Democratic Republic of the Congo. The ICRC works with the authorities to incorporate IHL into domestic legislation. It also supports the development of the Rwandan Red Cross.

CONTEXT

Following presidential elections in 2010, and local elections in 2011 won by the incumbent party, the administration continued with its reorganization of the government and the Rwanda Defence Force (RDF). Alongside, it pursued efforts to develop the country's economy and infrastructure so as to better integrate into the East African Community Common Market.

The authorities also completed a major overhaul of the penitentiary system, with the Rwanda Correctional Service (RCS) – created out of the merger of the National Prison Service and the National Committee for Alternative Penalties to Imprisonment – becoming fully functional by mid-year. With the system of *gacaca* courts approaching its end in 2012 and certain detainees allowed to complete their sentences through community work, the prison population dropped nearly 10% to around 58,000 inmates at year-end.

Amid ongoing military operations in the Kivu provinces of the Democratic Republic of the Congo (DRC), former weapon bearers, including children, continued to be repatriated from the DRC to Rwanda through the Disarmament, Demobilization, Repatriation, Resettlement and Reintegration (DDRRR) process facilitated by the UN Organization Stabilization Mission in the DRC (MONUSCO). The mandate of the Rwanda Demobilization and Reintegration Commission was renewed for a third time.

UNHCR worked with the Rwandan government and asylum countries towards the voluntary repatriation of Rwandans living abroad.

ICRC ACTION AND RESULTS

In 2011, the ICRC in Rwanda continued to focus on visiting detainees to monitor their treatment and living conditions, on providing tracing and RCM services where needed and on strengthening the capacities of the Rwandan Red Cross.

During the year, more than 68,000 detainees held throughout the country in civilian prisons, police stations and military camps were visited by ICRC delegates, who shared their findings and recommendations with the authorities through confidential oral and written reports. The ICRC increased the frequency of its visits to people detained by the military authorities on security-related charges and continued to visit former weapon bearers in camps under the jurisdiction of the Rwanda Demobilization and Reintegration Commission. Furthermore, ICRC delegates followed a group of eight people convicted by the Special Court for Sierra Leone and serving their sentences in Rwanda.

Main figures and indicators		PROTECTION		Total	
CIVILIANS (residents, IDPs, returnees, etc.)					
Red Cross messages (RCMs)					UAMs/SCs*
RCMs collected		2,839	38		
RCMs distributed		2,994	25		
Names published in the media		160			
Reunifications, transfers and repatriations					
People reunited with their families		102			
	<i>including people registered by another delegation</i>	82			
Tracing requests, including cases of missing persons					Women Minors
People for whom a tracing request was newly registered		87	12	31	
People located (tracing cases closed positively)		65			
	<i>including people for whom tracing requests were registered by another delegation</i>	17			
Tracing cases still being handled at 31 December 2011 (people)		127	19	51	
UAMs/SCs*, including unaccompanied demobilized child soldiers					Girls Demobilized children
UAMs/SCs newly registered by the ICRC/National Society		35	9	19	
UAMs/SCs reunited with their families by the ICRC/National Society		95	47	3	
	<i>including UAMs/SCs registered by another delegation</i>	78			
UAM/SC cases still being handled by the ICRC/National Society at 31 December 2011		93	17	31	
Documents					
People to whom travel documents were issued		1			
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
ICRC visits					Women Minors
Detainees visited		68,088			
Detainees visited and monitored individually		188	2	4	
Detainees newly registered		158	1	2	
Number of visits carried out		121			
Number of places of detention visited		45			
Restoring family links					
RCMs collected		186			
RCMs distributed		200			
People to whom a detention attestation was issued		10			

* Unaccompanied minors/separated children

Main figures and indicators		ASSISTANCE		Total	Women	Children
Economic security, water and habitat						
Food	Beneficiaries	4				100%
Essential household items	Beneficiaries	780				100%
Agricultural, veterinary and other micro-economic initiatives	Beneficiaries	963				100%
Water and habitat activities	Beneficiaries	309	55%	45%		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)						
Economic security, water and habitat						
Essential household items	Beneficiaries	855				
Water and habitat activities	Beneficiaries	43,331				

The delegation also assisted the authorities in improving living conditions for detainees by providing support and guidance to the newly formed RCS. A variety of initiatives to boost inmates' nutritional status, health and hygiene were undertaken, such as joint nutrition surveys, training seminars, or the upgrade of dormitories, kitchens and water and sanitation facilities on the basis of a cost-sharing agreement with the authorities. A report on the well-being of women detained with their infants led to concrete measures to improve their living environment.

With ICRC financial support, materials and training, the Rwandan Red Cross provided tracing and RCM services, used by refugees, returnees and former weapon bearers to restore and maintain contact with family. The ICRC continued to assist children separated from their families in locating their relatives, reuniting the family when appropriate, and supporting their reintegration into family and community life. It also refurbished the kitchens and dormitories of a centre for unaccompanied minors and provided the children with the means to continue their studies.

In addition to offering family-links services, the Rwandan Red Cross continued to strengthen its capacities to raise awareness of IHL and the Movement through improved promotional tools and briefings. Training in the Safer Access approach and the support of an ICRC first-aid specialist helped boost the National Society's capacity to respond efficiently to disasters and situations of violence.

The ICRC continued to promote understanding of IHL and acceptance of the Movement within Rwandan political and military circles. It offered support and advice in the ratification and national implementation of IHL treaties and, during meetings with senior defence officials, renewed dialogue on IHL training, including the possible development of a curriculum for a future regional peace academy in Rwanda.

Movement partners in Rwanda and other organizations active in similar fields met regularly to maximize coordination and impact and avoid duplication.

CIVILIANS

Family members dispersed during past conflicts, including Rwandan returnees and refugees from neighbouring countries, sought to re-establish and maintain contact with relatives within Rwanda and across borders. They used the tracing and RCM services provided by the Rwandan Red Cross, with the financial, technical and material support of the ICRC (see *Red Cross and Red Crescent Movement*). Such support included 30 bicycles and 2 motorbikes to expedite RCM collection and distribution and the facilitation of cooperation with ICRC delegations in neighbouring countries. Former weapon bearers, including children, who had been demobilized in the DRC and repatriated to Rwanda through the MONUSCO-run DDRRR process, accessed such services in the Doha and Mutobo camps run by the Rwanda Demobilization and Reintegration Commission. Contacts were also maintained with other actors providing services to refugees or repatriating them to Rwanda, for example UNHCR, to coordinate activities and raise awareness of the Movement's family-links services. In the course of the year, 65 people whose relatives had sought assistance in finding them were located.

The ICRC continued to take the lead in addressing the needs of unaccompanied/separated children. During the year, 95 unaccompanied children, including 3 demobilized child soldiers, were, according to their expressed wishes, reunited with their families. They later received follow-up visits to monitor their reintegration. Those experiencing social difficulties were offered ICRC mediation and counselling services, while those facing economic difficulties received material assistance. Eighty children received essential household items and four were given a one-off food ration to help boost the household economy.

Meanwhile, efforts to find the families of remaining unaccompanied children continued. The names of minors still seeking their families were broadcast on national and local radio stations, while posters of children registered by the ICRC in the DRC were displayed in the Doha and Mutobo camps. Boys and girls accommodated in the 300-bed Rusayo Centre for Unaccompanied Children enjoyed better living conditions after the ICRC facilitated the refurbishment of its kitchen and enlarged its dormitories. In addition, the boarders who stayed there for various lengths of time (some 700 children during the year) received school kits and hygiene items. More than 90 children looking for their families were still on the ICRC's register at year-end.

The "Integrated Child Policy" to address the needs of vulnerable children in Rwanda, adopted mid-2011, did not take into account most ICRC recommendations provided to the authorities in 2010.

PEOPLE DEPRIVED OF THEIR FREEDOM

More than 68,000 people held in places of detention under the authority of the newly established RCS, the RDF and the Rwanda National Police received regular visits, conducted in accordance with the ICRC's standard procedures, enabling delegates to monitor their treatment and living conditions. Following constructive dialogue with the RDF, some detained under their authority in connection with the armed conflict in the DRC received more frequent individual visits, while the Rwanda National Police pursued discussions with the ICRC about increasing access to those detained in relation to State security in Rwanda and abroad. Eight detainees convicted by the Special Court for Sierra Leone and transferred to Rwanda in 2009 received individual follow-up in accordance with an agreement with the court and the government

of Rwanda. When necessary, with the authorities' consent, newly imprisoned detainees and individuals claiming foreign citizenship contacted their relatives and/or embassies through family-links services. Former weapon bearers, including children, in camps under the authority of the Rwanda Demobilization and Reintegration Commission also received regular visits from ICRC delegates. Following all visits, the relevant detaining authorities received confidential reports on delegates' findings.

Special attention was paid to inmates considered to be particularly vulnerable, such as women, children and the elderly. With the agreement of the authorities, cases of minors with no legal representation were referred to appropriate organizations for follow-up. Over 520 children received ICRC-donated educational materials to facilitate the continuation of their studies. During the year, RCS managers reacted to a report on the specific needs of female detainees accompanied by their infants and to a 2010 report on the detention of minors by taking steps to ensure that such inmates had their own quarters. More than 330 mothers received baby items for their newborns. The RCS also made a general commitment to work with the ICRC to improve the living conditions of female detainees across the system, initiating several projects during the year.

In terms of judicial guarantees, detainees' cases were processed more quickly after the authorities installed electronic systems to improve the management of case files. At the authorities' request, the ICRC advised them on ways of ensuring the release of some inmates who had served their sentences but for whom supporting documentation was lacking. This also helped reduce associated problems of overcrowding.

Detainees see improvements in health and hygiene conditions

In the framework of Rwanda's prison reforms, the authorities continued to draw on ICRC practical support in ensuring that detainees' conditions met internationally recognized standards.

While prison staff continued to integrate new national health policies and procedures into their everyday work, the authorities made additional efforts to improve the health-care system overall. RCS managers and ICRC delegates conducted joint assessments in eight central prisons to examine how various environmental, social and economic factors affected detainees' health. The findings formed the basis of an exchange of expertise on ways of improving the prison health-care model during a three-day seminar attended by government officials, prison directors, head nurses and representatives of all 14 central prisons. Meanwhile, the RCS Health Unit continued to record and analyse prison health data, using a system set up with ICRC input in 2009 to enable the early detection and control of epidemics among the prison population.

Given the link between nutrition and health, the RCS, with ICRC technical support, also conducted nutrition surveys to identify and address vitamin deficiencies and other signs of malnutrition among inmates, steps which led to RCS plans to hire a nutritionist in 2012 to monitor food allocation procedures.

Measures to improve hygiene and sanitation in prisons also contributed to a healthier living environment for some 43,000 inmates, including some 6,500 detainees receiving regular supplies of soap and other personal hygiene items. Prison staff attended a workshop to enhance their knowledge of hygiene issues. Detainees benefited from a wide array of projects to improve their water supply,

sanitation and other infrastructure, carried out by the authorities and the ICRC on the basis of a 50/50 cost-sharing agreement. Thousands enjoyed more salubrious conditions after their dormitories and other shared spaces, such as kitchens, were rehabilitated, while those in one prison had access to medical treatment in a new health facility. Prison infrastructure, including biogas waste-management systems and newly installed latrines, were maintained by ICRC-trained teams, while a more consistent approach to the maintenance regime was encouraged through support to the unit concerned at RCS headquarters, including in the drafting of a related policy. The RCS organized three seminars on improving and maintaining hygiene in prisons for which the ICRC lent its expertise.

AUTHORITIES

Although no IHL instrument was actually ratified by Rwanda during the year, the African Union Convention on IDPs and the Convention on Cluster Munitions both received the approval of the cabinet. Likewise, the draft of a revised penal code, for which the ICRC had provided technical guidance, was approved by the Senate before passing to the next stage. During bilateral meetings, the authorities were encouraged to take further steps to implement treaties to which the country was already party. Rwanda, drawing on many ICRC-provided background papers, remained active in regional and international negotiations on a future arms trade treaty.

Otherwise, the ministers of foreign affairs, justice and internal security and other government officials engaged in constructive dialogue with the ICRC on improving detainees' living conditions and on national policy relating to the needs of unaccompanied children (see above). The authorities and representatives of the international community present in the country kept abreast of Movement activities through ICRC/National Society-provided newsletters and reference materials.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

For much of the year, the RDF focused on completing a major internal reorganization and no discussions took place about the level of IHL integration into its doctrine, training and operations. However, in light of growing Rwandan involvement in peacekeeping operations across the region and its ambition to widen this role, officials from the Ministry of Defence asked the ICRC to contribute to the development of a curriculum for a planned regional peacekeeping academy in Muzanze. Meanwhile, officers at the Gako Military Academy learnt more about IHL during regular ICRC lectures.

CIVIL SOCIETY

To further strengthen teaching and understanding of IHL at university level, lecturers from the National University of Rwanda in Butare and Kigali Independent University were regularly updated on legal developments and received sponsorship to attend IHL events abroad. Students and lecturers from five law faculties consulted relevant IHL documentation donated to their libraries by the ICRC.

Towards the end of the year, the ICRC completed a survey of IHL teaching at four universities with law faculties. It found that IHL was a compulsory course in all four establishments, that the teachers were highly qualified and committed, and that there were many similarities between the curricula. The faculties, however, were rarely in contact with one another. The ICRC would use the results of the survey to shape its future support to lecturers and students.

RED CROSS AND RED CRESCENT MOVEMENT

The Rwandan Red Cross and the ICRC continued to develop their operational partnership, notably in the fields of restoring family links (see *Civilians*), emergency preparedness and the promotion of IHL and Movement activities.

The National Society pursued efforts to implement the Restoring Family Links Strategy for the Movement. After assessing the present workload, it reduced the number of staff and volunteers conducting such activities but strengthened coordination with other actors in Congolese refugee camps to improve services for beneficiaries. The integration of family-links services into disaster-management activities had yet to be addressed.

With ICRC support, the Rwandan Red Cross nevertheless better prepared itself to respond to emergencies. More than 300 members of emergency-response teams underwent training in the Safer Access approach, while 100 volunteers received training in delivering psychological support before going on to provide counselling to people experiencing distress during events to commemorate the genocide. Furthermore, after the visit of an ICRC first-aid specialist, the Rwandan Red Cross devised an action plan to integrate first-aid programmes into its five-year strategy, including an expansion of free services to the Rwandan public.

Meanwhile, ICRC-trained and equipped National Society personnel promoted IHL and the Movement's Fundamental Principles among a wide variety of audiences, producing radio programmes and newsletters, launching a new website, and organizing briefing sessions on the Movement's activities in Rwanda for more than 40,000 people, which prompted 1,700 new volunteers to join. However, the planned overhaul of the National Society's introductory training course for new recruits and the development of a strategy tailored to promoting IHL among young audiences did not take place.

Regular meetings were held with Movement partners to coordinate activities.

SOMALIA



ICRC / AR, 2011

ICRC Somalia delegation is based in Nairobi

ICRC-supported hospital

The ICRC has maintained a presence in Somalia since 1982, basing its delegation in Nairobi, Kenya, since 1994. It focuses on providing emergency aid to people directly affected by armed conflict, often in combination with natural disasters, and runs an extensive first-aid, medical and basic health care programme. It endeavours to promote respect for IHL, particularly the protection of civilians and medical staff and infrastructure. It also carries out water, agricultural and cash-for-work projects, designed to restore or improve livelihoods in communities weakened by crises. It works closely with and supports the development of the Somali Red Crescent Society.

CONTEXT

Widespread lack of rain once again intensified the humanitarian crisis in Somalia, which remained in the grip of an armed conflict that had now lasted more than 20 years. Through the combined effects of armed conflict, unstable weather conditions and economic crises, communities suffered severe food shortages that led to acute levels of malnutrition, notably in the centre and south. As thousands more people were killed or wounded in the fighting, many fled their homes to find safety and assistance within Somalia or across borders, in Ethiopia and Kenya.

While Mogadishu remained the scene of continual fighting, other areas also experienced upsurges in armed conflict between forces supporting the Transitional Federal Government, including troops of the African Union Mission in Somalia (AMISOM), and armed groups. In the last quarter of the year, Kenyan and Ethiopian armed forces entered Somalia. Inter-communal violence, exacerbated by drought, also affected the civilian population. Amid ongoing fighting, poor weather conditions and security and access constraints, humanitarian organizations continued to face difficulties in reaching people in need, particularly in areas controlled by the *Harakat al-Shabaab Mujahedin* group, more commonly known as *al-Shabaab*.

In the north, tensions flared into violence in the disputed areas between the semi-autonomous region of Puntland and the self-declared republic of Somaliland.

EXPENDITURE (IN KCHF)

Protection	612
Assistance	89,665
Prevention	777
Cooperation with National Societies	1,536
General	-
	92,589
	of which: Overheads 5,608

IMPLEMENTATION RATE

Expenditure/yearly budget	77%
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PERSONNEL

Expatriates	18
National staff (daily workers not included)	44

KEY POINTS

In 2011, the ICRC:

- provided emergency food rations to more than 1.2 million people, emergency water rations to 347,000 people and shelter materials to 561,060 IDPs
- increased its support to National Society-run primary health care clinics, some incorporating outpatient therapeutic feeding centres, deployed 12 mobile health/nutrition teams to drought-prone areas and opened 13 wet-feeding centres in IDP camps
- provided 749,000 people with the means to produce their own food again, or to generate a regular income, thus contributing to their greater economic self-sufficiency
- improved rural communities' access to fresh water sources and trained community members in their maintenance
- completed the construction of a new operating theatre in one of two Mogadishu hospitals receiving sustained ICRC support, while providing medical facilities throughout Somalia with ad hoc materials and surgical training
- maintained dialogue with weapon bearers aimed at increasing respect for civilians, and medical, and other aid workers, and facilitating access to people in need

ICRC ACTION AND RESULTS

Various operational challenges notwithstanding, the ICRC continued to reach people in need across Somalia. This broad access was the result of its neutral, impartial and independent stance, its regular contact with parties to conflict, the experience and flexibility of its field officers and the well-accepted countrywide presence of the Somali Red Crescent Society, its main partner in the field. Operating from Nairobi via "remote management", the ICRC adapted its working procedures and control mechanisms as the situation evolved, to ensure proper monitoring of its activities.

With food insecurity reaching critical levels, the ICRC increased its initial budget and appealed for additional funds in early August. This allowed it to scale up programmes in southern and central Somalia, where the organization worked to provide life-saving emergency aid, complemented by projects designed to revive or boost the livelihoods of the worst-affected communities, wherever possible in a sustainable manner. Despite difficulties of access,

Main figures and indicators	PROTECTION	Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)				
RCMs collected		7,822	UAMs/SCs*	
RCMs distributed		16,741		
Phone calls facilitated between family members		3		
Names published in the media		4,881		
Names published on the ICRC family-links website		12,673		
Tracing requests, including cases of missing persons				
People for whom a tracing request was newly registered		672	Women	Minors
People located (tracing cases closed positively)		267	149	378
	<i>including people for whom tracing requests were registered by another delegation</i>	13		
Tracing cases still being handled at 31 December 2011 (people)		1,707	390	881
Documents				
People to whom travel documents were issued		162		

* Unaccompanied minors/separated children

Main figures and indicators	ASSISTANCE	Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat				
Food	Beneficiaries	1,558,989	14%	71%
	<i>of whom IDPs</i>	1,231,164		
Essential household items	Beneficiaries	561,060	17%	66%
	<i>of whom IDPs</i>	561,060		
Agricultural, veterinary and other micro-economic initiatives	Beneficiaries	749,010	17%	66%
Water and habitat activities	Beneficiaries	543,987	20%	60%
	<i>of whom IDPs</i>	143,889		
Health				
Health centres supported	Structures	51		
Average catchment population		627,333		
Consultations	Patients	781,188		
	<i>of which curative</i>		241,328	435,488
Immunizations	Doses	154,197		
	<i>of which for children aged five or under</i>	141,295		
	<i>of which for women of childbearing age</i>	12,902		
Referrals to a second level of care	Patients	8,934		
Health education	Sessions	2,630		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	11		
	<i>of which provided data</i>	8		
Admissions	Patients	10,029	3,759	979
	<i>of whom weapon-wounded</i>	5,400	1,302	528
	<i>(including by mines or explosive remnants of war)</i>	90		
	<i>of whom other surgical cases</i>	2,084		
	<i>of whom medical cases</i>	1,112		
	<i>of whom gynaecological/obstetric cases</i>	1,433		
Operations performed		13,382		
Outpatient consultations	Patients	13,560		
	<i>of which surgical</i>	7,559		
	<i>of which medical</i>	6,001		
First aid				
First-aid posts supported	Structures	70		
	<i>of which provided data</i>	68		
Wounded patients treated	Patients	1,338		
Water and habitat				
Water and habitat activities	Number of beds	170		

more than 1 million people received a one-month food ration between October and December, with 124,200 receiving a second monthly ration before the year ended. Between February and April, some 347,000 people across Somalia survived on emergency water rations provided by the National Society and the ICRC.

Amid growing health concerns, the ICRC expanded its support to National Society-run primary health care clinics (with the opening of 2 new clinics, their number increased to 39), while people unable to travel received primary health care via 12 newly deployed

mobile medical teams. Therapeutic feeding facilities for malnourished children and lactating women, either incorporated into the health clinics or mobile teams, increased from 14 to 27. Malnourished children and their caregivers in IDP camps accessed 13 newly opened wet-feeding centres. Safe water distribution networks were installed in facilities as required.

To treat the weapon-wounded, Keysaney and Medina hospitals in Mogadishu received ongoing ICRC support, while supplies were delivered as needed to other facilities, including 70 first-aid posts,

to help them cope with influxes of patients. In Keysaney, the ICRC constructed a new operating theatre, while in Medina, staff and patients faced fewer health risks following the installation of a new drainage system.

Some 561,060 people displaced by armed conflict, drought or a combination of the two found protection from the elements and covered their basic needs with the help of ICRC-supplied shelter materials and household items. Displaced civilians found the means to contact relatives through ICRC-supported radio broadcasts and a mobile phone service provided by the ICRC in cooperation with the Kenyan Red Cross Society.

Through ICRC livelihood-support projects, some 749,000 people were once again able to produce their own food or generate an income with which to buy supplies. Rural and waterside communities resumed farming or fishing activities respectively after the ICRC distributed seed and tools, rehabilitated farms, built and repaired irrigation systems, and supplied fishing kits and related training. Women received grants to set up small businesses such as tea kiosks, mills and bakeries, while young unemployed people trained as car mechanics.

Through continual dialogue, radio broadcasts, and community briefings, parties to conflict were informed and reminded by the ICRC of their obligations under IHL to ensure respect for civilians, aid workers and medical staff. Parallels between IHL and Somali customary law were emphasized to promote better understanding of IHL.

With the help of ICRC training and technical, material and financial support, the National Society promoted IHL, delivered emergency aid and livelihood inputs, and restored family links in affected communities. To maximize aid, the ICRC and National Society coordinated activities with other humanitarian and international organizations in Somalia.

CIVILIANS

Civilians affected by conflict and drought survive with emergency aid

Communities in south and central Somalia received emergency food supplies from the ICRC, which gained access to people in need through a continual dialogue with relevant weapon bearers. Distributions to some 200,000 people took place between June and August, but with the food security situation reaching critical levels in many areas, the ICRC appealed for extra funds in early August to meet growing needs, mainly in areas controlled by *al-Shabaab*. Despite difficulties of access owing to armed conflict and inclement weather, more than 1 million people received a one-month food ration between October and December, with 124,200 receiving a second monthly ration before year-end. Earlier in the year, some 347,000 people affected by poor seasonal rains relied on emergency water rations provided by the National Society and the ICRC.

In the south, centre and north of the country, some 561,060 IDPs, who had been living in the open air without basic possessions after fleeing violence, drought, or a combination of the two, shielded themselves from the elements using shelter materials and cooked their own meals using utensils and other household items provided by the ICRC. In malaria-prone areas, families protected themselves from disease-carrying mosquitoes thanks to the distribution of 70,000 nets, and some 29,000 people accessed clean water after emergency improvements to key water points.

Struggling communities work towards rebuilding livelihoods

With ICRC/National Society support, conflict- and drought-affected communities across Somalia either produced their own food, or generated an income with which to buy supplies.

Some 383,880 people (63,980 households) nurtured staple or, if they had access to permanent water sources, vegetable crops using ICRC-supplied seed, tools and fertilizer. Of these, 60,000 people (10,000 households) received fodder seed, and subsequently produced enough fodder to sustain their livestock along with some surplus to sell for additional income.

In a new initiative, some communities rehabilitated derelict farms, benefiting 8,454 people (1,409 households). Civilians worked towards restoring the productivity of their farmland using tractors to plough the soil prior to planting seed, some of which had been specially produced in locally adapted conditions to maximize potential yields. In flood-prone areas of the Juba and Shabelle rivers, where crops had previously been washed away in seasonal deluges, communities protected their newly planted farmland by repairing riverbank breaches and/or received sandbags, benefiting 314,922 people (52,487 households). In coastal and riverside communities, 6,180 people (1,030 households) recovered their income generation capacities and boosted their daily protein intake after reviving traditional fishing practices with ICRC-donated equipment and refresher training.

Some 24,654 people (4,109 households) earned enough cash to cover their food needs for up to six weeks while participating in 41 cash-for-work projects that also managed to build and rehabilitate vital agricultural structures such as primary irrigation canals and traditional rainwater catchments. With the installation of 15 pumping stations and 5 intake gates, a total of 1,225 families (7,350 people) increased their chances of improving their farming revenues.

Backed by ICRC small-business grants, 595 women heading households (3,570 people) generated income by opening bakeries, mills, tailoring businesses and tea kiosks, or by buying equipment for sewing and milling. Some 30 young people resumed work mining and selling salt, while others, after training as car mechanics, secured positions in local garages to complete their apprenticeships.

Vulnerable communities gain access to clean water and expanded health care

Drawing on their local knowledge and skills, farmers and nomads collaborated with ICRC specialists, local contractors and National Society staff to improve access to clean water sources for themselves and their livestock in drought-affected regions.

More than 115,000 people in various regions gained access to clean water after the re-drilling and equipping of boreholes, the rehabilitation and motorizing of hand-dug wells, and the provision of animal troughs, water tanks and generators. People from different communities were trained to maintain these structures to ensure their long-term use.

As drought exacerbated health risks among civilians, the ICRC boosted its support to health facilities. More than 620,000 people, mainly women and children, accessed free primary health care services in ICRC-supported National Society clinics which increased in number to 39 with the opening of 2 new clinics in the Middle Juba region. The clinics (one of which was upgraded) received

medicines, dressing materials, funds and staff training to enable them to provide curative and mother-and-child care, including vaccinations. Meanwhile, six of the eight ICRC-supported clinics in and around Mogadishu continued to operate outreach services.

People unable to travel for financial, health or security reasons received medical care from 12 mobile medical teams deployed in drought-prone areas of southern Somalia. With malnutrition reaching acute levels, all mobile teams, as well as some primary health care clinics, were equipped to provide therapeutic feeding to severely malnourished children and lactating women. Consequently, the number of National Society-run outpatient therapeutic feeding centres increased from 14 to 27. Meanwhile, moderately malnourished children and their caregivers attended 13 wet-feeding centres, opened and sustained, with ICRC support, in IDP camps in southern Somalia's main towns.

In total, 327,825 malnourished people in Somalia received ICRC-provided Plumpy'nut and porridge. This number included 48,450 severely malnourished children and 25,175 pregnant and lactating women who received Plumpy'nut, medicines and vaccines administered by ICRC-trained staff in fixed and mobile therapeutic feeding centres. Cure rates among patients were reported to be more than 80%. Earlier in the year, during the hunger gap period between April and June, 5,000 moderately malnourished children received supplementary feeding rations for three months in the Mudug region. As a first response to the drastically deteriorating nutrition situation in Middle Juba, 3,000 moderately malnourished children received supplementary feeding for two months to bridge the gap until the emergency measures could be activated.

In the wet-feeding centres, some 120,000 moderately malnourished children and their caregivers received treatment. Patients in these facilities also benefited from the installation of safe water-distribution networks, distribution ramps and latrines. To improve the quality of care, 80 National Society staff learnt community-based management of acute malnutrition during courses in Mogadishu.

Well-chlorination and hygiene-promotion campaigns sought to reduce the threat of cholera within communities.

Families split apart are able to re-establish and maintain contact in Somalia and abroad

Several thousand Somalis separated from their families by conflict, drought or economic necessity were able to locate relatives at home or abroad and exchange news using the family-links service run by the National Society and the ICRC.

At their families' request, the names of 4,881 missing Somalis were read out on the ICRC-supported "Missing Persons" radio show broadcast on the BBC's short-wave Somali service. Families also tracked relatives through an ICRC website (12,673 names) listing people sought through the radio programme or registered by the Red Cross and Red Crescent network. Newly arrived Somali refugees in Kenya (see *Context* and *Nairobi*) contacted relatives through mobile phone services provided by the ICRC in cooperation with the Kenyan Red Cross and the Somali Red Crescent. To enhance the quality of tracing services, National Society staff attended regional family-links meetings.

A total of 162 refugees without official identification papers were resettled in third countries with ICRC travel documents issued in coordination with the relevant embassies and UNHCR.

WOUNDED AND SICK

Weapon-wounded and other trauma patients receive care

With armed conflict taking place around and even inside hospitals (two staff members in Banadir Hospital were killed during one such incident in January), parties to the conflict were repeatedly reminded by the ICRC of their duty under IHL to protect the wounded and sick, as well as medical personnel and infrastructure.

More than 5,400 weapon-wounded patients received treatment at ICRC-supported hospitals in Somalia during the year. Some 4,000 of them were treated at Mogadishu's two ICRC-supported referral hospitals: Keysaney (run by the Somali Red Crescent) and Medina (community-run). Despite challenging daily conditions, these hospitals remained operational with the help of ICRC-provided medical and surgical supplies, equipment, funds, staff training and supervision. Other facilities, including 70 first-aid posts, received ad hoc materials to deal with influxes of casualties.

In Keysaney, the treatment of weapon-wounded patients was enhanced with the completion of a new operating theatre. Patients and staff faced fewer health risks following improvements to the drainage system and septic tank at Medina Hospital. Four Somali doctors who had received specialist surgical training at Keysaney and Medina completed their courses in 2011, and two other local doctors continued their two-year surgical training at the two hospitals. In September, people injured during intercommunal violence in Galkayo were treated by an ICRC/National Society surgical team deployed from Medina and Keysaney to Mudug General Hospital at the request of the local authorities to assist local medical staff.

Senior medical staff from across Somalia received training in war and trauma surgery from a four-person ICRC surgical team based for three months in Garowe, Puntland.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

Parties to conflict in Somalia, the majority of whom were in regular contact with the ICRC, received repeated reminders of their obligations under IHL. These included taking every feasible precaution to avoid causing injury or loss of life to civilians, to prevent damage to civilian property and medical infrastructure, and to respect the rights of medical staff, wounded or captured fighters, and aid workers.

To ensure safe access of Movement staff to people in need, weapon bearers were told during face-to-face meetings about the Movement's mandate and strict principles of neutrality, impartiality and independence. With radio being the most popular form of mass media, nine Somali radio stations regularly broadcast spots designed to reinforce understanding and acceptance of IHL (see *Civil society*). To further enhance acceptance of the Movement, some weapon-bearers received leaflets outlining its work in Somalia.

CIVIL SOCIETY

Through National Society/ICRC press releases, briefings and photographs, national and international journalists were kept informed of the Movement's Fundamental Principles and activities in Somalia and of the need for all sides to respect IHL and allow aid workers to reach people in need. Global media used such information to prepare broadcasts on the humanitarian impact of regional drought, on international relief efforts to alleviate the food security crisis and on the situation of war-wounded people in Somalia.

With input from the National Society and the ICRC, Somali radio stations regularly broadcast items devoted to IHL and the Movement. Some broadcasts drew parallels between IHL and Somali customary law to make IHL more understandable to younger people, including weapon bearers. Community elders also participated in seminars on specific topics relating to IHL and humanitarian values.

RED CROSS AND RED CRESCENT MOVEMENT

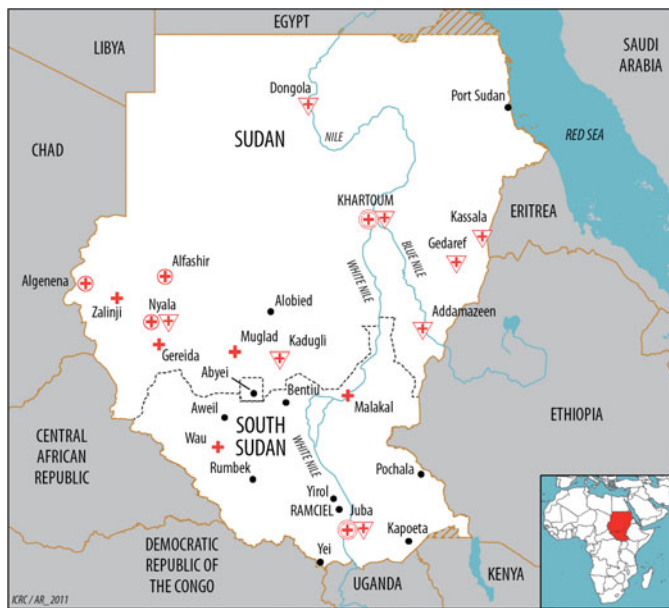
As the ICRC's main operational partner in Somalia, the Somali Red Crescent continued to play an essential role in delivering emergency aid, health and medical care, in restoring and maintaining family links (see *Civilians*) and in promoting understanding and acceptance of IHL (see *Armed forces and other bearers of weapons* and *Civil society*). It further enhanced its capacities to conduct these activities with ICRC technical, material and financial support and training.

To manage the increase in National Society activities in Mogadishu and the greater need for coordination among Movement partners, the Somali Red Crescent's disaster management department boosted the number of volunteers and its logistics capacity with ICRC support. With the ICRC-supported renovation of the Mogadishu coordination office completed, more staff members could be accommodated and more space for warehousing was created. The capacity of the Somaliland branch was enhanced with the construction of a new warehouse, also funded by the ICRC.

The salaries of more than 200 National Society management and technical staff continued to be covered by the ICRC, as were other running costs, while support to two coordination offices was maintained. With the ICRC's financial and logistical support, secretaries of the 19 National Society branches were able to meet for planning sessions in Somaliland. By attending ICRC-sponsored workshops, more than 30 National Society staff enhanced their skills in delivering nutrition and livelihood-support projects, and selected personnel learnt more about the monitoring of assistance activities.

Through regular meetings in both Nairobi and Mogadishu, Movement partners were able to coordinate emergency relief activities and provide support to the National Society. To maximize aid and minimize duplication of activities, the ICRC stayed in contact with aid organizations in the field and attended meetings of Nairobi-based Somalia coordination bodies comprising donors, UN agencies and NGOs. In addition, the National Society participated in the Movement's statutory meetings in Geneva, Switzerland in December.

SOUTH SUDAN AND SUDAN



ICRC / AR, 2011

+ ICRC delegation
 + ICRC sub-delegation
 + ICRC mission
 + ICRC office / presence
+ ICRC-supported prosthetic/orthotic centre

EXPENDITURE (IN KCHF)	
Protection	7,902
Assistance	42,706
Prevention	5,897
Cooperation with National Societies	4,318
General	-

▶ 60,823

of which: Overheads 3,700

IMPLEMENTATION RATE	
Expenditure/yearly budget	73%

PERSONNEL	
Expatriates	97
National staff (daily workers not included)	1,036

KEY POINTS

- In 2011, the ICRC:**
- ▶ provided many thousands of conflict- and violence-affected civilians with emergency food, shelter materials, access to clean water and the means to rebuild or maintain disrupted livelihoods
 - ▶ continued to support 7 health centres in Darfur, while handing over, as planned, the therapeutic feeding programme for children to another organization
 - ▶ acted as a neutral intermediary in the release and handover to the authorities of 53 Sudanese Armed Forces personnel held by armed groups in Darfur
 - ▶ through its four-person mobile surgical team in South Sudan, performed emergency operations, while providing materials and training to staff at hospitals and first-aid posts across Sudan
 - ▶ following the formation of a new State, established a delegation in South Sudan and helped the “South Sudan Red Cross Society” (processing its formal recognition) and the Sudanese Red Crescent Society to strengthen their capacities
 - ▶ offered technical advice to the authorities of both States in implementing IHL-related legislation

The ICRC opened an office in Khartoum, Sudan, in 1978. In 1984, it initiated operations in response to the armed conflict between government forces and the Sudan People’s Liberation Movement/Army, later adapting its programmes to the transition to peace. Since 2003, it has responded to needs arising from the hostilities in Darfur. The ICRC opened a delegation in newly independent South Sudan mid-2011, although it has been present in Juba since 1980.

In both countries the ICRC works to ensure that people affected by armed conflict are protected in accordance with IHL, receive emergency aid, livelihood support, a safe water supply and medical care, and can restore contact with relatives. It seeks to increase knowledge of IHL among the authorities and armed forces. It works with and supports the Sudanese Red Crescent Society and the “South Sudan Red Cross Society”.

CONTEXT

The Republic of South Sudan was founded in July, following the vote for independence in January’s referendum. The authorities then began the challenging process of creating institutions, recognizing international treaties, and passing laws orienting the social, political and economic life of the new State. In Sudan, a new cabinet was sworn in during December.

In border areas, political and intercommunal tensions resulted in fighting and fatalities in Abyei, Blue Nile State and the Nuba Mountains of South Kordofan. Many thousands of civilians were displaced from their homes. In Abyei, a new peacekeeping force, the UN Interim Security Force for Abyei (UNISFA), was established.

In Darfur, Sudan, civilians continued to be displaced by the non-international armed conflict. During peace talks in Doha, Qatar, the Sudanese government signed a peace agreement in July 2011 with one coalition of armed groups, but other armed groups remained outside the peace process.

In South Sudan, where a new peacekeeping force – the UN Mission in the Republic of South Sudan (UNMISS) – was established by the UN Security Council, troops from the Sudan People’s Liberation Army (SPLA) were involved in non-international armed conflict and armed violence with a number of armed opposition groups. The fighting resulted in civilian casualties and displacement, including in Upper Nile, Unity and Jonglei states. In Western Equatoria and Bahr al-Ghazal, the activities of a Ugandan armed group continued to destabilize communities. Tribal clashes also claimed lives.

ICRC ACTION AND RESULTS

The ICRC maintained its operational flexibility in South Sudan and Sudan, focusing its resources on addressing emergency and longer-term humanitarian needs.

With staff movements limited by security in Darfur and access constraints in many areas, the ICRC continued to deliver assistance partly through partners on the ground, including the

Main figures and indicators	PROTECTION	Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)				
RCMs collected		6,154	UAMs/SCs*	86
RCMs distributed		5,554		95
Phone calls facilitated between family members		7		
Reunifications, transfers and repatriations				
People reunited with their families		30		
	<i>including people registered by another delegation</i>	12		
People transferred/repatriated		2		
Tracing requests, including cases of missing persons				
People for whom a tracing request was newly registered		232	Women	37
People located (tracing cases closed positively)		156		50
	<i>including people for whom tracing requests were registered by another delegation</i>	32		
Tracing cases still being handled at 31 December 2011 (people)		539	90	128
UAMs/SCs*, including unaccompanied demobilized child soldiers				
UAMs/SCs newly registered by the ICRC/National Society		341	Girls	79
UAMs/SCs reunited with their families by the ICRC/National Society		31		15
	<i>including UAMs/SCs registered by another delegation</i>	13		21
UAM/SC cases still being handled by the ICRC/National Society at 31 December 2011		383	80	7
Documents				
Official documents relayed between family members across borders/front lines		7		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits				
Detainees visited		188	Women	
Detainees visited and monitored individually		175		2
Detainees newly registered		168		2
Number of visits carried out		20		
Number of places of detention visited		14		
Restoring family links				
RCMs collected		2		
RCMs distributed		4		
Detainees released and transferred/repatriated by/via the ICRC		54		
People to whom a detention attestation was issued		15		

* Unaccompanied minors/separated children

Main figures and indicators	ASSISTANCE	Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat				
Food	Beneficiaries	814,702	19%	62%
	<i>of whom IDPs</i>	744,190		
Essential household items	Beneficiaries	176,638	21%	60%
	<i>of whom IDPs</i>	176,632		
Agricultural, veterinary and other micro-economic initiatives	Beneficiaries	796,315	20%	60%
	<i>of whom IDPs</i>	570,849		
Water and habitat activities	Beneficiaries	807,283	40%	20%
	<i>of whom IDPs</i>	9,670		
Health				
Health centres supported	Structures	8		
Average catchment population		123,017		
Consultations	Patients	69,309		
	<i>of which curative</i>		15,601	36,102
	<i>of which ante/post-natal</i>		3,917	
Immunizations	Doses	223,273		
	<i>of which for children aged five or under</i>	220,260		
	<i>of which for women of childbearing age</i>	3,013		
Referrals to a second level of care	Patients	348		
Health education	Sessions	205		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat				
Essential household items	Beneficiaries	53		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	22		
	<i>of which provided data</i>	8		
Patients whose hospital treatment has been paid for by the ICRC	Patients	50		
Admissions	Patients	842	67	55
	<i>of whom weapon-wounded</i>	721	49	25
	<i>(including by mines or explosive remnants of war)</i>	2		
	<i>of whom other surgical cases</i>	121		
Operations performed		554		

Main figures and indicators	ASSISTANCE	Total	Women	Children
First aid				
First-aid posts supported	Structures	15		
	<i>of which provided data</i>	2		
Wounded patients treated	Patients	263		
Physical rehabilitation				
Centres supported	Structures	9		
Patients receiving services	Patients	4,878	1,086	657
New patients fitted with prostheses	Patients	925	164	46
Prostheses delivered	Units	1,926	397	66
	<i>of which for victims of mines or explosive remnants of war</i>	195		
New patients fitted with orthoses	Patients	475	102	221
Orthoses delivered	Units	1,209	334	514
	<i>of which for victims of mines or explosive remnants of war</i>	1		
Crutches delivered	Units	1326		
Wheelchairs delivered	Units	98		

Sudanese Red Crescent Society and the new “South Sudan Red Cross Society” – pursuing its formal recognition process – national and local authorities and local communities. In South Sudan, where the ICRC established a delegation, it offered technical advice to the “South Sudan Red Cross” as it worked towards gaining legal recognition as a National Society.

In both States, the ICRC provided emergency supplies of food, shelter and household items to people displaced or otherwise affected by fighting and helped struggling farmers rebuild their livelihoods by providing them with seed, tools, and where necessary additional food rations to tide them over until harvest. Civilians returning to their villages in Darfur undertook community projects such as land ploughing and the rehabilitation of irrigation systems. Nomadic communities benefited from enhanced veterinary services, including the vaccination of more than a million livestock against disease.

More than 807,000 people gained access to clean water supplies, thus reducing health risks, through ICRC-supported projects to rehabilitate and maintain facilities. In Akobo, South Sudan, for example, the construction of three water yards benefited some 55,000 people. Communities and authorities received training to maintain facilities.

Civilians in Darfur, mainly mothers and children, accessed seven ICRC-supported primary health care units, receiving routine immunization and using the services of midwives trained with ICRC assistance. Malnourished children in Darfur’s Gereida IDP camp continued to receive therapeutic feeding provided by the Australian/British Red Cross Societies and the ICRC until November, when services were handed over as planned to the health charity Merlin.

Family members separated by conflict or other situations of violence re-established or maintained contact with relatives through the family-links service run by the ICRC, the “South Sudan Red Cross” and the Sudanese Red Crescent. Several children were reunited with their families, some in cross-border operations.

The ICRC maintained its dialogue with the government of Sudan, and began talks with the authorities in South Sudan, on obtaining permission to visit all detainees within its purview. In its role as a neutral intermediary, the ICRC facilitated the release and handover to the authorities of 53 Sudanese soldiers held by armed groups in Darfur. In South Sudan, the ICRC visited, on an ad hoc basis, some detainees held by the SPLA.

An ICRC mobile surgical team in South Sudan operated on weapon-wounded patients. Hospitals and first-aid posts in both States received materials as required. To ensure longer-term care for people suffering from conflict-related disabilities, the ICRC provided nine physical rehabilitation centres with funding, materials, components, equipment, and training of local technicians. In Sudan, it renewed an agreement with the authorities to support these services for five more years.

Weapon bearers, including members of the armed forces and peacekeeping personnel, plus civil society representatives including journalists and academics, enhanced their knowledge of IHL and Movement activities through National Society/ICRC-supported briefings. The ICRC provided legal expertise to the South Sudan authorities regarding succession to the 1949 Geneva Conventions and promulgation of the Red Cross Act.

The ICRC provided the “South Sudan Red Cross” and the Sudanese Red Crescent with material, technical and financial assistance. To coordinate activities, contacts were maintained with Movement partners and other organizations.

CIVILIANS

Civilian welfare monitored

Security and access constraints in some areas of Darfur, as well as in Abyei, Blue Nile and South Kordofan, continued to limit the ICRC’s first-hand monitoring of the situation of civilians. In South Sudan, the ICRC followed and documented the situation of people affected by clashes involving the SPLA and armed groups, and of refugees gathered at Yida camp in Unity State after fleeing fighting in the Nuba Mountains, Sudan, and at sites in Maban county in Upper Nile State after fleeing fighting in Blue Nile State, Sudan.

Where possible, throughout South Sudan and Sudan, ICRC delegates raised concerns over alleged IHL violations with the relevant parties, recommending measures to stop such incidents recurring. During briefings, the ICRC reminded authorities, weapon bearers and community leaders of their responsibilities under IHL to protect civilians and medical staff and to improve security and access for aid workers so that they might safely reach people in need.

Communities affected by fighting receive emergency aid

In South Sudan and Sudan, more than 371,000 people – including IDPs and refugees fleeing violence, returnees and host communities – coped with periods of emergency with the aid of ICRC-supplied food rations. Over 176,000 people also received tarpaulins to shelter from the elements, plus items essential to daily living,

including blankets and utensils for carrying water or cooking food. Those receiving assistance included conflict-affected communities in Darfur, and people in South Sudan displaced or otherwise affected by a combination of internal clashes between the SPLA and rebel groups, the activities of a Ugandan armed group, intercommunal clashes and fighting in border areas. Some 35,000 people affected by the clashes along the border with South Sudan received emergency relief from the Sudan Red Crescent supported by the ICRC. The improvement or installation of water facilities meant that some 3,000 IDPs and refugees in areas including Blue Nile State, Sudan, and Unity State, South Sudan, could access clean supplies.

To improve the chances of weapon-wounded people surviving their injuries, several hundred people, including weapon bearers, health staff and civilians in remote communities, received first-aid training from National Society and ICRC staff, together with first-aid kits and IHL briefings. Staff and volunteers from both National Societies were trained to teach first aid to others and to deliver assistance in emergencies.

Farmers increase economic security

More than 570,400 conflict- and violence-affected people (including some 494,000 in Darfur, as well as communities in Jonglei, Upper Nile and Western Equatoria in South Sudan) worked to rebuild their livelihoods with the help of ICRC-supplied seed and tools; over 429,000 also received one-month food rations as a nutritional buffer. A post-harvest assessment in Western Equatoria in South Sudan revealed that families receiving such assistance had increased production by 127% over 2010 and that 65% of them were able to generate an income from the surplus.

With growing numbers of people returning to their villages in Darfur, some 8,743 households (52,450 people) participated in ICRC-supported community projects to strengthen livelihoods, including installing oil presses, digging irrigation systems and ploughing land.

Also in Darfur, and in Western Equatoria, South Sudan, agricultural authorities produced locally adapted seed through ICRC-supported projects to enhance farmers' prospects of a successful harvest. Authorities' staff received training in seed certification.

Herders strengthen livestock

Livestock-dependent herding communities in South Sudan (Jonglei, Warrap State) and Sudan (Darfur, South Kordofan) faced a less precarious future after camels, sheep, goats and cattle were vaccinated against disease in ICRC-supported projects run by the relevant authorities. In Warrap State, livestock belonging to communities dispersed south by clashes in Abyei were among those vaccinated. In total, more than 1.4 million animals were vaccinated (254,000 in South Sudan), benefiting 172,658 people (28,777 households), including 30,489 in South Sudan. To ensure that nomadic communities, often living far from populated centres, could immediately access assistance for weakened livestock, some 358 herders (35 in South Sudan) trained as community animal health workers/animal health auxiliaries. Livestock keepers also received ICRC advice on protecting herds against disease.

Rural communities access clean water

More than 807,000 people, including IDPs, gained access to clean and reliable water supplies, thus reducing health risks, through projects conducted by local authorities in cooperation with the ICRC.

In Darfur, where disputes over access to natural resources sometimes increased intercommunal tensions, communities and their livestock drank from newly rehabilitated or upgraded water yards and traditional rainwater catchments. Patients and staff at health clinics, a hospital and the Zalinji midwifery school in Sudan also benefited from improvements to water supply systems. During training sessions, 429 representatives of local communities learnt to repair and maintain their water sources using ICRC-supplied tools and spare parts.

In South Sudan, work on three solar-powered water yards in the town of Akobo ensured that some 55,000 people could access clean water. Forty representatives of water authorities learnt to maintain the facilities.

Civilians in Darfur maintain access to health care

Civilians in Darfur, primarily women and children, had access to adequate levels of health care thanks to the ICRC's continued support to seven primary health care units. These facilities, which provided curative, mother and child and preventive care and referred patients to secondary care when necessary, received medical supplies and equipment, along with training and economic incentives for staff. In Gereida IDP camp, some 14,300 malnourished children received treatment at the therapeutic feeding centre supported by the Australian/British Red Cross Societies and the ICRC, until services were handed over, as planned, to the health charity Merlin in November.

Thousands of children were immunized against polio and measles during campaigns conducted by Darfur's provincial health authorities, partially supported by the ICRC. The organization referred 50 women and children in Nyala and Khartoum to specialized surgical care. Some 27 women from rural communities began midwifery training following the one-year renewal of a training initiative organized by the Sudanese Health Ministry and the ICRC.

Conflict-affected families stay in touch

Relatives separated by conflict or other situations of violence were able to restore and maintain contact with each other through the family-links service run by the "South Sudan Red Cross", the Sudanese Red Crescent and the ICRC. Security constraints in Darfur continued to limit ICRC activities there.

In eastern Sudan, where the ICRC received permission to resume its family-links activities after a three-year hiatus, 316 unaccompanied/separated minors in a refugee camp in Kassala, were registered with a view to enabling those with tracing needs to restore contact with their families. In total, 31 children, including 21 formerly associated with weapon bearers, were reunited with their families by the ICRC/National Society. For example, in cross-border operations, 7 unaccompanied/separated children who had been living in South Sudan joined their families in the Democratic Republic of the Congo (DRC), 1 South Sudanese child in the DRC made the reverse journey and 6 adolescents repatriated from Chad joined their families in Sudan.

The families of Sudanese detainees held in the US internment facility at Guantanamo Bay and in Afghanistan maintained contact with them through ICRC-organized phone or video links.

In South Sudan, special attention was paid to meeting the family-links needs of refugees.

To enhance family-links services and the management of human remains during conflict or other situations of violence, “South Sudan Red Cross” and Sudanese Red Crescent staff participated in specialist training sessions, and an assessment of family-links needs was undertaken in Sudan.

PEOPLE DEPRIVED OF THEIR FREEDOM

The ICRC maintained its dialogue with the government of Sudan on gaining access to all detainees within its purview. In parallel, the ICRC pursued its efforts to resume visits to a number of people held by armed groups in Darfur.

At the request of the parties concerned, the ICRC acted as a neutral intermediary in the release and handover to the authorities of 53 Sudanese Armed Forces (SAF) personnel held by armed groups in Darfur. The ICRC also assisted in the repatriation of one Chadian detainee released by the Sudanese authorities and of one Sudanese detainee who had been held in Iraq. Sudanese people who had returned home after incarceration in the US internment facility at Guantanamo Bay continued to attend weekly group and individual therapy sessions to help them cope with the psychological effects of their internment.

In South Sudan, the ICRC engaged in dialogue with the authorities on detention issues with a view to signing a general memorandum of understanding on detention visits. It also visited, on an ad hoc basis, some detainees held by the SPLA. Visits took place according to standard ICRC procedures. The ICRC pursued efforts to visit detainees allegedly held by other weapon bearers.

Detainees could exchange messages with their families via the RCM service.

WOUNDED AND SICK

Weapon-wounded undergo treatment

More than 980 people wounded during clashes in South Sudan and Sudan received medical attention thanks to materials and drugs donated by the ICRC to 22 hospitals and 15 first-aid posts, including to some health facilities supported through the “South Sudan Red Cross” and the Sudanese Red Crescent. Following fighting in Blue Nile State, weapon-wounded patients at Kurmuk Hospital and over the Ethiopian border in Assosa (see *Ethiopia*) received treatment with ICRC-supplied medical materials.

In South Sudan, 350 patients underwent emergency surgery carried out by the four-person ICRC surgical team. Based permanently at Malakal Teaching Hospital from June (having been working in southern Sudan since late 2010), the team provided treatment on site or in the field, as required. Following an assessment of needs and facilities, the hospital’s water treatment plant was rehabilitated and an agreement signed with the authorities to extend ICRC support there. Seventeen staff members from hospitals in Upper Nile State enhanced their war-surgery and other skills during a three-day course run by the ICRC surgical team.

Patients with conflict-related disabilities receive rehabilitative care

In all, 3,429 patients received treatment at eight ICRC-supported physical rehabilitation centres in Sudan run by the National Authority for Prosthetics and Orthotics (NAPO), and 1,449 received treatment at the ICRC-supported Physical Rehabilitation Referral Centre in Juba, South Sudan. Support ranged from technical expertise to funding, materials, components and equipment.

In Sudan, ICRC expatriate staff were based permanently at the centres in Khartoum and Nyala, while other centres received support on an ad hoc basis.

In March, the ICRC extended its support to Sudan’s physical rehabilitation services for another five years by signing a new agreement with NAPO and the Ministry of Welfare and Social Services. Forty technicians enhanced their skills with ICRC training and 23 were enrolled in the ICRC’s three-year prosthetic/orthotic diploma course in Khartoum. In January, a second batch of 10 students passed the final exam under the supervision of external examiners and were officially incorporated into the NAPO staff team. Two students attended training abroad with ICRC sponsorship.

AUTHORITIES

Sudan’s national IHL committee and the ICRC continued to discuss ways to advance the incorporation of IHL into Sudanese law and to enhance knowledge of its rules among the judiciary. The committee received documents from the ICRC relating to the Hague Convention on Cultural Property, the Convention on Enforced Disappearance and the African Union Convention on IDPs.

Meanwhile, representatives of both governments and of local authorities participated in dialogue with the ICRC on operational matters. The ICRC emphasized the need for humanitarian access to victims of armed clashes, respect for IHL and improved security for civilians and aid workers.

Senior officials from the government of South Sudan, including the vice president and the minister of justice, also met ICRC representatives, who offered technical advice on the procedures necessary for the new State to succeed to the 1949 Geneva Conventions and promulgate the Red Cross Act. At a session in Juba during November, 35 parliamentarians learnt more about ICRC activities and the importance of accession to IHL treaties. In November, South Sudan became party to the Mine Ban Convention.

The ICRC maintained contact with the UN and other international/regional decision-makers to boost support for IHL and the Movement.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

In Sudan, the SAF extended for another three years its agreement for the ICRC to help it systematically integrate IHL into doctrine, training and operations. To that end, more than 100 officers/non-commissioned officers learnt to teach IHL to others, while four senior SAF officers were sponsored to attend an IHL course abroad.

In South Sudan, discussions took place with SPLA representatives on how the ICRC could best support them in their efforts to enhance knowledge of IHL among personnel. Following the establishment of an SPLA IHL committee, the SPLA chief of staff approved a plan of action for 2012, with the aim of developing a pool of IHL instructors and working towards systematic integration of IHL into training and operations.

Meanwhile, members of the armed forces of both countries continued to learn more about IHL and the work of the Movement through ICRC briefings, sometimes combined with first-aid training. Some 430 personnel from the SAF and 60 members of the Joint Integrated Units, as well as 500 weapon bearers in South Sudan, attended such courses.

Thirteen officers from Sudan's Central Reserve Police (CRP) gained the skills to teach international human rights law to their colleagues, while the CRP also received IHL-related materials. Some 290 police personnel, almost 540 members of peacekeeping forces and more than 280 other weapon bearers attended briefings on IHL/international human rights law.

CIVIL SOCIETY

Almost 2,700 community representatives, including traditional and religious leaders (300 of them in South Sudan), enhanced their understanding of IHL and Movement activities during dissemination sessions.

With funds, training and materials from the Swedish Red Cross and the ICRC, 430 National Society staff in Sudan also strengthened their capacities to disseminate knowledge of IHL among volunteers and opinion-makers. In South Sudan, National Society staff and volunteers attended an IHL workshop in August, followed by a course in December, during which staff were trained to teach IHL to others.

Print, television and radio journalists worldwide kept abreast of the ICRC's humanitarian work in Sudan with the aid of regular press releases and newsletters. During national television and radio broadcasts, the public learnt about ICRC activities in the region.

With ICRC sponsorship, two lecturers from Sudan deepened their awareness of IHL during courses in Lebanon and South Africa, while 25 others attended a two-day round-table on teaching IHL, organized by the ICRC in Khartoum. More than 100 law and social studies students participated in ICRC briefings.

RED CROSS AND RED CRESCENT MOVEMENT

With ICRC support, the "South Sudan Red Cross" and the Sudanese Red Crescent strengthened their capacities to deliver emergency assistance and livelihood support, restore family links (see *Civilians*) and promote IHL and the Fundamental Principles (see *Civil society*). Movement partners held more than 30 meetings to coordinate activities, and the ICRC provided a forum to exchange information on security.

During the referendum, the Sudanese National Society mobilized 31 Emergency Action Teams (620 volunteers), who drew on ICRC-supplied first-aid training and equipment to help people in need. More than 60 key National Society staff had their salaries covered by the ICRC, which also subsidized the running costs of 16 branches. In April, the Sudanese Red Crescent and the ICRC signed their 2011 Partnership Framework Agreement.

The ICRC extended technical, advisory and financial support to the "South Sudan Red Cross" in establishing itself as a new National Society, fulfilling its statutory responsibilities, developing its legal base and taking the necessary steps to achieve legal recognition. To build the Society's capacities, the ICRC paid the salaries of 22 staff members and partially contributed to the running and equipment costs of the headquarters and 10 branches, in addition to funding the construction costs of three new branch-office buildings. It also supported 14 Emergency Action Teams in South Sudan.

UGANDA



ICRC delegation ICRC-supported prosthetic/orthotic centre

EXPENDITURE (IN KCHF)

Protection	945
Assistance	2,180
Prevention	659
Cooperation with National Societies	1,314
General	-

► **5,098**

of which: Overheads 311

IMPLEMENTATION RATE

Expenditure/yearly budget	68%
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PERSONNEL

Expatriates	12
National staff (daily workers not included)	50

KEY POINTS

In 2011, the ICRC:

- with the National Society, helped thousands of rural returnees reduce health risks by providing them with clean and sustainable water supplies, improved sanitation facilities and advice on safer hygiene practices
- after a six-month interruption, resumed visits to detainees of ICRC concern at a facility in Kireka run by the police's Rapid Response Unit
- trained National Society staff in emergency preparedness, including first-aid skills, enabling them to treat and assist people injured during public demonstrations
- shared its expertise with Uganda's newly revived national IHL committee, supporting the committee's work to advance the implementation of IHL-related treaties
- through training, funding, materials and expertise, enhanced the Uganda Prisons Service's capacity to provide preventive and curative health care for inmates
- held a seminar for Islamic scholars exploring common themes in sharia law and IHL

The ICRC has been present in Uganda since 1979. Given the progress towards peace in the north of the country, ICRC assistance activities, many of which are implemented in partnership with the Uganda Red Cross Society and State institutions, have been adapted to decreasing humanitarian needs. In parallel, the ICRC continues to monitor the treatment of detainees and strives to raise awareness of IHL and humanitarian principles among the armed and police forces.

CONTEXT

February's presidential and parliamentary elections – won by the incumbent president, Yoweri Museveni, and his National Resistance Movement – passed off without major incident. However, subsequent public demonstrations against rising food and fuel prices resulted in violent clashes between demonstrators and police. Hundreds of people were injured and many arrested, according to media reports. Internal security tightened following the Kampala bomb attacks of 2010.

Karamoja remained calmer than in recent years, and in December the Uganda People's Defence Force (UPDF) announced the official ending of disarmament operations in the region. However, tensions persisted in an area prone to drought and food shortages.

In Acholiland and surroundings, returnees continued rebuilding livelihoods formerly disrupted by non-international armed conflict between the Ugandan government and the Lord's Resistance Army (LRA). While Uganda was no longer directly affected by LRA activity, the UPDF remained engaged in military operations against the LRA in neighbouring countries, while also increasing support to the African Union Mission in Somalia (AMISOM).

The number of rural refugees from the Democratic Republic of the Congo (DRC), Burundi, Rwanda and South Sudan remained stable. Urban refugees and migrants, many of Somali or Sudanese origin, increased in number.

Across the country, dozens of people died as natural disasters ravaged the Kaabong district, northern Karamoja, and Mont Elgon in eastern Uganda.

ICRC ACTION AND RESULTS

The ICRC continued to adapt as planned to changing needs in Uganda, a country no longer directly affected by armed conflict but prone to other situations of violence. Having reduced its presence in some areas in 2010, the ICRC continued to help the Uganda Red Cross Society strengthen its skills and structures, focusing on assisting returnees to rebuild disrupted livelihoods, enhancing emergency preparedness, restoring family links and promoting the Movement's Fundamental Principles. A new partnership framework agreement between the National Society and the ICRC sought to strengthen cooperation over the next three years.

Thousands of civilians formerly affected by non-international armed conflict (Acholiland) and other situations of violence (Karamoja) faced fewer health risks after the National Society and the ICRC provided access to clean water supplies, sanitation facilities and advice

Main figures and indicators	PROTECTION	Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)				
RCMs collected		2,378	UAMs/SCs*	50
RCMs distributed		1,368		57
Reunifications, transfers and repatriations				
People reunited with their families		13		
	<i>including people registered by another delegation</i>	6		
Tracing requests, including cases of missing persons				
People for whom a tracing request was newly registered		9	Women	2
People located (tracing cases closed positively)		36		2
	<i>including people for whom tracing requests were registered by another delegation</i>	27		
Tracing cases still being handled at 31 December 2011 (people)		9	2	2
UAMs/SCs*, including unaccompanied demobilized child soldiers				
UAMs/SCs newly registered by the ICRC/National Society		17	Girls	2
UAMs/SCs reunited with their families by the ICRC/National Society		13		Demobilized children
	<i>including UAMs/SCs registered by another delegation</i>	6		
UAM/SC cases still being handled by the ICRC/National Society at 31 December 2011		28	3	
Documents				
People to whom travel documents were issued		24		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits				
Detainees visited		5,242	Women	Minors
Detainees visited and monitored individually		222	5	3
Detainees newly registered		173	4	3
Number of visits carried out		132		
Number of places of detention visited		41		
Restoring family links				
RCMs collected		161		
RCMs distributed		78		
People to whom a detention attestation was issued		10		

* Unaccompanied minors/separated children

Main figures and indicators	ASSISTANCE	Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat				
Essential household items	Beneficiaries	15,333		100%
Water and habitat activities	Beneficiaries	72,346		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat				
Essential household items	Beneficiaries	2,998		
Agricultural, veterinary and other micro-economic initiatives	Beneficiaries	18		
Water and habitat activities	Beneficiaries	3,500		
WOUNDED AND SICK				
Physical rehabilitation				
Centres supported	Structures	2		
Patients receiving services	Patients	955	231	325
New patients fitted with prostheses	Patients	120	25	7
Prostheses delivered	Units	188	51	9
	<i>of which for victims of mines or explosive remnants of war</i>	53		
New patients fitted with orthoses	Patients	311	81	147
Orthoses delivered	Units	398	95	210
Crutches delivered	Units	527		
Wheelchairs delivered	Units	3		

on good hygiene practices. Civilian welfare in violence-prone areas continued to be monitored by the ICRC, which maintained dialogue with weapon bearers, reminding them to respect and protect civilians in accordance with relevant national and international law.

During violence linked to public protests in urban areas, including Kampala, hundreds of injured people were treated by ICRC-trained and -equipped National Society personnel. With ICRC support, the National Society continued to build its tracing and RCM services, enabling separated family members and refugees to stay in contact with relatives.

Detainees under the authority of the Ministry of Internal Affairs or the Ministry of Defence, including those held in connection with violence in Karamoja or allegedly associated with Congolese or Ugandan armed groups, received visits from ICRC delegates, who monitored their treatment and living conditions. They provided the authorities with confidential feedback on their findings and, where necessary, recommendations for improvements. In February, following dialogue with the authorities, the ICRC regained access to a police barracks in Kireka, near Kampala, where it visited detainees held in connection with “terrorism” or “treason”.

An extended Uganda Prisons Service (UPS) and ICRC health project tackling HIV/AIDS, TB and malaria in three prisons improved the quality of services, according to an internal review. Health care for detainees was enhanced through mass screenings, infrastructure improvements and ICRC-provided materials, equipment and expertise. On-the-job training for prison health staff prepared the UPS to take increased responsibility for the project, which was extended until August 2012. Disabled people accessed physical rehabilitation services thanks to ICRC-provided technical, material and financial support to prosthetic/orthotic centres in Mbale and Fort Portal. Meanwhile, with ICRC encouragement, the Ugandan authorities allocated more resources to national rehabilitative care.

Among the authorities, armed forces, police and influential civil society members, the ICRC sought to heighten awareness of IHL and other relevant law. The recently revived national IHL committee received ICRC input as it worked to incorporate IHL into national legislation. The UPDF continued to work towards the systematic integration of IHL into military training, doctrine and operating procedures, and workshops on international human rights law were held for police personnel. The ICRC reinforced its contacts with Islamic scholars, most notably through the joint organization with the Islamic University in Uganda of a seminar on sharia law and IHL.

CIVILIANS

Civilian welfare monitored in violence-prone areas

In violence-prone Karamoja, promoting respect for civilians remained a focus of attention for the ICRC. Weapon bearers received reports from the Moroto-based ICRC delegate reminding them to respect and protect the civilian population in accordance with relevant national and international law.

Civilian welfare was closely monitored in urban areas affected by social unrest (see *Context*). People injured in clashes following the February elections received first aid and pre-hospital care thanks to the coordinated efforts of humanitarian organizations, the National Society and the ICRC.

In south-western Uganda, the steady influx of Congolese refugees was monitored, and wherever necessary, relevant authorities and humanitarian agencies were mobilized to respond adequately to their needs.

Returnees gain access to fresh water and improved health

Some 31,500 residents in Acholiland enjoyed improved access to clean water through the construction of 4 new water points by the Ugandan Red Cross and the rehabilitation of 79 boreholes by community pump mechanics trained by the National Society and the ICRC. Consequently, communities no longer had to collect water from open ponds or other boreholes located some distance away.

In Karamoja, some 36,000 people in 36 villages in Kotido and Moroto districts benefited from a National Society/ICRC programme to address their water and sanitation needs. Villagers accessed safe water after 18 local pump mechanics, who had earlier undergone refresher training, repaired 26 broken boreholes and drilled 12 new ones. Water user committees were formed and trained to operate and maintain the facilities. Following a hepatitis outbreak in Kaabong district, 4,670 affected residents gained access to safe water through the rehabilitation of 11 boreholes.

To reduce the risk of future disease outbreaks, water user committees received materials to improve the management and cleanliness of these sources. With ICRC support, some villagers built energy-saving stoves, designed to reduce the use of firewood.

Residents in both districts received advice on minimizing the risks of water-borne diseases during hygiene-promotion sessions conducted in schools and surrounding communities. The construction of 569 household latrines and 4 latrine blocks, plus the distribution of handwashing kits, contributed to better hygiene and sanitation practices.

Family links restored and maintained

Family members separated by past or ongoing violence in neighbouring countries restored and maintained contact with relatives in Uganda and elsewhere thanks to the family-links services provided by the National Society and supported by the ICRC. Among 13 children reunited with their families, 11 child refugees from Burundi and the DRC joined their families in cross-border operations, receiving clothing and hygiene materials for the journey, and 2 Congolese children were reunited with their mother in Ethiopia.

Following a two-year interruption, the ICRC resumed, with permission from the Ugandan authorities, the issuance of travel documents to refugees for family reunifications abroad. A total of 24 refugees, including 5 women and 13 children, received ICRC travel documents, thus enabling them to resettle in third countries, where they were united with their families.

To ensure that Kampala's refugees and migrants had access to adequate family-links services, the National Society and the ICRC launched a three-month assessment project in May. The assessment found that there was a need for re-establishing and maintaining family contact in these communities. National Society volunteers and staff in four regions were trained to respond adequately to the tracing needs of refugees and migrants, including those in Kampala.

PEOPLE DEPRIVED OF THEIR FREEDOM

A total of 5,242 detainees were visited by the ICRC, which sought during dialogue with the relevant authorities to gain access to all those falling within its mandate. During visits, detainees' treatment and living conditions were assessed according to the organization's standard procedures. Delegates confidentially reported their findings to the authorities, making recommendations where necessary. Authorities were reminded of their obligations under national and international law to hold detainees in gazetted places of detention, ensure humane treatment and living conditions, and uphold respect for judicial guarantees, including the principle of *non-refoulement* of foreign detainees.

Throughout the year, detainees in 41 detention facilities under the authority of the Ministry of Internal Affairs or the Ministry of Defence received visits from the ICRC, with particular attention paid to those held in connection with violence in Karamoja and those allegedly associated with Congolese or Ugandan armed groups. After a six-month interruption, the ICRC regained access in February to detainees held in connection with alleged "terrorism" or "treason" at the police barracks in Kireka under the command of the Rapid Response Unit. The ICRC continued visiting alleged former LRA members held in a facility run by the Chieftaincy of Military Intelligence, while seeking to regain access to detainees held by the Joint Anti-Terrorism Task Force.

Vulnerable detainees, including minors and foreigners, stayed in touch with relatives via the RCM service. Inmates' families who had yet to learn of their relatives' whereabouts were notified by phone. At the request of 45 foreign detainees, the ICRC informed their respective embassies – and, in the case of refugees, UNHCR – of their detention. Some 18 detainees had their transport home paid by the ICRC upon release.

Detainees benefit from improved health care and facilities

Inmates in three Ugandan prisons – Gulu, Fort Portal and Luzira Upper, including the referral hospital at Murchison Bay – continued to benefit from a project aimed at providing preventive and curative treatment for HIV/AIDS, TB and malaria. After a review confirmed marked progress in the quality of services provided, the project, which had been implemented since 2007 by the UPS with ICRC support, was extended in August for a final year, with a timetable set for a gradual ICRC withdrawal.

For the third time, inmates of the three above prisons underwent mass screening for TB. It was detected in 25 inmates, who were subsequently isolated and treated. Follow-up care for released detainees with TB was arranged with district health offices. With support from another organization, the UPS extended TB screenings to various prisons across the country in the second half of 2011. Some 4,500 detainees in the three pilot prisons learnt their HIV status after testing and received counselling with the support of the AIDS Information Centre. Those who tested HIV-positive obtained treatment from the country's available services.

Improvements to prison infrastructure, such as the establishment and expansion of TB isolation sections in Gulu and Fort Portal, helped minimize the risk of disease outbreaks among inmates. In Gulu and Murchison Bay, laboratory staff handling potentially contagious specimens benefited from improvements to the ventilation system. Gulu Prison gained access to a permanent power supply via solar panel installations, and detainees obtained better access to health services with the newly constructed Health Centre-3, which opened in September. Meanwhile, in Luzira, inmates enjoyed cleaner and safer water thanks to the creation of a better water distribution network.

Local health workers and UPS staff benefited from advice on HIV/AIDS, TB and malaria during regular supervision visits, on-the-job training and two residential training courses. They also received training in laboratory and database management. Shortages of certain drugs and consumables in the prisons were covered with ICRC support. Almost 3,000 vulnerable detainees received basic hygiene and leisure items.

WOUNDED AND SICK

More than 950 patients with disabilities, some resulting from war wounds and mine-related injuries, received treatment at two ICRC-supported physical rehabilitation centres – Mbale in the east and Fort Portal in the west.

In Mbale, patients from the Karamoja region were referred to newly opened dormitories from March. A total of 23 Karamojong patients were treated at the centre, where the installation of a new pre-paid telephone line allowed patients needing prosthetic/orthotic care to contact the centre more easily. Meanwhile, in Fort Portal, services improved with the construction of a training path for patients undergoing rehabilitative care and the renovation of the training room. In addition to receiving ICRC-provided materials,

staff benefited from on-the-job supervision and training from an ICRC physiotherapist, improving the quality of services and establishing a more flexible, multidisciplinary approach to patient care.

After pursuing dialogue with representatives of the Ministry of Health (MoH) to persuade them to increase investment in the country's physical rehabilitation services, the ICRC received in early December confirmation that the MoH at central level had given the green light for a national medical store in Kampala to purchase imported materials. This would ensure the provision of raw prosthetic and orthotic materials and components to MoH hospitals, thereby increasing their capacities to assist more people with disabilities.

AUTHORITIES

Having been revived with encouragement from the ICRC in 2010, the national IHL committee held meetings to identify its members' responsibilities and discuss organizational, administrative and financial matters relating to the drafting of IHL legislation. During these meetings, the committee received technical support from the ICRC, including a draft terms of reference to guide its operations.

Sponsored by the ICRC, the chairman of the national IHL committee (Office of the Prime Minister) and the National Society's legal adviser enhanced their knowledge of IHL implementation at the 3rd Commonwealth Red Cross and Red Crescent IHL Conference in Kuala Lumpur, Malaysia. In August, one member of parliament and one prosecutor from the International Crimes Division also took part in a regional IHL seminar (see *Pretoria*), with ICRC sponsorship.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

With ICRC support, the UPDF continued working towards the systematic integration of IHL into military training, doctrine and operating procedures. During meetings and briefings, senior commanders engaged in dialogue with the ICRC on IHL and its applicability to operations at home and abroad, receiving related publications as required. Nearly 60 officers gained the skills necessary to teach IHL to other military personnel during a two-week train-the-trainer course, while ICRC-trained officers conducted courses for more than 100 senior military personnel. By year-end, each of the 10 UPDF training schools had five or more IHL instructors. The UPDF also started showing a UPDF/ICRC-produced IHL training film to personnel. In October, a mid-term review of the three-year memorandum of understanding signed in 2010 between the UPDF and the ICRC found that substantial progress had been made and that the UPDF was ready to work towards autonomy in IHL integration.

Nearly 4,300 Ugandan troops bound for peacekeeping operations in Somalia as part of the AMISOM force attended ICRC-run IHL sessions (now included in the standard UPDF predeployment training package). Meanwhile, more than 320 police officers and nearly 550 security personnel, mainly operating in Karamoja, participated in international human rights law briefings during ICRC-run sessions.

Dialogue with other weapon bearers also bolstered awareness of, and support for, IHL and related humanitarian issues.

CIVIL SOCIETY

Over 30 Islamic scholars from across East Africa gathered at the Islamic University in Uganda, located in Mbale, for a two-day ICRC-run seminar exploring common themes in sharia law and

IHL. In coordination with the Uganda Muslim Supreme Council, the ICRC held an information session for seven regional imams to further strengthen contacts.

During the elections, journalists received updates on Movement activities and humanitarian developments from the National Society and the ICRC. The general public learnt about IHL and the Movement's work through radio and TV spots, printed materials and a video documentary on the National Society's activities.

Ugandan university students participated in a national moot court competition co-organized by the ICRC and the Uganda Law Students Society. With ICRC sponsorship, the winning team represented the country at a regional competition.

Over 70 law students from the Uganda Christian University boosted their understanding of IHL through dissemination sessions, while university lecturers enhanced their skills at an ICRC-organized workshop on teaching IHL.

RED CROSS AND RED CRESCENT MOVEMENT

With ICRC technical, financial, material and logistical support, the Ugandan Red Cross continued building its capacities to respond effectively to emergencies, provide localized assistance to returnees, strengthen tracing and RCM services (see *Civilians*), promote the Movement and IHL (see *Civil society*) and bolster its management structure.

During post-election protests (see *Civilians*), National Society volunteers – more than 600 of whom had developed their skills at 33 emergency-response training sessions taught by ICRC-trained National Society staff – treated over 945 people using ICRC-supplied first-aid kits and provided pre-hospital care to almost 200 seriously injured. In high-risk areas, police commanders who had been briefed on IHL in 2010 helped facilitate National Society access to people in need. With ICRC support, the National Society boosted its capacity to respond to victims of natural disasters, providing more than 15,300 people with essential household items.

The signing of a new partnership framework agreement between the National Society and the ICRC clarified cooperation activities until 2014. Key National Society personnel received salaries and incentives from the ICRC, which also supplied some regional offices with computers and office furniture to enhance efficiency.

With Movement partners, the National Society attended regular meetings to coordinate activities.

ABIDJAN (regional)

COVERING: Benin, Burkina Faso, Côte d'Ivoire, Ghana, Togo



ICRC / AR, 2011
 (Red circle with cross) ICRC regional delegation (Red circle with cross) ICRC sub-delegation (Red cross) ICRC office/presence (Red triangle) ICRC regional logistics centre

EXPENDITURE (IN KCHF)

Protection	2,959
Assistance	15,699
Prevention	2,485
Cooperation with National Societies	2,304
General	1

▶ **23,447**

of which: Overheads 1,424

IMPLEMENTATION RATE

Expenditure/yearly budget	86%
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PERSONNEL

Expatriates	42
National staff (daily workers not included)	247

KEY POINTS

In 2011, the ICRC:

- ▶ coordinated an effective Movement response to the armed conflict in Côte d'Ivoire, strengthening support to the National Society as the ICRC's primary partner
- ▶ with the National Society, provided 111,254 people in Côte d'Ivoire with food, 125,477 with household necessities, and 7,364,910 with adequate water, sanitation and/or housing, including 247 families whose homes were rebuilt
- ▶ with the National Society, addressed the health/medical needs of conflict-affected people in Côte d'Ivoire, donating supplies to 78 health facilities and carrying out 77,092 consultations via 9 mobile clinics
- ▶ despite disruption to penitentiary services in Côte d'Ivoire, registered 551 people newly detained in connection with the post-election crisis, while working to ensure detainees' access to adequate food, hygiene and medical care
- ▶ mobilized weapon-clearance operations in Abidjan, while alerting local residents to the dangers of explosive remnants of war
- ▶ as conditions in Côte d'Ivoire normalized, helped returnees re-establish themselves, notably by helping rebuild/renovate conflict-damaged housing and rehabilitate neglected plantations

In the countries covered by the delegation, established in 1992, the ICRC supports the authorities in implementing IHL, encourages armed and security forces to respect IHL, and visits detainees. It also works with and supports the development of the region's National Societies. In Côte d'Ivoire, the delegation focuses on responding to the protection and assistance needs of people affected by the lasting consequences of the crisis that began in 2002 and the election-related conflict in 2011.

CONTEXT

Côte d'Ivoire entered 2011 in political crisis after disputed elections in 2010 left it with two presidential claimants, Laurent Gbagbo and Alassane Ouattara, and two governments. Reinforcing existing social divisions, the conflict opposed armed forces loyal to the respective candidates, with both sides helped by volunteers and, allegedly, Liberian fighters. Western regions also experienced intercommunal violence. Multiple arrests, casualties and summary executions were reported. The UN Operation in Côte d'Ivoire (UNOCI) struggled to fulfil its mandate.

Four months of fighting and lawlessness, reaching the level of armed conflict by March and culminating in a fierce battle for control of Abidjan, devastated public infrastructure, homes and livelihoods. Penitentiary facilities were decommissioned and their inmates released. Internationally imposed restrictions triggered shortages of cash, fuel and medical/chemical supplies, further hampering essential services. Many thousands of people fled to safer areas within the country or abroad, mainly Liberia.

High-intensity confrontations subsided in April with the arrest of the former president, assisted by UN/French peacekeepers in accordance with UN Security Council resolution 1775. President Ouattara's government, installed in May, embarked on efforts to restore security and public services, revive the economy, restructure the armed/security forces and foster national reconciliation. Despite isolated clashes, security improved progressively, enabling the displaced to begin returning home. Conditions remained challenging, however, particularly in conflict-razed western regions. Legislative elections took place in December without major incident.

In Burkina Faso, violent protests erupted in February linked to high unemployment and shrinking purchasing power, causing casualties and arrests. The president appointed a new government, tightened military command structures and took measures to appease socio-economic grievances, restoring calm. Benin's president was re-elected in March. In Togo, the long-awaited trial arising from an attempted coup in 2009 saw 11 people handed substantial sentences. Intercommunal violence resurfaced in northern Ghana in December.

ICRC ACTION AND RESULTS

As conditions in Côte d'Ivoire deteriorated, the Abidjan delegation adapted its operational priorities and scaled up its activities to address the corresponding surge in humanitarian needs. The ICRC led the Movement's response to the crisis, with the Red Cross Society of Côte d'Ivoire as its primary partner and in

Main figures and indicators		PROTECTION	Total		
CIVILIANS (residents, IDPs, returnees, etc.)					
Red Cross messages (RCMs)					
RCMs collected			842	UAMs/SCs*	242
RCMs distributed			915		211
Reunifications, transfers and repatriations					
People reunited with their families			43		
		<i>including people registered by another delegation</i>	40		
Tracing requests, including cases of missing persons					
People for whom a tracing request was newly registered			201	Women	23
People located (tracing cases closed positively)			98		Minors
		<i>including people for whom tracing requests were registered by another delegation</i>	40		
Tracing cases still being handled at 31 December 2011 (people)			132		38
UAMs/SCs*, including unaccompanied demobilized child soldiers					
UAMs/SCs newly registered by the ICRC/National Society			47	Girls	
UAMs/SCs reunited with their families by the ICRC/National Society			42		Demobilized children
		<i>including UAMs/SCs registered by another delegation</i>	39		
UAM/SC cases still being handled by the ICRC/National Society at 31 December 2011			31		18
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses) ¹					
ICRC visits					
Detainees visited			10,946	Women	
Detainees visited and monitored individually			921		23
Detainees newly registered			857		22
Number of visits carried out			247		
Number of places of detention visited			115		
Restoring family links					
RCMs collected			106		
RCMs distributed			106		
Phone calls made to families to inform them of the whereabouts of a detained relative			411		
People to whom a detention attestation was issued			31		

* Unaccompanied minors/separated children I. Benin, Burkina Faso, Côte d'Ivoire, Togo

Main figures and indicators		ASSISTANCE	Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)					
Economic security, water and habitat					
Food ²		Beneficiaries	111,254	60%	26%
		<i>of whom IDPs</i>	Beneficiaries		
Essential household items ³		Beneficiaries	125,692	60%	26%
		<i>of whom IDPs</i>	Beneficiaries		
Agricultural, veterinary and other micro-economic initiatives ²		Beneficiaries	74,712	40%	
		<i>of whom IDPs</i>	Beneficiaries		
Water and habitat activities ²		Beneficiaries	7,364,910	40%	30%
		<i>of whom IDPs</i>	Beneficiaries		
Health ²					
Health centres supported		Structures	9		
Average catchment population			1,503,706		
Consultations		Patients	77,092		
		<i>of which curative</i>		17,889	41,035
		<i>of which ante/post-natal</i>		1,307	
Immunizations		Doses	284,870		
		<i>of which for children aged five or under</i>	Doses		
		<i>of which for women of childbearing age</i>	Doses		
Referrals to a second level of care		Patients	970		
Health education		Sessions	428		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses) ²					
Economic security, water and habitat					
Food		Beneficiaries	1,227		
Water and habitat activities		Beneficiaries	5,000		
WOUNDED AND SICK ²					
Hospitals					
Hospitals supported		Structures	78		
Water and habitat					
Water and habitat activities		Number of beds	270		

2. Côte d'Ivoire only 3. Côte d'Ivoire, Togo

coordination with the International Federation. In March, it increased the delegation's budget and appealed for additional funds. It maintained flexibility, enabling it to meet the emergency

needs of the worst affected and, as conditions normalized, to support early recovery. Increased support to the National Society strengthened its response capacities.

With abuses commonly reported, the ICRC boosted its efforts to promote respect for civilians. Continuous dialogue with and representations to relevant authorities, weapon bearers and civil society members on both sides of the political divide served to remind them of their responsibilities under applicable law. Humanitarian messages were reiterated via the media. Although heavy fighting occasionally impeded access to victims, wide acceptance of the Movement's humanitarian role facilitated National Society/ICRC operations countrywide. Several times, the ICRC acted as a neutral intermediary to help transport medical/chemical supplies across front lines.

Initially, ICRC/National Society teams set about alleviating precarious living conditions faced by IDPs and host communities in conflict-torn parts of Abidjan and western regions. Besides distributing food and household essentials, they installed tents and water/sanitation facilities in areas lacking appropriate infrastructure. ICRC-equipped National Society-run mobile clinics made community health services available. As security improved, efforts turned to supporting reconstruction and livelihood recovery, for example by helping repair/rebuild housing and water/health infrastructure unusable owing to damage/neglect or by distributing agricultural inputs to farmers. Cash-for-work programmes employing local labour to rebuild homes/rehabilitate plantations contributed to household incomes and community infrastructure.

To ensure the care of the weapon-wounded, the ICRC donated essential medical supplies to health facilities, bolstered National Society first-aid services and trained Ivorian medical professionals in war surgery. To prevent injury by explosive remnants of war (ERW) in Abidjan, ICRC weapon-contamination experts mobilized ordnance-clearance operations, backed by a public risk-awareness campaign.

ICRC/National Society personnel in Côte d'Ivoire and abroad (mainly Liberia) cooperated to reconnect relatives dispersed by the post-election crisis, including separated/unaccompanied children. To help families receive timely information regarding missing relatives, they provided practical support to the authorities in managing human remains.

ICRC delegates visited detainees in Côte d'Ivoire whenever feasible, pursuing efforts to improve food, health care and hygiene provision in functioning facilities. When regular penitentiary facilities closed, they redirected their attention to people newly detained in improvised facilities. Later, as the new administration prepared to resume penitentiary services, delegates worked with them to tackle longstanding systemic shortcomings, focusing on avoiding previous patterns of malnutrition and morbidity. Elsewhere, detainees in Benin, Burkina Faso and Togo also received ICRC visits.

While prioritizing its response to the Ivorian crisis, the ICRC continued to strengthen National Society capacities regionwide, providing training/materials to facilitate emergency response, communication and public health activities.

Coordination with other humanitarian actors ensured needs were met while avoiding duplication.

CIVILIANS

During the Ivorian post-election crisis, civilians made over 1,500 calls on an ICRC telephone hotline to request help or register allegations of arrests/abuses. Such allegations formed the

basis of representations to the relevant authorities and community members to encourage them to take appropriate preventive/corrective measures.

As the crisis worsened, both nominated administrations and their respective armed components were reminded by the ICRC of their obligations under applicable law (see *Authorities and Armed forces and other bearers of weapons*). These covered, particularly, the respect due to medical/humanitarian missions, proper conduct during law enforcement operations/arrests, and best practice when handling human remains.

The delegation continuously monitored civilians' welfare, paying attention to intercommunal relations, activity by weapon bearers and population movements, and documenting allegations of new abuses. Newly appointed military commanders and other weapon bearers remained receptive to ICRC representations.

Dispersed relatives seek family news

In Côte d'Ivoire and worldwide, people sought help from National Society/ICRC personnel to reconnect with relatives with whom they had lost contact owing to the Ivorian post-election crisis. Such services were particularly valuable to IDPs and Ivorians seeking refuge abroad, including separated/unaccompanied children. By year-end, 42 such children had rejoined relatives thanks to cooperation between Movement components and other humanitarian actors.

During the crisis, people reported difficulties in clarifying the whereabouts of relatives unaccounted for and in recovering the remains of family members. Facing security constraints and overwhelming demand, the authorities responsible for managing human remains received ICRC guidance/practical support in ensuring the safe and timely transfer of the dead to mortuaries. National Society personnel helped collect, identify and bury the dead using ICRC-supplied body bags and vehicles.

IDPs, vulnerable residents and returnees regain access to adequate water, sanitation and shelter

In 2011, 7,364,910 people benefited from water, sanitation or shelter initiatives implemented jointly by the National Society/ICRC. National Society personnel underwent tailored training, and four branches acquired new ICRC-constructed offices, better equipping them to undertake such work.

Prior to the intensification of the crisis, a new drinking fountain afforded 1,500 urban dwellers easier access to clean water. In western areas, 14,600 rural residents enjoyed a healthier living environment after upgrading local water/sanitation infrastructure and promoting good hygiene practices alongside National Society personnel. Further such initiatives were put aside, allowing National Society/ICRC teams to address the urgent needs of crisis-affected communities.

At the height of the conflict, with insecurity impeding travel and restrictions paralysing chemical imports, the water authorities sought support in ensuring service delivery. Residents of Bouaké and Korhogo (some 3 million people) avoided interruptions to water supply when the ICRC helped deliver required products to treatment plants, acting as a neutral intermediary to transport them across front lines. An arrangement between the European Union (EU, see *Authorities*) and the ICRC permitted the import of 4,000 metric tonnes of chemicals, sufficient to purify water for Abidjan's 5-million-strong population for six months.

In Abidjan and western towns, including Duékoué and Guiglo, some 43,000 IDPs gathered in public/religious buildings had access to ICRC-constructed shelters, latrines, showers and water points, easing precarious conditions. To ensure facilities remained functional, they received maintenance materials and training. Those in the busiest sites could draw continuous clean water from high-capacity storage tanks installed and refilled regularly with trucked-in water. Such infrastructure was gradually dismantled as IDPs began returning home.

In central/western areas, damage to water infrastructure left communities reliant on open sources prone to contamination, while deterring IDPs/refugees from returning home. Here, 228,800 people benefited from the chlorination of around 11,400 wells, and 77,000 from hand-pump repairs, assuring them of a safe supply. Among them, 247 returning families (some 1,500 people) had help to rebuild/renovate damaged homes as part of reconstruction efforts. Some 320 local artisans conducted the work with ICRC-supplied materials/supervision, revitalizing the labour market and providing workers with household income.

IDPs, residents and returnees obtain essential health care

To combat disruption to health services, in addition to first aid (see *Wounded and sick*), IDPs, residents and returnees had access to primary health care at ICRC-supported National Society mobile clinics. Touring Abidjan and western regions lacking functioning health infrastructure, nine such clinics carried out 77,092 consultations. From September, clinic patients could also obtain routine immunizations (284,870 doses administered). Moreover, National Society health posts at IDP sites, and 17 health facilities in Abidjan, received basic medicines/medical materials. Two health centres forced to close during the fighting later reopened following ICRC renovations.

IDPs, residents and returnees receive relief and support to recover self-sufficiency

Across Abidjan and the west, 125,477 people (20,550 households), including IDPs taking refuge from the fighting and returnees seeking to re-establish themselves, received items such as blankets and utensils to help cover immediate household needs. Some 111,254 people (18,566 households) experiencing food shortages received a two-week food ration and/or high-calorie biscuits.

As security improved, efforts turned to supporting livelihood recovery in hard-hit western regions. Thus, 6,862 IDP/host families (41,172 people) with access to farmland received seed and hoes, enabling them to produce and sell staple crops. Meanwhile, 33,540 returnees (5,590 households) helped reclaim neglected

coffee/cocoa plantations through cash-for-work programmes. With ICRC training/supervision, they restored 10,700 hectares to working order and were remunerated accordingly, boosting their income and rendering the plantations profitable again.

Abidjan residents supported in surviving the residual effects of conflict

ERW left from high-intensity hostilities in Abidjan posed a localized threat to civilians. Encouraged by ICRC weapon-contamination experts, mine-action actors present cooperated to clear hazardous devices. To reduce accidents and permit the safe return of IDPs/refugees, local residents learnt how to behave safely through an extensive publicity campaign run in parallel by ICRC-trained National Society/NGO volunteers.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees in Benin, Burkina Faso, Côte d'Ivoire and Togo received visits from the ICRC, according to its standard procedures, to monitor their treatment and living conditions. Among them were 551 newly detained, by either party, in connection with the Ivorian post-election crisis (including the former president arrested in April), and 304 held in connection with Burkinan disturbances. Detainees in Benin serving sentences under the International Criminal Tribunal for Rwanda also received visits (see *Nairobi*).

During visits, detainees used ICRC family-links services to communicate with relatives/consular representatives. As needed, they received hygiene and/or leisure articles for their general comfort.

Feedback from ICRC visits was shared confidentially with the authorities concerned, including recommendations for improvements.

Ivorian detainees' urgent needs addressed during and after the crisis

In Côte d'Ivoire, both during and after the crisis, the authorities received ICRC support in ensuring detainees' access to adequate food, health care and hygiene. As the situation evolved, the delegation adapted its activities, suspending any that had lost immediate relevance.

Malnutrition being a longstanding concern, vulnerable detainees had their nutritional health monitored and, where necessary, received ICRC-supplied high-calorie biscuits or food rations to supplement their meals until they recovered their health. This initiative, interrupted with the prison closures (see below) and reactivated on a limited scale as facilities reopened, benefited 1,227 inmates. Detainees also received required medical treatment

PEOPLE DEPRIVED OF THEIR FREEDOM	BENIN	BURKINA FASO	CÔTE D'IVOIRE	TOGO
ICRC visits				
Detainees visited	7	304	10,615	20
Detainees visited and monitored individually	7	304	590	20
		5	9	
			23	
Detainees newly registered		304	551	2
		5	9	
			22	
Number of visits carried out	1	3	101	12
Number of places of detention visited	1	3	35	5
Restoring family links				
RCMs collected		3	81	22
RCMs distributed		3	84	19
Phone calls made to families to inform them of the whereabouts of a detained relative			411	
People to whom a detention attestation was issued			23	8

thanks to donations of drugs/supplies to 16 operational facilities. They faced fewer general health risks following urgent repairs to malfunctioning water/sanitation infrastructure, as in Daloa where the sewage system was unblocked.

When penitentiary facilities closed in March, occasioning the release of the prison population (see *Context*), delegates turned to addressing the needs of people newly detained in improvised facilities. Where necessary, inmates received food and ICRC-administered medical attention. High-calorie biscuits originally intended to expand the nutritional initiative were redirected to IDPs facing food shortages (see *Civilians*).

From August, penitentiary facilities began reopening. This provided an opportunity to address systemic shortcomings that had long undermined detainees' well-being. Accordingly, the authorities benefited from ICRC advice and practical support in ensuring reopening facilities were adequately prepared, to help avoid previous patterns of malnutrition/morbidity. In particular, they received a one-off donation of drugs/consumables to cover the needs of 500 detainees for three months, and explored with nutritional experts means of establishing a reliable, sustainable food-supply chain. Five prisons had ovens repaired/installed, boosting meal-preparation capacities.

WOUNDED AND SICK

During the crisis in Côte d'Ivoire, besides providing community health services (see *Civilians*), National Society teams established first-aid posts countrywide backed by ICRC funds, fuel and equipment. Despite insecurity occasionally preventing access to victims, their efforts enabled thousands of wounded people to receive prompt treatment. Where insecurity/shortages of supplies threatened their services, health authorities called on ICRC support. Accordingly, 78 health facilities in Abidjan and the west received drugs and medical/surgical materials. Several times, the national pharmacy and the national centre for blood transfusion obtained logistical support in delivering urgent supplies to hospitals.

Communities in far western regions regained access to adequate medical/surgical services after the ICRC renovated three hospitals (270 beds) rendered unusable during the fighting. To enhance national surgical capacities, 20 health professionals honed their skills in treating weapon-wounded patients at a Health Ministry/ICRC seminar.

AUTHORITIES

In Côte d'Ivoire, representatives of nominated governments, intergovernmental organizations and key embassies remained in continuous contact with the ICRC regarding the humanitarian consequences of the crisis and reconstruction/reconciliation efforts. Besides impressing upon all stakeholders the need to safeguard civilians' rights (see *Civilians*), such dialogue proved essential in gaining their support for the Movement's neutral, impartial and independent humanitarian work. All authorities involved in hostilities received formal notification regarding their obligations under applicable law and, particularly, the rules to respect during non-international/international armed conflict, as appropriate. Alerted to the impact of import restrictions on public services, the EU granted the ICRC special authorization to ship water-treatment products from Europe to Abidjan (see *Civilians*).

The crisis and, subsequently, preparations for legislative elections, slowed progress on IHL implementation. Nevertheless, the

new Ivorian administration expressed interest in working with the ICRC to incorporate mechanisms for the repression of IHL violations into national legislation.

Governments elsewhere in the region also demonstrated willingness to pursue the ratification/implementation of IHL instruments, drawing on ICRC expertise, training support and reference materials. The Burkinan national IHL committee co-hosted with the ICRC briefings for officials on priority treaties and submitted a revised military justice code for National Assembly approval. In Benin and Togo, efforts to reinvigorate the national IHL committees garnered ministerial support and commitments to action. Ghana and Togo ratified the Convention on Cluster Munitions and the African Union Convention on IDPs respectively. To encourage further advances, a Ghanaian official enhanced his knowledge at a Movement IHL event abroad.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

In Côte d'Ivoire, the need to build respect among all weapon bearers for IHL, international human rights law and humanitarian workers remained pressing. During the fighting, daily contact with combatants on both sides deepened their understanding of the Movement's neutral, impartial and independent humanitarian approach. Their broad acceptance proved critical in securing National Society/ICRC access to victims despite prevailing suspicion towards international organizations. As violence escalated, military components of all parties involved were notified of their obligations to conduct hostilities according to applicable law.

As conditions stabilized, efforts commenced to promote humanitarian principles among all weapon bearers with an influence in restoring security. This included contributing to training the reconstructed armed forces, combining troops previously fighting on opposing sides. Thus, some 1,400 military, *gendarmier* and police officers learnt about their respective responsibilities through ICRC courses at national training academies. A further 1,900 weapon bearers gained an insight into basic IHL principles at ICRC field presentations, accompanied by National Society-run first-aid training.

Regionwide, military authorities benefited from ICRC advice, sponsorship and materials to enhance IHL instruction standards. Some 40 Togolese IHL instructors refined their teaching techniques at an ICRC workshop, and 2 senior officers built on their IHL expertise at advanced workshops abroad. IHL units in Benin and Togo, having updated their officer handbooks with ICRC technical input, printed/circulated these widely. Peacekeeping schools similarly welcomed ICRC support in integrating IHL into training, with Beninese, Ghanaian and Togolese contingents attending predeployment briefings.

CIVIL SOCIETY

Across the region, community/religious leaders, trade unions, NGOs and, particularly, politically active Ivorian youth/student groups gained a better grasp of humanitarian principles and the Movement's distinctive approach at ICRC briefings and roundtables. This widened acceptance of National Society/ICRC teams at community level, facilitating access to victims in Côte d'Ivoire.

Media representatives took advantage of ICRC field trips, seminars and information sessions, strengthening their capacities to report accurately on humanitarian topics. Many seeking credible information about developments in Côte d'Ivoire sought out National

Society/ICRC press releases/interviews. The ensuing coverage increased public awareness of the Movement's response and the respect owed to those not, or no longer, participating in hostilities. Local radio stations helped ensure such messages reached remote communities.

Broadening IHL knowledge at university level, over 500 Beninese, Ivorian and Togolese students learnt about the ICRC's role as the guardian of IHL at presentations, backed by reference materials donated to their university libraries. The 4th West African Regional International Humanitarian Law Competition, organized in Abidjan by the Ivorian Justice Ministry/ICRC, saw students from nine countries practise applying IHL through a scenario inspired by the post-election crisis. To boost IHL teaching capacities, a Ghanaian lecturer attended a regional course with ICRC funding.

RED CROSS AND RED CRESCENT MOVEMENT

In line with contingency plans, the ICRC coordinated the Movement response to the Ivorian post-election crisis, with the National Society as its primary partner. To ensure effective action, the Ivorian Red Cross, the International Federation and the ICRC signed a joint declaration and established a coordination committee. With ICRC guidance and strengthened training, logistical and material support, the National Society assisted over 16,000 victims (see *Civilians* and *Wounded and sick*). Similar support enabled 69 branches to mobilize first-aid cover surrounding December's legislative elections.

Ivorian volunteers were among some 900 regionwide to benefit from ICRC-financed courses, thereby improving their capacities to assess needs, manage projects, facilitate family contact and/or promote public health. Branches in volatile areas received first-aid equipment and/or relief goods. This enabled them to assist, for example, victims of violence in Burkina Faso, and 215 irregular migrants in Togo. Those in flood-prone districts helped prepare communities against water-borne diseases by running hygiene-awareness sessions.

To better prepare them to promote the Movement/humanitarian principles, volunteers enhanced their presentation skills at ICRC workshops. An Ivorian Red Cross campaign promoting correct use of the Movement's emblems resulted in several State health facilities adopting alternative symbols.

ICRC-sponsored National Society representatives participated in Movement meetings, facilitating information sharing and strengthening their governance and income-generation capacities.

ANTANANARIVO (regional)

COVERING: Comoros, Madagascar, Mauritius, Seychelles



ICRC regional delegation

EXPENDITURE (IN KCHF)

Protection	768
Assistance	989
Prevention	279
Cooperation with National Societies	801
General	-

► **2,837**

of which: Overheads 173

IMPLEMENTATION RATE

Expenditure/yearly budget	92%
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PERSONNEL

Expatriates	6
National staff (daily workers not included)	14

KEY POINTS

In 2011, the ICRC:

- supported Madagascar's prison authorities in establishing technical committees and working groups aimed at improving detainees' living conditions, treatment and access to health care and at promoting respect for their judicial guarantees
- helped to enhance the well-being of more than 8,000 inmates in 14 detention facilities in the Comoros and Madagascar, including by supplying food, essential household items, cleaning products and insecticide
- enabled the National Societies of the Comoros and Madagascar to boost their emergency response capacities, including by conducting train-the-trainer courses in first aid and the Safer Access approach for their volunteers
- with the authorities, increased understanding of IHL and international human rights law among the region's armed and security forces, *gendarmerie* and police through the organization of training sessions and workshops

Having worked in Madagascar intermittently during the 1990s, the ICRC has been permanently present in the country since 2002. In 2011, it opened its regional delegation for the Indian Ocean in Antananarivo. The ICRC visits detainees in the Comoros and Madagascar, working closely with the latter's authorities to improve conditions in prisons. It also raises awareness of IHL, international human rights law and the ICRC's mandate among the authorities and armed and security forces. It supports the activities of the region's National Societies, while seeking to boost their capacities.

CONTEXT

Madagascar's political crisis had yet to be resolved. Multilateral efforts to broker an agreement between the transitional government and the opposition – including during several summits held by the Southern African Development Community – resulted in the signature of a road map in September, paving the way towards general elections. In the meantime, the state of the economy continued to exacerbate the country's already chronic poverty, while the country's main international donors held back budgetary support.

The rest of the region was politically stable. In May 2011, the new president of the Comoros took office, following an election at the end of 2010, and Seychelles re-elected its leader for a second term. Mauritius continued to develop its economy against a peaceful social backdrop.

ICRC ACTION AND RESULTS

On January 1, 2011, the ICRC upgraded its mission in Antananarivo to a regional delegation covering the Indian Ocean Islands and continued its work visiting detainees, promoting IHL and supporting the National Societies in the Indian Ocean region.

Delegates monitored the treatment and living conditions of people detained in Madagascar, and on a smaller scale in the Comoros, providing the authorities with confidential feedback and, where relevant, recommendations. In Madagascar, stepping in to respond to emergency needs, the ICRC provided high-energy food rations to malnourished inmates in six detention facilities. It also helped improve general health and hygiene by providing cleaning products, disinfecting facilities and rehabilitating infrastructure. To support the authorities' efforts to reform the penitentiary system and improve detention conditions, the ICRC organized round-table discussions with relevant officials and other stakeholders. Meanwhile, with ICRC support, the Malagasy authorities continued developing their technical capacities to improve inmates' living conditions over the longer term, with some encouraging results. Two new technical committees – devoted to health and to judicial guarantees respectively – proposed a number of general improvements to prison management and resolved several individual cases. The Justice Ministry and the ICRC also co-hosted meetings attended by a range of stakeholders working to improve Malagasy prison conditions, resulting in the creation of a new working group on judicial guarantees.

Main figures and indicators	PROTECTION	Total		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)¹				
ICRC visits			Women	Minors
Detainees visited		8,345		
Detainees visited and monitored individually		29		
Detainees newly registered		4		
Number of visits carried out		37		
Number of places of detention visited		14		
Restoring family links				
People to whom a detention attestation was issued		92		

* Unaccompanied minors/separated children 1. Comoros, Madagascar

Main figures and indicators	ASSISTANCE	Total	Women	Children
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)²				
Economic security, water and habitat				
Food ²	Beneficiaries	587		
Essential household items	Beneficiaries	7,037		
Water and habitat activities ¹	Beneficiaries	6,511		

1. Comoros, Madagascar 2. Madagascar

The ICRC continued to provide material, financial and technical support to help the region's National Societies respond effectively to emergencies and promote IHL and the Movement to a wide audience. The Comoros Red Crescent and the Malagasy Red Cross Society both trained dozens of instructors in first aid and the Safer Access approach, and those in Madagascar went on to teach advanced techniques to hundreds of first-aiders in disaster-prone regions. The National Societies of the countries covered, other Movement partners and the ICRC met regularly to coordinate their activities.

Meanwhile, the delegation sought to strengthen ties with the region's political and military authorities, including by training and briefing Malagasy police and *gendarmerie* instructors and military cadets on basic humanitarian principles and the Movement's activities.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees in the Comoros and Madagascar received visits, carried out according to the ICRC's standard procedures, enabling delegates to monitor their treatment and living conditions, particularly respect for judicial guarantees. In Madagascar, special attention was paid to the situation of security detainees, who were followed individually, and particularly vulnerable inmates, such as women, children and foreigners. Following such visits, the authorities received confidential oral and written feedback, along with recommendations, where relevant.

Malagasy prison authorities work to improve conditions for inmates, both in the short and long term

The environment in Malagasy prisons remained difficult, *inter alia* because of overcrowding. As the penitentiary administration often lacked the necessary resources to remedy associated prob-

lems, the ICRC provided hands-on support in meeting emergency needs, while continuing to provide technical expertise to boost their capacities and help them mobilize greater national and international backing for their efforts.

More than 580 detainees being held in six detention facilities suffering from high rates of malnutrition supplemented their diets with high-energy food rations, with the more severely malnourished among them receiving medical attention administered using ICRC-supplied drugs and materials. As a result, malnutrition rates among inmates at Ampanihy prison fell from 44% to 0.5%. Elsewhere, following ICRC interventions, 10 detainees were authorized to seek necessary specialized medical care outside their detention facility. More than 7,000 detainees relied on ICRC-supplied hygiene items and cleaning products. In nine prisons, living conditions improved for some 5,500 inmates following disinfection campaigns to rid the premises of pest infestations. At five prisons, some 2,900 inmates felt the immediate benefit of projects to rehabilitate infrastructure, including 676 detainees at Tsiafahy prison, Madagascar's only high-security prison, where the ICRC refurbished and equipped the prison kitchen, infirmary, sewage disposal system and water supply, the last enabling inmates to each access 32, rather than 8, litres of water daily. Detainees, including minors, were better able to protect their health following hygiene seminars, conducted in cooperation with the authorities and other NGOs.

Meanwhile, the prison administration drew on ICRC expertise in its efforts to find longer-term solutions to the above problems. For example, in efforts to stabilize detainees' nutritional status, Malagasy medical personnel drafted a model menu for balanced meals and worked on a framework for when and how to run a nutritional intervention. With the aim of preventing future disease

PEOPLE DEPRIVED OF THEIR FREEDOM	COMOROS	MADAGASCAR
ICRC visits		
Detainees visited	212	8,133
Detainees visited and monitored individually		29
Detainees newly registered		4
Number of visits carried out	3	34
Number of places of detention visited	1	13
Restoring family links		
People to whom a detention attestation was issued	92	

outbreaks, the prison authorities set up an epidemiological monitoring system with ICRC support. They also created two technical committees – one dedicated to health issues and the other to respect for judicial guarantees – bringing together relevant personnel from the prison administration and from the Justice Ministry respectively.

By the end of the year, both committees had made progress. The health committee, for example, had outlined a contingency plan on prison pest control, developed a model medical form for prison staff to screen the physical condition of new inmates, and stationed a nurse in one detention facility. It also drafted a health charter, which outlined policies and guidelines. The committee on judicial guarantees, upon identifying a gap in the communication of new laws to those responsible for applying them, informed all regional legal directors of a new limitation on the validity of arrest warrants. This announcement, backed by ICRC written and oral representations, led to the release of eight detainees whose arrest warrants had expired. To avoid similar problems, the committee also reminded prison directors to regularly sift through their registers and case files in efforts to bring irregularities to light.

To enlist wider support and further expertise, the Justice Ministry and the ICRC organized a series of meetings to enable prison administration officials to exchange ideas on how to improve overall conditions for inmates, with members of NGOs working on penitentiary-related issues and representatives of the international community. With ICRC input, a new working group on judicial guarantees made a commitment to issue regular, practical recommendations to the prison administration and the judiciary.

Hygiene improves among Comorian detainees

Some 170 detainees in Moroni prison saw an immediate improvement to their health and hygiene following a National Society/ICRC pest-control operation, the refurbishment of the cells' concrete floors, and an upgrade of the prison's water supply.

AUTHORITIES

In Madagascar and Mauritius, parliamentarians, ambassadors, and representatives of regional and international organizations and UN agencies kept abreast of Movement activities, discussed IHL treaties, particularly the Convention on Cluster Munitions, and shared perspectives on the humanitarian situation in the country through meetings with the ICRC. With ICRC technical support, the national IHL committee focused on raising awareness of IHL in the country while waiting for the legislative branch to resume activities relating to its implementation (see also *Armed forces and other bearers of weapons*). It notably continued, to work towards drafting a bill on the use and protection of the emblem.

In the Comoros, the newly elected president met ICRC officials, who presented the organization's activities for detainees and efforts to promote widespread understanding of IHL through support to the national IHL committee and the Comoros Red Crescent. Other figures in authority, including diplomats and the minister of defence, interior and information, were likewise informed during meetings.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

As part of efforts to ensure respect among the armed and security forces for civilians in the event of unrest and to garner support for Movement activities, police and *gendarmerie* instructors underwent training to better understand internationally recognized standards relating to maintaining law and order. Some 400 military cadets at the national academy, along with instructors, *gendarmes* and police officers, learnt more about IHL and the Movement during National Society/ICRC briefings held in cooperation with the authorities.

Other priorities prevented the achievement of other initially planned activities, notably those related to the Defence Ministry-affiliated IHL committee.

RED CROSS AND RED CRESCENT MOVEMENT

With ICRC training and material, financial and technical support, the region's National Societies continued to develop their capacities to carry out their core activities effectively, particularly in terms of emergency response and the promotion of IHL and the Movement among the authorities and the general public.

Notably, the Comoros Red Crescent and the Malagasy Red Cross trained scores of instructors in first aid and the Safer Access approach, positioning them to teach these techniques to other volunteers located in disaster-prone areas across the two countries. The Malagasy instructors, for example, went on to teach advanced procedures to 882 first-aiders in 12 districts, helping ensure a quick and effective response to natural disasters or situations of violence.

In Mauritius, the National Society, in close cooperation with the prime minister's office, organized a one-day workshop on IHL and the Movement for 25 senior government officials, including several serving on the national IHL committee.

The region's National Societies, other Movement partners and the ICRC met regularly to coordinate their activities. Such meetings, along with training courses, enabled the National Societies to reinforce their own governance and management skills.

PEOPLE DEPRIVED OF THEIR FREEDOM		COMOROS	MADAGASCAR
Economic security, water and habitat			
Food	Beneficiaries		587
Essential household items	Beneficiaries		7,037
Water and habitat activities	Beneficiaries	140	6,371

DAKAR (regional)

COVERING: Cape Verde, Gambia, Guinea-Bissau, Senegal



ICRC regional delegation
 ICRC sub-delegation
 ICRC mission
 ICRC-supported prosthetic/orthotic centre

EXPENDITURE (IN KCHF)

Protection	1,190
Assistance	4,297
Prevention	1,889
Cooperation with National Societies	1,404
General	-

► **8,779**

of which: Overheads 536

IMPLEMENTATION RATE

Expenditure/yearly budget	80%
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PERSONNEL

Expatriates	22
National staff (daily workers not included)	129

KEY POINTS

In 2011, the ICRC:

- following clashes or natural disaster in Gambia, Guinea-Bissau and Senegal, provided 727 vulnerable people with emergency food rations and 1,226 with essential household items, in cooperation with the National Societies
- with the National Societies, helped 23,261 farmers, stockbreeders and IDPs in north-west Guinea-Bissau and Casamance (Senegal) regain economic security, while improving access to clean water/sanitation for 37,010 people
- through support to the Guinea-Bissau authorities, enabled Bissau's physical rehabilitation centre to reopen for the first time since 1999
- improved primary health-care services for communities in Senegal's Casamance region through the provision of training, supervisory and logistical support, medical supplies and renovations to infrastructure
- visited detainees in Guinea-Bissau and Senegal, including military personnel detained by the Mouvement des forces démocratiques de la Casamance
- welcomed the ratification of the Rome Statute by Cape Verde, the African Union Convention on IDPs by Gambia and the Convention on Cluster Munitions by Senegal

The ICRC opened a regional delegation in Dakar in 1989, although it had already worked in the region for some years. It focuses on promoting IHL among the armed forces and other bearers of weapons and on encouraging implementation of that law by the authorities throughout the region. It also supports the activities of the National Societies, assists people affected by armed conflict and other situations of violence in Casamance, Senegal, and in Guinea-Bissau, and visits detainees of ICRC concern, providing them with material aid where necessary.

CONTEXT

In Senegal's southern Casamance region (hereafter Casamance), there was no end in sight to the longstanding confrontation between government forces and factions of the Mouvement des forces démocratiques de la Casamance (MFDC). Sporadic fighting continued, escalating towards year-end, with reported mine/explosive remnants of war (ERW) incidents on the increase. Clashes and banditry were concentrated in northern and south-eastern Casamance respectively, causing military and civilian casualties and displacement, including into Gambia. The MFDC captured, reportedly for the first time, several Senegalese soldiers. The insecurity restricted civilian/humanitarian movements and essential services, disrupted livelihoods and discouraged people previously displaced from returning to areas where fighting had abated.

Senegal's capital, Dakar, with a large international community, remained an important regional centre for humanitarian dialogue. Poverty and unemployment, combined with crippling power shortages, contributed to violent protests there in June as political circles began preparing for elections scheduled for 2012.

In Guinea-Bissau, the government initiated armed/security sector reform with support from Angolan forces, most international support having been withdrawn given national political/military instability. Little progress had been recorded by year-end. In December, an alleged coup attempt resulted in multiple arrests among the military. Northern regions continued to host refugees from Casamance, adding strain on communities struggling with poverty and limited State services and infrastructure.

In Gambia, the incumbent president was comfortably re-elected in November. Sessions of the Banjul-based African Commission on Human and Peoples' Rights (ACHPR) took place in May and November.

Illegal trafficking, cross-border activity by weapon bearers and natural disaster added to instability in the region, which remained a common migratory route. Armed conflict in Libya caused hundreds of West African migrants employed there to return home.

ICRC ACTION AND RESULTS

The Dakar delegation consolidated its regional presence, opening a mission in Gambia and increasing its staff in Bissau. It reinforced its protection activities while pursuing its assistance to communities in conflict-affected areas, working wherever possible alongside

Main figures and indicators		PROTECTION	Total		
CIVILIANS (residents, IDPs, returnees, etc.)					
Red Cross messages (RCMs)					
RCMs collected			22	UAMs/SCs*	
RCMs distributed			15		
Phone calls facilitated between family members			596		
Reunifications, transfers and repatriations					
People reunited with their families			334		
Tracing requests, including cases of missing persons					
People for whom a tracing request was newly registered			10	Women	Minors
People located (tracing cases closed positively)			16		
Tracing cases still being handled at 31 December 2011 (people)			20		
UAMs/SCs*, including unaccompanied demobilized child soldiers					
UAMs/SCs newly registered by the ICRC/National Society			3	Girls	Demobilized children
UAM/SC cases still being handled by the ICRC/National Society at 31 December 2011			3		
Documents					
People to whom travel documents were issued			4		
Official documents relayed between family members across borders/front lines			1		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses) ¹					
ICRC visits					
Detainees visited			2,768	Women	Minors
Detainees visited and monitored individually			95		
Detainees newly registered			76		
Number of visits carried out			24		
Number of places of detention visited			14		
Restoring family links					
RCMs collected			43		
RCMs distributed			4		
Phone calls made to families to inform them of the whereabouts of a detained relative			128		

* Unaccompanied minors/separated children 1. Guinea-Bissau, Senegal

Main figures and indicators		ASSISTANCE	Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)					
Economic security, water and habitat					
Food ²		Beneficiaries	727	36%	50%
		<i>of whom IDPs</i>	485		
Essential household items ³		Beneficiaries	1,226	26%	49%
		<i>of whom IDPs</i>	465		
Agricultural, veterinary and other micro-economic initiatives ³		Beneficiaries	24,115	71%	1%
		<i>of whom IDPs</i>	33		
Water and habitat activities ¹		Beneficiaries	37,010	47%	38%
Health⁴					
Health centres supported		Structures	10		
Average catchment population			13,625		
Consultations		Patients	10,599		
		<i>of which curative</i>		3,048	3,929
		<i>of which ante/post-natal</i>		783	
Immunizations		Doses	17,133		
		<i>of which for children aged five or under</i>	16,964		
		<i>of which for women of childbearing age</i>	169		
Referrals to a second level of care		Patients	74		
Health education		Sessions	126		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
Economic security, water and habitat					
Essential household items ¹		Beneficiaries	1,204		
Water and habitat activities ⁴		Beneficiaries	357		
WOUNDED AND SICK					
Hospitals⁴					
Patients whose hospital treatment has been paid for by the ICRC		Patients	20		
Physical rehabilitation⁵					
Centres supported		Structures	1		
Patients receiving services		Patients	150	36	32
New patients fitted with prostheses		Patients	16	5	1
Prostheses delivered		Units	25	8	1
		<i>of which for victims of mines or explosive remnants of war</i>	17		
New patients fitted with orthoses		Patients	10	1	9
Orthoses delivered		Units	14	1	13
Crutches delivered		Units	44		
Wheelchairs delivered		Units	1		

1. Guinea-Bissau, Senegal 2. Gambia, Senegal 3. Gambia, Guinea-Bissau, Senegal 4. Senegal only 5. Guinea-Bissau only

the National Societies. Together they endeavoured to gain the support of authorities, weapon bearers and other influential actors for humanitarian principles and Movement operations.

Delegates documented abuses against civilians and, where necessary, made representations to the alleged perpetrators. Given the intensification of fighting in Casamance, delegates notified all parties involved of their obligations under IHL, particularly the respect due to civilians and others not/no longer participating in the fighting. Regular contact with local authorities and military and MFDC field commanders, particularly, helped ensure that IDPs, refugees and others affected by fighting/natural disaster in Casamance, Gambia and Guinea-Bissau received timely relief from the relevant National Societies/ICRC.

In Casamance and north-west Guinea-Bissau, ICRC/National Society teams assisted rural communities, including IDPs, refugees and returnees, in recovering/preserving their livelihoods and reducing their exposure to water-borne diseases. They helped stockbreeders to maintain healthy herds, crop farmers (particularly women) to enhance productivity and, in Ziguinchor town, struggling IDPs to launch small businesses. Alongside relevant water authorities and/or community members, they improved local water/sanitation facilities and hygiene awareness.

Efforts to improve access to quality health/medical care in Casamance and north-west Guinea-Bissau continued. To support primary health-care services, the ICRC renovated infrastructure and provided health workers with training, supervisory, logistical and material support, particularly to facilitate disease-prevention campaigns and improve conditions for child birth. It strengthened Senegalese Red Cross Society first-aid capacities, helping ensure people wounded during civil unrest received prompt treatment. In Guinea-Bissau, it embarked on comprehensive renovations to the main referral facility in São Domingos. With ICRC management, training and material support, Bissau's physical rehabilitation centre reopened to provide services to the disabled for the first time since 1999.

Relatives dispersed by conflict or other circumstances, particularly migrants and children, restored and/or maintained contact through the Movement family-links network.

The ICRC visited detainees in Guinea-Bissau and Senegal, stepping in to support the authorities in addressing urgent health risks posed by dysfunctional water/sanitation infrastructure. By year-end the organization had not succeeded in regaining access to detainees in Gambia, despite dialogue with the authorities to that end.

The delegation maintained close contact with journalists, diplomats, community/religious leaders and other civil society actors in fields of common interest to stimulate humanitarian dialogue, coordinate activities and build support for IHL and Movement operations, hosting numerous events at its Dakar documentation

centre. To stimulate academic interest in IHL, it supported related research, conducted presentations and developed contacts among university circles. It contributed legal expertise, training support, briefings and documentation to advance the ratification/implementation of IHL treaties and to better integrate IHL/international human rights law into the training, doctrine and operations of armed/security forces in Gambia, Guinea-Bissau and Senegal.

In parallel, the ICRC helped strengthen the National Societies' governance and management, while enhancing their capacities to respond to national and cross-border emergencies, deliver family-links services, conduct health initiatives and promote humanitarian principles. Regular meetings of Movement partners encouraged effective coordination.

CIVILIANS

Activity by weapon bearers in Casamance and on its borders restricted civilian/humanitarian movements. Where possible, ICRC delegates visited affected areas, talked to victims and documented allegations of security threats/abuses. These formed the basis of representations to the alleged perpetrators aimed at preventing further such incidents.

Given the intensification of armed confrontations, all parties involved were briefed on their obligation to comply with IHL (see *Authorities and Armed forces and other bearers of weapons*), highlighting the respect due to those not/no longer participating in the fighting. On ICRC request, relevant parties agreed to suspend fighting on certain days to allow besieged villagers to receive aid (see below).

Refugees, IDPs and vulnerable residents receive relief

People uprooted or otherwise affected by fighting, flooding or fire in Gambia, Guinea-Bissau and Senegal received relief from their National Society working with the ICRC. Thirty-five National Society personnel underwent needs assessment training in preparation for such emergencies.

In total, 727 people (87 households) received food, and 1,226 (167 households) essential household items, to help cover immediate needs. Among them were 232 Senegalese villagers (26 households) trapped with scarce access to fields/markets owing to fighting on all sides. A temporary ceasefire on distribution days, negotiated by the ICRC (see above), enabled these villagers to receive four one-month food/soap rations.

Conflict-affected communities' economic security boosted

Where security permitted, conflict-affected communities in rural Casamance and north-west Guinea-Bissau, including long-term IDPs, refugees and returnees, had help to recover/preserve their livelihoods. In total, 24,115 people, including people repatriated from Libya (see below), benefited from National Society/ICRC agricultural, veterinary or micro-economic initiatives.

CIVILIANS		GAMBIA	GUINEA-BISSAU	SENEGAL
Economic security, water and habitat				
Food	Beneficiaries	465		262
	<i>of whom IDPs</i>	465		20
Essential household items	Beneficiaries	465	456	305
	<i>of whom IDPs</i>	465	456	
Agricultural, veterinary and other micro-economic initiatives	Beneficiaries	845	16,672	6,598
	<i>of whom IDPs</i>			33
Water and habitat activities	Beneficiaries		19,163	17,847

Members of 51 women's associations (42 in Casamance and 9 in Guinea-Bissau) received cash-crop seed and equipment to launch or, for previously supported farmers, pursue market gardening activities, backed by ongoing training/supervision. Combined with improvements to irrigation (see below), this boosted their yields, diversified their sources of income and enhanced their nutritional intake, benefiting 3,980 people (585 households).

Farming communities in Casamance continued to benefit from ICRC-donated cereal mills and ox-carts, with eight village associations receiving new mills/carts to hire out at affordable rates. The mills reduced farmers' workload, while the carts facilitated access to markets/health facilities.

Through initiatives developed together with local agricultural/veterinary authorities, animal health workers made veterinary services available to stockbreeders in remote areas, backed by training, vehicles and/or veterinary products. This allowed 3,110 herding families (19,269 people) to vaccinate/treat their animals against disease, preserving their health and market value.

Efforts to help unemployed IDPs in Ziguinchor recover economic security continued, although identifying suitable candidates remained difficult. With financial/material input, one individual launched a chair-rental service, and one women's association a suburban market garden. Businesses started in 2010 benefited from ongoing supervision.

Rural communities gain healthier living conditions

In rural Casamance and north-west Guinea-Bissau, community members, cooperatives and water authorities worked alongside the National Societies/ICRC to improve access to clean water for some 6,000 people and to sanitation/hygiene for nearly 23,000. Together they constructed/repaired water points and/or latrines in villages, schools and market gardens (see above), improving public health, boosting crop production and encouraging IDPs/refugees to return home. To maximize impact, ICRC-trained National Society volunteers promoted good hygiene among community members. Residents in cholera-prone areas learnt ways of minimizing contagion, including when handling human remains.

Both countries' water authorities, helped by relevant NGOs and the ICRC, established management mechanisms through which to share/address maintenance concerns. ICRC-trained National Society technicians were appointed to support community-based facility maintenance.

Although insecurity impeded work in places, these activities, combined with renovations to health infrastructure (see below), assured some 37,000 people of healthier living conditions.

Conflict-affected communities get improved primary health care

Security/resource constraints hampered the delivery of quality services by health authorities in Casamance and Guinea-Bissau. Ten primary health-care facilities in Senegal thus benefited from ICRC support in providing government-approved standards of preventive, curative and ante/post-natal care, including vaccinations and family-planning guidance. Discussions began with a view to extending such support to similar facilities in northern Guinea-Bissau.

Staff received medicines, equipment and training while undergoing supervision, helping ensure they adhered to recommended care/administrative procedures. In particular, nurses/midwives consolidated their skills in preventing/treating hygiene-related health risks and birthing complications and in observing prescription and record-keeping guidelines. Women gained easier access to safe treatment with the construction/renovation of six maternity/health facilities.

Efforts continued to reinforce national disease-prevention campaigns in Casamance. Where insecurity restricted movement, the Health Ministry requested that the ICRC, as a neutral intermediary, escort health workers, enabling them to administer important immunizations (17,133 doses), mainly to children. ICRC-trained/equipped community health workers advised over 29,000 people on ways of reducing their vulnerability to HIV/AIDS and sexually transmitted infections during education sessions, promoting screenings and distributing condoms. A national forum allowed health practitioners, along with the ICRC, to explore improvements to medical supervision of HIV/AIDS patients.

Through a pilot ICRC-supported Senegalese Red Cross initiative to combat HIV/AIDS among Dakar's migrants (see *Red Cross and Red Crescent Movement*), 200 women attended screenings and, as necessary, obtained nutritional/psychological support.

In north-west Guinea-Bissau, where hospital infrastructure was lacking, the Health Ministry and the ICRC embarked on comprehensive renovations to the regional health centre in São Domingos together with various NGOs. Preliminary works, such as site preparation and the transfer of patient services to

PEOPLE DEPRIVED OF THEIR FREEDOM		GUINEA-BISSAU	SENEGAL
ICRC visits			
Detainees visited		223	2545
Detainees visited and monitored individually		40	55
	<i>of whom women</i>		3
Detainees newly registered		40	36
	<i>of whom women</i>		1
Number of visits carried out		15	9
Number of places of detention visited		7	7
Restoring family links			
RCMs collected			43
RCMs distributed			4
Phone calls made to families to inform them of the whereabouts of a detained relative			128

PEOPLE DEPRIVED OF THEIR FREEDOM		GUINEA-BISSAU	SENEGAL
Economic security, water and habitat			
Essential household items	Beneficiaries	259	945
Water and habitat activities	Beneficiaries		357

temporary accommodation, absorbed much of the year. Major construction work began in December, while stakeholders met regularly to develop procedures on patient/pharmacy management and hygiene control.

Dispersed relatives brought together

Regionwide, relatives dispersed by conflict, migration or other circumstances received help from the National Societies/ICRC to restore/maintain contact, reunite or obtain identity papers. Some 330 children rejoined family after becoming separated during crowded religious/festive events. Following the onset of armed conflict in Libya (see *Libya*), over 850 people repatriated to Gambia/Guinea-Bissau received welcome packs on arrival, with 560 Gambian returnees using National Society services to telephone family.

Meanwhile, National Society personnel benefited from ICRC training/equipment to enhance such services. A workshop in Banjul improved coordination among Movement components from across North/West Africa.

In Senegal, efforts were made to gather information from families seeking news of relatives missing from the 1990s Casamance conflict, with a view to encouraging the authorities to clarify the fate of such people. An association of families of the missing received computer equipment to facilitate their research.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees in Guinea-Bissau and Senegal received visits from the ICRC, according to its standard procedures, to monitor their treatment and living conditions. They included 40 individuals arrested following an alleged coup attempt in Bissau and 5 Senegalese officers held by an MFDC faction (see *Context*). Feedback was shared with the authorities confidentially.

During visits, detainees contacted their families/consular representatives using Movement family-links services. As necessary, they received hygiene items, blankets and/or mattresses for their general health and comfort. In Guinea-Bissau, several detainees requiring urgent medical attention were referred for ICRC-funded treatment. Others faced fewer health risks after the ICRC chlorinated contaminated water tanks while advising the authorities on long-term solutions. In Senegal, 357 inmates benefited similarly following upgrades to water/waste-disposal infrastructure in three facilities. Meanwhile, the Health Ministry, the ICRC and other health practitioners discussed ways of extending national initiatives to combat HIV/AIDS (see *Civilians*) to inmates. With priority given to these issues, it was agreed to postpone a planned roundtable in Senegal on improving respect for judicial guarantees.

In Gambia, the ICRC pursued dialogue with the authorities aimed at resuming visits to detainees, suspended since 2006. These efforts had met with no success at year-end.

WOUNDED AND SICK

People injured by fighting/mines sometimes lacked the means to obtain timely medical/surgical care. In Casamance, 20 weapon-wounded civilians had hospital treatment paid for by the ICRC, which also donated medical/surgical materials as needed. Weapon bearers in conflict zones received similar supplies to facilitate first-level care. War-surgery training in Bissau was postponed as the available staff did not have the appropriate knowledge level for the planned course.

To better prepare the region's National Societies to respond to violence, 245 volunteers in volatile areas upgraded their first-aid skills/equipment during ICRC courses. When violent demonstrations erupted in Dakar, around 180 people received prompt attention from Senegalese Red Cross first-aiders.

In March, with construction completed by the Guinea-Bissau Health Ministry and ICRC equipment installed, Bissau's physical rehabilitation centre reopened, having been closed since the 1998–99 conflict. Operating with ICRC technical, management and financial back-up, the centre/workshop produced prostheses/orthoses and offered quality limb-fitting and physiotherapy services. ICRC radio spots raised awareness of the new services. By year-end, 150 disabled persons had benefited. To enhance national prosthetic/orthotic capacities, two ICRC-sponsored technicians began a three-year course in Togo.

AUTHORITIES

During briefings and in various fora, ICRC delegates, national/local authorities and international community members, including diplomats and representatives of UN and regional bodies, discussed humanitarian/security concerns, particularly in relation to fighting in Casamance and socio-political tensions affecting Senegal more generally. Such contacts helped increase support for IHL and the Movement's neutral, impartial and independent approach, facilitating its access to conflict-affected people.

With the establishment of an ICRC office in Banjul, delegates intensified their dialogue with the Gambian authorities, seeking particularly to resume visits to detainees (see *People deprived of their freedom*). Meetings of the ACHPR there provided an opportunity to promote the Movement more widely.

The region's governments all made advances in the ratification/implementation of IHL treaties, benefiting from ICRC presentations and legal expertise to support their efforts. Cape Verde ratified the Rome Statute, Senegal the Convention on Cluster Munitions, and Gambia the African Union (AU) Convention on IDPs. Guinea-Bissau, meanwhile, acceded to the AU Convention on IDPs and prepared to deposit the instrument of ratification. The country's human rights committee requested that the ICRC train its members. Plans to sponsor officials to attend an IHL seminar in Abuja, Nigeria, fell through following the event's cancellation (see *Nigeria*).

ARMED FORCES AND OTHER BEARERS OF WEAPONS

Familiarizing all weapon bearers with IHL, international human rights law and the Movement's distinctive humanitarian role remained an ICRC priority, particularly given the intensification of fighting in Casamance.

Senegal's military command and representatives of MFDC factions were informed of their obligations under IHL (see *Civilians*). In the field, military and MFDC commanders strengthened their dialogue with the ICRC, acknowledging the impact of the fighting on local communities. Their cooperation resulted in several ICRC briefings for field units and a more reliable system for notifying such units of National Society/ICRC field presence, facilitating safe Movement access to vulnerable communities.

More widely, briefings at training institutions, backed by ICRC publications, helped broaden respect for applicable humanitarian law among police officers (including some working in

custody facilities) and trainee *gendarmes* in Senegal, Gambian and Senegalese peacekeepers scheduled for deployment and, in the framework of security sector reform, military troops in Guinea-Bissau.

Acting on a new directive on integrating IHL into curricula, Senegal's military training command appointed an IHL liaison officer and welcomed ICRC input in reviewing/revising the soldiers' handbook, tactical instruction and field exercises to that end. The country's *gendarmerie* schools benefited from similar support in reviewing teaching standards.

In Gambia, support to the military IHL committee was postponed until its coordinator returned from sabbatical. However, police officers improved their international human rights law/first-aid skills during National Society training sessions incorporating ICRC presentations.

Senior officers from both Senegal and Gambia enhanced their IHL expertise at courses abroad.

CIVIL SOCIETY

National and international media in Dakar, a hub for humanitarian diplomacy, contributed to awareness of humanitarian concerns and the Movement by reporting on National Society/ICRC activities locally and in the wider region. ICRC field trips, workshops, press conferences and online/printed materials gave journalists the tools to produce accurate coverage. Local radio stations, especially, played a valuable role in promoting Movement messages among remote communities in Casamance, in cooperation with community leaders.

The ICRC documentation centre in Dakar attracted an increasing number of organizations and academic/military institutions seeking to organize fora or launch publications on humanitarian themes. Researchers/students preparing IHL-related theses visited its library to support their research. Complementing bilateral meetings with community/religious leaders and NGOs working in fields of common interest, the centre served to stimulate dialogue on, for example, weapon control and the challenges faced by IDPs, children and women in war, while strengthening support for Movement activities and humanitarian values.

In addition, law faculties in Dakar and Ziguinchor continued to work alongside the ICRC to foster student interest in IHL and the Movement by conducting discussion groups/presentations. Contact initiated with universities in Gambia, Guinea-Bissau and northern Senegal aimed to extend such cooperation outside Dakar. The University of the Gambia invited the ICRC to help judge its first moot court competition, at which students practised applying IHL drawing on ICRC-donated resources.

RED CROSS AND RED CRESCENT MOVEMENT

The region's National Societies benefited from a combination of ICRC financial, logistical, material and training support to strengthen their organizational development and communication and humanitarian response capacities.

After mobilizing first-aid cover during protests in Dakar (see *Wounded and sick*), the Senegalese Red Cross developed a contingency plan with ICRC delegates, in discussion with authorities/political parties, in case of further disturbances in the run-up to elections in 2012. To enhance coordination during cross-border

emergencies, branches in neighbouring regions of Casamance, Gambia and north-west Guinea-Bissau practised tackling a cholera epidemic within a conflict scenario during a simulation exercise. Applying specialist training, personnel in these regions also contributed to ICRC assistance initiatives (see *Civilians*).

All four National Societies received funds, materials and advice to assist them in conducting public health initiatives, restoring family links and enhancing materials with which to promote the Movement, its emblems and IHL among a cross-section of society. With ICRC-funded training from Dakar health professionals, 20 volunteers launched a health initiative for migrant women (see *Civilians*).

With International Federation/ICRC guidance and funds, relevant personnel attended various meetings/workshops, locally and abroad, to strengthen their governance, financial management and IHL expertise and reinforce Movement cooperation. The Red Cross Society of Guinea-Bissau adopted a new four-year strategy, with personnel in Bissau and São Domingos acquiring better working conditions thanks to office renovations. Renovations to National Society premises in Banjul (funded by Movement partners) progressed slowly, delaying the establishment of an IHL documentation centre there.

HARARE (regional)

COVERING: Malawi, Mozambique, Namibia, Zambia, Zimbabwe



⊕ ICRC regional delegation ⊕ ICRC sub-delegation

EXPENDITURE (IN KCHF)	
Protection	1,498
Assistance	6,189
Prevention	1,153
Cooperation with National Societies	1,058
General	-
	9,898
	<i>of which: Overheads 604</i>

IMPLEMENTATION RATE	
Expenditure/yearly budget	91%

PERSONNEL	
Expatriates	16
National staff (daily workers not included)	89

KEY POINTS

In 2011, the ICRC:

- ▶ progressed towards handing over full responsibility for the prison food supply to the Zimbabwe Prison Service (ZPS), while supporting it in boosting the quantity and variety of food grown on 26 prison farms
- ▶ worked in close collaboration with the ZPS to improve detainees' access to health care
- ▶ regularly stocked 12 polyclinics in Harare with drugs, medical supplies and vital equipment, while helping the City Health Services gradually assume full responsibility for running the facilities autonomously
- ▶ provided emergency assistance kits to Zimbabweans affected by sporadic incidents of politically motivated violence, an initiative well accepted by all stakeholders, including the authorities
- ▶ helped strengthen the capacities of the region's National Societies to respond to emergencies
- ▶ welcomed Mozambique's ratification of the Biological Weapons Convention and the Convention on Cluster Munitions

The Harare regional delegation has existed in its current form since 1981, although the ICRC has been present in some of the countries covered for much longer. It visits detainees in Namibia and Zimbabwe, working closely with the latter authorities to improve prison conditions in the country. It also supports hospitals in Zimbabwe. Throughout the region, it helps family members separated by armed conflict to restore contact, raises awareness of IHL, international human rights law and the ICRC's mandate among the authorities, armed and security forces and the general public, and helps the National Societies develop their operational capacities.

CONTEXT

Political uncertainty persisted in Zimbabwe, fuelled by animosity between the three parties in the inclusive government. Sporadic incidents of politically motivated violence and intimidation, mainly associated with political gatherings, were reported throughout the country. At year-end, a date for elections had yet to be set.

Malawi and Zambia experienced sporadic periods of unrest. Civil society organizations in Malawi organized protests against the government during July in response to fuel and foreign currency shortages, allegations of misuse of public funds and a general increase in the cost of living. In Zambia, there were isolated cases of politically motivated violence in some parts of the country during the September elections. A new president, Michael Sata, was elected. Namibia and Mozambique were generally stable.

ICRC ACTION AND RESULTS

The ICRC kept up regular visits to detainees, held in prisons run by Zimbabwe's Ministry of Justice including, for the first time since 2009, those sentenced to the death penalty, monitoring their treatment and living conditions. With a view to obtaining access to all detainees in the country, the delegation pursued dialogue with the relevant authorities, including the Ministry of Home Affairs, in large part based on a 2011 offer of services to visit police stations.

The ICRC worked closely with the Zimbabwe Prison Service (ZPS) to improve detainees' living conditions. To help the ZPS maintain a stable nutritional status in prisons and boost and diversify inmates' food supply, the ICRC provided 26 prison farms and gardens with seed, tools and fertilizer to grow vegetables, in 5 cases also rehabilitating vital irrigation infrastructure. ICRC support also contributed to a more productive second harvest (May/June) than the first (January). For the year-end planting season, the ICRC trebled its assistance to cover 185 hectares of crops.

Meanwhile, the ICRC progressively reduced the supply of nutritious rations to supplement detainees' diets, as the ZPS took back responsibility for the prison food supply over the course of the year (a process scheduled for completion in early 2012). Prison cooks prepared meals for detainees using kitchens and electrical systems upgraded jointly by the ZPS and the ICRC.

ZPS regional health coordinators and the delegation also took steps to improve inmates' access to health care through regular monitoring and strengthened coordination with national and local prison health

Main figures and indicators	PROTECTION	Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)				
RCMs collected		548	UAMs/SCs*	
RCMs distributed		362		
Tracing requests, including cases of missing persons				
People for whom a tracing request was newly registered		18	Women	Minors
People located (tracing cases closed positively)		14		
<i>including people for whom tracing requests were registered by another delegation</i>		6		
Tracing cases still being handled at 31 December 2011 (people)		16	5	3
UAMs/SCs*, including unaccompanied demobilized child soldiers				
UAM/SC cases still being handled by the ICRC/National Society at 31 December 2011		1	Girls	Demobilized children
Documents				
People to whom travel documents were issued		9		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)¹				
ICRC visits				
Detainees visited		15,385	Women	Minors
Detainees visited and monitored individually		123		
Number of visits carried out		164		
Number of places of detention visited		52		
Restoring family links				
Detainees visited by their relatives with ICRC/National Society support		122		

* Unaccompanied minors/separated children 1. Namibia and Zimbabwe

Main figures and indicators	ASSISTANCE	Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)²				
Economic security, water and habitat				
Essential household items	Beneficiaries	140	20%	50%
Water and habitat activities	Beneficiaries	3,960	52%	41%
Health				
Health centres supported	Structures	12		
Average catchment population		1,173,211		
Consultations	Patients	1,372,239		
	<i>of which curative</i>		637,526	520,794
	<i>of which ante/post-natal</i>		70,253	
Immunizations	Doses	373,462		
	<i>of which for children aged five or under</i>			
	<i>of which for women of childbearing age</i>			
Referrals to a second level of care	Patients	47,271		
Health education	Sessions	10,965		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat²				
Food	Beneficiaries	9,520		
Essential household items	Beneficiaries	10,934		
Agricultural, veterinary and other micro-economic initiatives	Beneficiaries	10,636		
Water and habitat activities	Beneficiaries	10,000		

2. Zimbabwe only

authorities. During a series of three-day workshops, a set of new drug management tools was presented to prison health personnel. In addition, the ICRC supplemented dispensaries' supplies of drugs and medical items. Inmates also benefited from several preventive health measures, including donations of soap and hygiene kits, and from the rehabilitation of water and sanitation infrastructure.

In Namibia, delegates visited people arrested in connection with the 1999 uprising in the Caprivi Strip. With ICRC support, the Namibia Red Cross organized visits to the detainees by their relatives living in the Caprivi Strip.

People living in Harare's suburbs had improved access to quality curative and ante/post-natal care thanks in part to regular ICRC donations of drugs, medical, cleaning and office supplies, and vital medical equipment to polyclinics. Within the framework of a new formal agreement with the City Health Services (CHS), the delegation organized training sessions and workshops for health staff and technical personnel to help the CHS work towards

assuming responsibility for running the polyclinics autonomously. To improve conditions in polyclinics, the ICRC provided medical waste incinerators and back-up generators.

Regionwide, the ICRC continued to support the promotion and integration of IHL among national and international authorities, armed and security forces, the media and academia. With ICRC technical support, Mozambique ratified the Biological Weapons Convention and the Convention on Cluster Munitions.

The ICRC and National Societies continued to provide tracing and RCM services to help separated family members re-establish and maintain contact. The delegation provided financial, material and technical support to the National Societies in promoting the Movement and responding to humanitarian needs arising from emergencies. Notably, the National Societies of Mozambique and Namibia, using the Safer Access approach, provided emergency relief to vulnerable migrants and people displaced by heavy floods respectively.

The ICRC coordinated its activities with Movement partners and other humanitarian actors to ensure humanitarian needs were met without duplicating efforts.

CIVILIANS

Zimbabwean civilians' protection concerns shared with the authorities

In Zimbabwe, civilians suffered the consequences of sporadic politically motivated intimidation and violence, including at times assault, destruction of property and temporary displacement. People who lost their homes and belongings during such incidents received ICRC emergency assistance kits. In parallel, discussions with the relevant authorities and influential figures in the victims' communities focused on building a security environment conducive to their return home.

Civilians in Zimbabwe have improved access to health care

Residents of Harare had improved access to quality curative care, immunizations and family planning services in 12 polyclinics, thanks in part to ongoing ICRC deliveries of drugs, medical and cleaning materials and office supplies, along with one-off donations of vital medical equipment, such as delivery beds and infant resuscitators. During the year, the polyclinics conducted more than 1.37 million consultations, mainly for children and women, within a catchment population of some 1.2 million.

With a view to helping the CHS gradually assume full responsibility for running these services, in line with a new working agreement to reduce its support, the ICRC, (in agreement with the CHS), embarked on a study of the current health system financing mechanism. Meanwhile, 50 health personnel planned their future work during a day-long ICRC workshop and more than 100 senior and newly recruited midwives participated in two meetings on managing obstetric emergencies.

To ensure that the polyclinics had adequate sanitary conditions and power supply, CHS management personnel received ongoing ICRC technical support, including the establishment of a centralized maintenance team. Members of this team benefited from on-the-job training in the installation and operation of eight ICRC-provided incinerators to ensure the safe disposal of medical waste. Regular monitoring and follow-up meetings confirmed that the maintenance team was supervising waste management in all 12 polyclinics. In response to recurrent electrical blackouts in the capital, the CHS received the necessary equipment for back-up generators in each polyclinic. These were installed and functioning from July.

In line with its 2010–15 strategic plan of action to strengthen health care across Harare, the CHS launched a decentralization process by setting up eight district health boards, whose 48 members underwent initial training during a three-day workshop and two subsequent review and planning meetings.

Separated families exchange news

Refugees in the region restored and/or maintained contact with relatives through tracing and RCM services provided directly by the ICRC in Zimbabwe and by the respective National Societies in Malawi, Mozambique, Namibia, Zambia and Zimbabwe with ICRC support (see *Red Cross and Red Crescent Movement*).

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees in Zimbabwe's Ministry of Justice-run prisons, including, for the first time since 2009, those sentenced to the death penalty, and people in Namibia arrested in connection with the 1999 uprising in the Caprivi Strip received visits conducted according to the ICRC's standard procedures, enabling delegates to monitor their treatment and living conditions and respect for their judicial guarantees. Particular attention was paid to vulnerable inmates, such as minors and the mentally ill. Following ICRC visits, the detaining authorities in both countries received confidential feedback and, where relevant, recommendations for improvements. Efforts were ongoing to gain access to detainees in all places of detention in Zimbabwe, including police stations.

In Zimbabwe, with the agreement of the authorities, the cases of over 50 minors with no legal representation were referred to the appropriate organizations for follow-up. During a Justice Ministry workshop on legal aid for minors in detention, some organizations committed themselves to following this group more systematically and welcomed the ICRC's ongoing referral of relevant cases.

Zimbabwean detainees stayed in touch with their families using ICRC-provided letter-writing materials, while those in Namibia received visits from relatives living in the Caprivi Strip, organized by the Namibia Red Cross with ICRC support.

Zimbabwe's authorities continue improving detainees' living conditions

In 2011, the ZPS was equipped with a larger budget and additional staff. Nonetheless, it continued drawing on ICRC technical and material support in maintaining detainees' nutritional status and improving their food supply, health care and hygiene.

Inmates' nutritional status remains stable

Using tools developed with the ICRC, ZPS health authorities in 80% of the country's prisons visited by the ICRC checked inmates' weight on a monthly basis and systematically screened the nutritional status of incoming detainees. Such monitoring confirmed an overall stable nutritional status among the prison population.

To maintain and build on this progress, the ZPS and the ICRC continued monitoring and diversifying the food supply chain to prisons. To boost the quality and variety of inmates' food supply, and within the framework of a 2010 ICRC/ZPS plan of action, 26 prison (over 10,600 inmates) farms and gardens continued growing sugar beans, cowpeas, groundnuts and vegetables with ICRC-provided seed, tools and fertilizer. Lessons learnt from

PEOPLE DEPRIVED OF THEIR FREEDOM	NAMIBIA	ZIMBABWE
ICRC visits		
Detainees visited	123	15,262
Detainees visited and monitored individually	123	
Number of visits carried out	5	159
Number of places of detention visited	4	48
Restoring family links		
Detainees visited by their relatives with ICRC/National Society support	122	

a relatively unsuccessful first harvest in January 2011 laid the groundwork for more targeted support, including intensive on-the-job training and coaching for production teams. The farms also increased their chances of higher yields after the ICRC rehabilitated and helped maintain irrigation systems on five prison farms. These initiatives led to an improved second harvest in May/June, and the ZPS and the ICRC jointly extended the project from 55 to 185 hectares for the December 2011 planting season.

This new source of food, coupled with the increased prison budget, enabled the ZPS to start taking back charge of inmates' rations in the 17 prisons supported by the ICRC since 2009. The Justice Ministry and the ICRC formalized the handover of responsibility for the prison food supply in an agreement signed in February, providing for the ICRC's gradual withdrawal of food support. Detainees supplemented their diets with sugar beans, oil and groundnuts supplied by the ICRC in March. The numbers receiving such assistance were steadily reduced over the year, with a view to the authorities assuming full responsibility in early 2012. Following a meeting with the delegation, the Health Ministry took steps to ensure that any malnourished detainees would have access to high-energy dietary supplements.

Inmates in eight prisons benefited from the construction of backup kitchens, improvements to the kitchens' electrical distribution systems and the provision of energy-efficient stoves. Late in the year, the ZPS and the ICRC conducted a national assessment of prison kitchens, aimed at identifying infrastructural needs. This resulted in a plan of action to rehabilitate/upgrade facilities nationwide.

Detainees have improved health care and hygiene

Inmates had access to better health care in prison dispensaries regularly supplied with drugs through a European Union/UNICEF partnership with the National Pharmaceutical Company. This support was garnered with the help of the ICRC, which delivered drugs and medical items to dispensaries still lacking such supplies. Through regular visits to prisons and during meetings and round-tables, ZPS regional health coordinators and the ICRC strengthened coordination with national and local prison health authorities. These contacts aimed to ensure proper training for health staff and access for inmates to mental health services, HIV/AIDS and TB treatment, and therapeutic feeding. Some 200 regional prison health personnel and management staff explored ways to further improve the quality of health services, including the use of ICRC-devised tools for early detection of malnutrition and drug management during four three-day ZPS/ICRC-organized workshops. To enable health coordinators to collect and manage data, the ICRC equipped all ZPS HQ and regional health offices with computers. With ICRC sponsorship, 22 health personnel attended short courses organized by the Ministry of Health and Child Welfare.

Detainees also benefited from several preventive health measures supported by the ICRC, including regular supplies of soap and hygiene kits. The pilot delousing campaign carried out in one prison could not be extended to others as the chemical selected by the Ministry of Health and Child Welfare in line with WHO guidelines proved to be ineffective. Over the course of the year, some 10,000 inmates in 11 prisons benefited from work to construct/rehabilitate water supply and sanitation facilities, undertaken jointly with the ZPS Construction Unit. No major outbreaks of disease were reported in Zimbabwe's main prisons in 2011.

More than 10,900 detainees received blankets and other non-food items (plates, brooms, food bins, etc.), enabling the authorities to focus their resources in the country's other prisons. Fabric was provided by the delegation to enable the ZPS to double the number of new uniforms produced in 2011, ensuring that each inmate received at least one new uniform.

AUTHORITIES

Politicians and decision-makers in the region, including diplomats and government officials from Zambia and Zimbabwe, deepened their knowledge of humanitarian issues, IHL and the Movement's activities during bilateral meetings with and briefings by ICRC delegates.

National IHL committee members in Malawi, Mozambique, Namibia and Zimbabwe (plus staff of the Ministries of Justice and Defence in the latter two) discussed IHL integration and implementation and received technical support in ratifying and implementing IHL instruments, such as the African Union Convention on IDPs. Drawing on such assistance, Mozambique ratified the Biological Weapons Convention and the Convention on Cluster Munitions.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

Regionwide, members of the armed and security forces, including more than 1,200 officers and troops in Malawi, Namibia and Zimbabwe, participated in briefings and presentations familiarizing them with IHL and humanitarian principles and garnering support for the Movement's mandate and work. Among those briefed were participants in military exercises in Malawi and Zimbabwe and 60 officers taking part in the Combined Joint African Exercise at the Zambia Defence Services Command and Staff College. As part of an ongoing partnership with the SADC to improve awareness of and respect for IHL among members of its standby brigade, senior government officials and military and police officers attending seminars at the SADC Regional Peacekeeping Training Centre in Harare reinforced their understanding of the application of IHL/international human rights law during peace-support operations. With ICRC sponsorship, a high-ranking official of the Zimbabwe Defence Forces (ZDF) attended the Senior Workshop on International Rules Governing Military Operations in Pretoria, South Africa (see *International law and cooperation*).

The ICRC shared with the ZDF a draft of a proposed memorandum of understanding to support the process of integrating IHL into the forces' doctrine, training and operations.

CIVIL SOCIETY

To improve IHL teaching, two Zimbabwean universities drew on ICRC legal expertise, delivered via lectures, briefings and materials. An additional university and the ICRC established contacts with a view to incorporating humanitarian issues into its course work. With the High Court of Zimbabwe, the ICRC co-hosted the annual national IHL moot court competition, to foster knowledge of and respect for IHL among future leaders in Zimbabwe. The winning team, the University of Zimbabwe, went on to win the regional competition.

Regionwide, civil society actors, including journalists, received printed materials to generate support for IHL and the work of the Movement. In Zimbabwe, local and international media organizations took part in bilateral meetings with the ICRC, while print and freelance journalists attended an IHL sensitization workshop organized by the Humanitarian Information Facilitation Centre and the ICRC.

RED CROSS AND RED CRESCENT MOVEMENT

With ICRC training, technical, material and financial support, the region's National Societies worked to develop their emergency response capacities and family-links services and to raise awareness of the Movement and its Fundamental Principles. Regular meetings and new cooperation strategies, including a memorandum of understanding between the Zimbabwe Red Cross Society, the International Federation and the ICRC, helped ensure coordination of Movement activities, thereby strengthening operations.

Notably, the Namibia Red Cross provided emergency relief to thousands of people displaced by heavy floods and affected by subsequent disease and food shortages, and strengthened its early warning system in disaster-prone areas. Similarly, the Mozambique Red Cross Society provided food, shelter and sanitation facilities to vulnerable migrants in one refugee camp, and trained volunteers in the region to deliver such assistance using the Safer Access approach. Meanwhile, the Zambian and Zimbabwean National Societies bolstered their capacities to respond to emergencies, including in the event of election-related violence, through training and refresher courses in first aid for volunteers. All five National Societies attended a regional disaster management workshop, with a particular focus on ensuring that family-links services were integrated into any response. National Society tracing officers also attended a regional workshop in South Africa (see *Pretoria*), where they studied migration trends in the region and exchanged ideas on cross-border coordination.

Building on media coverage of their activities, the National Societies in Malawi, Mozambique, Namibia and Zimbabwe expanded their networks of communication contacts, boosting their ability to promote humanitarian principles and the Movement's work. The Namibia Red Cross also held a workshop for senior managers to help develop its communication policy and strategy.

NAIROBI (regional)

COVERING: Djibouti, Kenya, United Republic of Tanzania



ICRC regional delegation + ICRC office △ ICRC regional logistics centre

The ICRC's regional delegation in Nairobi was set up in 1974 and has a dual purpose: first, to promote IHL and carry out operations in the countries covered, namely restoring contact between refugees and their families, protecting and assisting people injured, displaced or otherwise affected by armed conflict or other situations of violence, visiting detainees falling within its mandate, and supporting the development of the National Societies; and second, to provide relief supplies and other support services for ICRC operations in neighbouring countries of the Horn of Africa and Great Lakes regions, as well as further afield.

CONTEXT

In Kenya, the implementation of the new constitution progressed, albeit slowly owing to delays in the passage of some bills through parliament. The International Criminal Court pursued charges against six high-profile suspects relating to the post-election violence of 2007/2008, and the Truth, Justice and Reconciliation Commission held public hearings to investigate former violence in the Mt Elgon district.

With drought and food shortages heightening intercommunal tensions within Kenya, land disputes, incidents of cattle theft and cross-border raids increased. Amid conflict and food shortages in neighbouring Somalia, tens of thousands more Somalis sought refuge in Kenya, exacerbating an already difficult situation inside refugee camps in Dadaab. Furthermore, fighting briefly spilled across the Kenyan border, causing some Kenyans to become temporary IDPs near Mandera.

In October, Kenyan armed forces launched an offensive inside Somalia against the al-Shabaab armed group, believed by the Kenyan government to be responsible for attacks and abductions on Kenyan soil. In December, Kenya's parliament approved the integration of its troops into the African Union Mission in Somalia.

In the United Republic of Tanzania, a review committee began the process of redrafting the constitution, aiming among other things to strengthen the union between the mainland and the islands.

In Djibouti, where anti-government protests led to some violence in February, the April election passed off peacefully, despite being boycotted by most opposition candidates. The incumbent president, Ismael Omar Guelleh, was re-elected.

Refugees fleeing violence elsewhere in Africa continued to arrive in the region, while growing numbers of migrants passed through Djibouti and the United Republic of Tanzania en route to other destinations.

ICRC ACTION AND RESULTS

Most often working with the National Society, the ICRC's Nairobi regional delegation provided emergency and longer-term assistance to people affected by armed conflict or other situations of violence, sometimes aggravated by drought. It also maintained its focus on a range of protection activities and the promotion of IHL and the Fundamental Principles.

EXPENDITURE (IN KCHF)

Protection	1,267
Assistance	1,905
Prevention	2,115
Cooperation with National Societies	1,699
General	-
Total	6,987
<i>of which: Overheads</i>	425

IMPLEMENTATION RATE

Expenditure/yearly budget	78%
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PERSONNEL

Expatriates	29
National staff (daily workers not included)	301

KEY POINTS

In 2011, the ICRC:

- ▶ provided water, food and mobile phone services to refugees fleeing conflict and food shortages in Somalia
- ▶ helped drought-hit Kenyan pastoralists preserve their livelihoods by buying and culling animals and distributing the meat
- ▶ improved access to fresh water for communities in northern Kenya and on Pemba Island, Zanzibar
- ▶ briefed more than 5,600 police and military personnel on IHL and international human rights law
- ▶ shared findings and recommendations with the authorities after visiting detainees in Djibouti and ICTR-sentenced detainees in the United Republic of Tanzania and elsewhere
- ▶ provided National Societies with funds, training and technical back-up to assist communities in need

Main figures and indicators	PROTECTION		Total	
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)				
RCMs collected			23,149	UAMs/SCs* 14
RCMs distributed			11,294	2
Phone calls facilitated between family members			37,943	
Tracing requests, including cases of missing persons				
People for whom a tracing request was newly registered			128	Women 23 Minors 59
People located (tracing cases closed positively)			118	
			14	
	<i>including people for whom tracing requests were registered by another delegation</i>			
Tracing cases still being handled at 31 December 2011 (people)			226	Women 38 Minors 83
UAMs/SCs*, including unaccompanied demobilized child soldiers				
UAMs/SCs newly registered by the ICRC/National Society			10	Girls 6 Demobilized children
UAMs/SCs reunited with their families by the ICRC/National Society			1	
UAM/SC cases still being handled by the ICRC/National Society at 31 December 2011			44	16
Documents				
People to whom travel documents were issued			83	
Official documents relayed between family members across borders/front lines			1	
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses) ¹				
ICRC visits				
Detainees visited			916	Women Minors
Detainees visited and monitored individually			39	1
Detainees newly registered			4	
Number of visits carried out			5	
Number of places of detention visited			3	
Restoring family links				
RCMs collected			757	
RCMs distributed			456	

* Unaccompanied minors/separated children

1. Djibouti, ICTR detainees held in United Republic of Tanzania

Main figures and indicators	ASSISTANCE		Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)					
Economic security, water and habitat²					
Food ²		Beneficiaries	6,096	30%	40%
		<i>of whom IDPs</i>	6,096		
Essential household items ³		Beneficiaries	220	44%	
		<i>of whom IDPs</i>	220	44%	
Agricultural, veterinary and other micro-economic initiatives ²		Beneficiaries	54,600	30%	40%
		<i>of whom IDPs</i>	27,300		
Water and habitat activities ⁴		Beneficiaries	34,331	60%	40%
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)					
Economic security, water and habitat³					
Essential household items		Beneficiaries	1,169		
Water and habitat activities		Beneficiaries	630		

2. Kenya

3. Djibouti

4. Kenya, United Republic of Tanzania

With the Kenya Red Cross Society, and in agreement with other humanitarian organizations, the ICRC coordinated the provision of water supplies and food to people displaced to Mandera. The National Society and the ICRC also helped northern pastoralists survive the effects of drought by buying weakened livestock, culling them and giving the meat to vulnerable families. To reduce community tensions over access to clean water, intensified by drought, new water points were constructed and dilapidated ones made usable again, sometimes through cash-for-work projects, which were adapted to meet emerging needs.

In the United Republic of Tanzania, the ICRC concluded as planned its involvement in projects to improve water sources and sanitation facilities for impoverished communities on Pemba Island, Zanzibar. It provided National Society staff and local communities with the machinery, materials and technical skills to continue such projects.

Refugees and detainees throughout the region contacted relatives using the RCM and tracing network (Somali refugees in Dadaab also used a mobile phone service). Through training,

the ICRC boosted the capacities of National Societies as required to deliver these services. It also helped the Tanzania Red Cross Society expand its family-links services for refugees by funding the newly created position of tracing specialist working from its Dar es Salaam headquarters. In Djibouti and the United Republic of Tanzania, an assessment took place of the family-links needs of migrants, including any held in detention.

ICRC delegates visited POWs of Eritrean origin and other detainees held in Djibouti, and the authorities were reminded of their IHL obligation to repatriate POWs should they be released, but only if the POWs so wished. During all ICRC visits, detainees' treatment and living conditions were monitored according to ICRC standard procedures, with the findings reported confidentially to the relevant authorities. Representatives of the International Criminal Tribunal for Rwanda (ICTR) and the ICRC discussed the findings and recommendations included in confidential reports that followed ICRC visits to the detention centre in Arusha, United Republic of Tanzania, in June, and previous visits to ICTR-sentenced detainees abroad.

Reinforcing support for IHL in police, military, political and academic circles remained a key ICRC objective. More than 5,600 police and military personnel in the region attended briefings on IHL and international human rights law, while students from the region participated in IHL-themed events organized by the ICRC. Following Kenya's military intervention in Somalia, the ICRC began a dialogue with the Kenya Defence Forces on civilian protection issues.

National Societies in the region received ICRC funds, goods, expertise and logistics back-up to help develop, as appropriate, their drought relief, assistance, family-links and communication programmes.

ICRC delegations in and beyond the region continued to receive relief and other supplies procured and delivered by the ICRC's Nairobi-based logistics centre. Delegations also benefited from courses, advice and field support provided by the regional training and assistance units.

CIVILIANS

In Kenya, local communities, authorities and weapon bearers participated in discussions on humanitarian principles during field trips conducted by National Society and ICRC personnel to violence-prone regions. Such dialogue aimed to increase respect for IHL and deepen understanding of the work and mandate of the Movement.

Following Kenya's military intervention in Somalia (see *Context*), the ICRC began a dialogue with the Kenya Defence Forces on protection-related issues, such as the conduct of hostilities, respect of civilians and detention.

Civilians affected by fighting or natural disasters receive assistance

More than 6,000 Somalis sheltering in a temporary refugee camp near Mandera (see *Context*) survived on emergency food rations supplied by the WFP and distributed by the National Society in a project coordinated by the ICRC, in agreement with other humanitarian partners. On a daily basis, some 14,000 refugees relied on a National Society team to manage the camp and ensure the provision of clean water. Refugees were spared the task of trekking hours to collect water in a dangerous environment after an ICRC engineer rehabilitated a nearby borehole.

National Societies received ICRC funds, materials, training and logistical and technical back-up to help them, as appropriate, provide assistance to vulnerable communities. For example, the ICRC provided the Kenyan Red Cross with high-calorie biscuits to distribute in areas affected by drought and food shortages and with trucks for transporting supplies. To assist with the coordination of drought relief efforts in the region, the ICRC monitored the situation and maintained contact with a range of organizations.

Drought-hit rural communities benefit from animal destocking and clean water provision

With drought decimating livestock in Kenya's Upper Eastern region, 6,400 pastoralist households (38,400 people) coped with their predicament after the National Society and the ICRC conducted an emergency destocking operation. This involved buying and culling some 1,600 sheep and goats, which otherwise could not have been sold due to their weakened condition, and distributing the meat to families identified as most in need by local communities. The project thus enabled struggling pastoralists to survive economically, boosted the dietary intake of drought-affected families and increased the chances of survival of smaller herds. To improve the quality of support to pastoralist communities, National Society staff and volunteers, along with personnel from the Ministry of Livestock Development, attended ICRC training sessions on livestock intervention projects.

Cash-for-work projects were tailored to meet the needs of drought-affected communities in the Upper Eastern region. Some 2,700 pastoralist households (16,200 people) improved their access to clean water via projects to de-silt water pans organized jointly by the National Society and the ICRC. The projects also brought much-needed cash income to those carrying out the work. Meanwhile, some 32,000 people benefited from the Kenyan Red Cross/ICRC's rehabilitation or installation of 3 boreholes, 19 rainwater-harvesting systems in schools, 6 shallow wells and 3 spring and rock catchments. Such projects, accompanied by maintenance training for local people, helped ease community tensions over access to an increasingly scarce resource. Local communities in areas prone to water-borne diseases also worked with the ICRC to install 120 household filters, ensuring a pure water supply.

On Pemba Island, Zanzibar, some 2,300 people gained access to a clean water supply following the rehabilitation and construction of four wells by the National Society and the ICRC. Ten new communal latrines reduced health risks. To ensure the sustainability of water systems, 50 local people were trained to manage them and pass on hygiene advice to their communities. Before completing handover of the project to the National Society at the end of March, the ICRC purchased and presented the local branch with a mould for producing concrete rings and with a machine for producing soil blocks, ensuring the continuation of projects.

Welfare of missing persons' families monitored

The 44 wives of Djiboutian soldiers missing as a result of the 2008 conflict with Eritrea were contacted regularly to monitor progress made since 2010, when they received sewing machines from the ICRC to boost meagre incomes. The affected families (220 people) further received 22 water tanks (each containing 1,000 litres) to boost the scarce water supply. In Djibouti and Kenya (the latter in relation to past violence in Mt Elgon),

CIVILIANS		DJIBOUTI	KENYA	UNITED REPUBLIC OF TANZANIA
Economic security, water and habitat				
Food	Beneficiaries		6,096	
	<i>of whom IDPs</i>		6,096	
Essential household items	Beneficiaries	220		
Agricultural, veterinary and other micro-economic initiatives	Beneficiaries		54,600	
	<i>of whom IDPs</i>		27,300	
Water and habitat activities	Beneficiaries		32,031	2,300

the ICRC pursued efforts to ensure that the families of people missing were informed of the fate or whereabouts of their relatives. Dialogue with the authorities over these files made limited progress, leading to the cancellation of a planned workshop on the management of human remains.

Refugees keep contact with families

Refugees exchanged news with their families through family-links services run jointly by the National Societies and the ICRC, which also trained National Society personnel in the relevant skills. The family-links needs of unaccompanied or separated children remained a priority. The Tanzania Red Cross Society expanded the scope of its family-links services with the creation of a new tracing position, funded by the ICRC, at its Dar es Salaam headquarters. Among others, refugees in two camps – Chogo and Bagamoyo – stood to benefit from the expansion and promotion of these services.

Refugees returned home or resettled in a third country with ICRC travel documents issued in coordination with relevant embassies and UNHCR.

With the influx of Somali refugees into Dadaab, the Kenyan Red Cross and the ICRC introduced a mobile phone service, allowing thousands of vulnerable refugees to renew contact with relatives promptly (37,943 phone calls made, including 4,749 calls by minors).

Given the increased number of international migrants living in, or passing through, Djibouti and the United Republic of Tanzania, the National Societies and the ICRC conducted a joint assessment of the family-links needs of migrants, including any held in detention.

PEOPLE DEPRIVED OF THEIR FREEDOM

In Djibouti, detainees received visits from ICRC delegates, conducted according to standard procedures, to monitor their treatment and living conditions. They included 19 POWs of Eritrean origin, and some 850 others falling within the ICRC's purview, mainly held at Gabode civilian prison. The authorities were informed of the findings and provided where necessary with recommendations through confidential reports and face-to-face meetings. They were similarly reminded of their IHL obligation to repatriate the POWs upon their release, but only if the POWs so wished.

Representatives of the Ministry of Justice and Penitentiary Administration also met regularly with the ICRC to discuss the organization's ongoing support for prison reforms and to strengthen delivery of services. With ICRC support, the authorities rehabilitated the kitchen in Gabode prison, with the aim of improving hygiene standards and averting possible epidemics. More than 1,100 detainees also received, according to needs, monthly packs of hygiene materials and other essential items to contribute to their well-being.

ICTR-sentenced detainees held in the UN detention centre in Arusha received ICRC visits in June. Visits were also conducted to ICTR-sentenced detainees in Benin (see *Abidjan*) and Mali (see *Niamey*). The ICRC submitted confidential reports (in the case of Benin and Mali, based on visits to these facilities in late 2010) and discussed findings and recommendations with the relevant authorities. Meetings were also conducted with the outgoing and incoming presidents of the ICTR, during which issues linked to the ICTR's completion strategy were discussed.

The ICRC pursued efforts to collect and follow up with the relevant authorities information regarding allegations of capture, detention or extradition of people held in relation to "terrorism".

CIVILIANS	DJIBOUTI	KENYA ¹	TANZANIA
Red Cross messages (RCMs)			
RCMs collected	983	18,612	3,554
			<i>including from UAMs/SCs*</i> 14
RCMs distributed	689	7,452	3,153
			<i>including from UAMs/SCs*</i> 2
Phone calls facilitated between family members		37,943	
Tracing requests, including cases of missing persons			
People for whom a tracing request was newly registered		115	13
		<i>of whom women</i> 23	
		<i>of whom minors at the time of disappearance</i> 52	7
People located (tracing cases closed positively)	2	113	3
		<i>including people for whom tracing requests were registered by another delegation</i> 14	
Tracing cases still being handled at 31 December 2010 (people)	18	201	7
		<i>of whom women</i> 38	
		<i>of whom minors at the time of disappearance</i> 80	3
UAMs/SCs*, including unaccompanied demobilized child soldiers			
UAMs/SCs newly registered by the ICRC/National Society			10
			<i>of whom girls</i> 6
UAMs/SCs reunited with their families by the ICRC/National Society		1	
UAM/SC cases still being handled at 31 December 2010		5	39
			<i>of whom girls</i> 16
Documents			
People to whom travel documents were issued		83	
Official documents relayed between family members across borders/front lines		1	

* Unaccompanied minors/separated children

1. Kenya and other countries covered by the regional delegation

Following notification by the US government, the ICRC conducted visits to two Kenyan detainees held by the US authorities on a ship in the Gulf of Aden (see *Washington*).

Detainees used the family-links service to correspond with relatives.

WOUNDED AND SICK

To improve their skills in weapon-wounded and trauma patient management, 20 health professionals from the Kenyan Health Ministry and the National Society participated in an emergency room trauma course organized by the ICRC.

Seventy people injured during an oil pipeline explosion in Nairobi and a fuel tanker fire in Busia received medical care using materials distributed by the National Society and supplied by the ICRC.

Plans to establish first-aid posts in violence-prone districts of Nairobi were cancelled amid uncertainty over the long-term sustainability of the project.

AUTHORITIES

Dialogue with local, national and regional authorities, the diplomatic community, international organizations – including the UN – and the Intergovernmental Authority on Development, East Africa’s regional development organization, contributed to ongoing efforts to generate support for IHL and the work of the Movement.

The steering committee of Kenya’s national IHL committee, which received input from the ICRC, held a meeting to discuss progress on various pending bills. Talks centred on the ratification of legal instruments such as the Cluster Munitions Convention and Additional Protocol III. In the United Republic of Tanzania, an official from the Ministry of Foreign Affairs Legal Division met the ICRC to discuss issues surrounding IHL implementation at national level, particularly the setting up of a national IHL committee. Officials from both Kenya and the United Republic of Tanzania attended international and regional events to enhance their knowledge of IHL. In April, Djibouti ratified the Optional Protocol to the Convention on the Rights of the Child.

At regional level, contact was established by the ICRC with the East African Court of Justice and the African Court on Human and Peoples’ Rights, both based in Arusha.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

More than 1,800 police officers, including senior officials from the Kenyan, Djiboutian and Tanzanian police forces, participated in ICRC-run sessions on international human rights law and internationally recognized standards relating to policing. These took place either in training institutions or in the field. Some 2,800 new recruits in Kenya also participated in IHL field training

exercises. Thirty-four instructors from Kenya’s Administration Police (a unit dealing with security matters) learnt techniques for teaching international human rights law to their peers.

During meetings with representatives of the Kenyan military, the ICRC reiterated its offer to support IHL training. As a result, legal officers from the Kenya Defence Forces participated in a one-day IHL training session. Some 800 officers from the Tanzania People’s Defence Force (TPDF) and 35 from Djibouti’s armed forces received briefings on IHL and the work of the Movement before their deployment on peacekeeping missions. Sixteen TPDF instructors were trained to teach IHL.

More than 100 police, military and civilian staff from across the region associated with the International Peace and Support Training Center, based in Nairobi, also enhanced their knowledge of IHL/international human rights law during three ICRC-organized briefings.

CIVIL SOCIETY

In Kenya and the United Republic of Tanzania, media representatives received briefings and newsletters on Movement activities, including the new mobile phone service for refugees in Dadaab, from National Society/ICRC representatives. Through two ICRC-run workshops, journalists from both countries deepened their understanding of Movement activities. In Mombasa and Nairobi, more than 50 community radio journalists attended seminars on conflict reporting.

Community leaders in violence-prone areas of Kenya engaged in discussions on IHL and humanitarian issues with visiting ICRC representatives (see *Civilians*).

Academics, including lecturers and students, learnt more about IHL and the value of teaching and researching this subject through ICRC-run briefings, an IHL essay competition, a lecturers’ round-table discussion, a moot court competition (staged in cooperation with the ICTR in Arusha) and participation in a regional IHL course. Researchers interested in learning more about IHL could access detailed information at the ICRC’s IHL documentation centre in Nairobi, where a new system of cataloguing aided research.

In April, Islamic scholars from Kenya and the United Republic of Tanzania took part in a seminar exploring common themes between sharia law and IHL, held in Mbale, Uganda (see *Uganda*).

Representatives of human rights organizations engaged in dialogue with the ICRC on a range of humanitarian issues relating to the region. In Kenya, representatives of humanitarian organizations participated in a one-day seminar on IHL and – together with policy-makers – in a week-long IHL training workshop.

PEOPLE DEPRIVED OF THEIR FREEDOM	DJIBOUTI	ICTY	TANZANIA
ICRC visits			
Detainees visited	877	39	
Detainees visited and monitored individually	24	15	
		<i>of whom women</i>	1
Detainees newly registered	2	2	
Number of visits carried out	4	1	
Number of places of detention visited	2	1	
Restoring family links			
RCMs collected	287		470
RCMs distributed	136		320

RED CROSS AND RED CRESCENT MOVEMENT

National Societies received ICRC funds, materials, training and logistical and technical back-up to help them, as appropriate, provide assistance to vulnerable communities, offer family-links services and promote IHL (see *Civilians* and *Civil society*).

Some 30 Kenyan Red Cross branch staff enhanced their knowledge of IHL, the Movement and related issues, including emblem protection, in training sessions, while more than 20 representatives of humanitarian organizations attended a second National Society/ICRC course on Health Emergencies in Large Populations, run by the National Society and the ICRC. During a first-aid workshop, 27 National Society personnel learnt to provide life-saving care during situations of violence, while 30 branch coordinators improved their expertise in offering family-links services through a training session. An emblem campaign, launched by the National Society in August with ICRC support, aimed to inform the public about the protected emblem and increase their understanding of its use.

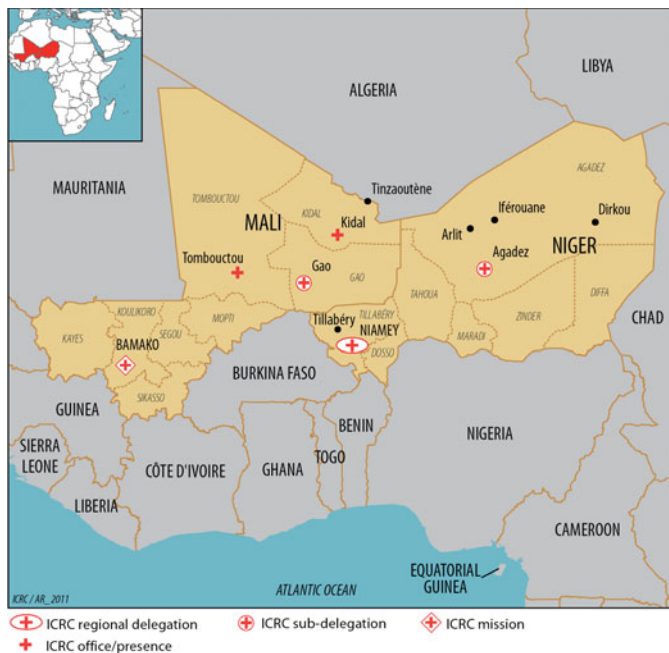
In the United Republic of Tanzania, 15 National Society staff learnt to teach colleagues techniques for responding to humanitarian needs in conflict-prone areas. Thirty middle managers attended an induction course, the first of its kind in the country, and discussed the Fundamental Principles, emblem protection and the Safer Access approach. More than 20 regional disaster managers also attended ICRC briefings on the Safer Access approach.

In Djibouti, some 60 National Society personnel developed their emergency-response skills during ICRC-supported courses. This helped to enhance the National Society's drought response.

Movement partners strengthened coordination through a workshop for financial officers representing five National Societies from countries in the region, including Djibouti, Kenya and the United Republic of Tanzania, organized jointly by the International Federation, the Norwegian Red Cross and the ICRC. National Society representatives also attended regional and international Movement meetings to strengthen management skills.

NIAMEY (regional)

COVERING: Mali, Niger



EXPENDITURE (IN KCHF)	
Protection	1,081
Assistance	15,031
Prevention	2,423
Cooperation with National Societies	1,964
General	-

► 20,498
of which: Overheads 1,251

IMPLEMENTATION RATE	
Expenditure/yearly budget	70%

PERSONNEL	
Expatriates	28
National staff (daily workers not included)	162

KEY POINTS

In 2011, the ICRC:

- strengthened dialogue with authorities and weapon bearers in volatile areas, facilitating safe National Society/ICRC access to people in need
- with the National Societies and agricultural/veterinary authorities, boosted the food/economic security of 46,000 pastoralist and 752 crop-farming households (total: 281,840 people) through livelihood-support initiatives
- with the National Societies, provided food to sustain 41,975 families (272,591 people) affected by violence, security operations and/or natural disaster
- supported the National Societies in providing some 6,000 vulnerable migrants fleeing armed conflict in Libya, or stranded at the Mali-Algeria border, with shelter, food, medical care, transport and/or family-links services
- provided 20,915 people with easier access to clean water, helping meet domestic, irrigation and livestock needs
- through logistic/supervisory support, enabled health services to run vital immunization campaigns in remote areas

Continually present in the region since 1982, the ICRC opened its Niamey regional delegation in 2010 in response to the consequences of fighting between government forces and armed groups or of other situations of violence in northern Mali and Niger. It seeks to protect and assist people affected by violence and adverse climatic conditions and visits detainees, providing them with aid where necessary. It also promotes IHL among armed and security forces and armed groups and encourages its implementation by the authorities throughout the region. It works closely with the region's National Societies and helps them develop their operational capacities.

CONTEXT

Following the 2010 food-security crisis which devastated stock-breeding and crop production in northern Mali and in Niger, communities began reconstructing their livelihoods. However, conditions remained challenging in an environment prone to natural disaster and weakened by over-exploitation, poverty, poor infrastructure and insecurity. Indications that the 2011–12 harvest would be disappointing raised concerns of an imminent deterioration in food security.

Tensions and sporadic intercommunal violence persisted, fuelled partly by competition for scarce resources. Banditry and looting were commonly reported and mines/explosive remnants of war (ERW) remained present in some areas. A network of armed Islamist groups claiming to belong to Al-Qaeda in the Islamic Maghreb, reportedly based in northern Mali, remained active regionwide, claiming responsibility for several expatriate kidnappings. Associated security operations and general insecurity caused displacement and hindered humanitarian access and basic services.

Remote frontier regions remained a thoroughfare for migrants and traffickers. Both Mali and Niger felt the impact of the armed conflict in Libya, as people streamed across northern borders towards their countries of origin, exacerbating social/economic pressures. Reports of prolific weapon trading and the presence of former combatants made many uneasy.

In Niger, the transitional chapter that began with a coup d'état in February 2010 ended, with peaceful elections returning the country to civilian rule. International cooperation resumed as the new government embarked on efforts to restore stability and investor confidence.

In Mali, political circles geared up for elections in 2012. Although fighting between government forces and armed opposition groups in the north ceased in 2009–10, the emergence of new groups/alliances seeking greater independence put past peace agreements into question.

ICRC ACTION AND RESULTS

In the aftermath of the food-security crisis, the Niamey delegation initially shifted its focus away from emergency aid, developing a diversified approach intended to consolidate livelihood recovery. It concentrated on assisting communities in northern Mali

Main figures and indicators	PROTECTION	Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)				
RCMs collected		21	UAMs/SCs*	
RCMs distributed		14		
Phone calls facilitated between family members		1,319		
Reunifications, transfers and repatriations				
People reunited with their families		19		
People transferred/repatriated		1,146		
Tracing requests, including cases of missing persons				
People for whom a tracing request was newly registered		2	Women	Minors
Tracing cases still being handled at 31 December 2011 (people)		2		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)¹				
ICRC visits				
Detainees visited		6,165	Women	Minors
Detainees visited and monitored individually		32		
Detainees newly registered		12		
Number of visits carried out		23		
Number of places of detention visited		12		
Restoring family links				
RCMs collected		2		
RCMs distributed		2		
Phone calls made to families to inform them of the whereabouts of a detained relative		24		

* Unaccompanied minors/separated children

Main figures and indicators	ASSISTANCE	Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)¹				
Economic security, water and habitat				
Food	Beneficiaries	278,624	35%	43%
	<i>of whom IDPs</i>	Beneficiaries		
		73,334		
Essential household items	Beneficiaries	11,611	30%	40%
	<i>of whom IDPs</i>	Beneficiaries		
		10,450		
Agricultural, veterinary and other micro-economic initiatives	Beneficiaries	294,542	34%	1%
	<i>of whom IDPs</i>	Beneficiaries		
		29,455		
Water and habitat activities	Beneficiaries	20,915	30%	50%
Health				
Health centres supported	Structures	9		
Average catchment population		56,249		
Consultations	Patients	4,972		
	<i>of which curative</i>	Patients	1,410	1,706
	<i>of which ante/post-natal</i>	Patients	459	
Immunizations	Doses	153,132		
	<i>of which for children aged five or under</i>	Doses		
	<i>of which for women of childbearing age</i>	Doses		
		122,285		
		30,847		
Referrals to a second level of care	Patients	22		
Health education	Sessions	100		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat				
Essential household items ¹	Beneficiaries	7,011		
Water and habitat activities ²	Beneficiaries	1,385		
WOUNDED AND SICK¹				
Water and habitat				
Water and habitat activities	Number of beds	149		

1. Mali, Niger 2. Niger only

and in Agadez and Tillabéry (Niger), weakened by long-standing insecurity and poor services/infrastructure, where few other humanitarian actors were present. Towards year-end, however, the delegation prepared to resume urgent interventions as food security looked, again, to be threatened.

As in 2010, the ICRC sought to overcome logistic and staffing challenges caused by regional security risks using creative working/monitoring procedures to pursue its activities, occasionally via remote management. Many were conducted by ICRC national staff and National Society personnel alongside local partners. Despite persistent insecurity, especially in northern Mali, this approach allowed the ICRC to initiate activities in hitherto inaccessible areas.

The ICRC embarked on diverse initiatives designed to bolster the fragile economic/food security of those hardest hit in 2010. Implemented with the National Societies and local agricultural/veterinary authorities, these initiatives facilitated the establishment of sustainable livelihood-support mechanisms. Pastoralists were provided with free veterinary services and the opportunity to sell off their weakest animals, boosting livestock health and productivity, while crop farmers were supplied with seed to diversify and increase their sources of income. Affordable, community-managed fodder and/or cereal banks were set up as additional support.

ICRC/National Society teams responded swiftly to new emergencies, providing food and/or household essentials to struggling farmers, IDPs and victims of natural disaster. To better prepare

communities against future threats, the ICRC improved water infrastructure for urban dwellers in northern Mali and for pastoralists in Niger and launched cash-for-work projects to enhance agricultural infrastructure while boosting household economies.

The ICRC strengthened support to health authorities in northern Mali and Niger's Agadez region, renovating infrastructure, donating medical supplies and equipment, and facilitating immunization campaigns and health-worker training.

With the influx of arrivals from Libya, the delegation increased its support to the National Societies, particularly by constructing a transit centre in Niger. Accordingly, they stepped up existing activities for migrants, providing valuable assistance and family-links services to new arrivals.

The ICRC developed dialogue with the new leadership in Niger and with the Malian authorities, deepening their understanding of the Movement's work, particularly regarding IHL- and detention-related matters. Both governments took tangible steps to advance national IHL implementation, while their armed/security forces pursued the integration of IHL/international human rights law into training, doctrine and operations with ICRC input. Briefings for peacekeepers and, particularly, military/police troops and other weapon bearers in volatile areas helped gain their support for ICRC/National Society activities. These, combined with high-profile media coverage and extensive contact with religious/community leaders, contributed to broad acceptance of the Movement, facilitating its operations.

Delegates visited detainees, obtaining wider access to those in Mali. Discussions with authorities in both countries aimed at further broadening ICRC detention-related activities progressed. Inmates in seven facilities benefited from improved water/sanitation infrastructure.

By partnering the National Societies in the field and providing financial, material, logistic and training support, the ICRC strengthened their operational capacities. Besides expanding their activities for migrants, they reinforced their emergency response and communication capacities.

Coordination with other humanitarian actors, including Movement partners, ensured needs were met without duplicating efforts.

CIVILIANS

Given persistent insecurity, the ICRC reminded authorities and weapon bearers in volatile areas of their responsibilities to respect civilians, including migrants, and humanitarian workers in conformity with relevant international/national law.

Vulnerable migrants and children receive relief and family-links services

With fighting escalating in Libya, thousands of migrants arrived in Mali and especially Niger. In coordination with relevant authorities and humanitarian organizations, the National Societies stepped up existing activities for migrants to respond to the influx, backed by ICRC logistic, material and financial support.

On reaching Agadez from the Libya-Niger border crossing, some 5,000 people broke their journey at a purpose-built National Society-run transit centre. As needed, they obtained help to travel onward. Meanwhile, at the Algeria-Mali border, people, including stranded migrants turned away from Algeria and people fleeing Libya, received accommodation and medical attention. The most vulnerable were transferred to a safe location to recuperate. In both countries, migrants contacted relatives using Movement telephone/RCM services, and some 6,000 received food.

Elsewhere in Mali, 200 children who had become isolated after leaving home for their education received help from the National Society to reconnect with their families through an initiative expanded since its launch in 2010. Nineteen rejoined their families.

Violence- and disaster-affected civilians receive emergency aid

In northern Mali and Niger's Agadez and Tillabéry regions, people affected by intercommunal violence, security operations, flooding or fire, mainly IDPs, received food from National Society/ICRC teams, helping sustain them in precarious conditions. Farmers weakened by the 2010 food crisis and beset by fresh challenges, such as erratic rainfall, received similar assistance, as in Niger, where 30,286 farmers expecting a disappointing yield received food to help support their families (195,800 people). In total, 272,591 people (41,975 households) received food aid. In both countries, 5,611 residents and IDPs (860 households) struggling without belongings were given blankets, cooking equipment and other essentials. ICRC-donated stocks facilitated a swift response to emergencies, enabling the National Societies to distribute essential household items to 1,000 households (6,000 people).

CIVILIANS			MALI	NIGER
Economic security, water and habitat				
Food		Beneficiaries	77,937	200,687
	<i>of whom IDPs</i>	Beneficiaries	53,754	19,580
Essential household items		Beneficiaries	9,162	2,449
	<i>of whom IDPs</i>	Beneficiaries	8,246	2,204
Agricultural, veterinary and other micro-economic initiatives		Beneficiaries	14,343	151,115
	<i>of whom IDPs</i>	Beneficiaries	14,443	15,112
Water and habitat activities		Beneficiaries	11,750	9,165
Health				
Health centres supported		Structures	4	5
Average catchment population			17,933	38,316
Consultations		Patients	4,972	
	<i>of which curative</i>	Patients	3,116	
	<i>of which ante/post-natal</i>	Patients	459	
Immunizations		Doses	42,803	110,329
	<i>of which for children aged five or under</i>	Doses	42,502	79,783
	<i>of which for women of childbearing age</i>	Doses	301	30,546
Referrals to a second level of care		Patients	22	
Health education		Sessions	100	

Where livelihoods had been undermined by insecurity and creeping desertification, 12,702 people (2,117 households) received cash assistance in return for deepening reservoirs or rehabilitating pasture. These activities benefited the whole community while rewarding workers with a welcome cash injection.

Crisis-affected people work to reconstruct and protect their livelihoods

Nomadic crop farmers and herders struggling to overcome the 2010 food crisis in northern Mali and Niger's Agadez and Tillabéry regions benefited from various National Society/ICRC initiatives to consolidate livelihood recovery and strengthen local capacities to withstand future challenges. Many were implemented in partnership with local agricultural authorities, associations and communities, encouraging ownership and durability. Their input ensured the relevance of National Society/ICRC activities in light of environmental/security developments.

Farmers' food and economic security boosted

In both countries, 752 families (5,114 people) received ICRC-supplied seed, tools and fertilizer, helping boost production. While some grew staples, others began to diversify their sources of revenue by growing cash crops, mainly vegetables, thereby enhancing their diet and generating additional income. Market gardeners were similarly provided with vegetable seed, tools, fertilizer, training and upgraded irrigation infrastructure (see below) to maximize yield.

In Agadez, farming families took the opportunity to buy their staple, millet, at subsidized prices from cereal banks after the ICRC renovated and donated initial stocks to six such banks. Nearly 700 community members, grouped in committees, received training in cereal-stock management to ensure a reliable service year-round.

Pastoralists reconstruct their livelihoods

To boost animal health and productivity, regional veterinary services and livestock authorities, a specialist consultancy and the National Societies/ICRC cooperated to provide free outreach services and training in animal husbandry to pastoralists reliant on stockbreeding. In total, 46,014 herders and their families (276,726 people) benefited from such initiatives.

Between January and June, through a campaign launched in December 2010 with ICRC logistic and financial support and veterinary drugs/equipment, the herders vaccinated and/or treated their animals against common parasites/diseases, boosting the health and market value of over 2.25 million animals. Around 14,600 chose to sell weaker animals to the ICRC at competitive prices, leaving them with smaller, healthy herds and funds to buy food and other essentials. The weak animals were slaughtered and any edible meat cured and donated to schools and health and detention facilities to feed people under their care.

In parallel, 34,470 herders underwent training in livestock and natural resource management, learning to identify animal diseases among other skills. Some formed committees to run fodder banks, which allowed pastoralists to buy fodder at affordable rates just as cereal banks served crop farmers (see above). Once trained in stock management, 61 such committees were supplied with fodder and salt licks to kick-start their services, sufficient to cater for 30,000 herders for up to three months.

Towards year-end, given indications of an imminent deterioration in food security regionwide, preparations to mitigate the threat began with additional, large-scale cereal distributions and veterinary campaigns. In support, 12 veterinary assistants in Agadez were selected for ICRC-funded training.

Vulnerable communities gain easier access to quality water and health care

In Mali's violence-prone north, 11,750 urban residents gained improved access to clean water after the ICRC repaired/constructed 17 water points in Gao, extending the network to areas populated by IDPs, and rehabilitated a sub-surface dam in Kidal. Similarly, in Niger, pastoralists and market gardeners (see above) were better able to meet domestic, farming and livestock needs thanks to well-repair/irrigation initiatives in rural Agadez and Tillabéry.

In both countries, health authorities in northern regions received assistance in delivering services to government-recommended standards. Several communities gained easier access to health care with the construction/renovation of eight health centres (149 beds) equipped with water/sanitation facilities. Of these, three in Agadez reopened for the first time since 2007 with six months' worth of essential drugs/equipment.

Health workers benefited from supplies, training and supervision, notably to reduce health risks surrounding pregnancy and, in Mali, to improve medical stock management and the handling of HIV/AIDS. Eight Malians qualified as skilled traditional midwives on a nine-month, ICRC-funded course. With malaria and food insecurity commonplace, health workers offered malaria treatment and nutritional guidance during community-based education sessions prepared in consultation with ICRC delegates.

With ICRC vehicle, financial and supervisory support, including advice on storing/transporting vaccines in optimum conditions, health workers made vital immunizations (e.g. against poliomyelitis or meningitis) available to remote, nomadic communities that had missed out during years of insecurity. In Niger, for example, teams administered 110,329 vaccine doses, including 79,783 for children aged five or under. Children at risk of malnutrition received vitamins.

PEOPLE DEPRIVED OF THEIR FREEDOM	MALI	NIGER
ICRC visits		
Detainees visited	2,371	3,794
Detainees visited and monitored individually	25	7
Detainees newly registered	10	2
Number of visits carried out	14	9
Number of places of detention visited	6	6
Restoring family links		
RCMs collected		2
RCMs distributed	1	1
Phone calls made to families to inform them of the whereabouts of a detained relative	3	21

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees in Mali and Niger received visits from the ICRC, according to its standard procedures, to monitor their treatment and living conditions. Those serving sentences in Mali under the International Criminal Tribunal for Rwanda were visited in liaison with the ICRC's Nairobi delegation (see *Nairobi*). Some chose to send news to relatives using the Movement family-links network. Following visits, delegates shared feedback with the authorities confidentially.

Changes within the penitentiary administration in Mali resulted in the ICRC obtaining wider access to detainees there. Delegates pursued efforts to ensure such access was full and systematic. Around 160 prison personnel improved their grasp of the organization's activities at Justice Ministry/ICRC workshops, helping gain their support. A round-table with relevant ministry officials served to review the progress made by the authorities towards ensuring detainees' access to adequate food, health care and outdoor recreational spaces.

In Niger, too, the authorities and delegates had constructive dialogue about the shortcomings in the judicial/penitentiary system, and agreed, for example, to work together on reducing lengthy pre-trial detention. The Justice Ministry was invited to formalize the agreement governing ICRC visits to detainees on the strength of its work to date. A seminar intended for prison directors had to be postponed owing to ICRC staffing constraints.

To reduce their exposure to health risks aggravated by dilapidated penitentiary infrastructure, 1,385 inmates in Niger benefited from ICRC repair/construction work on sanitation, water and waste-disposal facilities in four prisons. Similar work had begun in other facilities in both countries. To facilitate safe hygiene practices, detainees also received hygiene/cleaning materials, and under a new agreement with the Red Cross Society of Niger hygiene teams were to be trained and equipped in 15 prisons.

WOUNDED AND SICK

In Niger, where no physical rehabilitation centre existed to provide quality care to victims of mines/ERW, the ICRC undertook to support Niamey national hospital in reactivating its orthopaedic department from 2012.

As no medical emergencies arose, hospitals had no need for ICRC material support.

AUTHORITIES

Senior ministers, diplomats, representatives of international bodies (including the UN, the IOM and the Organisation of Islamic Cooperation) and the ICRC met regularly to discuss regional humanitarian/security concerns. Such contacts facilitated humanitarian coordination in responding to, for example, the needs of arrivals from Libya and recurring threats to food security. Niger's incoming civilian government readily engaged in dialogue with delegates on IHL- and detention-related matters, progressively consolidating their cooperation.

In areas where National Society/ICRC assistance operations were under way (see *Civilians*), interactive presentations for local

authorities contributed to wider acceptance of the Movement, its emblems, and humanitarian principles, thereby facilitating access to needy communities.

Both Mali and Niger took tangible steps to advance IHL implementation. At round-tables in each country gathering relevant decision-makers, the authorities committed to ratifying outstanding treaties and establishing national IHL committees. In particular, Mali worked towards ratifying the African Union Convention on IDPs, and both countries sought ICRC legal expertise in revising their penal codes and developing legislation on weapon use and the repression of war crimes. Additionally, Malian parliamentarians and magistrates learnt about their role in facilitating IHL implementation at workshops organized with the National Society and the Institute of Judicial Training respectively. Plans to sponsor other officials to attend an IHL seminar in Abuja fell through following the event's cancellation for security reasons (see *Nigeria*).

ARMED FORCES AND OTHER BEARERS OF WEAPONS

The fragile humanitarian and security situation affecting northern Mali and Niger's Agadez and Tillabéry regions underscored the importance of obtaining the support of all weapon bearers for Movement activities. In these parts, military/police field commanders maintained contact with the ICRC regarding prevailing conditions, including potential threats to civilians/humanitarian workers. Over 300 troops stationed locally learnt about National Society/ICRC operations and their responsibilities under IHL/international human rights law, as applicable, at presentations facilitated by delegates/National Society personnel. In Agadez, many such sessions were conducted by officers drawing on previous ICRC training. A greater ICRC field presence in volatile areas allowed delegates to strengthen their dialogue with other weapon bearers.

Military authorities in both countries welcomed ICRC support as they pursued the integration of IHL into their forces' doctrine, training and operations. Three senior officers deepened their IHL knowledge at international training events with ICRC funding, and Mali's army training unit worked with delegates to revise train-the-trainer course content. Major training facilities were provided with up-to-date manuals to help instructors teach IHL and troops to better adhere to humanitarian principles.

Upon request from Niger's chief of army staff, several hundred peacekeepers bound for Côte d'Ivoire learnt about Movement operations there. Trainees at Bamako Peacekeeping School, meanwhile, examined the relevance of IHL to peace-support operations through ICRC-devised exercises/courses.

To better integrate international human rights law into Niger's police curriculum, 20 police instructors reinforced their understanding of international standards of law enforcement at a national police school/ICRC seminar.

CIVIL SOCIETY

Through fora and/or bilateral contacts, NGOs, women's associations, academic circles, and community and religious leaders, including Mali's High Islamic Council, exchanged views on topical

PEOPLE DEPRIVED OF THEIR FREEDOM		MALI	NIGER
Economic security, water and habitat			
Essential household items	Beneficiaries	2,145	4,866
Water and habitat activities	Beneficiaries		1,385

humanitarian and security concerns; some learnt first aid from National Society instructors. The region's foremost religious university, in Niamey, and the ICRC organized a conference on the protection of vulnerable communities, prompting animated discussions on universal humanitarian principles. Students in both countries enjoyed access to ICRC reference materials and advice to prepare IHL-related dissertations, and teams from 11 institutions tackled IHL-related scenarios at moot court competitions organized by key universities with National Society/ICRC input. Lawyers and trainee magistrates examined means of repressing IHL violations at ICRC presentations.

National/international media helped broaden awareness of IHL, humanitarian issues and the Movement, taking up National Society/ICRC footage, press releases and interviews to report on their operations. An ICRC film highlighting its assistance to violence-affected people in Tillabéry, for instance, generated prime-time television coverage. More locally, community radio stations contributed to the success of human/livestock vaccination campaigns (see *Civilians*) by ensuring that this news reached the nomadic populations. In Niger, 25 journalists specializing in human rights gained greater insight into ICRC-related activities at a discussion session, encouraging accurate humanitarian reporting.

This interaction, alongside National Society/ICRC assistance (see *Civilians*), helped build strong support for the Movement, even in violence-prone regions where few international actors are present.

RED CROSS AND RED CRESCENT MOVEMENT

The region's National Societies benefited from ICRC funds, guidance, materials and logistic back-up to strengthen their emergency response, family-links, communication and management capacities. Branches in Kidal (Mali) and Tillabéry (Niger) moved into ICRC-renovated premises designed to facilitate efficient humanitarian action. Regular meetings of Movement components working locally ensured coordination, reinforcing cross-border cooperation.

Both National Societies played an integral role in the successful implementation of ICRC assistance and communication activities (see above), reinforcing their visibility and operational experience. To support them in this, nearly 500 volunteers benefited from tailored ICRC courses, for example to enhance their needs-assessment skills. Given widespread insecurity, branch managers in Niger devised standard security procedures reflecting the Safer Access approach and trained personnel to apply them systematically. The Mali Red Cross established additional first-aid teams in six high-risk areas.

With financial and material support, both National Societies expanded family-links activities for children and vulnerable migrants, providing valuable support to people fleeing Libya (see *Civilians*). Family-links personnel enhanced their skills at a regional workshop (see *Dakar*).

After honing presentation techniques and information materials with ICRC training and funds, communication officers were better equipped to promote the Movement and humanitarian principles. Besides campaigning for respect for the Movement's emblems, the National Societies focused on stimulating youth interest. The Niger Red Cross, for example, trained 120 teachers running Red Cross school clubs to administer first aid, and created 20 new clubs.

PRETORIA (regional)

COVERING: Botswana, Lesotho, South Africa, Swaziland



ICRC regional delegation

EXPENDITURE (IN KCHF)

Protection	73
Assistance	-
Prevention	1,438
Cooperation with National Societies	958
General	-

► **2,469**

of which: Overheads 151

IMPLEMENTATION RATE

Expenditure/yearly budget	72%
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PERSONNEL

Expatriates	8
National staff (daily workers not included)	27

KEY POINTS

In 2011, the ICRC:

- increased IHL training for South African National Defence Force (SANDF) personnel, including those deployed on peacekeeping missions
- with the SANDF, hosted the Senior Workshop on International Rules Governing Military Operations
- visited detainees arrested in relation to an alleged assassination attempt in 2009 on Lesotho's prime minister
- developed a partnership with an NGO running a sport-based project aimed at reducing youth violence
- reinforced the National Societies' capacities to respond to needs created by elections and political demonstrations and to restore family links

The ICRC opened a regional delegation in Pretoria in 1978. It keeps a close eye on the domestic situation in the countries covered and helps refugees and asylum seekers to restore contact with family members. It promotes ratification of IHL treaties and their national implementation and encourages the incorporation of IHL into military training and university curricula. The ICRC supports the region's National Societies, in cooperation with the International Federation. It also visits detainees in Lesotho.

CONTEXT

South Africa remained an important political and economic actor exerting influence within Africa. It engaged regularly in diplomacy, notably in relation to the armed conflicts in Côte d'Ivoire and Libya. South Africa also provided troops for peacekeeping operations abroad. In April, it joined the group of emerging economies comprising Brazil, China, India and the Russian Federation.

On the domestic front, the government concluded a process to regularize undocumented immigrants, mostly from Zimbabwe, living in the country and, in tandem, resumed deportations. Protests and strikes over low wages, rising unemployment, income inequality and poor delivery of public services sometimes turned violent, including during the run-up to local elections in May. Foreign workers and business owners occasionally came under attack during the unrest or were separately targeted.

In Swaziland, a growing financial crisis led to the closure of the University of Swaziland in August and threats of non-payment of civil servant salaries. Civil society groups in Botswana and Swaziland organized a series of social and political demonstrations and strikes calling for economic reform in Botswana and both political and economic reform in Swaziland.

ICRC ACTION AND RESULTS

The Pretoria delegation concentrated on promoting widespread understanding of humanitarian principles and on reinforcing the ICRC's standing as a reference on IHL for political and military authorities and other influential actors in the region.

Thus, the ICRC strengthened contacts with national and international political authorities, particularly those in South Africa, regularly updating them on the humanitarian situation in African countries experiencing armed conflict and other situations of violence.

The delegation offered technical support to national IHL committee members and other government officials in the ratification and domestic implementation of IHL instruments, for example during a series of training sessions for representatives from Botswana and Lesotho. A regional IHL seminar, hosted in August by South Africa's Department of International Relations and Cooperation and the ICRC, provided a forum for representatives from the region to exchange IHL-related information. During 2011, Botswana and Swaziland ratified the Convention on Cluster Munitions, and South African parliamentarians discussed IHL-related issues with the ICRC during public hearings on the implementation of the Geneva Conventions Bill.

Main figures and indicators	PROTECTION	Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)				
RCMs collected		397	UAMs/SCs*	
RCMs distributed		382		
Reunifications, transfers and repatriations				
Human remains transferred/repatriated		1		
Tracing requests, including cases of missing persons				
People for whom a tracing request was newly registered		11	Women	Minors
Tracing cases still being handled at 31 December 2011 (people)		94	15	40
Documents				
People to whom travel documents were issued		180		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)¹				
ICRC visits				
Detainees visited		9	Women	Minors
Detainees visited and monitored individually		9		
Detainees newly registered		7		
Number of visits carried out		2		
Number of places of detention visited		1		
Restoring family links				
RCMs collected		5		
RCMs distributed		1		
Phone calls made to families to inform them of the whereabouts of a detained relative		3		

* Unaccompanied minors/separated children

Main figures and indicators	ASSISTANCE	Total	Women	Children
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)¹				
Economic security, water and habitat				
Essential household items	Beneficiaries	9		

1. Lesotho only

With ICRC support, IHL training increased in military education and training centres and for South African National Defence Force (SANDF) troops deployed on peacekeeping missions. Senior officers from across the region participated in the SANDF- and ICRC-supported Senior Workshop on International Rules Governing Military Operations, held in Pretoria.

Meanwhile, the ICRC reached out to a wide range of civil society actors in the region, including journalists and members of think-tanks, NGOs and private companies. It continued to foster IHL teaching and research in universities, by providing technical expertise and education materials, hosting the annual meeting of IHL teachers and the All Africa Course on IHL, contributing to the *African Yearbook on International Humanitarian Law* and sponsoring the participation of students in IHL competitions. In South Africa, the ICRC developed a partnership with an NGO running a sport-based project aimed at reducing youth violence.

The ICRC provided material, financial and technical support and training in first-aid and the Safer Access approach to help the region's National Societies respond effectively to emergencies, for example by providing first aid during strikes and demonstrations in Botswana and Swaziland, and reconnect refugees and asylum seekers with their families.

The ICRC and other Movement partners worked to strengthen coordination mechanisms during regular and larger-scale regional meetings.

PEOPLE DEPRIVED OF THEIR FREEDOM

Following the extradition to Lesotho of seven people previously detained in South Africa in relation to an alleged assassination attempt in 2009 on Lesotho's prime minister, the ICRC carried out two visits to the group, as well as to the two individuals already

detained in Lesotho on the same charges. Visits were conducted in accordance with the ICRC's standard procedures. The authorities received confidential feedback and a written report, including recommendations for improving detention conditions. Inmates kept in touch with their families abroad through the RCM network and received hygiene items and other essentials as needed. When one of the detainees died in hospital after a serious illness, the ICRC facilitated the repatriation of the remains to the deceased's country of origin.

AUTHORITIES

During meetings organized and/or attended by the ICRC, members of the diplomatic community, government officials and representatives of regional/international organizations, including UN and African Union bodies based in South Africa, kept abreast of the Movement's activities.

Meetings between South Africa's Ministry of Foreign Affairs and the ICRC focused on the humanitarian situation in Côte d'Ivoire, Libya and Somalia. At regional level, dialogue was pursued with the Pan-African Parliament and the Southern African Development Community (SADC) with a view to identifying areas of mutual interest and possible cooperation.

Nearly 30 government representatives from 14 countries enhanced their IHL awareness during the regional IHL seminar organized by South Africa's Department of International Relations and the ICRC in Pretoria in August. The national IHL committees in Lesotho and South Africa met regularly, receiving ICRC input, and representatives of Lesotho's IHL committee and of Botswana's government participated in training sessions on national IHL implementation and the ICRC's related services. Botswana ratified the Convention on Cluster Munitions in June, as did Swaziland in September.

In the run-up to public hearings on the implementation of the Geneva Conventions Bill, the South African Parliamentary Portfolio Committee on Defence and Military Veterans was briefed by the ICRC. The committee subsequently adopted the bill, which at year-end had yet to go before the National Assembly.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

In South Africa, an increased number of SANDF training institutions, including the Peace Mission Training Centre in Pretoria and the School for Military Justice, requested and received ICRC briefings on a more frequent basis. Some 230 staff, including captains, majors and officers, benefited from such briefings. The SANDF also sought ICRC technical advice on the development of its IHL-related training curriculum. More than 2,000 SANDF troops attended IHL briefings prior to their deployment on peacekeeping missions, while dialogue with the army explored ways of conducting such presentations at command level.

Regionwide, members of the armed and security forces participated in briefings and presentations designed to enhance their understanding of humanitarian principles and garner their support for the Movement's neutral, impartial and independent humanitarian action.

More than 60 senior officers participated in the Senior Workshop on International Rules Governing Military Operations, hosted in Pretoria by the SANDF and the ICRC (see *International law and cooperation*). Regional participants, in this workshop and others, received ICRC sponsorship. Some 170 officers from staff colleges in Botswana, South Africa and Zimbabwe learnt more about IHL during a Combined Joint African Exercise (designed to plan multinational peace-support operations), in which the ICRC participated. Representatives of the SADC met with the ICRC, which offered to provide technical support in integrating IHL into its standby brigade's doctrine, training and operations.

CIVIL SOCIETY

Drawing on press releases, interviews and, increasingly, the ICRC's website, South African media with pan-African reach reported regularly on the Movement's initiatives and humanitarian concerns in Africa. For example, one of South Africa's premier news sources launched an online multimedia gallery to raise awareness of the ICRC's support to a hospital in Somalia treating weapon-wounded patients. Ahead of local elections in South Africa, some 14 journalists participated in a workshop, organized jointly with a media training institute, on safe humanitarian reporting techniques. During the workshop, they also learnt basic first-aid procedures from National Society volunteers.

Staff of influential think-tanks, private companies and NGOs exchanged expertise with the ICRC during various events. These contacts, backed by an internal review, strengthened the delegation's understanding of potential triggers of sporadic violence in South Africa.

Universities teaching IHL to undergraduates (15 institutions) and postgraduates (8 institutions) received ICRC technical input and education materials. A network of African IHL experts, including academics, was further strengthened during the ICRC-supported annual meeting of teachers of IHL and the All Africa Course on IHL, both held in Pretoria. The ICRC also contributed expertise to the *African Yearbook on International Humanitarian Law* and sponsored the participation of student teams in IHL-related competitions.

Given the lack of progress in integrating the ICRC's Exploring Humanitarian Law programme into secondary school curricula in South Africa, the delegation shelved this initiative. Meanwhile, the ICRC developed a partnership with an NGO running a sport-based project aimed at reducing youth violence. The ICRC was to provide funding and research expertise.

RED CROSS AND RED CRESCENT MOVEMENT

Backed by ICRC training, materials, financing and technical support, the region's National Societies continued to develop their core activities. Movement components met regularly, and in wider regional gatherings, to coordinate their work.

To reinforce emergency-response capacities, National Society personnel from 10 countries, including all four of the region's National Societies, worked to harmonize their planning and response tools and training during a disaster-management workshop in Johannesburg, organized by the International Federation and the ICRC.

National Society staff and volunteers received training in first aid and the Safer Access approach, subsequently drawing on these skills in the field. With ICRC financial and technical support, the National Societies of Botswana and Swaziland administered first aid during public demonstrations and strikes. Following strikes by medical staff, the Botswana National Society deployed more than 300 volunteers to provide hospital care. In South Africa, 38 first-aid teams, comprising some 500 volunteers, assisted people taken ill while queuing to vote in local elections.

Personnel from the National Societies continued helping refugees and asylum seekers to reconnect with their families by collecting and distributing RCMs. To further develop these services, regional personnel attended a meeting in South Africa, where they studied migration trends and exchanged ideas on how to strengthen the family-links network and cross-border coordination.

To further raise awareness of IHL and the Movement, the National Societies marked World Red Cross and Red Crescent Day (8 May) with ICRC-supported public communication campaigns. Red Cross volunteers, particularly in Botswana and Swaziland, bolstered their capacities to increase public understanding of humanitarian principles and the Movement.

In Swaziland, the National Society, with ICRC support, discussed IHL and humanitarian values with head teachers with a view to expanding its youth recruitment and outreach programme.

TUNIS (regional)

COVERING: Libya (see separate chapter), Mauritania, Morocco/Western Sahara, Tunisia



ICRC regional delegation ICRC delegation ICRC mission
 ICRC-supported prosthetic/orthotic centre ICRC office/presence
 * Map shows structures supporting ICRC operations in Libya

EXPENDITURE (IN KCHF)	
Protection	12,605
Assistance	33,518
Prevention	4,222
Cooperation with National Societies	2,969
General	-
	53,314
	of which: Overheads 3,224

IMPLEMENTATION RATE	
Expenditure/yearly budget	70%

PERSONNEL	
Expatriates	77
National staff (daily workers not included)	71

KEY POINTS

- In 2011, the ICRC:**
- stepped up activities and increased its support to the Tunisian Red Crescent to enable an effective response to needs arising from armed conflict in Libya
 - with the Tunisian Red Crescent and the International Federation, provided meals, essential household/hygiene items and family-links services to people fleeing Libya and also facilitated 96,783 phone calls
 - with Tunisia's water authorities, constructed a water distribution system in Choucha transit camp and 2 pipelines in the wider border area, making adequate quantities of clean water available to Tunisians and people fleeing Libya
 - following riots in Tunisian prisons, helped the authorities restore the penitentiary system to full capacity, notably by renovating damaged accommodation and clinics and enhancing health and safety
 - in Mauritania, strengthened its support to the penitentiary authorities, launching various initiatives to improve detainees' access to adequate food, health care and hygiene conditions
 - welcomed the ratification of the 1977 Additional Protocols by Morocco and of the Rome Statute by Tunisia

The regional delegation based in Tunis, which has been operating since 1987, regularly visits people deprived of their freedom in Mauritania and Tunisia to monitor their treatment and conditions of detention. Acting as a neutral intermediary, it is also involved in efforts to resolve issues of humanitarian concern arising from the aftermath of the Western Sahara conflict. It promotes implementation of IHL by the authorities, including its integration into national legislation and into training programmes for the armed forces. National Societies in the region are essential partners in this process.

CONTEXT

In Tunisia, street protests that began in December 2010 on socio-economic grounds swiftly gathered momentum, transforming into a popular challenge to the long-ruling regime. Widespread violence ensued, alongside prison riots, and the armed forces were deployed to maintain order. On 14 January, the president departed, giving way to a first transitional administration. In October, constituent assembly elections, widely respected for their credibility, took place. A coalition government, led by the Ennahda party, took office in December to draw up a new constitution. In the absence of tangible economic improvements, public protests continued throughout the year.

From February, the outbreak of armed conflict in Libya caused several hundred thousand foreigners and Libyans to flee to neighbouring countries, mainly Tunisia and Egypt (see *Egypt*), exacerbating socio-political pressures. The Tunisian authorities and humanitarian organizations developed operations to provide shelter, relief and/or repatriation/resettlement assistance to refugees and people in transit until the situation stabilized.

Tunisia's uprising found echoes across the region. Protests in Morocco and Mauritania prompted the authorities to act to alleviate socio-economic and, in some cases, political or ethnic tensions. In Morocco, a vote for constitutional reform resulted in parliamentary elections and a new government. The country's Consultative Council for Human Rights (CCDH) was replaced by the National Council for Human Rights (CNDH).

The status of Western Sahara remained a contentious issue between Morocco and the Polisario Front. Families on both sides continued to seek news of relatives missing from the 1975–91 Western Sahara conflict. Mines/explosive remnants of war (ERW) remained from this period.

Violence persisted around the Mauritania-Mali frontier, involving, according to some sources, the self-styled Al-Qaeda Organization in the Islamic Maghreb. Security operations targeting armed groups suspected of endangering State security reportedly led to arrests. Reports of prolific cross-border weapon trading linked to the Libyan conflict generated unease regionwide.

ICRC ACTION AND RESULTS

Given regional developments, the Tunis delegation adapted its priorities, scaling up its activities to meet humanitarian needs arising from unrest in Tunisia (also affecting prisons) and,

Main figures and indicators	PROTECTION	Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		171	36	
RCMs distributed		88	16	
Phone calls facilitated between family members		96,787		
Tracing requests, including cases of missing persons¹			Women	Minors
People for whom a tracing request was newly registered		487	77	63
People located (tracing cases closed positively)		111		
	<i>including people for whom tracing requests were registered by another delegation</i>	11		
Tracing cases still being handled at 31 December 2011 (people)		421	75	39
UAMs/SCs*, including unaccompanied demobilized child soldiers			Girls	Demobilized children
UAM/SC cases still being handled by the ICRC/National Society at 31 December 2011		30	7	
Documents				
People to whom travel documents were issued		230		
Official documents relayed between family members across borders/front lines		9		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)²				
ICRC visits			Women	Minors
Detainees visited		24,510		
Detainees visited and monitored individually		234	12	1
Detainees newly registered		92	11	1
Number of visits carried out		119		
Number of places of detention visited		40		
Restoring family links				
RCMs collected		81		
RCMs distributed		37		
Phone calls made to families to inform them of the whereabouts of a detained relative		79		
People to whom a detention attestation was issued		16		

* Unaccompanied minors/separated children

1. Not including people missing as a consequence of the Western Sahara armed conflict

2. Mauritania, Morocco/Western Sahara, Tunisia

Main figures and indicators	ASSISTANCE	Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)³				
Economic security, water and habitat				
Food	Beneficiaries	1,626	40%	20%
	<i>of whom IDPs</i>	Beneficiaries		
Essential household items	Beneficiaries	126,140	16%	4%
	<i>of whom IDPs</i>	Beneficiaries		
Water and habitat activities	Beneficiaries	145,000	28%	45%
	<i>of whom IDPs</i>	Beneficiaries		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat				
Food ⁴	Beneficiaries	257		
Essential household items ⁴	Beneficiaries	1,444		
Water and habitat activities ⁵	Beneficiaries	3,305		
WOUNDED AND SICK				
Hospitals³				
Hospitals supported	Structures	9		
	<i>of which provided data</i>	Structures		
Admissions	Patients	1,265		
	<i>of whom weapon-wounded</i>	Patients		
Operations performed		1,150		
Outpatient consultations	Patients	8,850		
	<i>of which medical</i>	Patients		
First aid³				
First-aid posts supported	Structures	1		
	<i>of which provided data</i>	Structures		
Wounded patients treated	Patients	691		
Physical rehabilitation⁶				
Centres supported	Structures	1		
Patients receiving services	Patients	531	176	106
New patients fitted with prostheses	Patients	17	5	
Prostheses delivered	Units	20	4	
	<i>of which for victims of mines or explosive remnants of war</i>	Units		
New patients fitted with orthoses	Patients	56	30	1
Orthoses delivered	Units	64	32	4
	<i>of which for victims of mines or explosive remnants of war</i>	Units		
Crutches delivered	Units	89		
Wheelchairs delivered	Units	11		

3. Tunisia

4. Mauritania

5. Mauritania, Tunisia

6. Physical rehabilitation centre in Rabouni (south-western Algeria) for disabled Saharawis

subsequently, armed conflict in Libya. (For a description of ICRC operations conducted by the Tunis delegation in Libya, see the separate chapter: *Libya*.) In March, the ICRC increased the operation's budget and appealed for additional funds. Regionwide, it pursued planned protection activities for detainees and dispersed relatives, while working to broaden support for humanitarian principles and the Movement's neutral, impartial and independent humanitarian action.

To guide an effective Movement response at the Tunisia-Libya border, the ICRC and the International Federation strengthened their support to the Tunisian Red Crescent to facilitate emergency operations. In coordination with the Tunisian authorities and other actors present, including Movement components, the ICRC worked alongside the National Society to meet the basic needs of new arrivals, mainly in Choucha transit camp. As necessary, they provided meals, household/hygiene essentials and family-links services. With the Tunisian water board, the ICRC installed a water supply system and sanitation facilities in Choucha, contributing to adequate living conditions there. Outside the camps, to reduce strain on local resources, it delivered aid to Libyan refugees and struggling Tunisians and substantially upgraded the water network. Hospitals admitting people wounded in Libya but seeking treatment in Tunisia received medical/surgical materials and, in one case, war-surgery training. As the situation normalized, the ICRC scaled down emergency assistance, subsequently focusing on helping the National Society prepare for the October elections.

ICRC delegates continued to visit detainees in Mauritania and Tunisia. In Mauritania, they stepped up support to the authorities, combining direct assistance with advice and training to encourage sustainable improvements to penitentiary health care and living conditions. They launched initiatives to combat malnutrition and poor hygiene, provided on-the-job training to health workers and renovated unsound water/sanitation infrastructure. In Tunisia, the authorities readily accepted ICRC help to restore the penitentiary system to full capacity, improve health and safety, and better prepare prison workers to handle unrest. This included rehabilitating damaged clinics and accommodation.

Besides establishing contact with the transitional Tunisian administration, the ICRC maintained dialogue with authorities in Mauritania and Morocco to strengthen their support for IHL and ICRC activities. It provided training for government officials and IHL implementation bodies to advance treaty ratification/implementation and for military/security personnel in Mauritania and Morocco to enhance their understanding of IHL/international human rights law. Closer cooperation with media circles and the organization of IHL events for civil society members widened awareness of Movement activities and humanitarian principles.

The ICRC prosthetic/orthotic workshop and physical rehabilitation centre in south-west Algeria continued to provide limb-fitting and physiotherapy services to disabled Saharawi refugees, including mine/ERW victims.

Operational priorities delayed planned mine-risk education activities in Western Sahara. With ICRC guidance, however, the Moroccan Red Crescent prepared to resume these, while redesigning its family-links and communication strategies. The Mauritanian Red Crescent benefited from similar support in revising its statutes, policies and operational strategy.

CIVILIANS

With the onset of hostilities in Libya, Libyans and foreign residents of Libya streamed into south-east Tunisia. While most Libyans sought refuge in local communities, foreigners gathered in transit facilities established by the authorities and humanitarian organizations to await repatriation/resettlement in third countries.

Mandated by the authorities to coordinate the relief effort, the Tunisian Red Crescent received increased support from the ICRC and other Movement components to enable an effective response to emergency needs (see *Red Cross and Red Crescent Movement*). Together they worked with all actors present to handle the flow of arrivals. ICRC efforts focused mainly on providing family-links services, improving living conditions in the largest camp, Choucha, and strengthening the National Society's capacities in terms of camp management. Frequent meetings served to identify unmet needs, allocate responsibilities and establish referral systems.

People in transit contact relatives and obtain required paperwork

Throughout the year, people in transit received assistance from National Society/ICRC teams in locating/contacting families in Libya or elsewhere, making 96,783 calls via a free telephone service. To facilitate UNHCR/IOM evacuation efforts, 230 people obtained ICRC travel documents.

Many people met delegates privately to discuss their circumstances, enabling the ICRC to learn about conditions in Libya and to collect allegations of arrests and abuses. The latter were collected with a view to approaching the alleged perpetrators and urging them to take the necessary corrective measures.

People in transit, refugees and vulnerable Tunisians receive water, food and other essentials

Upon arrival, over 125,000 people in transit camps and Libyans staying with Tunisian families were given ICRC kits containing essential household/hygiene items, including some from the International Federation. Tunisian families struggling under increased socio-economic pressures similarly received household necessities.

In regions affected by influx, 145,000 people benefited from ICRC water/sanitation initiatives undertaken alongside the national water board and local authorities. Installing a water distribution system in Choucha ensured that camp residents had continuous access to clean water. New showers and latrines and regular waste collection contributed to a healthy environment. After securing the camp water supply, ICRC engineers turned to upgrading the wider water network, while UNHCR assumed responsibility for managing/maintaining camp infrastructure. Tunisians and refugees in border areas saw their water supply increase substantially with the construction of two pipelines (5-km and 10-km long), thereby alleviating strain on local wells.

Meal provision in Choucha was a joint effort. Of four on-site kitchens, one was operated by the National Society with help from the ICRC, which installed the facilities, and from WFP and local communities, which donated ingredients. Between March and 17 April, when WFP partners took over, National Society volunteers served over 373,000 meals. Outside Choucha, 1,626 Libyan refugees were similarly assured of a nutritious meal thanks to ICRC food donations.

In May, tensions among frustrated groups awaiting transfer, and among Tunisians affected by their presence, resulted in the destruction of Choucha. ICRC activities there, briefly suspended, resumed on a smaller scale following its reconstruction. As the situation in Libya stabilized, the influx tailed off, refugees began returning and needs at the border diminished. Movement partners scaled down their activities, continuing to offer family-links services (see above). By year-end, only Choucha camp remained open, under UNHCR management, hosting some 3,600 foreigners awaiting resettlement. Meanwhile, Tunisia having reinstated border controls in October, migrants awaiting administrative clearance received ad hoc food, water and/or blankets.

Family-links services remain available regionwide

Family-links services remained available to dispersed relatives elsewhere in Tunisia and the wider region. In particular, families maintained contact with relatives detained/interned in the US internment facility at Guantanamo Bay Naval Station in Cuba or elsewhere abroad through RCMs and phone/video calls. One Tunisian who had resettled in Europe following his internment received a family visit there arranged by the ICRC, easing his reintegration.

The Libyan crisis, while delaying progress on promoting the Restoring Family Links Strategy for the Movement among the region's National Societies, demonstrated the relevance of family-links services. The Moroccan Red Crescent requested ICRC training to better integrate family-links activities into disaster management.

Efforts pursued to provide answers to the families of persons missing from the Western Sahara conflict

The ICRC remained ready, as a neutral intermediary, to assist the Moroccan authorities and the Polisario Front in clarifying the fate of people missing in connection with the Western Sahara conflict and in informing the families accordingly. Following the dissolution of the CCDH mandated to address the issue for Morocco, the CNDH that replaced it proposed resuming discussions once it had established itself.

PEOPLE DEPRIVED OF THEIR FREEDOM

Detainees in Mauritania and Tunisia received visits from the ICRC, according to its standard procedures, to monitor their treatment and living conditions. Some used Movement family-links services to contact their families/consular representatives.

Following visits, observations and, where necessary, recommendations were shared with the authorities confidentially. They were encouraged to promote existing legislation designed to protect detainees and to penalize any proven abuses.

After the Tunisian uprising, the Defence and Interior Ministries granted the ICRC access to all detainees under their jurisdictions. People newly arrested for State security reasons, including individuals associated with the former regime, therefore benefited from ICRC visits.

Tunisian interim authorities supported in restoring the penitentiary system to full capacity

The Tunisian uprising sparked riots among detainees feeling ill-informed and uncertain of their future. Fires and violent confrontations with prison personnel ensued. Damage to infrastructure rendered some quarters uninhabitable, including clinics, aggravating longstanding overcrowding and impeding medical care.

Drawing on a subsequent ICRC assessment of conditions in 28 prisons, and the resulting recommendations, Tunisia's interim authorities welcomed advice and practical support in addressing urgent needs, restoring the penitentiary system to full capacity and better preparing prison workers to manage tensions.

Inmates in one prison regained full use of their quarters after the ICRC renovated damaged accommodation. A fire-detection/ alarm system, part-installed by year-end, stood to improve their safety. Four damaged clinics had essential equipment refitted. Penitentiary officials discussed their experiences at ICRC-facilitated round-tables, bringing to light management/health care issues requiring attention.

Among other steps taken to improve detainees' well-being, around 100 health workers examined medical ethics at an ICRC seminar, focusing on confidentiality and the accurate documentation of physical/psychological symptoms. Inmates sentenced to death acquired the right to receive family visits.

Towards year-end, the authorities announced their intention to resume ICRC-supported projects to tackle overcrowding initiated in 2010 but sidelined during 2011. To help them better analyse/respond to prison population trends, an ICRC-commissioned statistics expert advised on improvements to data collection/sharing procedures.

Detainees in Mauritania benefit from new nutritional and health care initiatives

Lacking the resources to address shortcomings in prison infrastructure and management, the Mauritanian authorities benefited from increased ICRC material, training and advisory support aimed primarily at establishing an effective penitentiary health

PEOPLE DEPRIVED OF THEIR FREEDOM	MAURITANIA	TUNISIA
ICRC visits		
Detainees visited	1,778	22,732
Detainees visited and monitored individually	66	168
		<i>of whom women</i>
		<i>of whom minors</i>
Detainees newly registered	23	69
		<i>of whom women</i>
		<i>of whom minors</i>
Number of visits carried out	48	71
Number of places of detention visited	7	33
Restoring family links		
RCMs collected	20	61
RCMs distributed	4	33
Phone calls made to families to inform them of the whereabouts of a detained relative	29	50

system and so securing detainees' well-being. With ICRC encouragement, the Health and Justice Ministries met more regularly to explore solutions and accepted help in appealing to the Finance Ministry for increased funding.

Through a therapeutic feeding initiative launched to combat life-threatening conditions in Nouakchott's Dar Naïm prison, 257 malnourished detainees received high-calorie supplements alongside their regular meals. Meanwhile, five prison clinics received donations of basic medicines/equipment, helping ensure that wounded/sick inmates obtained adequate treatment.

To mitigate general health risks, 1,444 detainees received soap and other items to facilitate good hygiene. On ICRC advice, some formed hygiene teams to conduct regular cleaning, while the Health Ministry appointed a hygienist to coordinate hygiene-control mechanisms. Inmates at risk from scabies had their quarters fumigated and, as needed, received treatment. These initiatives, alongside an overhaul of water/sanitation facilities in one prison, contributed to healthier conditions.

In parallel, prison health workers benefited from on-the-job training and supervision, backed by salary incentives, to kick-start sustainable improvements. They were encouraged to adhere to regular working hours, increase the frequency of consultations and improve medical stock management.

To promote adherence to judicial guarantees, relevant officials worked with delegates to produce a reference document outlining the guarantees to be respected at various stages in the judicial process.

WOUNDED AND SICK

Having sustained injuries in Libya, wounded people sought treatment in southern Tunisia. To support them in handling the influx, nine hospitals received ICRC medical/surgical materials and 29 hospital personnel honed their techniques in treating weapon wounds on an ICRC course.

With resources focused on Libya-related needs, the ICRC temporarily suspended an initiative, begun in 2010, to raise awareness of the dangers of mines/ERW in Moroccan- and Polisario Front-controlled parts of Western Sahara. Nevertheless, volunteers from the Saharawi Campaign to Ban Landmines and the Moroccan Red Crescent (see *Red Cross and Red Crescent Movement*) prepared to resume activity, improving their communication skills at ICRC workshops.

Meanwhile, 531 disabled Saharawis, including victims of mines/ERW, benefited from limb-fitting/physiotherapy services provided by the ICRC-supported prosthetic/orthotic workshop and physical rehabilitation centre in Rabouni, near Tindouf, south-west Algeria. Serving nearby refugee camps, the centre prevented patients from having to travel long distances for treatment. Six local physiotherapists and prosthetic/orthotic technicians upgraded their skills with ICRC training, helping ensure sustainability.

AUTHORITIES

Tunisia's transitional government developed a constructive dialogue with the ICRC, including by cooperating to improve detainees' conditions (see *People deprived of their freedom*). The government's support, and coordination with actors at field level, facilitated the Movement's contribution to humanitarian operations linked to the Libyan conflict (see *Civilians and Wounded and sick*).

In Mauritania and Morocco, dialogue focused on building support for the ICRC's neutral, impartial and independent humanitarian action and aimed at formalizing the ICRC's presence there. Following the dissolution of the CCDH in Morocco (see *Context*), contact was initiated with its successor, the CNDH.

Drawing on ICRC expertise, materials and sponsorship, the region's governments made advances in treaty ratification. Morocco and Tunisia ratified the 1977 Additional Protocols and the Rome Statute respectively, while Mauritania prepared to ratify the Convention on Cluster Munitions. Tunisia's IHL committee spearheaded progress on legislation protecting the Movement's emblems. Representatives of 18 Arab States adopted recommendations towards the creation of an Arab Model Law on IHL at a gathering in Rabat organized by Morocco's national IHL committee, the League of Arab States and the ICRC. Besides co-organizing with the ICRC round-tables for officials and parliamentarians, national IHL committee members joined IHL instructors and diplomats at regional ICRC seminars to enhance their expertise. In Mauritania, discussions began aimed at encouraging the authorities to bring national legislation in line with IHL.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

Given the unrest in the region and security operations around the Mauritania-Mali border (see *Context*), building respect among weapon bearers for Movement operations, international human rights law and other rules governing the conduct of security operations was crucial. Military/security institutions regionwide cooperated with the ICRC to that end.

During briefings or seminars at national/regional training institutions, some 300 police officers and peacekeepers in Morocco and over 230 military/security personnel in Mauritania examined the application of these bodies of law in contemporary situations of violence/armed conflict and, where relevant, their command responsibilities.

Mauritania's chief military/security commanders and Tunisia's Interior Ministry accepted ICRC proposals to help them better integrate IHL/international human rights law into their forces' basic training. Tunisian officials particularly requested support in redesigning the police/National Guard curricula to incorporate rules applicable when maintaining public order. Tunisia's armed forces, meanwhile, were given IHL reference materials to support them in pursuing IHL instruction independently.

At the Tunisia-Libya border, military authorities maintained regular contact with delegates regarding security issues. They were reminded of their responsibility to respect the principle of

PEOPLE DEPRIVED OF THEIR FREEDOM		MAURITANIA	TUNISIA
Economic security, water and habitat			
Food	Beneficiaries	257	
Essential household items	Beneficiaries	1,444	
Water and habitat activities	Beneficiaries	1,305	2,000

non-refoulement should combatants from Libya enter Tunisian territory. Representatives of the UN Mission for the Referendum in Western Sahara (MINURSO) and ICRC delegates similarly exchanged views on the humanitarian/security situation region-wide and in Saharawi refugee camps in particular. Planned seminars for MINURSO and African Union Standby Force personnel were postponed given new operational priorities.

CIVIL SOCIETY

Efforts to increase acceptance of humanitarian principles and the Movement continued, taking advantage of new media freedoms to expand contacts among journalists.

Media representatives in Mauritania, Morocco and Tunisia strengthened cooperation with the ICRC. At a seminar organized with the Tunis-based African Centre for Training of Journalists and Communicators, for example, journalists enhanced their understanding of IHL. Access to such events, including regional media workshops, and to ICRC information materials/interviews contributed to wider, more accurate coverage of Movement activities, including at the Tunisia-Libya border (see *Civilians*).

Through bilateral meetings, seminars and round-tables, human rights and religious organizations, legal associations and ICRC delegates discussed issues of mutual interest, such as penitentiary health care in Mauritania. In Morocco, some 60 NGO representatives acquired a greater insight into the legal framework protecting civilians at a CNDH/national IHL committee seminar incorporating ICRC presentations.

Institutions and academics supported ICRC efforts to stimulate interest in IHL and the Movement in higher-education circles, co-organizing lectures/seminars or publishing IHL-related articles. Over 50 students debated common ground between IHL and Islamic law at a regional forum run by Mauritania's leading religious training institute and the ICRC. Dialogue developed with this institute aimed at introducing IHL in its curricula. At a lecture co-organized by Tunis University, UNHCR, the IOM and Movement partners, Tunisian students learnt about the humanitarian response to the Libyan conflict. ICRC-sponsored lecturers honed their expertise at regional IHL events.

RED CROSS AND RED CRESCENT MOVEMENT

The Tunisian Red Crescent played a central role in assisting people fleeing Libya, building its visibility as a neutral, impartial and independent humanitarian actor. To help it do so, it received increased ICRC funds, materials, training and guidance to strengthen its management structure and relief, family-links and communication capacities, in coordination with the International Federation and partner National Societies. Ahead of elections in October, attention focused on training/equipping volunteers to provide effective first-aid cover.

Operational priorities in Tunisia/Libya delayed some planned activities in the wider region. Nevertheless, the Mauritanian and Moroccan National Societies continued to receive support in developing a full range of humanitarian services and to facilitate their participation in Movement meetings.

With International Federation/ICRC advisory back-up, the Mauritanian Red Crescent pursued the revision of its statutes, policies and operational strategy. The Moroccan Red Crescent, meanwhile, redesigned its communication and family-links

strategies. Volunteers in the Moroccan-controlled part of Western Sahara, preparing to pursue mine-risk education activities tested in 2010 (see *Wounded and sick*), sharpened their presentation skills and adapted supporting information materials.

Amid efforts to develop regional family-links services (see *Civilians*), including for migrants, Mauritanian and Tunisian personnel forged links with colleagues at a Movement workshop.

YAOUNDÉ (regional)

COVERING: Angola, Cameroon, Congo, Equatorial Guinea, Gabon, Sao Tome and Principe



The ICRC set up its Yaoundé regional delegation in 1992 but has been working in the region since 1972. It monitors the domestic situation in the countries covered, visits security detainees and restores contact between refugees, migrants and their families. It pursues long-standing programmes to spread knowledge of IHL among the authorities, armed forces and civil society, and supports the development of the National Societies.

CONTEXT

The region's slow recovery from the 2008 global financial crisis was overshadowed by sharp increases in the prices of food and oil, occasionally triggering social discontent and demonstrations. Insecurity and tensions persisted in and around the oil-rich Gulf of Guinea.

The situation in Angola's Cabinda enclave remained volatile, with localized skirmishes between the Angolan armed forces and alleged members of the Front for the Liberation of the Enclave of Cabinda. Meanwhile, the government continued to deport a high number of migrants from the Democratic Republic of the Congo (DRC) who had reportedly come to the country in search of economic opportunities in the diamond industry.

Cameroon remained generally stable, despite some localized inter-communal clashes. The incumbent president was re-elected for a seven-year term. A sizeable number of people who had fled violence in the Central African Republic (CAR), Chad and Nigeria continued to seek refuge in the country's northern and eastern regions.

Some 110,000 refugees remained in Congo's north-eastern region of Likouala, having fled intercommunal violence in the DRC in 2009.

Amidst an opposition boycott and relatively low voter turnout, Gabon's ruling party won legislative elections held in December. Meanwhile, Equatorial Guinea and Gabon were preparing to co-host the 2012 Africa Cup of Nations football tournament.

Sao Tome and Principe elected a new president in August 2011.

EXPENDITURE (IN KCHF)

Protection	904
Assistance	786
Prevention	1,855
Cooperation with National Societies	1,358
General	-

► **4,904**

of which: Overheads 299

IMPLEMENTATION RATE

Expenditure/yearly budget	88%
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PERSONNEL

Expatriates	9
National staff (daily workers not included)	47

KEY POINTS

In 2011, the ICRC:

- ▶ with the Congolese Red Cross, gave farming and fishing equipment and manioc cuttings to 17,914 families (89,570 residents) in Likouala, north-east Congo, to ease the strain on resources due to the presence of refugees
- ▶ in coordination with the authorities, assessed Gabon's penitentiary system, passing on recommendations for improvements in 3 detention places
- ▶ undertook a field trip to assess the needs of economic migrants being deported from Angola to the Democratic Republic of the Congo
- ▶ supported the National Societies in Cameroon and Sao Tome and Principe in revising their emergency-response plans in preparation for elections
- ▶ signed a headquarters agreement with the government of Equatorial Guinea
- ▶ welcomed Gabon's ratification of the African Union Convention on IDPs

ICRC ACTION AND RESULTS

The Yaoundé regional delegation focused on visiting and monitoring security detainees in Angola, Cameroon, Congo, Equatorial Guinea and Gabon, on promoting widespread understanding of humanitarian principles and the Movement's work and on supporting the National Societies in assisting vulnerable communities.

With the relevant National Society, the ICRC provided immediate relief to victims of intercommunal clashes in Cameroon and, in Congo's Likouala region, distributed farming tools, fishing kits and disease-resistant manioc cuttings to resident families hosting refugees. The latter initiative boosted production of dietary staples in the area and alleviated some of the strain on local resources caused by the ongoing presence of refugees from the DRC. With a view to setting up appropriate programmes in 2012, the ICRC assessed the needs of economic migrants deported from Angola to the DRC.

With technical, material and financial support, the region's National Societies ran tracing and RCM services to enable

Main figures and indicators	PROTECTION	Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)				
RCMs collected		349	UAMs/SCs*	4
RCMs distributed		628		9
Reunifications, transfers and repatriations				
People reunited with their families		25		
	<i>including people registered by another delegation</i>	21		
Tracing requests, including cases of missing persons				
People for whom a tracing request was newly registered		26	Women	5
People located (tracing cases closed positively)		40		7
	<i>including people for whom tracing requests were registered by another delegation</i>	20		
Tracing cases still being handled at 31 December 2011 (people)		33	5	10
UAMs/SCs*, including unaccompanied demobilized child soldiers				
UAMs/SCs newly registered by the ICRC/National Society		7	Girls	4
UAMs/SCs reunited with their families by the ICRC/National Society		25		15
	<i>including UAMs/SCs registered by another delegation</i>	21		
UAM/SC cases still being handled by the ICRC/National Society at 31 December 2011		19	11	
Documents				
People to whom travel documents were issued		1		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)¹				
ICRC visits				
Detainees visited		106	Women	
Detainees visited and monitored individually		98	6	6
Detainees newly registered		8	1	0
Number of visits carried out		18		
Number of places of detention visited		10		
Restoring family links				
RCMs collected		15		
RCMs distributed		32		

* Unaccompanied minors/separated children 1. Angola, Cameroon, Congo, Equatorial Guinea, Gabon

Main figures and indicators	ASSISTANCE	Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat				
Food ²	Beneficiaries	37	0%	100%
Essential household items ³	Beneficiaries	2,535	30%	40%
	<i>of whom IDPs</i>	2,498		
Agricultural, veterinary and other micro-economic initiatives ²	Beneficiaries	89,570	34%	33%
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat				
Food ²	Beneficiaries	6		
Essential household items ⁴	Beneficiaries	26		

2. Congo 3. Cameroon, Congo 4. Congo, Equatorial Guinea

violence-affected family members to stay in touch. To improve all-round emergency preparedness, the National Societies in Cameroon and Sao Tome and Principe drew on ICRC technical guidance in revising their contingency plans, particularly surrounding the various elections. All elections in the region in 2011 (see *Context*) passed off relatively peacefully.

Following visits to security detainees in Angola, Cameroon, Congo, Equatorial Guinea and Gabon, ICRC delegates provided the relevant authorities with confidential feedback. Inmates received food kits, hygiene items and cleaning products, where needed, and some vulnerable inmates in Congo, including pregnant women, had the costs of vital health care covered by the ICRC. To boost the efforts of the Gabonese authorities to improve the penitentiary system, the ICRC carried out a comprehensive assessment of places of detention and shared the findings, along with recommendations, with the officials concerned.

The ICRC, whenever possible with the relevant National Society, continued to raise awareness of and garner support for humanitarian

principles, IHL and the Movement's activities among the region's political/military authorities and civil society. Dialogue with the government of Equatorial Guinea resulted, for example, in the signing of a headquarters agreement. To increase understanding of IHL among the region's armed, security and police forces, the delegation briefed hundreds of cadets and officers on basic humanitarian principles. It worked with the Gabon-based Economic Community of Central African States (ECCAS) to identify ways of reinforcing the capacities of the ECCAS peacekeeping brigade to promote humanitarian norms. The region's media covered Movement initiatives with the help of press releases, radio spots, and field trips for journalists. Members of Cameroon Red Cross Society youth clubs attending a workshop drew up a plan to introduce more young people to humanitarian principles. The ICRC held bilateral talks with NGOs and traditional/religious leaders to exchange views on humanitarian concerns.

To ensure humanitarian needs were met without duplication, the ICRC coordinated its activities with other Movement partners and humanitarian actors.

CIVILIANS

In north-west Cameroon, 2,498 people (293 households) who had lost their homes and belongings during localized armed clashes were better able to meet their immediate needs using essential household items provided by the Cameroonian Red Cross and the ICRC following an assessment mission. This operation enabled the two organizations to forge closer links with community leaders and influential members of society to promote humanitarian principles and raise their awareness of the Movement's neutral, impartial and independent action. The National Society received ICRC technical support in reinforcing its capacities to deal with future emergencies (see *Red Cross and Red Crescent Movement*).

Conflict, insecurity and poverty in neighbouring countries had driven a sizeable number of people to seek refuge, asylum or economic opportunities in countries covered by the Yaoundé delegation. In Congo's Likouala region, for example, the presence of refugees from the DRC continued to place additional economic pressure on the area's already impoverished host communities. To alleviate some of the strain on residents' resources and to enhance their self-sufficiency in line with the planned phase-out of ICRC support in 2012, 17,914 local families (89,570 people) received culturally tailored farming and fishing equipment, as well as disease-resistant manioc cuttings purchased from the Congolese Red Cross (see *Red Cross and Red Crescent Movement*). This helped boost food production and generate income. Such assistance was carried out by ICRC/Congolese Red Cross teams, with the added benefit of enabling the National Society to further build its operational capacities.

A post-assistance review carried out by an expert agronomist showed that 99% of the households who received agricultural tools and 85% who received fishing kits had improved crop maintenance and increased fish yields respectively. Additionally, 76% of all households who received disease-resistant manioc cuttings had planted them and could look forward to propagating them for planting the following year, thus regaining self-sufficiency and rebuilding food reserves in the region.

An orphanage in the Likouala region benefited from an ad hoc donation of food and essential household items.

Separated family members maintain contact

Economic migrants reported abuses during deportation from Angola to the DRC. They were able to raise their concerns with the ICRC during field visits to border provinces in Angola and the DRC conducted in the second half of the year in cooperation with the relevant authorities and National Society (see *Democratic Republic of the Congo*). Plans were drawn up with the aim of providing such migrants, and in particular children separated from their parents, with the means to re-establish and/or maintain contact with relatives left behind.

In both Cameroon and Congo, including in Likouala, refugees and asylum seekers restored and/or maintained contact with family members back home through the tracing and RCM services provided by the region's National Societies with ICRC support. As children separated from their parents were especially vulnerable,

their relatives were sought as a priority, often in coordination with delegations in neighbouring countries such as the DRC and Rwanda. During 2011, 25 such children were reunited with their families, with 19 other cases being followed by the relevant National Societies/ICRC at year-end.

PEOPLE DEPRIVED OF THEIR FREEDOM

People held for security reasons in Angola (enclave of Cabinda), Cameroon, Congo, Equatorial Guinea and Gabon received visits from ICRC delegates, who assessed their treatment and living conditions. Where needed, detainees used the RCM service to contact their relatives living within or across borders. Following visits, the authorities received confidential oral and written feedback, including, where relevant, recommendations. The ICRC continued to seek access to all detainees covered by its mandate.

To support the Gabonese authorities in enhancing the administrative and medical capacities of the penitentiary system, the ICRC presented officials with the findings of an assessment carried out with government approval. The needs of inmates were assessed in three detention places, any shortcomings identified and solutions proposed.

Meanwhile, some inmates benefited from supplementary food rations in Congo and from personal hygiene items, water filters and cleaning products to improve their living conditions and health there and in Equatorial Guinea. Some of the more vulnerable Congolese detainees, including pregnant women, also had vital health care paid for by the ICRC.

AUTHORITIES

While all seven countries had ratified many major IHL treaties, national implementation was slow. In a bid to help accelerate the process, the region's governments accessed ICRC legal expertise during briefing sessions, meetings and workshops. The humanitarian instruments discussed in particular included Additional Protocol III, the Optional Protocol to the Convention on the Rights of the Child and the African Union (AU) Convention on IDPs. Thus, for example, Gabon ratified the AU Convention on IDPs and Cameroon's National Assembly adopted a law authorizing the ratification of the Convention on Cluster Munitions.

National authorities, including at presidential level, discussed humanitarian issues and the Movement's activities during bilateral meetings with the ICRC and, whenever possible, the relevant National Society. Such dialogue resulted, for example, in the signing of a headquarters agreement by Equatorial Guinea's Foreign Affairs Ministry and the ICRC.

Several organizations promoting awareness of and coordinating responses to humanitarian issues had offices in the region, including ECCAS and the UN. Officials from these bodies and diplomats pursued dialogue with the ICRC on issues of mutual concern.

Through bilateral meetings, local officials in Yaoundé and Douala were sensitized to the role of the National Society before Cameroon's presidential elections.

CIVILIANS		CAMEROON	CONGO
Economic security, water and habitat			
Food	Beneficiaries		37
Essential household items	Beneficiaries	2,498	37
Agricultural, veterinary and other micro-economic initiatives	Beneficiaries		89,570

ARMED FORCES AND OTHER BEARERS OF WEAPONS

The region's armed and security forces were deployed to maintain or restore law and order during public demonstrations and unrest. Most military training institutions taught IHL and international human rights law, but the level of instruction varied. To help address this, hundreds of members of the armed, security and police forces from Cameroon, Congo, Gabon and/or Equatorial Guinea participated in ICRC briefings and workshops, and dialogue was fostered between the ICRC and the Angolan authorities, all aimed at improving respect for basic humanitarian principles and increasing knowledge of the Movement. Participants included military officers and instructors, elite military and police units (including Cameroon's Rapid Intervention Battalion (BIR)). National Society personnel worked alongside delegates during such events whenever possible. One senior officer from Gabon participated in the Senior Workshop on International Rules Governing Military Operations, held in South Africa (see *Pretoria*).

The region's armed forces discussed with the ICRC how to integrate IHL into their doctrine, training and operations, receiving materials and model coursework for this purpose. For example, Congolese training committees drew on ICRC technical guidance to run their own sessions for military IHL instructors. In Cameroon, the BIR command met ICRC delegates to discuss future cooperation, particularly in integrating IHL into the training camp curriculum.

At regional level, ECCAS and the ICRC held bilateral talks on ways of reinforcing the capacities of the organization's peacekeeping brigade to respect and promote humanitarian norms, in line with their 2010 agreement. ECCAS drew on ICRC IHL expertise at the first meeting of training centres of the Council for Peace and Security in Central Africa. The AU and ECCAS welcomed the ICRC's input during a workshop to further develop the African Standby Force (see *African Union*).

CIVIL SOCIETY

The region's media, academic and religious circles and NGOs influenced political and public opinion and helped promote humanitarian principles. Media coverage, and therefore public understanding, of humanitarian issues in the region, including the situation in Likouala (see above), improved with the help of ICRC/National Society press releases, radio spots, information sessions and workshops. Two Cameroonian radio and TV

journalists shared observations made during field trips to the DRC and the CAR through broadcasts and with journalism students, thus generating further awareness.

The region's youth, particularly in Cameroon, learnt about IHL and the Movement during interactive discussion groups and presentations, including at higher education institutions, and at information stands set up at popular events and places in Yaoundé. During their annual workshop, representatives of National Society youth clubs in universities and schools across Cameroon developed a plan to introduce more young people to humanitarian principles. Meanwhile, 180 Red Cross youth club members from Cameroon, Chad and Switzerland shared experiences at an annual forum, where they enhanced their IHL knowledge through ICRC presentations and films and some received first-aid kits. Students from Cameroon and Congo showcased their IHL knowledge at national and regional competitions.

Through discussion sessions and bilateral contacts, NGOs and traditional/religious leaders exchanged views with the ICRC on humanitarian concerns in the region. Such contacts helped build mutual understanding and expand the ICRC's network.

RED CROSS AND RED CRESCENT MOVEMENT

Backed by ICRC training, financial, material and technical support, the region's National Societies continued to strengthen their capacities to reconnect dispersed families, to respond to the needs of vulnerable people during emergencies, including in case of political violence, and to promote IHL and the Movement (see above).

In Congo, the National Society expanded its project among farmers, including those in Likouala (see *Civilians*), to propagate disease-resistant manioc varieties, with technical guidance from an external consultant. Vulnerable residents and refugees in Likouala also benefited from other economic security projects, implemented in partnership with Movement components and UNHCR. The National Society opened a regional office in Likouala, with technical and financial support from the ICRC and the Movement.

To boost their emergency response capacities in the run-up to elections, and in case of incoming migrants arriving by sea, the National Societies in Cameroon and Sao Tome and Principe revised their contingency plans and/or received new first-aid kits

PEOPLE DEPRIVED OF THEIR FREEDOM	ANGOLA	CAMEROON	CONGO	EQUATORIAL GUINEA	GABON
ICRC visits					
Detainees visited	13	7	59	24	3
Detainees visited and monitored individually	10	3	59	23	3
			6		
			6		
Detainees newly registered	1		7		
			1		
Number of visits carried out	2	2	11	2	1
Number of places of detention visited	2	2	3	2	1
Restoring family links					
RCMs collected			13	2	
RCMs distributed			32		

PEOPLE DEPRIVED OF THEIR FREEDOM	CONGO	EQUATORIAL GUINEA
Economic security, water and habitat		
Food	Beneficiaries	6
Essential household items	Beneficiaries	6
		20

and stretchers. Cameroon's operational capacities were boosted during the joint operation to assist violence-affected families in the country's north-west (see *Civilians*).

The National Societies of Cameroon, Congo and Equatorial Guinea continued to raise awareness of humanitarian principles and the Movement's activities, for example through newsletters and radio/TV programmes. To boost these promotional activities, senior National Society personnel underwent training in communication skills.

Movement partners met regularly to coordinate their activities and support to the region's National Societies.