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MESSAGE FROM THE PRESIDENT

Last year broke records, but for all the wrong reasons. More people were forcibly displaced than at any time since the Second World War. Huge numbers needed humanitarian assistance to meet their most basic needs. Our budget, as a result, was the largest yet.

We also helped a record-breaking number of people affected by armed conflict. But far too many people in need of protection and assistance remained out of reach.

For the fourth consecutive year, our largest operation in terms of spending was in Syria. We carried out dozens of operations across the front lines in partnership with the Syrian Arab Red Crescent. We brought essential aid to people in areas that few other humanitarian organizations could reach. Nevertheless, getting to the people in need and keeping our staff safe were constant problems. The despicable attack on a Syrian Arab Red Crescent aid convoy in rural Aleppo in September was just one example. Media attention focused on the catastrophic human costs of the fighting in Aleppo, but millions of people were also struggling for survival in other besieged cities and hard-to-reach areas throughout the country. In Aleppo, we played a vital role as a neutral intermediary during the December evacuation operation, and we were there to help in the other cities as well. The scale of the crisis was nevertheless staggering.

We also ran major operations in Iraq, Afghanistan, the Democratic Republic of the Congo, Israel and the occupied territories, Nigeria and the Lake Chad region, Somalia, South Sudan, Ukraine and Yemen. In all these places, people have been suffering the effects of drawn-out conflicts or other violence. They needed both immediate life-saving assistance and longer-term support to restore their livelihoods, infrastructure and services. At the same time, we stood ready to come to the aid of people affected by new, unpredictable or recurring outbreaks of fighting. For instance, heavy fighting broke out in Nagorno-Karabakh in April, more than two decades after an official ceasefire agreement was signed.

One of our top priorities for 2016 was working to protect and assist the alarming number of people worldwide who had been displaced by violence. Our neutral and impartial humanitarian work in conflict-affected countries and along migration routes was all the more vital given that a coherent political response remained elusive.

The massive task facing us means that we need to seek innovative solutions and engage with increasingly diverse partners – the corporate sector and research and development institutions, for instance. Over the past year we strengthened and developed numerous transformative partnerships. They helped us do more in various fields, especially health care in war-torn countries.

The main goal underpinning all our operations was, and continues to be, achieving better protection for people affected by armed conflict and other violence. But we could not do it without our donors. So thank you. You are helping us be a sign of hope to all those whose lives have been shattered by violence.

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 the 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 2016

14,465
FIELD STAFF
in more than 80 countries
THE PEOPLE WE HELP: 2016 IN FIGURES

14,812,470 people received food

2,545,241 people were vaccinated

5,498,050 people were given household essentials

398,409 people benefited from ICRC-supported physical rehabilitation services

2,677,000 people received goods to help improve their livelihoods

987,203 detainees were visited by our delegates in 1,649 places of detention

843,240 people were given cash grants

396,866 detainees received essentials such as hygiene items

28,416,973 people gained access to clean water, proper sanitation and/or better living conditions

713,814 family contacts were facilitated

588,514 inpatients and nearly 1,997,600 outpatients were treated at ICRC-supported hospitals

910 people were reunited with their families, including 836 children

271 ICRC-supported health centres serving over 8 million people
FINANCIAL INFORMATION 2016

CHF 1.5 BILLION
FIELD EXPENDITURE IN 2016

TOP 10 OPERATIONS IN TERMS OF EXPENDITURE

<table>
<thead>
<tr>
<th>RANKING</th>
<th>OPERATION</th>
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<tbody>
<tr>
<td>1</td>
<td>Syrian Arab Republic</td>
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<td>2</td>
<td>South Sudan</td>
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<td>3</td>
<td>Iraq</td>
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<td>Afghanistan</td>
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<td>Nigeria</td>
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<td>Somalia</td>
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<td>Democratic Republic of the Congo</td>
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<td>8</td>
<td>Israel and the Occupied Territories</td>
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<td>9</td>
<td>Yemen</td>
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<td>10</td>
<td>Ukraine</td>
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The percentage of every donation that goes to the field: 93.5%
The percentage of every donation that is used at headquarters: 6.5%

AROUND THE WORLD IN 2016

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)
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
- destocking

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)
- 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 micro-economic 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.
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

Poverty makes life difficult. But clashes between opposing armed groups in Juban, the Philippines, make it even harder for local residents to get by. So the ICRC supports groups like the Calateo Women’s Organization, which is dedicated to empowering women and boosting the local economy. For instance, the organization gives women cash grants to start a small business raising pigs or selling feed and supplies.

Juanita Janoras (pictured) raised her seven-month-old pig, Sharon, with one such cash grant funded by the ICRC. Sharon had her first litter of piglets last year. With a bit of luck, Juanita should be able to sell them for 2,000 to 2,300 Philippine pesos each (about 40 to 45 US dollars). She will give two of the piglets back to the organization, to help other women like her.

**STRUCTURAL SUPPORT**

5,498,050 **PEOPLE** received household essentials

843,240 **PEOPLE** received cash grants

14,812,470 **PEOPLE** received food

2,677,000 **PEOPLE** received goods to help improve their livelihoods

**AROUND THE WORLD IN 2016**
WATER AND HABITAT

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.
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.

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When violence flared up in Juba, South Sudan, in July, many people found themselves without reliable access to clean water. Some had none, having fled the city to escape the fighting. Even within the city, many were cut off. The commercial tankers that normally would have brought water could not get through because of the security situation, making deliveries sporadic. And some water storage tanks were stolen or damaged in the fighting.

Without water, people cannot maintain good hygiene, and hospitals and clinics cannot function. This leads to an increase in waterborne diseases. Some 1,000 cases of cholera were reported in the first few weeks of the outbreak.

That is why we started up the emergency water treatment plant in Lologo as soon as the clashes erupted. The plant pumped out over 400,000 litres of drinking water per day, which helped keep health-care facilities open and stop the spread of disease.

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AROUND THE WORLD IN 2016

28,416,973 PEOPLE gained access to clean drinking water, proper sanitation and/or better living conditions
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.

AROUND THE WORLD IN 2016

588,514
INPATIENTS were treated at ICRC-supported hospitals

1,997,600
OUTPATIENTS were treated at ICRC-supported hospitals
Our medical teams have acquired significant experience in war surgery from their work in conflicts around the world. We share that expertise internationally by providing technical input on projects such as global guidelines and protocols for emergency medical teams. We also train local health workers, in the classroom and on the job, to treat war wounds. For instance, in the last seven years, nearly 400 Nigerian doctors and nurses attended our courses and seminars.

Our surgical teams continue to practise in conflict zones as well. In 2016, the teams based in Nigeria focused on treating wounded and displaced people needing surgical care. They were also ready at a moment’s notice to help other hospitals cope with a sudden influx of casualties. Each team consisted of a surgeon, an anaesthetist and two nurses.

In December, they treated more than 90 people wounded in bomb blasts in Madagali and Maiduguri in the north-eastern part of the country. Over the course of the year, they treated more than 1,800 wounded patients in the area.
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.
In late summer, we teamed up with the Lebanese Red Cross and the Lebanese Ministry of Public Health to launch a series of vaccination campaigns across the country. The aim was to reduce the risk of epidemics in areas where access to health care was limited. It was just one of our efforts to ensure that everyone’s basic needs were met – those of the people fleeing the violence in the region and those of the communities hosting them.

The district of Akkar in the north of Lebanon is one of the most impoverished in the country, but it has nonetheless taken in tens of thousands of Syrian refugees since 2011. We went door to door, tent to tent, in 23 villages and 500 informal settlements across the district to vaccinate as many children under five as possible. The campaign even reached Wadi Khaled, a volatile area on the northern Lebanese border with Syria.

In all, more than 33,000 Syrian, Lebanese and Palestinian children were vaccinated across Lebanon.

AROUND THE WORLD IN 2016

- **271** ICRC-SUPPORTED health centres serving over 8 million people
- **2,545,241** PEOPLE were vaccinated
- **1,401,355** 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.

The ICRC aims to bolster the physical rehabilitation services offered in the countries concerned. The primary goals are to make the 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.

- 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.

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.
Until an accident damaged her spinal cord, Ngov Chreb ran a small business from her home that earned enough money to support the whole family. But her injury meant she could no longer work, and all her savings were spent on treatment. Without the regular income, Ngov’s family had to depend on her husband’s meagre five US dollars a day earned from casual construction work.

A year after the accident, Ngov went to the ICRC-supported physical rehabilitation centre in Battambang, Cambodia, where she was fitted with an orthotic that allowed her to walk again, albeit slowly, without the aid of a walking frame. After more than seven years’ treatment at the centre, Ngov mustered her courage and joined the ICRC’s women’s wheelchair basketball team.

“I’m happy to have joined the basketball team and to get to practice regularly,” she said. “I’ve made new friends. We can talk about the problems each of us has to face. More importantly, my health has improved a lot.”

Ngov’s life changed for the better again when she received a grant sponsored by the ICRC. She used the money to set up a mobile coffee shop. With the proceeds from her business, Ngov was able to rent a proper house and send her ten-year-old daughter to primary school last year.
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 on affected populations, including contamination 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 (see previous chapters);
- **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.
Last year, our staff in Baku, Barda, Nagorno-Karabakh and Yerevan, in the southern Caucasus, worked with local communities to mitigate the risks posed by landmines and other explosive remnants of war. People are sometimes unaware of these risks or underestimate them, either because they get used to the danger of living near the front lines or because economic necessity drives them to downplay the hazards. To raise their awareness, we distributed flyers in these areas explaining the risks and suggesting precautions. In partnership with the National Red Cross and Red Crescent Societies in Armenia and in Azerbaijan, we also held awareness-raising sessions to teach civilians how to be safe around landmines and unexploded ordnance and what to do under fire.

With our backing, the Armenian Red Cross and the Azerbaijan Red Crescent interviewed people affected by landmines and other weapons in order to better understand their needs. In addition, together with the Azerbaijan National Agency for Mine Action, we provided support to families who had lost their breadwinner. We also provided support for the Armenian Centre for Humanitarian Demining and Expertise, which manages a database that could help devise a comprehensive strategy for helping victims and their families.
RESTORING FAMILY LINKS

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 do 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 such as putting family members back in touch by means of telephone calls and handwritten Red Cross messages, searching for people who are unaccounted for with the help of staff and volunteers in communities, networking with other stakeholders, and using online tracing platforms. Particular attention is paid to 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 multifaceted 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 or through 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.
Twenty-year-old Iqra’a Mohammed Ali became separated from her mother – Sa’adeya – and three of her siblings in 2008 when she left Somalia for Jordan along with another brother and sister and their grandmother. The last contact Iqra’a had with Sa’adeya was in early 2015, when her mother called to say that she was in Yemen.

“After that we lost track of her. We didn’t know if she was dead or alive,” said Iqra’a. “Eventually, I submitted a request to the ICRC in Amman, asking them to help me search for her.”

In November, the family received a call from a tracing officer at our delegation in Amman, informing them that Sa’adeya was in the Kharaz refugee camp in Yemen, and that we had her telephone number.

“I couldn’t believe it,” said Iqra’a. “I went with my grandmother to the ICRC office. My legs were shaking as the tracing officer dialled the number. It was such a relief to hear my mother’s voice again. I wanted to live in that moment forever.”

Iqra’a is waiting to be resettled in another country, but she can return to our Amman office anytime to phone her mother in Yemen.

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

Every day, men, women and children are held in detention and 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 freedom, 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 make 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.
987,203
DETAINENES visited by our delegates

4,825
VISITS to 1,649 places of detention

355,665
DETAINENES benefited from improvements to prison infrastructure

396,866
DETAINENES received essentials such as hygiene items

14,843
DETAINENES benefited from our family visit programme

In March, the ICRC and the National Penitentiary Institute (INP) for Honduras inaugurated a clinic in Gracias prison in the Lempira region. The prison’s 500 inmates now enjoy decent basic medical and dental care.

“Health is a fundamental right. The State has a duty to ensure that everyone has access to health-care services, without discrimination,” said Eduardo Ubierna, the head of the ICRC’s mission in Honduras. “This clinic means that prisoners have access to health-care services on a par with the rest of the population, regardless of their legal situation.”

The new facility was built as part of a plan of action signed by the government and the ICRC in May 2015. Two other detention facilities – La Esperanza and Marcala – were also selected as pilots to receive upgrades. The goal is to improve living conditions and modernize the prison system in Honduras.

“Opening this clinic is another step towards modernizing the country’s penitentiary system to be in line with international standards and upholding respect for human dignity,” said the INP’s director, Colonel Luis Robelo Valladares Castellanos.
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.

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.
In early 2016 we gave a four-day training course in international humanitarian law (IHL) to 24 junior and senior Liberian army officers. The course was organized jointly with the Armed Forces of Liberia (AFL) and held at the Edward Binyah Kesselly Military Barracks outside Monrovia.

“Under the Geneva Conventions and their Additional Protocols, every army is required to teach IHL,” said Julien Lerisson, head of our delegation in Liberia.

While we cannot substitute for the army in providing training, we can provide support, drawing on our experience and knowledge as a guardian and promoter of IHL.

“The AFL welcomes the ICRC’s support. The training increases the AFL’s national and international credibility and enables soldiers to understand their responsibilities and legal obligations in the conduct of hostilities,” said Brigadier-General Daniel D. Zainkahn Jr, chief of staff of the AFL. The general went on to emphasize that, as a “force for good”, all AFL personnel must know the laws governing armed conflict.

The ICRC has worked with the Liberian army for ten years to spread knowledge of the law and develop the capacity of AFL personnel, some of whom now serve as IHL trainers within the army.
Wherever the ICRC works, it cooperates closely with the local National Red Cross or Red Crescent Society. There are currently 190 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.
In December 2016, some 35,000 civilians and fighters were evacuated from eastern Aleppo, Syria, to neighbouring rural areas by the Syrian Arab Red Crescent and the ICRC. One hundred critically wounded and sick patients were amongst them. The evacuation had been stalled several times because of ongoing negotiations between the different parties.

“These are communities whose neighbourhoods have been devastated by violence. Families have been struggling for months to find safety, food, medical care or appropriate shelter. They appeared desperate to leave, even though the situation was extremely painful and confusing,” said the head of the ICRC’s delegation in Syria, Marianne Gasser, speaking from Aleppo. “Our priority, aside from helping the most vulnerable people, was to ensure that civilians were leaving of their own free will.”

With temperatures below freezing, people were burning whatever they could find, including blankets and clothes, to keep themselves and their children warm while they waited to leave. More than 100 Red Crescent volunteers and ICRC staff remained by their side day and night during the week of the evacuation to ensure their safety and to try to provide some guidance and reassurance.
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, 2016 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.
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.