



HUMANITY IN ACTION

**ANNUAL REVIEW
2017**



ICRC



ICRC

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M. Mortvedt/CRC

MESSAGE FROM THE PRESIDENT

As wars dragged on in many parts of the world, huge numbers of people struggled to meet even their most basic needs in 2017. In the absence of political solutions, these people seem destined to endure even more violence in the coming year. If humanitarian organizations cannot rise to the challenge and provide greater relief and protection, even more people could suffer.

We have seen first-hand the wide-ranging repercussions conflict and violence have on societies. These repercussions are even more devastating if neutral, impartial humanitarian organizations like the ICRC are prevented from working closely with affected communities. Because of our neutrality, impartiality and independence, we can speak to all parties and make a difference to people affected by armed conflict and violence. Our hard work helps maintain stability and prevent societies from collapsing entirely.

Last year, our focus continued to be on the war and violence in parts of the Middle East and Africa, to which we dedicated more than two-thirds of our budget and staff. We have much to be proud of – the quick scaling-up of our response in Yemen, our presence in the remotest areas of Rakhine State, Myanmar, the way we carved out humanitarian space in Mexico, our work as a neutral intermediary from Nigeria to Papua New Guinea. Central to these achievements is our ability to build trust: trust allows us to negotiate access to people in need, deliver services in hard-to-reach areas, and engage in constructive dialogue, both in the field and in the highest political spheres. My own visits to our field operations have enriched my understanding of the dynamics and concerns of people who suffer, and have allowed me, in turn, to raise their concerns within the international community.

Looking ahead, we can expect the digital transformation to have a profound impact on our work and lives. It may or may not widen social divides, but it will certainly transform the nature of warfare, violence and weapons; it will affect the basic needs of people; and it will change the way humanitarian protection and assistance are delivered. As the impact of the digital revolution makes itself felt, the ICRC will focus on the opportunities and challenges it presents: physical and virtual front lines, harnessing digitalization while maintaining privacy, strengthening our capacity to safeguard and expand neutral and impartial humanitarian spaces.

I am confident that the ICRC is well positioned to meet the humanitarian and political challenges ahead. I am deeply impressed with the efforts of my colleagues throughout the organization, who work with great dedication and perseverance in very difficult circumstances.

Thank you to all who have supported the work of the ICRC this year. The challenges ahead are immense: so we must all use our creativity and common humanity to guide us through the chaos and, together, strengthen our fragile world.



Peter Maurer
ICRC President

WHO WE ARE

ONE MAN'S VISION

The ICRC owes its existence to the vision and determination of one man: Henry Dunant.

The date: 24 June 1859. The place: Solferino, a town in northern Italy. The Austrian and French armies were locked in bitter battle and, after 16 hours of fighting, the ground was strewn with 40,000 dead and wounded. That same evening, Dunant, a Swiss citizen, passed through the area on business. He was horrified by the sight of thousands of soldiers from both armies left to suffer for want of medical care. He appealed to the local people to help him tend the wounded, insisting that soldiers on both sides should be treated equally.

His conviction led to the establishment in 1863 of the International Committee for Relief to the Wounded, which subsequently became the International Committee of the Red Cross (ICRC). Later that same year, 16 States and four philanthropic institutions sent representatives to an international conference in Geneva. It was at that conference that the distinctive emblem – a red cross on a white background, the reverse of the Swiss national flag – was adopted and the Red Cross came into being.

The following year, States adopted a treaty to improve the care given to people wounded in conflict, whichever side they were on.

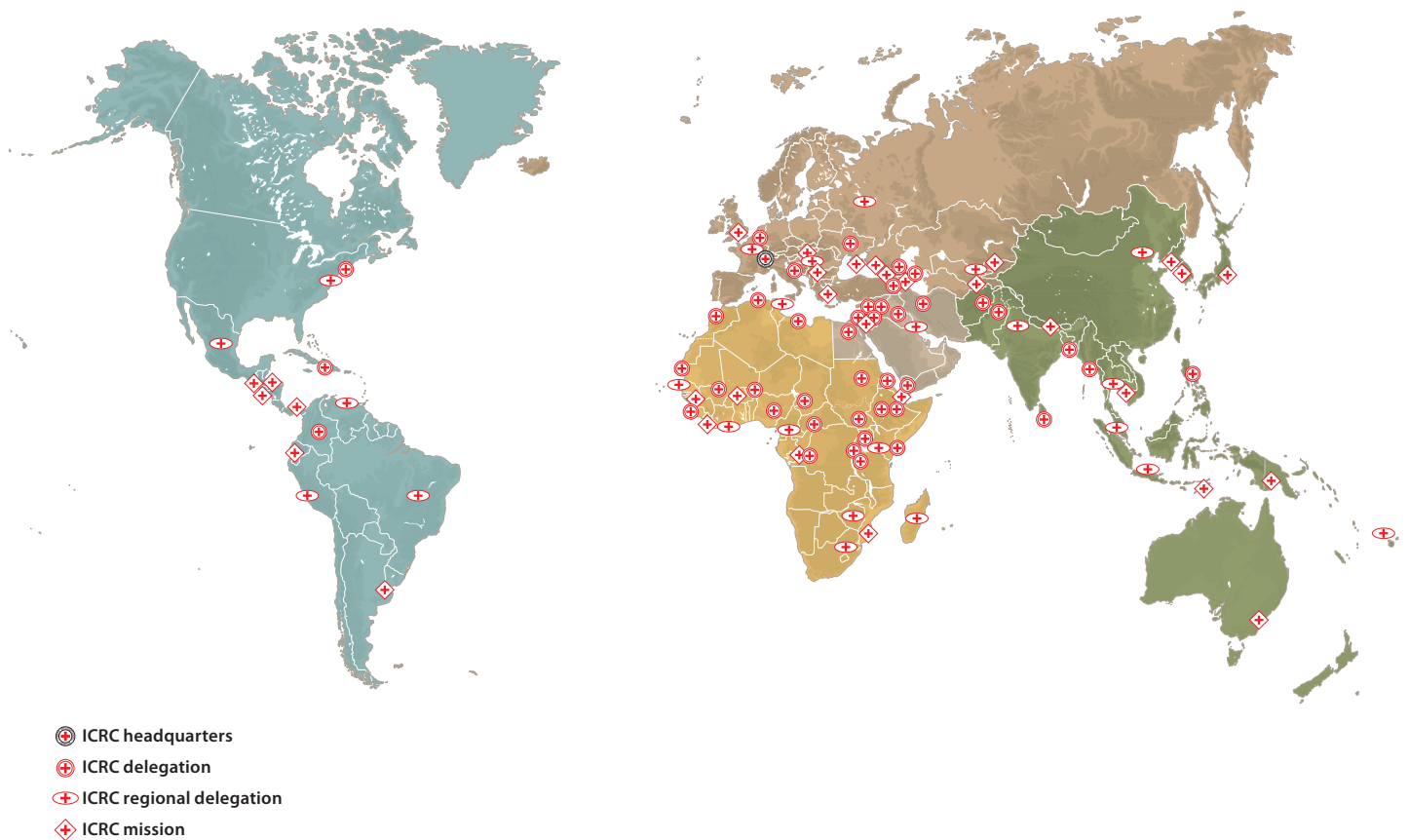
International humanitarian law was born.



WHERE WE WORK

For the past 150 years, we at the ICRC have protected and assisted victims of armed conflict and other violence wherever they are in the world – regardless of the amount of media attention they receive. Because we

are on-site, we know first-hand what the situation is and what people need. We also help out when natural disasters strike in conflict zones and when our specific know-how can make a difference.



A HISTORIC MANDATE

The ICRC is a neutral, impartial and independent humanitarian organization whose mandate is to protect and assist victims of armed conflict. States conferred this mandate on the ICRC in the 1949 Geneva Conventions and their 1977 Additional Protocols.

The ICRC is the only humanitarian organization that governments have specifically entrusted with this role both in international humanitarian treaty law and in their domestic legislation.

AROUND THE WORLD IN 2017

15,570

FIELD STAFF
in more than 80 countries

THE PEOPLE WE HELP: 2017 IN FIGURES



7,794,788

people received food



2,988,458

people were vaccinated



5,375,228

people were given household essentials



144

physical rehabilitation projects received ICRC support



3,573,222

people received goods to help improve their livelihoods



1,437

places of detention holding **940,326** detainees were visited



1,270,811

people were given cash grants



777,261

phone calls were made, and **150,622** Red Cross messages delivered, between family members



35,855,715

people gained access to clean water, proper sanitation and/or better living conditions



980

people were reunited with their families, including **800** children



24,689

surgical admissions for weapon-wounded people at hospitals reinforced with or monitored by ICRC staff



386

health centres were supported by the ICRC

FINANCIAL INFORMATION 2017

SFR 1.637 BILLION*

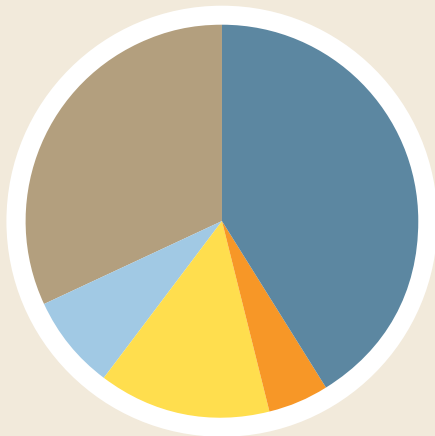
FIELD EXPENDITURE IN 2017

*Swiss francs

TOP 10 OPERATIONS IN TERMS OF EXPENDITURE

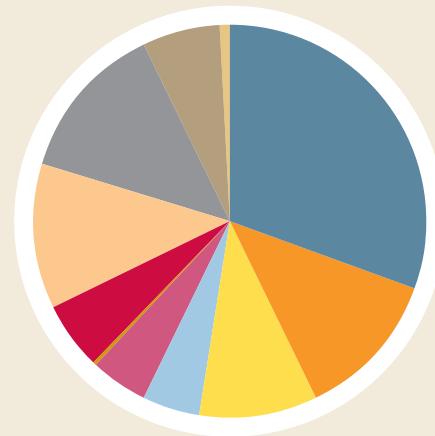
RANKING	OPERATION
1	Syrian Arab Republic
2	Iraq
3	South Sudan
4	Nigeria
5	Somalia
6	Yemen
7	Afghanistan
8	Democratic Republic of the Congo
9	Ukraine
10	Israel and the occupied territories

BY REGION



- ▶ Africa
- ▶ Americas
- ▶ Asia and the Pacific
- ▶ Europe and Central Asia
- ▶ Near and Middle East

BY ACTIVITY



- ▶ Economic security
- ▶ Water and habitat
- ▶ First aid and hospital care
- ▶ Primary health care
- ▶ Physical rehabilitation
- ▶ Weapon contamination
- ▶ Restoring family links
- ▶ Detainees
- ▶ Protecting the vulnerable and promoting the law
- ▶ Partnering with National Societies
- ▶ Other (e.g. core support costs for logistics and training)

▶ AROUND THE WORLD IN 2017

93.5%

The percentage of every donation that goes to the field

6.5%

The percentage of every donation that is used at headquarters

ECONOMIC SECURITY



Armed conflict and other situations of violence wreak havoc on the ability of families, communities and whole countries to sustain themselves. In such situations, people are often brutally uprooted and forced to abandon their homes and belongings. Even if they are able to take some of their possessions with them, it is highly likely that they will have to sell them along the way or exchange them in order to survive. Those who can stay in their homes are rarely spared hardship: their livelihoods (e.g. farming and livestock raising, running their own businesses or wage labour) are frequently disrupted or become impossible. Family and community support networks collapse.

Conflict and violence have an impact on the economy as a whole, restricting the movement of people and goods, disrupting markets and access to basic services, and exposing families to greater risk of impoverishment, regardless of whether they are displaced or not. To help those in need, the ICRC pursues three approaches that can be implemented sequentially or in combination.

RELIEF

Relief aid is primarily intended to save people's lives and protect their livelihoods when they are at immediate risk. We do this by giving people access to basic commodities when they can no longer obtain them on their own.

Examples

- food rations, food vouchers
- cash grants
- combined food-and-cash assistance
- short-term food-for-work or cash-for-work projects that benefit the entire community (e.g. debris removal)
- household essentials (e.g. blankets, cooking utensils, soap, candles)
- food supplements
- destocking¹

LIVELIHOOD SUPPORT

Livelihood support programmes help people boost their food production, generate income and ultimately become self-sufficient again. We provide households and communities with tools or training they lack, or help them preserve or improve what they already have.

Examples

- agricultural supplies, in kind or as vouchers (e.g. staple-crop or cash-crop seed, tools, fertilizer, pesticides)²
- livestock/fishing supplies, in kind or as vouchers (e.g. vaccines, drugs, fodder, fishing nets)
- restocking
- small-scale equipment to produce goods and services (e.g. grain mills, specialized tools, pushcarts) or vouchers or cash to obtain them
- agricultural machinery or mechanization services or vouchers to obtain them
- food-for-work or cash-for-work schemes to improve agricultural infrastructure (e.g. irrigation, anti-erosion measures, nurseries)
- support via microeconomic initiatives (grants, business skills training)
- training (e.g. for farmers or livestock owners)

¹ The purchase of weak animals at competitive prices, leaving farmers with healthier herds and extra cash. The animals are then slaughtered and the meat is distributed to needy families to help them vary their diet.

² Most often combined with food, cash or vouchers to tide families over until the next harvest.

▶ Maji Kying Nang was among thousands of people displaced from their homes by fighting in Kachin state, **Myanmar**. In 2015, the ICRC started a cash grant programme to enable the most vulnerable to develop an economic activity. Maji's tailoring business has enabled her to provide for her four children.

When the fighting broke out in June 2011, Maji and her children fled their village Nam San Yang for the state capital Myitkyina, a three-hour drive away. After a brief stay at a relative's house, they found refuge at Le Kone Bethlehem camp, alongside 200 other displaced people trying to rebuild their lives.

"One of our main problems is that we have no income," said Maji. "We're farmers, but we can't work the land because our farms are too far away. And the area is littered with landmines. Some men leave the camp to work as day labourers, but I'm a widow so I have to rely on the small business that I've set up." Life was difficult enough for Maji before the conflict. After losing her husband, she had set up a sewing business in her village as a way make ends meet for herself and her children. But then they had to leave. Once at the camp, she continued sewing to earn a living. Since investing her ICRC grant in a new sewing machine, Maji has been able to expand her business and afford to send her children to school and university.

Maji proudly says that three of her children have studied at the University of Myitkyina. Her fourth child, a daughter, is in high school. Maji says that education has brought brighter prospects for the entire family.



C. Dupoizat/ICRC

STRUCTURAL SUPPORT

When we provide structural support we are helping local service providers restore or improve their services, so that they can, in turn, provide sustainable support for people's livelihood activities.

Examples

- technical advice for agricultural, livestock and fisheries service providers
- formal training and on-the-job coaching programmes
- strengthening and developing training opportunities

▶ AROUND THE WORLD IN 2017

7,794,788

PEOPLE received **food**

5,375,228

PEOPLE received **household essentials**

1,270,811

PEOPLE received **financial assistance**

3,573,222

PEOPLE received **goods to help improve their livelihoods**

WATER AND HABITAT



V. Sharp/ICRC

The ICRC's water and habitat teams work to reduce illness, death and suffering caused by damaged infrastructure and disruption to water supplies. Even in peacetime, millions of people throughout the world have difficulty gaining access to clean drinking water, proper housing and decent sanitation. The problem is further compounded in wartime or natural disaster, when destruction of infrastructure and mass displacement can expose millions more to death and disease.

In order to provide access to water, improve hygiene levels and protect the environment, the ICRC carries out a range of activities.

Water

The ICRC helps repair or construct all types of water-supply system, regardless of the size or the technology used. This work covers water intake from sources and its treatment, storage and distribution. In rural areas, activities include improving hand-dug wells and installing motorized pumps at boreholes.

The ICRC also seeks to ensure that the community is able to manage any new or renovated infrastructure. To this end, it provides tailor-made training, often for specially created water committees, and provides any spare parts that are likely to be needed.

Sanitation and hygiene

Overcrowding, such as in camps for the displaced, quickly leads to the spread of disease. Providing proper sanitation is therefore essential and a high priority for the ICRC. This may involve building latrines or repairing sewage plants.

The organization also runs hygiene-promotion programmes to encourage behaviour that will help prevent water-related and sanitation-related diseases.

▶ AROUND THE WORLD IN 2017

35,855,715

PEOPLE gained access to clean drinking water, proper sanitation and/or better living conditions



Shelter

An immediate ICRC response to shelter needs may be to provide plastic sheeting or tents, but people often take temporary shelter in schools, mosques, churches, private homes and other facilities ill-adapted to the number of users. The ICRC might therefore upgrade existing sanitation and other facilities. The ICRC may also undertake the post-crisis repair or reconstruction of health facilities and schools, help set up camps for the displaced or provide material assistance (shelter, heating and cooling systems, water and electricity, etc.) for families returning home after being displaced.

Power supply

The ICRC restores or maintains power supplies to essential facilities such as hospitals, water treatment plants and water distribution networks by repairing power distribution networks, generators and hydroelectric plants.

Water tends to be a luxury in areas hit by armed conflict and other violence, such as in north-eastern Antioquia, **Colombia** – an area where armed groups are active. According to locals, armed gangs roam the streets at night. Some women avoid going out to fetch water because they fear leaving their homes for too long.

In addition to the volatility of the context, drinking water is scarce because effluent from the mining industry has contaminated nearby springs. In one neighbourhood in the town of Puerto Claver, which is home to many people displaced by the conflict, the precious liquid used to be available for only two hours every other day, or not at all.

During the intense heat of the day, temperatures here can soar to 36 degrees. Before the ICRC launched its water project, mothers had no choice but to let their children bathe in contaminated pools to cool off.

Puerto Claver is a magnet for fortune-seekers; gold fever first hit this part of Antioquia two decades ago. However, the liquid mercury that miners used in the extraction process washed into the rivers and, little by little, the toxic effluent began to poison whole communities.

To address the shortage of clean drinking water, the ICRC sent a team to assess the situation on the ground. With the help of a specialist company, they surveyed the area, collected samples and sank a well more than 85 metres deep to reach safe drinking water. The next challenge will be to pump that water to homes in the neighbourhood.

The ICRC project also includes the installation of two 50,000-litre tanks and a set of solar panels to generate energy for the water purification system. At the moment, the well supplies clean water to almost 700 people. The infrastructure now needs to be improved to ensure that the rest of the community can benefit.

FIRST AID AND HOSPITAL CARE

Our programmes in conflict zones provide first aid and emergency transport to medical facilities to people who are wounded or ill. At those facilities, we provide medicines, equipment and training. We also build facilities' capacity in most aspects of hospital management, ranging from the provision of quality patient care to human resources, infrastructure maintenance, finance, logistics and administration. When the situation demands, we deploy our own specialist teams to work alongside local hospital staff.

It is difficult to perform operations in the midst of armed conflict, and often dangerous. The kinds of injuries inflicted by missiles and other types of heavy weaponry are unfamiliar to most non-military surgeons – treating these injuries does not readily compare to treating civilian gunshot wounds in a conventional hospital setting. We therefore run seminars on war surgery and share our basic protocols, procedures and techniques for war surgery and patient management in dangerous and limiting environments.

The ICRC's support for hospitals can include:

- surgery and medical services
- gynaecology and obstetrics
- paediatrics
- nursing
- mental health
- hospital management and administration
- provision of consumables, equipment and expertise.



A. Symenko/ICRC

▶ AROUND THE WORLD IN 2017

24,689

SURGICAL ADMISSIONS
for weapon-wounded people at hospitals
reinforced with or monitored by ICRC staff



War surgery involves treating people who have been injured by weapons during armed conflict and violent clashes. In May 2017, 50 medical doctors following specialized surgical training attended a war surgery course at the faculty of medicine at the University of Bamako, **Mali**. The course was organized as part of the partnership between the ICRC and the African and Malagasy Council for Higher Education.

The ICRC specialist surgeon giving the course focused on training participants to treat patients wounded by guns, knives, bayonets and explosives. This includes injuries affecting limbs, the abdomen, chest and head, and blast injuries. The course also addressed patient triage and how to manage massive influxes of wounded people.

In northern and much of central Mali, civilians continue to be caught up in the armed conflict and violence, sustaining these kinds of devastating injuries. The physicians who participated in the workshop will now be able to treat their wounds in a timely manner.

One of the participants, Dr Naouma Cissé, said: “Our country is experiencing conflict. We are dealing increasingly with these kind of injuries, including here, in Bamako. This training helped us to deepen our knowledge in surgical treatment of various injuries related to armed conflicts – a little-known field in Mali.”

PRIMARY HEALTH CARE

The normal functioning of local health systems is often disrupted by armed conflict. In the worst cases, part or all of the system may break down completely. The ICRC intervenes to help keep essential health-care services going, wherever possible by bolstering the local infrastructure. We supply medical equipment and drugs and help with capacity-building, training and supervision. Where needed, we provide qualified health-care staff.

In addition to curative care, we also concentrate on illness prevention and health promotion. We raise awareness of good hygiene practices such as hand-washing and using impregnated mosquito nets.

We support maternal health by promoting close monitoring of pregnant women, safe childbirth practices, breastfeeding and family planning. To combat infant mortality, we back extended immunization programmes against measles, tuberculosis, tetanus, diphtheria, poliomyelitis and whooping cough.

The wounds of war are not only physical: proximity to combat, forced evacuation, separation from relatives, rape and other violence leave deep psychological scars and vulnerability. The ICRC seeks to address this through its work in mental health and psychological support.





A. Mohamed/ICRC

▶ When **Somalia** was severely hit by drought in the summer of 2017, the population was in dire need of health care. In many remote villages, death and disease stalked the rural residents, giving this drought-hit region an eerie, ghost-like feel. The fight against malnutrition and disease was pressing.

The Somali Red Crescent Society, with support from the ICRC, deployed mobile health teams to communities cut off from basic health services due to conflict, disaster and distance, sometimes up to 100 kilometres from the nearest larger town.

“The villages we work in are far, far away,” says Dalmar, the head nurse of the Somali Red Crescent mobile health team operating in the area. “There is no other health service other than the one offered by the Red Crescent.”

Ceel-Qorrah in southern Galgaduud region was one of those villages. Drought had laid waste to livestock and threatened the pastoral way of life.

But every Wednesday, the mobile health team arrives and Ceel-Qorrah sees a burst of activity as mothers with children in tow begin streaming in. Nurses record the weight and height of the children, checking for malnutrition, while mothers collect the family’s weekly ration of high-calorie, vitamin-packed biscuits. The cries of children receiving vaccines fill the air, while the midwife station provides antenatal and postnatal care. The more serious health needs are referred to the nearest Somali Red Crescent clinic, three hours away by car.

▶ **AROUND THE WORLD IN 2017**

370

HOSPITALS supported by the ICRC

2,988,458

PEOPLE were vaccinated

1,735,931

CHILDREN under five were immunized against polio

PHYSICAL REHABILITATION

Physical rehabilitation is a way of helping restore dignity for people with disabilities. It seeks to eliminate – or at least minimize – restrictions on their movement and activities so that they can become more independent and enjoy the highest possible quality of life.

Disabled people might need mobility devices such as prostheses (artificial limbs), orthoses (supports for existing limbs that do not work properly), walking aids or wheelchairs; they also need therapy to learn to make the fullest use of their devices. Restoring mobility is the first step in ensuring access to food, shelter, education, a job, an income and, more generally, the same opportunities as other members of society.

In the conflict-racked countries where the ICRC works, physical rehabilitation is needed not only by people whose disabilities are the direct result of the fighting (landmines, bombs, etc.) but also by people who become physically disabled because normal health care breaks down and they fail to receive treatment or vaccinations.

- We furnish support for individual physical rehabilitation centres to help them manage activities by themselves. This support may include building or renovating **facilities** or donating **equipment**, raw **materials** or components. We also allow the centres to use the device **technology** we developed ourselves. It is made of polypropylene, high quality and low-cost to reduce the financial burden of providing rehabilitation.
- As the quality of the services depends largely on a ready supply of skilled professionals, we conduct a variety of **training** initiatives, from on-the-job coaching to long-term programmes leading to professional qualifications.
- To make services more accessible, we may subsidize the **cost of travel, accommodation and food**, as well as the cost of **treatment** at the centres. In addition, we may support **outreach** programmes that take assessment or basic **repair** and readjustment services from the centres to the areas where the patients live.
- We work with our local **partners** (the centres' administrations, the government, non-governmental organizations, etc.) and take measures from the start to strengthen their managerial and technical **capacities** (stock management, patient-data management, treatment protocols, etc.).
- We also support opportunities for **social inclusion**, such as education, vocational training and sports events, and we develop referral networks together with local and international organizations.



The ICRC aims to bolster countries' physical rehabilitation services. The primary goals are to make society more inclusive for people with disabilities and to help disabled people participate more actively in society by improving the quality, accessibility and sustainability of the country's services.



ICRC

▶ In recent years, the ICRC has started to include sport in its physical rehabilitation programmes, having seen the incredibly powerful mental and physical impact that sporting activities have on our patients and their lives.

Wheelchair basketball has been part of our physical rehabilitation activities in **Afghanistan** for some years now. Part of the National Paralympic Committee of Afghanistan and funded by the ICRC, the wheelchair basketball team was formed in 2013. Its members include both employees and former patients from the ICRC's seven rehabilitation centres in the country.

In December 2017, the team was one of 14 men's teams to compete in the 2017 International Wheelchair Basketball Federation Asia Oceania Championships in Beijing.

Though the team flew back to their home country without their longed-for win, they keep their heads high. "For them, even getting out of Afghanistan is a great achievement," says Alberto Cairo. He is the head of the ICRC's physical rehabilitation programme in Afghanistan and also happens to be senior adviser to the Afghan national wheelchair basketball team. "Afghanistan must not be forgotten. It is not only a place of war, but also a place of sports," he adds, praising the team for helping foster a different image of Afghanistan.

▶ AROUND THE WORLD IN 2017

12,742

NEW PATIENTS were provided with a **prosthesis**

7,201

WHEELCHAIRS OR TRICYCLES were distributed

144

PHYSICAL REHABILITATION PROJECTS were supported

54,382

NEW PATIENTS were provided with an **orthosis**

46,301

WALKING AIDS were delivered

WEAPON CONTAMINATION

Weapons do not only kill and maim people and block access to basic necessities, such as a water supply or farmland, during conflicts. Unexploded and abandoned weapons can continue to do so for years, or even decades, after the last shot has been fired, hindering reconstruction and reconciliation.

Moreover, weapons are not only to be found in full-fledged armed conflict; the proliferation of small arms in many societies today increases the level of violence experienced by millions of people in their daily lives.

We employ a range of approaches – which may be used alone or in combination – to minimize the impact of a variety of types of weapon contamination, including that from chemical, biological, radiological and nuclear agents.

We may engage in:

- **risk reduction** – providing communities with alternatives so they do not need to enter contaminated areas. This might involve installing water points or helping communities develop agricultural or livestock activities in safe areas.
- **risk awareness and risk education** – raising people’s awareness of the problem and of how to keep themselves safe.
- **information gathering and analysis, and surveys** – collecting, collating and sharing information on the location of hazards and the occurrence of accidents to minimize the likelihood of future incidents and to help prioritize clearance activities.
- **clearance of conventional weapon hazards, as well as chemical, biological, radiological and nuclear hazards** – providing technical analysis and removing or destroying items in contaminated areas.
- **capacity-building** – helping National Red Cross and Red Crescent Societies and national authorities build their capacity to deal with conventional weapon contamination and chemical, biological, radiological and nuclear agents.





J. Barry/ICRC

▶ AROUND THE WORLD IN 2017

33

COUNTRIES OR TERRITORIES

around the world benefited from activities to reduce the impact of **weapon contamination**

▶ It's hard to imagine any conflict in the sleepy village of Zaitseve, **Ukraine**. But this rural community has spent the past 80 years steeped in violence – first during the Second World War, then in Afghanistan, and now on its doorstep in Donbas. The line of contact between government-controlled and non-government-controlled areas in the ongoing conflict lies just a few kilometres away.

On the top floor of the village school, poignant souvenirs and memorabilia of past decades of village heroism and loss are on display in a small museum, including the accounts of the men from the village who went to fight Russian forces in Afghanistan from 1979.

Teacher Viktoria Aleksandrovna Bardokova, who studied in the same school more than 20 years ago, is keen for the students to reflect on the village's history when considering their own experience of war. "I bring the children here for their history lessons," Ms Bardokova explains. "I want them to know about their past."

For the school's 50 pupils, who range in age from 7 to 17, the danger posed by mines and unexploded ordnance along the line of contact is very real. Experts in mine risk education, including the ICRC, have visited the school to talk about the dangers, and to pass on messages about safe behaviour.

"I know exactly what to do if I see something on the ground that I don't recognize," boasts nine-year-old Maxim, during a recent mine risk session organized by the ICRC in a summer camp at the school.

"Don't touch!" he yells, adding, "And I must tell my parents what I've found." His freckled face breaks into a smile.

"And what if you see a toy lying somewhere near a checkpoint or on the road?" asks the ICRC field officer.

"I mustn't pick it up or even touch it," Maxim replies confidently, while other children attending the session nod approvingly.

RESTORING FAMILY LINKS



M. J. Alhamzah/ICRC

Every year, armed conflicts, natural disasters and migration split up countless families. When fleeing a conflict, when a natural disaster strikes and all along the migration route, children can lose their way in the chaos. Elderly or sick people may not have the will or ability to leave. Injured people may be taken to hospital, and their loved ones may not know what has happened to them. People are sometimes detained without their families being informed of their whereabouts. Human remains are often not identified.

Families suffer terribly when they lose contact with their loved ones and do not know where they are and whether they are safe.

The ICRC and the National Red Cross and Red Crescent Societies work together as part of a worldwide network to help people separated from their loved ones.

Restoring family links involves a range of activities. We put family members back in touch by means of telephone calls and handwritten Red Cross messages. Our online tracing platforms allow people to search for their missing relatives, and our local staff and volunteers search for people who are unaccounted for. We work with authorities and other organizations to try and prevent disappearances and to coordinate a more effective response when people do go missing. Particular

attention is paid to services for vulnerable individuals, such as unaccompanied children or people held in detention, and to the protection of personal data.

When tracing is successful, families are informed where their loved ones are, put back in touch and, when possible, reunited.

MISSING PEOPLE

When a parent, sibling or child is missing, the families find themselves in a tragic situation. They are left in emotional limbo, with no idea if their loved one is dead or alive, and they face a number of pressing and multi-faceted needs. We support efforts to determine the whereabouts of missing people and what happened to them. We also advocate the right of their families to know this information.

We provide support for authorities, lawmakers, forensic institutions and others involved in preventing and clarifying disappearances. We also work directly and with local partners to address the psychological, economic, legal and administrative problems that families face and that exacerbate their profound suffering. We may, therefore get involved in programmes that provide families with livelihood assistance, psychosocial support and health care, and administrative and legal advice.

▶ When the gunfire began in Maiduguri, **Nigeria**, in February 2017, ten-year-old Alkana and her two younger brothers ran for their lives. The military and the opposition were fighting, and the gunfire sent village residents running for cover.

When the situation calmed, the children's mother was nowhere to be found; she had fled into the bush for safety. Their father had left their village two years earlier when opposition fighters took over the region.

Alkana was in charge of her two siblings now. She realized that her five-year-old brother Ogun had been shot in the leg during the clashes. Her younger brother, one-year-old Ibrahim, had escaped injury.

The military authorities took the children and other internally displaced people from the village to a transit camp in Mubi, where Ogun was given medical treatment. Alkana would be her brothers' only parent for the next two months.

In late March, when the children's father heard that people from his village had been taken to Mubi, he approached the ICRC to help reunite his family. ICRC staff members tracked down the children and put them in touch with their father by telephone, and plans were made to reunite them.

In April, the ICRC arranged for the three children to take a flight, and they were met on the airport tarmac by their father, who swept them into his arms. Travellers at the airport gathered around the emotional reunion to wish the family well. When they arrived at the camp in Maiduguri where their father was living, neighbours greeted the children with songs of joy.



▶ AROUND THE WORLD IN 2017

777,261

PHONE CALLS were made, and **150,622** Red Cross messages delivered, between family members

980

PEOPLE were reunited with their families

Learn more about restoring family links worldwide at: www.familylinks.icrc.org

DETAINEES

Every day, men, women and children held in detention are exposed to dangers such as summary execution, forced disappearance and torture. They may be subjected to inhumane living conditions and lose contact with their families.

We aim to secure decent treatment and conditions of detention for all those deprived of their liberty, regardless of the reasons for their arrest and detention. We also seek to alleviate the suffering of their relatives, particularly by facilitating family contact and visits. We promote respect for legal safeguards and, in some cases, we help former detainees by facilitating their return to society.

The visits

Our work for detainees is based on a comprehensive assessment of the situation both inside and outside places of detention, including through dialogue with the detaining authorities and visits to the detainees themselves. These visits are subject to five basic conditions.

We must be given:

- access to all detainees within our field of interest
- access to all premises and facilities used by and for the detainees
- authorization to repeat our visits
- the possibility to speak freely and in private with the detainees of our choice
- assurances that the authorities will provide us with a list of all detainees within our field of interest or authorize us to compile such a list ourselves.

The action

We expect the detaining authorities to take the necessary steps to ensure humane treatment and conditions of detention. To that end, we submit confidential reports to them on our findings, on relevant national and international standards, and on any action and resources required to improve the situation of the people detained.

We also offer the detaining authorities technical and material support to effect any necessary improvements in areas such as water supply, sanitation and infrastructure in general, detainee management, access to health care and respect for judicial guarantees.



P. Yazdi/ICRC

▶ AROUND THE WORLD IN 2017

1,437

PLACES OF DETENTION
holding 940,326 detainees were visited

336,626

DETAINEES benefited from
improvements to prison infrastructure
and/or other activities to promote hygiene
or increase access to water

408,928

DETAINEES received essentials
such as hygiene items

16,792

DETAINEES were visited
by relatives as part of our family visit
programme



▶ Family visits to Palestinian detainees in Israeli places of detention are an emotional lifeline – not just for those behind bars, but also for the relatives left behind.

Since 1968, the ICRC has been running and administering a family visit programme that enables people living in the Gaza Strip, West Bank, Jerusalem and occupied Golan to visit their relatives in Israeli detention facilities.

Israel detains Palestinians within its territory rather than within the occupied territories. As a result, visiting family members have to obtain special permits, endure long waits when crossing terminals and checkpoints, and make long journeys to see their loved ones.

Mohammed was born in 1993. He had not yet turned five when his father was detained. Along with his mother, he visits his father through the ICRC's family visit programme.

PROTECTING THE VULNERABLE AND PROMOTING THE LAW

The ICRC's mission is to protect the lives and dignity of victims of armed conflict and other situations of violence, and to provide them with assistance. One way in which we do this is by promoting compliance with humanitarian principles and norms, with the aim of preventing harm and suffering among the civilian population. The very spirit of international humanitarian law (IHL) – the body of law that protects victims of armed conflict – is to strike a balance between legitimate military action and the humanitarian consequences of such action.

We enter into dialogue with individuals and groups who are able to determine the fate of victims of armed conflict or who can facilitate (or obstruct) our work. This includes armed forces; police and security forces; other weapon bearers, such as members of non-State armed groups; and government authorities and other decision makers and opinion leaders, at local and international level. With an eye to the future, we also have contact with students and their teachers.

The ICRC works on three levels to increase knowledge and the application of IHL:

- raising awareness of humanitarian principles and IHL obligations, through public communication about the general principles to be respected, and through teaching and training events for influential groups
- providing advice and technical support for the systematic integration of IHL or humanitarian principles into official legal systems, military and police doctrine, training and operational procedures and school and university curricula
- promoting respect for IHL during confidential, one-to-one dialogue with alleged perpetrators of abuse.

We also work with vulnerable individuals and communities, supporting their efforts to reduce their exposure to particular patterns of abuse, helping them to avoid harmful coping strategies and strengthening their resilience.

The ultimate aim is to influence people's attitudes and behaviour so as to improve the protection of civilians and other people protected by IHL in times of armed conflict, facilitate access to the victims and improve security for our staff and other humanitarian workers.



The Geneva Conventions of 1949 and their Additional Protocols of 1977 are the cornerstone of IHL.

The basic notion underlying these treaties is respect for the life and dignity of the individual. Those who suffer in conflict must be aided and cared for without distinction.

Today, every single State is bound by the four Geneva Conventions of 1949, including the world's newest State, South Sudan, which became party to the treaties in 2013. **These legal obligations are therefore universally accepted.**



▶ AROUND THE WORLD IN 2017

15

PUBLIC CONFERENCES

on international law and policy were organized at ICRC headquarters, bringing together **2,300** diplomats

▶ An important meeting was held on 11 October 2017 between Dr Ahmed al-Tayyeb, the Grand Imam of Al-Azhar in Cairo, **Egypt**, and ICRC head of delegation in Cairo, Ronald Ofteringer, and ICRC legal adviser on Islamic law and jurisprudence, Dr Ahmed al-Dawoody. The purpose of the meeting was to discuss ways to enhance co-operation between Al-Azhar – Egypt’s pioneering institution of Islamic learning and teaching that provides guidance and counsel to Muslims worldwide – and the ICRC.

The participants expressed concern about the enormous human suffering caused by today’s conflicts in Syria, Iraq and Yemen, as well as the plight of people fleeing armed conflict and organized violence in Asia and Africa. The Grand Imam also voiced his concern about the failure to tackle the root causes of conflict.

The ICRC representatives emphasized the important role that religious leaders can and do play in upholding human dignity in times of protracted conflict and increasing polarization. In the last two decades the ICRC has engaged in dialogue and debate with Muslim and other religious scholars on humanitarian law, principles and action, which has helped to reaffirm our common humanitarian values and paved the way for concrete efforts to better meet the needs of victims of armed conflict.

The Grand Imam restated the willingness of Al-Azhar to extend a helping hand to all humanitarian organizations that operate on a neutral and impartial basis, assisting people regardless of their cultural, religious and ethnic backgrounds. He also underlined the truly universal nature of Al-Azhar’s mission and message, based on the conviction that all human beings, of all religions, have the right to live in peace and security.

PARTNERING WITH NATIONAL SOCIETIES: A WORLDWIDE NETWORK

Wherever the ICRC works, it cooperates closely with the local National Red Cross or Red Crescent Society. There are currently 191 of these volunteer-based organizations, which, together with their umbrella organization – the International Federation of Red Cross and Red Crescent Societies – and the ICRC itself, make up the International Red Cross and Red Crescent Movement.

The mission of the National Societies is to carry out humanitarian activities within their own countries, particularly in the role of auxiliaries to the public authorities.

Cooperation and coordination within the Movement help make the best possible use of the capacity of all of its members. Because National Societies and the ICRC share a responsibility to provide assistance to victims of armed conflict, they need each other to accomplish this common mission. In countries affected by armed conflict, the National Societies and the ICRC therefore very often mount joint operations to mitigate the suffering of the victims.

MUTUAL BENEFIT

- Not only does the ICRC have more than 150 years' experience in providing humanitarian aid in conflict situations, it has also developed substantial expertise in promoting international humanitarian law and the Movement's Fundamental Principles and in restoring family links. This specific expertise is valuable to National Societies, and they can count on the ICRC's technical, financial and training support to enhance their performance in these areas.
- It is often thanks to the National Societies' presence, resources, local knowledge and motivation that the ICRC can successfully carry out its work in the field; the ICRC benefits substantially from this unique worldwide network.



The Fundamental Principles

The seven Fundamental Principles of the International Red Cross and Red Crescent Movement, which each member has a duty to uphold, were officially proclaimed at the 20th International Conference of the Red Cross, held in Vienna in 1965. They are:

**HUMANITY, IMPARTIALITY, NEUTRALITY,
INDEPENDENCE, VOLUNTARY SERVICE, UNITY
AND UNIVERSALITY.**

▶ A three-day course on blast trauma care was held in June 2017 in Pyongyang, **Democratic People's Republic of Korea** (DPRK). Organized by the ICRC in cooperation with the Ministry of People's Security and the DPRK Red Cross Society, the course was designed to train health personnel to provide proper medical care to victims of explosive remnants of war.

The participants reviewed the basics of blast trauma management through a combination of short interactive lectures and practical demonstrations on assessing life-threatening trauma, such as an obstructed airway or a punctured lung, resuscitation techniques, and how to deal with head or spinal injuries.

"This is the third course we have organized in Pyongyang this year," said Djordje Drndarski, ICRC head of mission in Pyongyang. "I would like to thank our partners, and I am particularly pleased with the ongoing discussions with the Ministry of People's Security and the DPRK Red Cross Society regarding future joint activities. I wish to confirm that the ICRC stands ready to continue providing assistance to its DPRK partners in this important field."



ICRC

SUPPORT FROM DONORS



I. Sherkhani/ICRC

People often wonder how they can help in a crisis, especially when they cannot be there personally.

The ICRC is on the ground in more than 80 countries around the world, relieving the suffering of people caught up in war. States party to the Geneva Conventions are our main donors, but donations from foundations, companies and individuals play an ever more important role in helping us reach those in need. You can help us do more for the growing number of people who need our assistance.

With us, you know your money will be spent wisely. 93.5% of your donation will go directly to our field operations and the rest will be used to support these operations. We are committed to providing the most effective and appropriate humanitarian services to people in need around the world, while at the same time offering our donors superior value for money.

As this report has shown, 2017 was another intense year for the ICRC. But, thanks to the support of our donors, we were able to save lives and ease the suffering of millions of people all over the world.

We would like to say an enormous “thank you” to all those who stood in solidarity with us. We could not have done it without you.



ICRC

MISSION

The International Committee of the Red Cross (ICRC) is an impartial, neutral and independent organization whose exclusively humanitarian mission is to protect the lives and dignity of victims of armed conflict and other situations of violence and to provide them with assistance. The ICRC also endeavours to prevent suffering by promoting and strengthening humanitarian law and universal humanitarian principles. Established in 1863, the ICRC is at the origin of the Geneva Conventions and the International Red Cross and Red Crescent Movement. It directs and coordinates the international activities conducted by the Movement in armed conflicts and other situations of violence.



ICRC